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# 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)

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2010 calendar year, or tax year beginning** 05/01, 2010, and ending 04/30, 20 11

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization** ST. JOHN AUXILIARY INC.  
**Doing Business As**  
**Number and street (or P O box if mail is not delivered to street address)** 1923 SOUTH UTICA AVENUE  
**Room/suite**  
**City or town, state or country, and ZIP + 4** TULSA, OK 74104

**D Employer identification number** 73-0999759

**E Telephone number** (918) 744-2198

**F Name and address of principal officer** YVONNE SORRELLS  
 1923 SOUTH UTICA AVE. TULSA, OK 74104

**G Gross receipts \$** 1,233,148.

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
 If "No," attach a list (see instructions)

**I Tax-exempt status**  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J Website:** WWW.SJMC.ORG

**K Form of organization**  Corporation  Trust  Association  Other

**L Year of formation** 1956 **M State of legal domicile** OK

**H(c) Group exemption number** 0928

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TO PROVIDE QUALITY SERVICE, COMPASSIONATE CARE AND SUPPORT TO PATIENTS, FAMILIES AND STAFF OF ST. JOHN HEALTH SYSTEM				
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10.		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	10.		
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	0.		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	515.		
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 2	<b>7a</b>	0.		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.			
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	7,123.	Current Year	6,871.
	<b>9</b> Program service revenue (Part VIII, line 2g)	25,861.	37,587.		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,539.	4,156.		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	491,536.	566,128.		
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	528,059.	614,742.		
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	350,000.	500,925.		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	56,017.	51,244.		
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	406,017.	552,169.		
<b>19</b> Revenue less expenses Subtract line 18 from line 12	122,042.	62,573.			
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	191,373.	End of Year	253,946.
	<b>21</b> Total liabilities (Part X, line 26)				
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	191,373.	253,946.		

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: *Yvonne Sorrells* Date: 3-13-2012  
 Type or print name and title: YVONNE SORRELLS - PRES. ST JOHN AUXILIARY

**Paid Preparer Use Only**  
 Print/Type preparer's name: Debra C. Cook Preparer's signature: *Debra C. Cook* Date: 03/09/2012 Check if self-employed:  PTIN: P00031689  
 Firm's name: KPMG LLP Firm's EIN: 13-5565207  
 Firm's address: 210 PARK AVE., SUITE 2850 OKLAHOMA CITY, OK 73102 Phone no: 405-239-6411

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

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED APR 04 2012

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission  
TO PROVIDE QUALITY SERVICE, COMPASSIONATE CARE AND SUPPORT TO PATIENTS, FAMILIES AND STAFF OF ST. JOHN HEALTH SYSTEM.

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 501(c)(4) organizations and section 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 \$ \_\_\_\_\_ including grants of \$ 500,925 ) (Revenue \$ 1,142,649. )  
THE MISSION OF THE ST. JOHN AUXILIARY IS TO PROVIDE QUALITY SERVICE, COMPASSIONATE CARE AND SUPPORT TO PATIENTS, FAMILIES AND STAFF OF ST. JOHN HEALTH SYSTEM, INC. SEE SCHEDULE O, GENERAL ATTACHMENT 1

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 ▶ 500,925.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and Section 501(c)(7), (12), (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family/business relationships, management delegation, document changes, asset diversions, stockholders, governing body decisions, meeting documentation, and unreachable officers.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policies, whistleblower policies, document retention, compensation review, joint ventures, and exempt status.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection
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
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII.

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) YVONNE SORRELLS PRESIDENT	20.00	X					0.	0	0.	
(2) ANNA HARRIS FIRST VICE-PRESIDENT	10.00	X					0.	0	0.	
(3) LEWIS CHANDLER SECOND VICE-PRESIDENT	9.00	X					0.	0	0.	
(4) MARY CATRON THIRD VICE-PRESIDENT	17.00	X					0.	0	0.	
(5) PEGGY WIMBISH RECORDING SECRETARY	10.00	X					0.	0	0.	
(6) CAROLYN TAYLOR CORRESPONDING SECRETARY	13.00	X					0.	0	0.	
(7) LEON SCHNEIDER TREASURER	28.00	X					0.	0	0.	
(8) JOSEPH EFFIRD ASSISTANT TREASURER	22.00	X					0.	0	0.	
(9) FERNE HOWELL PARLIAMENTARIAN	1.00	X					0.	0	0.	
(10) GWEN HUMPHREY PAST-PRESIDENT	13.00	X					0.	0	0.	
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
<b>1b Sub-total</b> .....							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							0.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶** 0

