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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2008</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization St John Medical Center Inc		D Employer identification number 73-0579286
		Doing Business As		E Telephone number (918) 744-2180
		Number and street (or P O box if mail is not delivered to street address) 1923 South Utica Avenue	Room/suite	G Gross receipts \$ 525,881,501
		City or town, state or country, and ZIP + 4 Tulsa, OK 74104		
F Name and address of Principal Officer CHARLES ANDERSON 1923 SOUTH UTICA AVENUE TULSA, OK 74104		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions)		
J Web site: www.sjmc.org		H(c) Group Exemption Number 0928		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		L Year of Formation 1953	M State of legal domicile OK	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities CONTINUE THE HEALING MINISTRY OF JESUS CHRIST BY PROVIDING MEDICAL EXCELLENCE AND COMPASSIONATE CARE TO ALL WHO NEED IT WITH A SPECIAL EMPHASIS FOR THE POOR AND POWERLESS		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of employees (Part V, line 2a)	5	6,590
	6	Total number of volunteers (estimate if necessary)	6	499
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 11,636,763	Current Year 6,459,177
	9	Program service revenue (Part VIII, line 2g)	418,870,117	500,315,403
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,898,882	2,904,830
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,529,096	530,953
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	448,934,858	510,210,363
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,966,724
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	184,703,080	189,390,729
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		(Total fundraising expenses, Part IX, column (D), line 25 ⁰ _____)		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	280,693,485	287,533,443
18		Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	473,363,289	544,153,780
19		Revenue less expenses Subtract line 18 from line 12	-24,428,431	-33,943,417
Net Assets or Fund Balances				Beginning of Year
	20	Total assets (Part X, line 16)	632,791,389	616,453,134
	21	Total liabilities (Part X, line 26)	313,927,618	330,650,598
	22	Net assets or fund balances Subtract line 21 from line 20	318,863,771	285,802,536

Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	*****		2010-08-12		
	Signature of officer		Date		
	LEX ANDERSON CORPORATE VP/CFO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	405-239-6411	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 210 Park Ave Suite 2850 Oklahoma City, OK 73102			EIN <input type="checkbox"/>
					Phone no <input type="checkbox"/> (405) 239-6411

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

CONTINUE THE HEALING MINISTRY OF JESUS CHRIST BY PROVIDING MEDICAL EXCELLENCE AND COMPASSIONATE CARE TO ALL WHO NEED IT WITH A SPECIAL EMPHASIS FOR THE POOR AND POWERLESS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 417,378,329 including grants of \$ 66,510,885) (Revenue \$ 500,315,403)

SEE SCHEDULE O, GENERAL STATEMENTS 1 THROUGH 5

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 417,378,329 Must equal Part IX, Line 25, column (B).

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	Yes
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25 	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No

Part IV

Checklist of Required Schedules (Continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	No
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	No
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes
36 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a481		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a6,590		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization?	Yes	
	Describe the process in Schedule O		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <u>OK</u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. LEX ANDERSON 1923 SOUTH UTICA AVENUE TULSA, OK 74104 (918) 744-2740

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form 990 (2008)

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . 1a					
	b	Membership dues					
		1b					
	c	Fundraising events					
		1c					
	d	Related organizations . . . 1d		6,416,625			
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above		42,552			
		1f					
g	Noncash contributions included in lines 1a-1f \$						
h	Total (Add lines 1a-1f)			6,459,177			
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	621,990	413,173,819	413,173,819		
	b	PREMIUM REVENUE	621,990	72,438,113	72,438,113		
	c	FOOD SERVICE	900,099	3,294,416		3,294,416	
	d	TRAUMA CARE ASSISTANCE	900,099	3,032,879	3,032,879		
	e	FITNESS/WELLNESS/EDUCATION	900,099	3,204,715		3,204,715	
	f	All other program service revenue		5,171,461	1,389,998		3,781,463
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		3,454,708		0	3,454,708
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities 15,115,000 (ii) Other 6,260				
	b	Less cost or other basis and sales expenses	15,148,870 522,268				
	c	Gain or (loss)	-33,870 -516,008				
	d	Net gain or (loss)		-549,878			-549,878
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
c	Net income or (loss) from sales of inventory		0				
	Miscellaneous Revenue	Business Code					
11a	MISC INCOME	900,099	530,953			530,953	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
	\$ 530,953						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			510,210,363	490,034,809	0	13,716,377

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	66,510,885	66,510,885		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	718,723	718,723		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,118,318	2,326,047	792,271	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	125,944,343	100,173,123		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,565,600	731,990	8,833,610	
9	Other employee benefits	40,066,139	13,574,561	26,491,578	
10	Payroll taxes	10,696,329	8,537,860	2,158,469	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	151,511		151,511	
c	Accounting	945,413		945,413	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	47,317,091	26,366,151	20,950,940	
12	Advertising and promotion	1,330,186	107,132	1,223,054	
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,065,056	838,943	226,113	
17	Travel	0			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	787,969	700,282	87,687	
20	Interest	13,039,527	13,039,527		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	28,067,080	17,844,865	10,222,215	
23	Insurance	13,027,919		13,027,919	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	SUPPLIES	117,045,795	111,724,447	5,321,348	
b	PURCHASED SERVICES	21,805,208	19,956,809	1,848,399	
c	BAD DEBT EXPENSE	17,430,888	17,430,888	0	
d	EQUIPMENT RENTAL & MAINT	17,047,892	11,209,895	5,837,997	
e	UTILITIES	6,626,672	5,790,013	836,659	
f	All other expenses	1,845,236	-203,812	2,049,048	0
25	Total functional expenses. Add lines 1 through 24f	544,153,780	417,378,329	126,775,451	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