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 0

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>	2,805					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	4,066					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .							
	<b>h Total.</b> Add lines 1a-1f . . . . .			6,871				
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b> FIRST FOTO . . . . .		900099	7,343			7,343	
	<b>b</b> BREAST PUMP RENTAL . . . . .		532420	26,700	26,700			
	<b>c</b> UNIFORMS . . . . .		900099	3,544	3,544			
	<b>d</b> . . . . .							
	<b>e</b> . . . . .							
	<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . .			37,587					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			4,156			4,156	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .			0				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other		0			
		<b>b</b> Less cost or other basis and sales expenses . . . . .			0			
		<b>c</b> Gain or (loss) . . . . .			0			
		<b>d</b> Net gain or (loss) . . . . .			0			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		79,473				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	64,367				
		<b>c</b> Net income or (loss) from fundraising events . . . . .			15,105			15,105
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .				0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		1,105,062					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	554,039					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			551,023			551,023	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> . . . . .								
<b>b</b> . . . . .								
<b>c</b> . . . . .								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			0					
<b>12 Total revenue.</b> See instructions . . . . .			614,742	30,244		577,627		

**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)

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . .	500,925.	500,925.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .	0.	0.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . .	0.	0.		
4 Benefits paid to or for members . . . . .	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.	0.	0.	0.
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.	0.	0.	0.
7 Other salaries and wages . . . . .	0.	0.	0.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0.	0.	0.	0.
9 Other employee benefits . . . . .	0.	0.	0.	0.
10 Payroll taxes . . . . .	0.	0.	0.	0.
11 Fees for services (non-employees)				
a Management . . . . .	0.	0.	0.	0.
b Legal . . . . .	0.	0.	0.	0.
c Accounting . . . . .	0.	0.	0.	0.
d Lobbying . . . . .	0.	0.	0.	0.
e Professional fundraising services See Part IV, line 17	0.			0.
f Investment management fees . . . . .	0.	0.	0.	0.
g Other . . . . .	0.	0.	0.	0.
12 Advertising and promotion . . . . .	2,851.	0.	2,851.	0.
13 Office expenses . . . . .	474.	0.	474.	0.
14 Information technology . . . . .	0.	0.	0.	0.
15 Royalties . . . . .	0.	0.	0.	0.
16 Occupancy . . . . .	0.	0.	0.	0.
17 Travel . . . . .	7,501.	0.	7,501.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings . . . . .	1,820.	0.	1,820.	0.
20 Interest . . . . .	0.	0.	0.	0.
21 Payments to affiliates . . . . .	0.	0.	0.	0.
22 Depreciation, depletion, and amortization . . . . .	0.	0.	0.	0.
23 Insurance . . . . .	0.	0.	0.	0.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a BREAST PUMP RENTAL EXPENSE -----	14,169.	0.	14,169.	0.
b GIFT SHOP OPERATION -----	12,877.	0.	12,877.	0.
c AUXILIARY UNIFORMS -----	2,621.	0.	2,621.	0.
d JUNIOR VOLUNTEER PROGRAM -----	1,935.	0.	1,935.	0.
e MISCELLANEOUS EXPENSE -----	6,996.	0.	6,996.	0.
f All other expenses -----		0.		0.
25 Total functional expenses. Add lines 1 through 24f	552,169.	500,925.	51,244.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	
<b>Assets</b>	1	Cash - non-interest-bearing . . . . .	34,381.	1	14,711.
	2	Savings and temporary cash investments . . . . .	156,992.	2	239,235.
	3	Pledges and grants receivable, net . . . . .		3	
	4	Accounts receivable, net . . . . .		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sale or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		10a	
	b	Less accumulated depreciation . . . . .		10b	10c
	11	Investments - publicly traded securities . . . . .		11	
	12	Investments - other securities See Part IV, line 11 . . . . .		12	
	13	Investments - program-related See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
	15	Other assets See Part IV, line 11 . . . . .		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	191,373.	16	253,946.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .		17	
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .		19	
	20	Tax-exempt bond liabilities . . . . .		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25	Other liabilities Complete Part X of Schedule D . . . . .		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		26	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .		27	
	28	Temporarily restricted net assets . . . . .		28	
	29	Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>				
	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 . . . . .	191,373.	32	253,946.
33	<b>Total net assets or fund balances</b> . . . . .	191,373.	33	253,946.	
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	191,373.	34	253,946.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	614,742.
2	Total expenses (must equal Part IX, column (A), line 25)	2	552,169.
3	Revenue less expenses Subtract line 2 from line 1	3	62,573.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	191,373.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	253,946.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. JOHN AUXILIARY INC.

Employer identification number

73-0999759

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 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).
- 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).
- 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 supported organization? 

	Yes	No
11g(i)		
  - (ii) A family member of a person described in (i) above? 

11g(ii)		
---------	--	--
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

11g(iii)		
----------	--	--
- h Provide the following information about the supported organization(s)

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 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; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010; 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2010; 16b 33 1/3 % support test - 2009; 17a 10%-facts-and-circumstances test - 2010; 17b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,745	4,654	2,309	7,123	6,871	24,702
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,121,160	1,152,193	1,135,250	1,164,741	1,135,306	5,708,650
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	7,554	7,186	4,837	5,590	7,343	32,510
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,132,459	1,164,033	1,142,396	1,177,454	1,149,520	5,765,862
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						5,765,862

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	1,132,459	1,164,033	1,142,396	1,177,454	1,149,520	5,765,862
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,433	13,994	6,005	3,539	4,156	31,127
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	3,433	13,994	6,005	3,539	4,156	31,127
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	41,381	40,709	11,678	12,455	15,105	121,328
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	804	0	2,717	114	0	3,635
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	1,178,077	1,218,736	1,162,796	1,193,562	1,168,781	5,921,952
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	97.36%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	99.34%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	.53%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	.59%

- 19a 33 1/3% support tests - 2010.** 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% support tests - 2009.** 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 explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information (See instructions).

SUPPLEMENTAL INFORMATION 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
-----						
OTHER INCOME	804	NONE	2717	114	NONE	3,635
	----	----	-----	-----	----	-----
TOTALS	804	NONE	2717	114	NONE	3,635
	====	====	=====	=====	====	=====



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		BOOK SALE (event type)	JEWELRY SALE (event type)	0. (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	48,225.	31,247.		79,472.
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	48,225.	31,247.		79,472.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	41,240.	23,127.		64,367.
	10	Direct expense summary Add lines 4 through 9 in column (d)				( 64,367.)
11	Net income summary Combine line 3, column (d), and line 10				15,105.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
  - b If "Yes," enter the amount of gaming revenue received by the organization **\$** \_\_\_\_\_ and the amount of gaming revenue retained by the third party **\$** \_\_\_\_\_
  - c If "Yes," enter name and address of the third party
- Name ▶ \_\_\_\_\_
- Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation **\$** \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **\$** \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. JOHN AUXILIARY INC.

Employer identification number

73-0999759

**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" to 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. Part II can be duplicated 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
(1)	ST. JOHN HEALTH SYSTEM FOUNDATION 1923 SOUTH UTICA TULSA, OK 74104	73-1133139	501(C)(3)	500,925				SUPPORT OPERATIONS
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations 1

3 Enter total number of other organizations 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2010)

**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. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SUPPLEMENTAL INFORMATION 1

PART I, LINE 2

ST. JOHN AUXILIARY (AUXILIARY) PROVIDES SUPPORT TO THE ST. JOHN HEALTH SYSTEM FOUNDATION(SJHS FDN). SJHS FDN IS A PUBLICLY SUPPORTED CHARITY WHICH PROVIDES FUNDRAISING ACTIVITIES FOR ST. JOHN MEDICAL CENTER (SJMC) A TAX-EXEMPT HOSPITAL. THE AUXILIARY SELECTS A SPECIFIC PROJECT IT WANTS TO SUPPORT AND MAKES A PLEDGE TO THE SJHS FDN FOR THIS PROJECT. THE PLEDGE IS PAID TO THE SJHS FDN OVER A PERIOD OF TIME IN INSTALLMENTS. THE AUXILIARY'S CURRENT PLEDGE IS FOR THE ST. JOHN ROBOTICS PROGRAM. THE AUXILIARY MAINTAINS RECORDS AND A SCHEDULE OF GIVING MADE TO THE SJHS