		(A) Beginning of year		(B) End of year		
Assets	1 Cash—non-interest-bearing	4,080	1	4,080		
	2 Savings and temporary cash investments	5,422,089	2	25,781,577		
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net	82,076,829	4	96,367,756		
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6			
	7 Notes and loans receivable, net	9,900,041	7	12,939,164		
	8 Inventories for sale or use	1,571,645	8	1,329,960		
	9 Prepaid expenses and deferred charges	1,514,447	9	6,744,502		
	10a Land, buildings, and equipment—cost basis	<table><tr><td>10a</td><td>542,182,253</td></tr></table>	10a	542,182,253		
	10a	542,182,253				
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	<table><tr><td>10b</td><td>274,294,332</td></tr></table>	10b	274,294,332	290,991,810	10c 267,887,921
	10b	274,294,332				
	11 Investments—publicly traded securities	169,381,351	11	110,635,344		
	12 Investments—other securities <i>See Part IV, line 11. Complete Part VII of Schedule D.</i>		12			
	13 Investments—program-related <i>See Part IV, line 11. Complete Part VIII of Schedule D.</i>	43,221,643	13	46,559,546		
14 Intangible assets		14				
15 Other assets <i>See Part IV, line 11. Complete Part IX of Schedule D.</i>	28,707,454	15	48,203,284			
16 Total assets. <i>Add lines 1 through 15 (must equal line 34).</i>	632,791,389	16	616,453,134			
Liabilities	17 Accounts payable and accrued expenses	40,253,027	17	45,387,213		
	18 Grants payable		18			
	19 Deferred revenue	5,275,864	19	5,275,864		
	20 Tax-exempt bond liabilities	258,423,369	20	254,398,071		
	21 Escrow account liability <i>Complete Part IV of Schedule D.</i>		21			
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L.</i>		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable	226,586	24	5,233,277		
	25 Other liabilities <i>Complete Part X of Schedule D.</i>	9,748,772	25	20,356,173		
	26 Total liabilities. <i>Add lines 17 through 25.</i>	313,927,618	26	330,650,598		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	275,559,299	27	239,147,653		
	28 Temporarily restricted net assets	43,304,472	28	46,654,883		
	29 Permanently restricted net assets		29			
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
	33 Total net assets or fund balances	318,863,771	33	285,802,536		
	34 Total liabilities and net assets/fund balances	632,791,389	34	616,453,134		

Part XI **Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization St John Medical Center Inc	Employer identification number 73-0579286
--	--

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1

☐

A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2

☐

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☒

A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4

☐

A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally Integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St John Medical Center Inc

Employer identification number

73-0579286

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶ \$

(ii) Assets included in Form 990, Part X▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$

b

Assets included in Form 990, Part X▶ \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		5,226,487		5,226,487
b Buildings		382,515,886	161,468,303	221,047,583
c Leasehold improvements		622,358	408,148	214,210
d Equipment		142,479,166	104,052,970	38,426,196
e Other		11,338,356	8,364,911	2,973,445
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				267,887,921

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
BENEFICIAL INTEREST IN	46,559,546	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶	46,559,546	

(a) Description	(b) Book value
INTEREST RECEIVABLE	296,803
DUE FROM AFFILIATES	47,906,481
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	48,203,284

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	9,628,642
OTHER LONG-TERM LIABILITY	1,521,608
ESTIMATED NET AMOUNT DUE	3,904,412
OTHER CURRENT LIABILITIES	5,301,511
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	20,356,173

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1510,210,363
2	Total expenses (Form 990, Part IX, column (A), line 25)	2544,153,780
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-33,943,417
4	Net unrealized gains (losses) on investments	4-2,447,823
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	83,330,006
9	Total adjustments (net) Add lines 4 - 8	9882,183
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-33,061,234

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1509,753,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 1	3509,753,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b457,363	
c	Add lines 4a and 4b4c457,363	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5510,210,363

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1480,541,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Losses reported on Form 990, Part IX, line 252c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 1	3480,541,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b63,612,780	
c	Add lines 4a and 4b4c63,612,780	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5544,153,780

Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	Schedule D, Part XI, Ln 8	OTHER DESCRIPTION AMOUNT ----- CHANGE IN BENEFICIAL INTEREST 3,337,903 IN RESTRICTED ASSETS CHANGE IN EQUITY IN AFFILIATES (7,897) ----- TOTAL 3,330,006
SUPPLEMENTAL INFORMATION 2	Schedule D, Part XII, Ln 4b	AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1 DESCRIPTION AMOUNT ----- ----- CONTRIBUTIONS FROM ST JOHN 3,327,625 MEDICAL CENTER FOUNDATION MISC CONTRIBUTIONS 20,405 RENTAL EXPENSES (2,890,241) ROUNDING (426) -- ----- TOTAL 457,363
SUPPLEMENTAL INFORMATION 3	Schedule D, Part XIII, Ln 4b	AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1 DESCRIPTION AMOUNT ----- -- TRANSFER TO ST JOHN 66,503,380 HEALTH SYSTEM, INC RENTAL EXPENSES (2,890,241) ROUNDING (359) ---- ----- TOTAL 63,612,780

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► To be completed by organizations that answer "Yes" to Form 990,
Part IV, line 20.
► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
St John Medical Center Inc

Employer identification number
73-0579286

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	
b	If "Yes," is it a written policy?	1b	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____% b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____% c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	3b	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	4	
6a	Does the organization prepare an annual community benefit report?	5a	
6b	If "Yes," does the organization make it available to the public?	5b	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	5c	
		6a	
		6b	

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from <i>worksheets 1 and 2</i>)						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i>)						
c Unreimbursed costs—other means-tested government programs (from <i>Worksheet 3, column b</i>)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i>)						
f Health professions education (from <i>worksheet 5</i>)						
g Subsidized health services (from <i>worksheet 6</i>)						
h Research (from <i>worksheet 7</i>)						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i>)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part II

Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part III

Bad Debt, Medicare, and Collection Practices (Optional for 2008)

Section A—Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	
2	Enter the amount of the organization's bad debt expense (at cost)	2	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.		

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	

Part IV

Management Companies and Joint Ventures (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Other
(Describe)

Schedule H (Form 990) 2008

Part VI

Supplemental Information (Optional for 2008)

Complete this part to provide the following information

- 1

Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
- 2

Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves
- 3

Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
- 4

Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5

Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- 6

Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 7

If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 8

If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
St John Medical Center Inc

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Employer identification number
73-0579286

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed

☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN HEALTH SYSTEM INC1923 SOUTH UTICA AVENUE TULSA,OK 74104	73-1215174	501(c)(3)	66,503,380				TO FUND OPERATIONS

2

Enter total number of section 501(c)(3) and government organizations

1

3

Enter total number of other organizations

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	244	718,723			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE I, PART I, LINE 2	GRANTS TO ORGANIZATIONS - THESE GRANTS REPRESENT TRANSFERS BETWEEN ST JOHN HEALTH SYSTEM ENTITIES AND AS SUCH DO NOT REQUIRE A MONITORING PROCESS ST JOHN MEDICAL CENTER, INC PROVIDES FUNDS TO ST JOHN HEALTH SYSTEM, INC TO SUPPORT THE OPERATIONS OF VARIOUS HOSPITALS WITHIN THE SYSTEM ST JOHN MEDICAL CENTER, INC DETERMINES THE AMOUNT OF THE FUNDS PROVIDED ON AN ANNUAL BASIS GRANTS TO INDIVIDUALS - THE SCHOLARSHIPS ARE MONITORED BY HUMAN RESOURCES THEY ARE PROVIDED TO EMPLOYEES AND THE EMPLOYEES ARE REQUIRED TO COMPLETE A SPECIFIED TIME OF EMPLOYMENT WITH ST JOHN MEDICAL CENTER, INC THE EMPLOYEE MUST PAY THE SCHOLARSHIP BACK IF THEY DO NOT COMPLETE THE SPECIFIED TIME OF EMPLOYMENT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St John Medical Center Inc

Employer identification number
73-0579286

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div>	<div>1b</div>	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	<div>2</div>	
<div><div>3</div><div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a</div></div>		
<div><div>a</div><div>Receive a severance payment or change of control payment?</div></div>	<div>4a</div>	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	<div>4b</div>	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	<div>4c</div>	No
<div><div>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</div></div>		
<div><div>5</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	<div>5a</div>	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	<div>5b</div>	No
<div><div>6</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	<div>6a</div>	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	<div>6b</div>	No
<div><div>7</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	<div>7</div>	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	<div>8</div>	No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
St John Medical Center Inc

Employer identification number
73-0579286

Part I

Bond Issues (Required for 2008)

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	The Oklahoma Development Finance Authority	73-0783390	678908ZM9	07-27-2004	64,799,037	SEE SCHEDULE O		X		X
B	The Oklahoma Development Finance Authority	73-1083741	678908E75	05-10-2007	254,582,328	SEE SCHEDULE O		X		X

Part II

Proceeds (Optional for 2008)

		A		B		C		D		E	
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T been filed wth respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization St John Medical Center Inc	Employer identification number 73-0579286
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Identifier	Return Reference	Explanation
GENERAL STATEMENT 1	PART III, LINE 4A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Overview St John Health System, Inc ("St John"), and affiliates, own and operate a comprehensive tertiary health care delivery system which provides a full spectrum of health-related services throughout northeastern Oklahoma St John, headquartered in Tulsa, Oklahoma, conducts its operations through eight principal wholly-owned or wholly-controlled subsidiaries St John Medical Center, Inc (the "Medical Center"), St John Sapulpa, Inc ("St John Sapulpa"), Jane Phillips Health Corporation ("Jane Phillips"), Utica Services, Inc ("Utica"), St John Villas, Inc ("St John Villas"), St John Owasso, Inc doing business as St John Health System Management Services, Inc ("SJMS"), Owasso Medical Facility, Inc ("St John Owasso"), and St John Medical Center Foundation, Inc ("St John Foundation") St John, these subsidiaries, and all other subsidiaries under St John's direct or indirect control or ownership are referred to herein as the "St John System" The Medical Center, located in Tulsa, Oklahoma, is a full-service tertiary hospital which provides a broad range of in-patient and out-patient health care services The Medical Center is a tertiary referral center and serves as one of two primary trauma referral centers for Tulsa and Northeastern Oklahoma It recently became northeastern Oklahoma's only accredited stroke center and it serves as the primary Tulsa teaching hospital for the University of Oklahoma's College of Medicine residency programs for internal medicine and surgery St John Medical Center is Tulsa and northeastern Oklahoma's only ACS level II trauma center and only Joint Commission-accredited stroke center The Medical Center offers advanced services in trauma, neurological and neurosurgical (including stroke), cardiology and cardiothoracic surgery, kidney transplant, adult, pediatric and neonatal intensive care, cancer treatment, joint replacement, and many other areas It also serves as the host hospital for the medical residency programs for internal medicine and general surgery for the University of Oklahoma's Tulsa College of Medicine St John System is working collaboratively with other interested parties to expand and improve access to medical care for Tulsa and northeastern Oklahoma's neediest individual Through a program formerly called the "Northland Project" and now called the "Medical Access Program" or "MAP" (established with donated dollars from the Chapman Trusts), The Medical Center has provided direct financial support to University of Oklahoma's Bedlam Clinics and to the Good Samaritan and other clinics to expand the operations and reach of their free primary care clinics The Medical Center also operates the Northland Diagnostic Center as a hospital-based diagnostic imaging center which provides free imaging services to uninsured individuals who are referred by St John's partners in the MAP initiative More information on the MAP is presented below</p> <p>Mission and Values As a Catholic healthcare institution, the Medical Center carries on the mission of its sponsors - the Sisters of the Sorrowful Mother through St John, that of continuing the healing ministry of Jesus Christ It operates in conformance with "the Ethical and Religious Directives for Catholic Health Facilities" Faithful to the sponsorship mission, philosophy and values, the Medical Center's mission is to provide high quality healthcare, contribute to the continuing improvement of the overall health status, and promote the well-being of people in Tulsa and the surrounding communities we serve, being especially sensitive to the dignity and needs of the sick, the poor and the powerless The catch phrase to capture this mission of service is "Medical Excellence - Compassionate Care" It is also our promise to those who seek our services The board of directors, management and employees of St John are guided in their day-to-day actions and interactions with those who serve and who are served by the core values of service, human dignity, presence and wisdom St John collaborates with other individuals and institutions in the community to ascertain community needs and provides a broad range of services along the healthcare continuum to help meet those needs Programs and services include preventative, diagnostic, therapeutic and rehabilitative programs, including emphasis on health promotion and disease prevention St John also advocates for public policies which advance a healthy and just society The Medical Center works with local, state and national leaders and organizations to bring about a healthcare delivery system that provides dignified access to and affordable healthcare for all persons</p> <p>Governance The administrative powers of the Medical Center are vested in its Board of Directors, which controls and manages the properties, affairs and funds of the Medical Center, subject to reservation of certain powers and oversight by St John The Board meets on a monthly basis and reviews recommendations of its Committees The Medical Center Board and Committees work in concert with and, when appropriate, under the direction of the St John Board</p>