**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. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FDN.



**Part I Liquidation, Termination, or Dissolution (continued)**

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

	Yes	No
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III		3
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?		4a
b If "Yes," did the organization provide such notice?		4b
5 Did the organization discharge or pay all liabilities in accordance with state laws?		5
6a Did the organization have any tax-exempt bonds outstanding during the year?		6a
b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?		6b

c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.**

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
CASH			500,925	CASH	73-1133139	ST JOHN HEALTH SYSTEM FOUNDATION 923 S UTICA TULSA, OK 74104	501 (C) (3)

2	Did or will any officer, director, trustee, or key employee of the organization	Yes	No
a	Become a director or trustee of a successor or transferee organization?		X
b	Become an employee of, or independent contractor for, a successor or transferee organization?		X
c	Become a direct or indirect owner of a successor or transferee organization?		X
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		X
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III		

**Part III** **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

SUPPLEMENTAL INFORMATION 1

PART II, LINE 1

ST. JOHN AUXILIARY (AUXILIARY) PROVIDES SUPPORT TO THE ST. JOHN HEALTH SYSTEM FOUNDATION(SJHS FDN). SJHS FDN IS A PUBLICLY SUPPORTED CHARITY WHICH PROVIDES FUNDRAISING ACTIVITIES FOR ST. JOHN MEDICAL CENTER (SJMC) A TAX-EXEMPT HOSPITAL. THE AUXILIARY CONTRIBUTED FUNDS TO THE SJHS FDN FOR THE ST. JOHN ROBOTICS PROGRAM.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. JOHN AUXILIARY INC.

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

73-0999759

GENERAL ATTACHMENT 1

PART III: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LINE 4A:

THIS IS ACCOMPLISHED THROUGH THE PROVISIONS OF VOLUNTEER SERVICES AND DONATIONS TO ST. JOHN HEALTH SYSTEM FOUNDATION AND INCLUDES OPERATION OF THREE GIFT SHOPS THAT SERVE THE NEEDS OF EMPLOYEES, PATIENTS AND VISITORS AND SPECIAL FUNDRAISING EVENTS. SERVICES NOW INCLUDE BRANCHES OF OUR AUXILIARY AT ST. JOHN OWASSO, ST. JOHN BROKEN ARROW AND SUPPORT FOR ST. JOHN SAPULPA. WE ALSO HOST A NATIONAL AWARD WINNING PARTNERSHIP PROGRAM CALLED PROJECT SEARCH THAT PROVIDES EMPLOYMENT TRAINING AND AN ONSITE CLASSROOM FOR HIGH SCHOOL SENIORS IN SPECIAL EDUCATION. WE PARTNER WITH JENKS PUBLIC SCHOOLS AND THE DEPARTMENT OF REHABILITATION SERVICES TO PROVIDE THIS UNIQUE EDUCATIONAL OPPORTUNITY.

OVER 83,738 SERVICE HOURS WERE CONTRIBUTED. VOLUNTEERS NOW SPAN 95 DIFFERENT AREAS WITH AN IMPRESSIVE LIST OF SUPPORT SERVICE INCLUDING, PASTORAL CARE AIDES, GUEST SERVICES, DIRECTING AND ESCORTING PATIENTS AND FAMILIES, FAMILY CARE IN WAITING AREAS, CUDDLING FOR NICU BABIES, GREEN TEAM RECYCLING PROGRAM, ASSISTING EMERGENCY DEPARTMENT, STAFFING THREE GIFT SHOPS AND SPECIAL FUND RAISING EVENTS.

THE AUXILIARY HAS ALSO BEEN AN IMPORTANT SOURCE OF FINANCIAL ASSISTANCE FOR ST. JOHN HEALTH SYSTEM FOUNDATION, INC., DONATING FUNDS EACH YEAR FOR IMPORTANT MEDICAL CARE AND VISITOR SERVICES IMPROVEMENTS. THE AUXILIARY

Name of the organization ST. JOHN AUXILIARY INC.	Employer identification number 73-0999759
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ANNOUNCED A \$2.5 MILLION DOLLAR PLEDGE TO FUND THE ROBOTIC SURGERY PROGRAM DURING THE YEAR. CONTRIBUTIONS TO ST. JOHN HEALTH SYSTEM FOUNDATION FOR FY 2011 TOTALED \$500,925.