Identifier	Return Reference	Explanation
GENERAL STATEMENT 2	PART III, LINE 4A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	Community Benefit The Medical Center is an integral part of the mission of service and the continuum of medical care provided by St John In measuring and reporting quantifiable community benefit, St John follows guidelines promulgated by the Catholic Health Association of the United States and endorsed by other organizations Uncompensated care and other elements of community benefit are measured at the unreimbursed estimated cost of services or resources provided The St John System and the Medical Center serve as important safety net providers of a broad continuum of health care services to the citizens of northeastern Oklahoma and the surrounding region The Medical Center operates a full-service, 24-hour, 365-day trauma center and emergency room providing both urgent and emergency care to all individuals, regardless of their ability to pay The Medical Center serves as one of only three advanced trauma referral centers for the entire state of Oklahoma and Tulsa's only accredited stroke center It also serves as the host hospital for the medical residency programs for internal medicine and general surgery for the University of Oklahoma's Tulsa College of Medicine St John and the Medical Center are working collaboratively with other interested parties to expand and improve access to medical care for Tulsa and northeastern Oklahoma's neediest individual Through a program called the "Medical Access Program" ("MAP"), (established with donated dollars from the Chapman Trusts), St John and the Medical Center have provided direct financial support to University of Oklahoma's Bedlam Clinics and to the Good Samaritan and other clinics to expand the operations and reach of their free primary care clinics The Medical Center also operates the Northland Diagnostic Center as a hospital-based diagnostic imaging center which provides free imaging services to uninsured individuals who are referred by St John's partners in the MAP initiative More information on the MAP is presented below In its fiscal years ended September 30, 2009 and 2008, St John was able to identify and quantify \$76,885,000 and \$74,070,000 of total quantifiable community benefit, respectively, provided to thousands of individuals directly served each year These amounts represent approximately 10.3% and 11.4% of the St John System's 2009 and 2008 consolidated net patient service revenue and approximately 8.8% and 9.5% of the St John System's 2009 and 2008 consolidated total operating revenues, respectively In addition to the quantifiable community benefit described above, the St John System charged \$44,692,000 and \$37,837,000 to the consolidated provision for bad debts in 2009 and 2008, which were not included in the total quantifiable community benefit for either year The St John System and the Medical Center consider care for the poor to be an essential part of its mission of service to the community The total cost of care for the poor includes the cost of charity care, the unreimbursed cost of services to Medicaid beneficiaries (together referred to as "uncompensated care for the poor") and the cost of special programs or other activities specifically targeted to increase access to care or provide other services to the poor The consolidated combined cost of uncompensated care for the poor for the years ended September 30, 2009 and 2008 was estimated to be approximately \$60,082,000 and \$59,676,000, respectively The Medical Center provided an estimated \$27,565,000 in charity care and an estimated Medicaid shortfall of \$11,772,000 in 2009 "Care for the Poor" includes the estimated cost of care classified as charity care plus the estimated excess of the cost of services provided to Medicaid beneficiaries over the payments received from Medicaid (the "Medicaid shortfall") "Care for the Poor" does not include the cost of services classified and written off as bad debts or the excess of the cost of services provided to Medicare beneficiaries over the payments received from Medicare The Medical Center recorded \$17,431,000 in the provision for bad debts in 2009, with an estimated cost of service of \$7,104,000 (This amount is before the application of Indirect Medical Education payments received from Medicare, which help to offset uncompensated care) In 2009, the St John System estimated the difference or shortfall between the cost of providing services to Medicare beneficiaries and reimbursement received from Medicare for such services to be approximately \$74,646,000 The estimated Medicare shortfall for the Medical Center was \$35,535,000

Identifier	Return Reference	Explanation
GENERAL STATEMENT 3	PART III, LINE 4A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	Charity and Uncompensated Care The Medical Center provides its services without regard to a patient's ability to pay The Medical Center provides a discount of at least 25% of billed charges to all uninsured patients Uninsured patients also may qualify for an additional 10% prompt pay discount In addition to these automatic discounts, patients can apply for financial assistance up to and including free care The determination of the patient's qualification for financial assistance is based on an objective determination of the patient's financial resources and ability to pay In general, all uninsured patients with household incomes of less than 150% of the Federal poverty guidelines qualify for free care Patients with household incomes less than 300% of Federal poverty qualify for sliding scale discounts that are in addition to the automatic discount provided to all uninsured patients During the fiscal year ended September 30, 2009, the Medical Center provided charity care of approximately \$67,635,000 based on the charges foregone Amounts reported as charity care do not include amounts identified and reported as bad debts In addition, the Medical Center provided care to Medicaid beneficiaries for reimbursement that generally was less than the cost of the services provided Medicaid contractual allowances (the difference between billed charges and payments received) for the fiscal year ended September 30, 2009 were approximately \$62,981,000 The Medical Center estimates the cost of providing charity care by reducing charges foregone by a factor derived from the ratio of the Medical Center's total operating expenses to the Medical Center's billed charges for patient care The estimated cost of charity, bad debt and Medicaid shortfalls was as described above The "Medical Access Program" ("MAP") During 2009, the Medical Center also continued work on an outreach project to improve access to medical care to the poor that is referred to as the "Medical Access Program" ("MAP") Supported in part by funding from the Chapman Trusts (a collection of private trusts of which the Medical Center is one of the beneficiaries), the program is a comprehensive effort to provide increased access to medical services across a broad continuum of care to the poor and disadvantaged in the Tulsa metropolitan area The program is a collaborative effort led by the Medical Center that includes financial support for new and existing community outreach activities Key elements of the program include *Expanded free primary care clinic visits provided primarily through direct funding provided to the University of Oklahoma's Bedlam Clinics, Good Samaritan Mobile Clinics and other free clinics These clinics have been able to significantly expand the number of primary and urgent care patient encounters each year with the additional funding provided through MAP This has included the Bedlam Clinic's growing program of school-based clinics Placed in many of the area's public schools considered to have the highest numbers of disadvantaged and "at risk" students, these clinics have helped to decrease absenteeism and increase immunization rates, as well as providing many other benefits to the schools and populations which they serve *Development of a free diagnostic imaging center located in the Northland Shopping Center to which eligible patients can be referred to receive free diagnostic imaging services, including basic X-Ray, CT and MRI The diagnostic center continues to provide free diagnostic exams for patients referred by MAP partners *Expansion of access to free specialty medical services by reopening or expanding specialty clinics in collaboration with University of Oklahoma and other parties and by direct referrals from the primary care clinics to private physicians Examples would be treatment of patients with cancer diagnoses, and other life threatening illnesses or injuries Expansion of this referral program continues *Expansion of access to free prescription and other medications in collaboration with the primary care clinics and University of Oklahoma by establishing a drug formulary and mechanism to dispense free medications to eligible patients A "STEP" pharmacy that provides free medications for patients referred by MAP partners is open and also provides free mail order medications to qualifying patients The MAP grew in 2009 and it is hoped that the MAP can continue to grow and serve as a model for collaboration and outreach that can not only be used to provide more effective health care in Tulsa to its most needy citizens, but also serve as a model for other communities

Identifier	Return Reference	Explanation
GENERAL STATEMENT 4	PART III, LINE 4A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	Medical Education The Medical Center participates in a city-wide resident training program administered by the University of Oklahoma College of Medicine - Tulsa and the Tulsa Medical Education Foundation The Medical Center is the primary entity which hosts the internal medicine and surgical residency programs The Medical Center provides annual financial support to the Tulsa Medical Education Foundation to further its educational activities The Medical Center also supports the initiatives of the Tulsa Hospital Council to provide financial support to expand enrollments in allied health and nursing educational programs The Medical Center maintains affiliations with a number of area medical education facilities and organizations to promote the offering and enhancement of basic and continuing medical, nursing and allied health education Educational affiliations for training of non-physician medical personnel include the following institutions University of Oklahoma, Langston University, University of Tulsa, Rogers State College, Oklahoma State University, and several other institutions The Medical Center maintains a continuing education program which is accredited to award Category I education credits to participating physicians Other Community Benefit and Outreach Activities In addition to uncompensated care and medical education, The St John System and the Medical Center provide other forms of community benefit in the form of free, or reduced-charge educational seminars for the general public on wide ranging topics from prenatal care to chronic disease management St John participates in community-wide health screening events, blood donation drives, and a number of other outreach activities to improve the health status of the residents of northeastern Oklahoma and the surrounding area Other Program Service Accomplishments As previously discussed, the St John System is organized and operated to provide medical excellence and compassionate care to the citizens of northeastern Oklahoma, with a special preference for the poor and disadvantaged To that end, the Medical Center provided a broad continuum of services in the year ended September 30, 2009, including Average daily adult and pediatric inpatient census 380 Total hospital admissions 26,689 Total hospital emergency room visits 56,870 Total surgical cases 21,178 Total outpatient registrations 266,009 As a percentage of billed charges, services provided to uninsured individuals and Medicaid beneficiaries were approximately 14% for the St John System and 12% for Medical Center in 2009

Identifier	Return Reference	Explanation
GENERAL STATEMENT 5	PART III, LINE 4A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	Summary As the number of investor and physician-owned hospitals and medical facilities continues to grow in the Tulsa and northeastern Oklahoma marketplace, the St John System's role as one of the significant safety-net health care providers for the region continues to grow in prominence While some of the investor and physician-owned facilities in northeastern Oklahoma undoubtedly continue to provide significant levels of uncompensated care, the financial incentives that motivated them to invest in health care as a business serve as disincentives for them to continue to expand the amount of uncompensated care they provide Unlike investor-owned facilities which exist to generate and return a profit to their owners, St John reinvests 100% of any profits derived into new and expanded services to the community As the number and cost of care for the poor continues to grow at St John, and investor-owned facilities seek to limit the uncompensated care they provide and to gain larger shares of commercially-insured patients and profitable services lines, St John and other safety net providers are placed under an increasing financial challenge that threatens to limit the amount of care for the poor that St John can responsibly provide and financially sustain in the future St John is not optimistic that recently enacted federal health care legislation will diminish the economic challenges faced by St John and the Medical Center in either the short term or long term as they strive to continue their mission of service The St John System is very proud of its history of service to the community and views its responsibility to continue to provide medical services to everyone, especially the poor and disadvantaged, very seriously As St John continues to face growing financial challenges, it becomes increasingly difficult to sustain our mission of service Nevertheless, we believe that the quantifiable community benefit, as well as the many other areas of service provided by the St John System and Medical Center and identified in 2009, represent a sound record of stewardship and a significant contribution to the well being of both the collective communities and individuals within those communities we serve

Identifier	Return Reference	Explanation
GENERAL STATEMENT 6	PART VI QUESTION 10	THE ORGANIZATION HAS HIRED A THIRD PARTY PREPARER EXPERIENCED IN THE PREPARATION OF FORM 990 TO ASSIST IN THE PREPARATION OF THE RETURN THE EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND CONTROLLER WILL WORK CLOSELY WITH THE PAID PREPARER IN GATHERING THE INFORMATION FOR THE RETURN AND WILL PERFORM THE INITIAL DETAILED REVIEW OF THE RETURN THE RETURN WILL THEN BE REVIEWED BY THE ST JOHN HEALTH SYSTEM AUDIT COMMITTEE (AS DELEGATED BY THE BOARD OF THE FILING ORGANIZATION) A COPY OF THE RETURN WILL BE PROVIDED TO ALL VOTING BOARD MEMBERS PRIOR TO FILING

Identifier	Return Reference	Explanation
GENERAL STATEMENT 7	PART VI QUESTION 12C	AT EVERY FISCAL YEAR END, ST JOHN HEALTH SYSTEM (SJHS) DISTRIBUTES A COPY OF THE CURRENT CONFLICT OF INTEREST POLICY AND PROCEDURE BULLETIN, TOGETHER WITH AN EXPLANATION AND QUESTIONNAIRE TO THE MEMBERS OF THE BOARD OF DIRECTORS, ADMINISTRATIVE OFFICERS AND KEY EMPLOYEES OF SJHS, ITS SUBSIDIARIES AND AFFILIATES THE BOARD MEMBERS, ADMINISTRATIVE OFFICERS AND KEY EMPLOYEES OF SJHS, ITS SUBSIDIARIES AND AFFILIATES MUST COMPLETE THE QUESTIONNAIRE AND RETURN IT TO THE DESIGNATED SJHS OFFICIAL WITHIN TWO WEEKS OF RECEIPT COMPLETED QUESTIONNAIRES ARE REVIEWED AND SUMMARIZED BY THE VICE PRESIDENT, CORPORATE COMPLIANCE AND INTEGRITY, OR HIS/HER DESIGNEE THAT INDIVIDUAL THEN PRESENTS THE QUESTIONNAIRE RESULTS TO THE HEADS OF EACH HOSPITAL FOR FURTHER PROVISION TO THE VARIOUS BOARDS' AUDIT AND COMPLIANCE COMMITTEES THE AUDIT AND COMPLIANCE COMMITTEES, AS APPROPRIATE, SUBMIT A CONFIDENTIAL REPORT TO THEIR BOARD CHAIRMAN SUMMARIZING THE QUESTIONNAIRE RESULTS THE BOARD CHAIRMAN, AS APPROPRIATE, MAY REVIEW WITH THE EXECUTIVE COMMITTEE THE RESPONSES TO THE QUESTIONNAIRE RESULTS