THE AUXILIARY IS VERY ACTIVE IN PROMOTING A LIFE LONG COMMITMENT TO COMMUNITY SERVICE AND MEDICAL CAREERS FOR TEENS, AGES 15-18. GENERATION IMPACT INCORPORATES INTERESTED MEMBERS OF OUR MEDICAL EXPLORER TROOPS AND YOUTH FROM HIGH SCHOOLS THROUGHOUT THE GREATER TULSA AREA. OUR STUDENT MIX REPRESENTED THIRTY-SIX HIGH SCHOOLS AND HOME SCHOOLED TEENS. THE TEENS VOLUNTEERED AT ST. JOHN MEDICAL CENTER, ST. JOHN BROKEN ARROW AND ST. JOHN OWASSO, GAINING EXPERIENCES RANGING FROM DIETARY TO DIALYSIS, SHADOWED WITH MEDICAL PROFESSIONALS, AND ATTENDED CLASSES. THANKS TO THE MANY DEPARTMENTS WHO SUPPORT THE PROGRAM, STUDENT CLASSES INCLUDED INTERACTION WITH THE SIMULATION ROBOT, ER TRAUMA ROOM, SURGICAL ENVIRONMENT, PATHOLOGY LAB EXPLORATION AND MEDICAL CAREER PREPARATION. A SCHOOL YEAR COMPONENT FOR THE PROGRAM IS IN ITS THIRD YEAR. IT OFFERS FLEXIBILITY FOR TEENS WITH EARLY EVENING AND WEEKEND SERVICE TIMES AND FACILITATES TRAINING FOR OUR CASCIA HALL AND BISHOP KELLEY HIGH SCHOOL INTERNS.

Name of the organization ST. JOHN AUXILIARY INC.	Employer identification number 73-0999759
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## GENERAL ATTACHMENT 2

## PART VI: GOVERNANCE MANAGEMENT, AND DISCLOSURE

## LINE 4:

THE AUXILIARY'S ARTICLES OF INCORPORATION AND BYLAWS WERE AMENDED TO PROVIDE THAT THE CONTROLLING MEMBER OF THE ORGANIZATION IS ST. JOHN HEALTH SYSTEM, INC. A NOT-FOR-PROFIT OKLAHOMA CORPORATION, THAT IT SHALL BE OPERATED IN A MANNER CONSISTENT WITH ST. JOHN HEALTH SYSTEM INC.'S MISSION AND CORE VALUES AND THAT UPON DISSOLUTION, ALL OF THE ASSETS OF THE CORPORATION SHALL BE DISTRIBUTED FIRST ACCORDING TO DONOR'S SPECIFIC INSTRUCTIONS, THEN TO ST. JOHN HEALTH SYSTEM, INC. PROVIDED IT IS THEN QUALIFIED AS ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE WITH ANY REMAINING ASSETS TO THE BOARD OF DIRECTORS OF THE SISTERS OF THE SORROWFUL MOTHER. THE BYLAWS PROVIDE THAT NO COMPENSATION (OTHER THAN ALLOWANCE FOR EXPENDITURES) WILL BE PAID TO ANY GENERAL MEMBER, OFFICER, DIRECTOR, ORGANIZER OR SUBSTANTIAL CONTRIBUTOR TO THE AUXILIARY. THEY ALSO PROVIDE THAT THE AUXILIARY SHALL FOLLOW THE CORPORATE COMPLIANCE POLICIES OF THE ST. JOHN HEALTH SYSTEM AND THE GOVERNING BOARD OF ST. JOHN HEALTH SYSTEM SHALL HAVE THE AUTHORITY TO AMEND THE CERTIFICATE OF INCORPORATION.

## LINE 6:

MEMBERS OF THE ST. JOHN AUXILIARY (AUXILIARY) HAVE THE FOLLOWING RIGHTS: TO APPROVE AMENDMENTS TO THE AUXILIARY'S ORGANIZATIONAL DOCUMENTS AND TO VOTE ON MEMBERS OF THE GOVERNING BODY.

## LINE 7A &amp; 7B:

Name of the organization ST. JOHN AUXILIARY INC.	Employer identification number 73-0999759
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THE GOVERNING BODY OF ST. JOHN AUXILIARY (AUXILIARY) IS ELECTED BY ITS MEMBERS. THE AUXILIARY USES A NOMINATING COMMITTEE WHICH IS RESPONSIBLE FOR PROPOSING A SLATE OF OFFICERS. THE NOMINATING COMMITTEE IS COMPRISED OF SIX AUXILIARY MEMBERS WHO SERVE ON A ROTATING BASIS OF THREE YEARS. NOMINATIONS MAY BE SUBMITTED TO THIS COMMITTEE BY OTHER AUXILIARY MEMBERS. THE ELECTION BALLOT PREPARED BY THIS COMMITTEE IS MAILED TO THE GENERAL MEMBERSHIP. A SIMPLE MAJORITY OF VOTES BY THE GENERAL MEMBERSHIP IS REQUIRED FOR THE ELECTION.