Identifier	Return Reference	Explanation
GENERAL STATEMENT 8	PART VI SECTION B POLICIES	PART VI QUESTION 15A AND 15B - COMPENSATION FOR EXECUTIVES IS ANALYZED BY AN INDEPENDENT HEALTH CARE CONSULTING FIRM THE ANALYSIS INCLUDES A FAIR MARKET VALUE ASSESSMENT AND ESTABLISHMENT OF A RANGE FOR EACH POSITION BASED ON RESEARCH OF COMPARABLE HEALTH CARE SYSTEMS OF SIMILAR SIZE THE REPORT AND RECOMMENDED COMPENSATION LEVELS FOR EACH EXECUTIVE MANAGEMENT POSITION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE SJHS BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
GENERAL STATEMENT 9	PART VI SECTION C DISCLOSURE	PART VI QUESTION 19 - ONLY THE CONSOLIDATED FINANCIAL STATEMENTS OF THE ST JOHN HEALTH SYSTEM ARE MADE AVAILABLE TO THE PUBLIC THESE CONSOLIDATED FINANCIAL STATEMENTS, OF WHICH ST JOHN MEDICAL CENTER, INC IS A PART, ARE AVAILABLE THROUGH THE QUARTERLY CONTINUING DISCLOSURE FILING AS REQUIRED IN CONNECTION WITH THE TAX EXEMPT BOND FILINGS

Identifier	Return Reference	Explanation
GENERAL STATEMENT 10	PART VIII SECTION B INDEPENDENT CONTRACTORS	UNIVERSITY OF OKLAHOMA AND PHYSICIANS 7,073,032 TULSA MED COLLEGE 4502 EAST 41ST STREET SUITE 2B20 TULSA, OK 74135 ST JOHN HEALTH SYSTEM VARIOUS PROFESSIONAL 6,941,356 1923 SOUTH UTICA AVENUE SERVICES TULSA, OK 74104 INTERIM HEALTHCARE MEDICAL STAFFING 2,945,897 2828 E 51ST ST , STE 102 TULSA, OK 74105 SAINT FRANCIS HOSPITAL PATIENT SERVICES 1,898,408 6600 SOUTH YALE, SUITE 400 TULSA, OK 74136 ROBISON MEDICAL RESOURCE GROUP MEDICAL STAFFING 1,314,403 P O BOX 849 OOLOGAH, OK 74053

Identifier	Return Reference	Explanation
GENERAL STATEMENT 11	SCHEDULE K, PART I BOND ISSUES	ALL DEBT LISTED BELOW IS SECURED BY THE REVENUES OF THE OBLIGATED GROUP CONSISTING OF ST JOHN MEDICAL CENTER, INC AND ST JOHN HEALTH SYSTEM, INC AND THE MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR THE ENTIRE DEBT A THE OKLAHOMA DEVELOPMENT FINANCE AUTHORITY ST JOHN HEALTH SYSTEM REVENUE BONDS, SERIES 2004 CUSIP #678908ZM9 & 678908ZN7 PURPOSE THE BONDS ARE BEING ISSUED TO FUND A LOAN TO ST JOHN HEALTH SYSTEM, INC AND ST JOHN MEDICAL CENTER, INC TO FINANCE CAPITAL IMPROVEMENTS TO AND EQUIPMENT FOR HEALTH CARE FACILITIES OWNED AND OPERATED BY ST JOHN HEALTH SYSTEM, INC AND ST JOHN MEDICAL CENTER, INC AND OTHER SUBSIDIARIES OF ST JOHN HEALTH SYSTEM, INC B THE OKLAHOMA DEVELOPMENT FINANCE AUTHORITY ST JOHN HEALTH SYSTEM REVENUE & REFUNDING BONDS, SERIES 2007 CUSIP #678908E75 PURPOSE THE BONDS ARE BEING ISSUED TO FUND A LOAN TO ST JOHN HEALTH SYSTEM, INC AND ST JOHN MEDICAL CENTER, INC TO FINANCE CAPITAL IMPROVEMENTS TO AND EQUIPMENT FOR HEALTH CARE FACILITIES OWNED AND OPERATED BY ST JOHN HEALTH SYSTEM, INC AND ST JOHN MEDICAL CENTER, INC AND OTHER SUBSIDIARIES OF ST JOHN HEALTH SYSTEM, INC

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St John Medical Center Inc

Employer identification number
73-0579286

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
ST JOHN DIALYSIS LLC 1923 S UTICA AVE TULSA, OK 74104 73-1594503	DIALYSIS	OK	0	0	NA

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

Yes

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

Yes

Yes

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID:

Software Version:

EIN: 73-0579286

Name: St John Medical Center Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
CRAIG COUNTY MEDICAL SERVICES CORP 1923 S UTICA AVE TULSA, OK74104 73-1487478	HEALTH CARE	OK	501(C)(3)	LINE 9	NA
ST JOHN SAPULPA INC 1923 S UTICA AVE TULSA, OK74104 73-0662663	HEALTH CARE	OK	501(C)(3)	LINE 3	NA
JANE PHILLIPS MEMORIAL MEDICAL CENTER 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK74006 73-0606129	HEALTH CARE	OK	501(C)(3)	LINE 3	NA
JANE PHILLIPS HEALTHCARE FOUNDATION 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK74006 73-1250611	HEALTH CARE	OK	501(C)(3)	LINE 3	NA
JANE PHILLIPS NOWATA HOSPITAL INC 237 SOUTH LOCUST NOWATA, OK74048 73-1440267	HEALTH CARE	OK	501(C)(3)	LINE 3	NA
BARTLETT HOMES INC 1008 E CLEVELAND SAPULPA, OK74066 73-1301822	HUD HOUSING	OK	501(C)(3)	LINE 7	NA
BETHEL MANOR INC 619 S DIVISION SAPULPA, OK74066 73-1216617	HUD HOUSING	OK	501(C)(3)	LINE 7	NA
BLUESTEM REG MED DEVELOPMENT FDNINC 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK74006 73-1081013	FUNDRAISING	OK	501(C)(3)	LINE 9	NA

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disproportionate allocations?		(I) Code V - UBI amount on Box 20 of Schedule K- 1 (Form 1065) (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No
Community Care 6600 S Yale Ave Ste 400 Tulsa, OK74136 73-1464144	DORMANT	OK	NA	N/A				No			No
SJMC Phys Building 1923 S Utica Ave Tulsa, OK74104 73-1181714	Med Office Bldg	OK	NA	N/A				No			No
SFSJ Ventures LLC 6600 S Yale Ave Ste 400 Tulsa, OK74136 73-1563876	health care	OK	NA	N/A				No			No
Platinum Fitness 4808 S 109th East Ave Tulsa, OK74146 20-1879493	Health Club	OK	NA	N/A				No			No
Tulsa Hand Surgery 1923 S Utica Ave Tulsa, OK74104 73-1572055	OPERATE SURG CTR	OK	NA	N/A				No			No
Memorial Surgery 1923 S Utica Ave Tulsa, OK74104 20-1167151	OPERATE ASC	OK	NA	N/A				No			No
Broken Arrow Dev PO Box 7712 Edmond, OK73083 26-0748994	COMM'L RE DEVELOP	OK	NA	N/A				No			No
All Saints Home 6600 S Yale Ave Ste 400 Tulsa, OK74136 73-1558644	DME	OK	NA	N/A				No			No
Union Pines SURGERY 4808 S 109th East Ave Tulsa, OK74146 73-1622427	OPERATE ASC	OK	NA	N/A				No			No
JP Imaging LLC 3500 E Frank Phillips Blvd Bartlesville, OK74006 38-3732767	Medical Imaging	OK	NA	N/A				No			No
JP Sleep Disorders 3500 E Frank Phillips Blvd Bartlesville, OK74006 37-1520600	Sleep Clinic	OK	NA	N/A				No			No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
Regional Medical LabInc 1923 South Utica Tulsa, OK74104 73-1131608	Medical Services	OK	NA	C			
St John Physicians Inc 1923 South Utica Tulsa, OK74104 73-1321032	Medical Services	OK	NA	C			
Physician Support ServInc 1923 South Utica Tulsa, OK74104 73-1437252	Medical Services	OK	NA	C			
Omni Medical Group Inc 1923 South Utica Tulsa, OK74104 73-1335536	Medical Services	OK	NA	C			
Bluestem Medical ClinicInc 1923 South Utica Tulsa, OK74104 73-1481016	Medical Services	OK	NA	C			
Outbound Medical NetworkInc 1923 South Utica Tulsa, OK74104 73-1255463	Medical Services	OK	NA	C			
St John ASC MgmtCoInc 1923 South Utica Tulsa, OK74104 20-2411172	Medical Services	OK	NA	C			
St John Emergency Physicians 1923 South Utica Tulsa, OK74104 20-2099141	Medical Services	OK	NA	C			
SJ Urgent Care Clinic Inc 1923 South Utica Tulsa, OK74104 20-4990275	Medical Services	OK	NA	C			
SJ Cardiovascular ServInc 1923 South Utica Tulsa, OK74104 20-3912018	Medical Services	OK	NA	C			
SJ Cardiovascular MedInc 1923 South Utica Tulsa, OK74104 20-3912076	Medical Services	OK	NA	C			
SJ Anesthesia ServicesInc 1923 South Utica Tulsa, OK74104 20-3690446	Medical Services	OK	NA	C			
Magnum Healthcare Inc 1923 South Utica Tulsa, OK74104 20-4827780	Medical Services	OK	NA	C			
Utica Services Inc 1923 South Utica Tulsa, OK74104 73-1057650	Medical Services	OK	NA	C			
Professional Med Ins Risk 201 MERCHANT STSUITE 2400 HONOLULU, HI96813 73-1525831	INSURANCE	HI	NA	C			
JP Support ServInc 3500 E Frank Phillips Blvd BARTLESVILLE, OK74006 73-1530296	Medical Services	OK	NA	C			
Medical Management ServInc 3500 E Frank Phillips Blvd Bartlesville, OK74006 73-1531974	Holding Co	OK	NA	C			
JP Specialty PhysiciansInc 3500 E Frank Phillips Blvd Bartlesville, OK74006 01-0879962	Medical Services	OK	NA	C			
Gemini Medical Group Inc 3500 E Frank Phillips Blvd Bartlesville, OK74006 73-1503529	Medical Services	OK	NA	C			
Ceres MedPractice MgmtInc 3500 E Frank Phillips Blvd Bartlesville, OK74006 73-1522656	Medical Services	OK	NA	C			
Gemini After HrsClinicInc 3500 E Frank Phillips Blvd Bartlesville, OK74006 30-0375407	Medical Services	OK	NA	C			
Synergy Hospitalist GrpInc 3500 E Frank Phillips Blvd Bartlesville, OK74006 30-0375404	Medical Services	OK	NA	C			
ProfCredit RecovInc 3500 E Frank Phillips Blvd Bartlesville, OK74006 73-1057187	Collections Serv	OK	NA	C			
DrsBldgof BartlesvilleInc 3500 E Frank Phillips Blvd Bartlesville, OK74006 73-0759185	Bldg Rental	OK	NA	C			
JP Enterprises Inc 3500 E Frank Phillips Blvd Bartlesville, OK74006 73-1530246	Holding Co	OK	NA	C			
COMMUNITYCARE MANAGED HEALTHCARE 218 W 6TH ST TULSA, OK74119 73-1513383	HEALTH INSURANCE	OK	NA	C			

Additional Data

Software ID:

Software Version:

EIN: 73-0579286

Name: St John Medical Center Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WH THOMPSON JR , CHAIRPERSON	1 0	X						0	0	0
MILANN SIEGFRIED , VICE CHAIRPERSON	1 0	X						0	0	0
CHARLES ANDERSON , PRESIDENT/CEO	40 0	X						339,009	0	29,466
SR M THERESE GOTTSCHALK , SECRETARY	1 0	X						0	624,000	0
STEPHEN J HEYMAN , TREASURER	1 0	X						0	0	0
LEE ELLSWORTH , DIRECTOR	1 0	X						0	0	0
ROBERT FARRIS , DIRECTOR	1 0	X						0	0	0
SR M ANASTASIA JOSEPH , DIRECTOR	1 0	X						37,505	0	0
ROBERT J LAFORTUNE , DIRECTOR	1 0	X						0	0	0
STEVEN J MALCOLM , DIRECTOR	1 0	X						0	0	0
ROBERT MELICHAR MD , DIRECTOR	1 0	X						0	0	0
JOSEPH P MORAN III , DIRECTOR	1 0	X						0	0	0
DAVID SIGMON , DIRECTOR	1 0	X						0	0	0
RJ SULLIVAN JR , EX-OFFICIO	1 0	X						0	0	0
TERRY ZANOVICH MD , DIRECTOR	1 0	X						0	0	0
JOHN MOWRY MD , DIRECTOR	1 0	X						0	0	0
HOWARD H PETERSON , SENIOR VICE PRESIDENT	40 0			X				444,677	0	19,058
DAVID J PYNN , PRESIDENT & CEO	40 0			X				458,334	196,429	29,466
JESSIE L DRAGOO , VICE PRESIDENT NURSING CNE	40 0			X				192,225	0	17,649
MICHAEL B REEVES , VICE PRESIDENT CIO	40 0			X				148,095	98,730	16,447
KATHLEEN C SMARINSKY , VICE PRESIDENT	40 0			X				154,756	0	27,992
DEWEY C DAVIS , VICE PRESIDENT	40 0			X				99,504	99,504	23,570
H WILLIAM ALLRED , VP OF MED AFFAIRS & MED ED	40 0			X				615,895	0	10,613
TIMOTHY R YOUNG , PRESIDENT OMNI	40 0			X				80,090	320,360	8,136
LEX ANDERSON , EXECUTIVE VP	40 0			X				234,485	234,485	7,954
WILLIAM E WEEKS , CORP VP PLANNING DEVELOPMENT	40 0			X				205,240	205,240	4,504
AMY M SOKOL , VICE PRESIDENT GENERAL COUNSEL	40 0			X				189,886	126,591	15,409
RANDY H HAMIL , CORPORATE VP REVENUE CYCLE	40 0			X				121,755	81,170	614
KEVIN B STECK , VP INTEGRITY & COMPLIANCE	40 0			X				16,952	25,429	7,038
DAVID STIRE , JANE PHILLIPS CEO	40 0			X				0	311,249	39,966

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID L PHILLIPS , VICE PRESIDENT	40 0			X				0	202,325	30,161
JOHN P BACHMAN , CORPORATE VP HR	40 0			X				0	250,403	9,611
WILLIAM B MORGAN , PRESIDENT UTICA SERVICES INC	40 0			X				0	308,479	4,608
ROBERT O CATHER , PHARMACIST	40 0			X				132,295	0	13,294
SHAWN H HELDEBRANDT , CHIEF MEDICAL PHYSICIST RSO	40 0					X		203,285	0	9,661
ERLINDA COBLE , RN RESOURCE	40 0					X		156,282	0	6,836
JANA L HALLMAN , RN DIRECTOR OPERATING ROOM	40 0					X		139,998	0	965
PATRICIA A JOHNSON , EXECUTIVE DIR SUPPLY CHAIN	40 0					X		137,171	0	25,037

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a NET PATIENT REVENUE	621,990	413,173,819	413,173,819		
b PREMIUM REVENUE	621,990	72,438,113	72,438,113		
c FOOD SERVICE	900,099	3,294,416			3,294,416
d TRAUMA CARE ASSISTANCE	900,099	3,032,879	3,032,879		
e FITNESS/WELLNESS/EDUCATION	900,099	3,204,715			3,204,715

Software ID:
Software Version:
EIN: 73-0579286
Name: St John Medical Center Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CHARLES ANDERSON	(i)	307,388	31,321	300	20,500	8,966	368,475	228,049
	(ii)	0	0	0	0	0	0	0
SR M THERESE GOTTSCHALK	(i)	0	0	0	0	0	0	0
	(ii)	624,000	0	0	0	0	624,000	468,000
HOWARD H PETERSON	(i)	292,105	0	152,572	14,553	4,505	463,735	224,864
	(ii)	0	0	0	0	0	0	0
DAVID J PYNN	(i)	404,241	37,031	17,062	14,350	6,276	478,960	310,274
	(ii)	173,246	15,871	7,312	6,150	2,690	205,269	132,975
JESSIE L DRAGO O	(i)	179,943	11,982	300	13,144	4,505	209,874	135,851
	(ii)	0	0	0	0	0	0	0
MICHAEL B REEVES	(i)	139,314	8,669	112	5,580	4,288	157,963	107,172
	(ii)	92,876	5,779	75	3,720	2,859	105,309	71,448
KATHLEEN C SMARINSKY	(i)	149,912	4,541	303	23,500	4,492	182,748	111,395
	(ii)	0	0	0	0	0	0	0
DEWEY C DAVIS	(i)	95,265	4,087	152	7,750	4,035	111,289	73,284
	(ii)	95,265	4,087	152	7,750	4,035	111,289	73,284
H WILLIAM ALLRED	(i)	587,429	28,020	446	0	10,613	626,508	458,716
	(ii)	0	0	0	0	0	0	0
TIMOTHY R YOUNG	(i)	72,895	7,158	37	0	1,627	81,717	56,034
	(ii)	291,579	28,632	149	0	6,509	326,869	224,137
LEX ANDERSON	(i)	211,822	22,570	93	0	3,977	238,462	162,858
	(ii)	211,822	22,570	93	0	3,977	238,462	162,858
WILLIAM E WEEKS	(i)	184,893	20,194	153	0	2,252	207,492	142,148
	(ii)	184,893	20,194	153	0	2,252	207,492	142,148
AMY M SOKOL	(i)	168,966	20,858	62	8,674	572	199,132	129,962
	(ii)	112,644	13,905	42	5,782	381	132,754	86,641
RANDY H HAMIL	(i)	110,596	11,117	42	0	368	122,123	85,050
	(ii)	73,731	7,411	28	0	246	81,416	56,700
DAVID STIRE	(i)	0	0	0	0	0	0	0
	(ii)	288,821	22,290	138	31,000	8,966	351,215	221,834
DAVID L PHILLIPS	(i)	0	0	0	0	0	0	0
	(ii)	194,945	7,196	184	20,500	9,661	232,486	149,805
JOHN P BACHMAN	(i)	0	0	0	0	0	0	0
	(ii)	230,895	19,400	108	0	9,611	260,014	175,662
WILLIAM B MORGAN	(i)	0	0	0	0	0	0	0
	(ii)	308,251	0	228	0	4,608	313,087	308,479
SHAWN H HELDEBRANDT	(i)	203,285	0	0	0	9,661	212,946	153,182
	(ii)	0	0	0	0	0	0	0
ERLINDA COBLE	(i)	156,282	0	0	2,600	4,236	163,118	122,730
	(ii)	0	0	0	0	0	0	0
PATRICIA A JOHNSON	(i)	137,171	0	0	20,500	4,537	162,208	104,721
	(ii)	0	0	0	0	0	0	0