LINE 11A & B:

ST. JOHN AUXILIARY (AUXILIARY) IS AFFILIATED WITH THE ST. JOHN HEALTH SYSTEM (SYSTEM), A COMPREHENSIVE TERTIARY HEALTH CARE DELIVERY SYSTEM. THE SYSTEM HIRES A PAID PREPARER EXPERIENCED IN THE PREPARATION OF THE FORM 990 TO PREPARE THE RETURN. THE RETURN IS REVIEWED BY THE TREASURER AND PRESIDENT OF THE AUXILIARY AND THE CHIEF FINANCIAL OFFICER OF THE ST. JOHN HEALTH SYSTEM. A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

LINE 12C:

ST. JOHN AUXILIARY (AUXILIARY) IS AFFILIATED WITH THE ST. JOHN HEALTH SYSTEM, A COMPREHENSIVE TERTIARY HEALTH CARE DELIVERY SYSTEM. THE OFFICERS AND DIRECTORS OF THE AUXILIARY REVIEW AND COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. THIS QUESTIONNAIRE IS REVIEWED BY THE ST. JOHN HEALTH SYSTEM COMPLIANCE OFFICER.

Name of the organization ST. JOHN AUXILIARY INC.	Employer identification number 73-0999759
---	--

LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. THE INFORMATION ON THE FORM 990 IS PUBLIC INFORMATION AND IS AVAILABLE UPON REQUEST.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

ST. JOHN AUXILIARY INC.

Employer identification number

73-0999759

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ST JOHN SAPULPA, INC 1923 S UTICA AVE TULSA, OK 74104 73-0662663	HEALTH CARE	OK	501 (C) (3)	LINE 3	N/A		X
(2) JANE PHILLIPS MEMORIAL MEDICAL CENTER 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-0606129	HEALTH CARE	OK	501 (C) (3)	LINE 3	N/A		X
(3) JANE PHILLIPS HEALTHCARE FOUNDATION 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1250611	HEALTH CARE	OK	501 (C) (3)	LINE 3	N/A		X
(4) BARTLETT HOMES, INC 1008 E CLEVELAND SAPULPA, OK 74066 73-1301822	HUD HOUSING	OK	501 (C) (3)	LINE 7	N/A		X
(5) BETHEL MANOR, INC 619 S. DIVISION SAPULPA, OK 74066 73-1216617	HUD HOUSING	OK	501 (C) (3)	LINE 7	N/A		X
(6) BLUESTEM REG MED DEVELOPMENT FDN , INC 3500 E FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74066 73-1081013	FUNDRAISING	OK	501 (C) (3)	LINE 9	N/A		X
(7) JANE PHILLIPS NOWATA HOSPITAL, INC 237 SOUTH LOCUST NOWATA, OK 74048 73-1440267	HEALTH CARE	OK	501 (C) (3)	LINE 3	N/A		X

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule R (Form 990) 2010

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

ST. JOHN AUXILIARY INC.

Employer identification number

73-0999759

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BARTLESVILLE MEDICAL CORPORATION 73-1492080 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006	HEALTH CARE	OK	501 (C) (3)	LINE 11B	N/A		X
(2) CRAIG COUNTY MEDICAL SERVICES CORP 73-1487478 1923 SOUTH UTICA AVENUE TULSA, OK 74104	HEALTH CARE	OK	501 (C) (3)	LINE 9	N/A		X
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) COMMUNITY CARE, 73-1464144 6600 S. YALE AVE., STE. 400 DORMANT		OK	N/A	N/A								0.0000
(2) SJMC PHYS. BUILDING, 73-1181714 1923 S. UTICA AVE.	MED. OFFICE BLDG	OK	N/A	N/A								0.0000
(3) SESI VENTURES, LLC, 73-1563876 6600 S. YALE AVE., STE. 400	HEALTH CARE	OK	N/A	N/A								0.0000
(4) PLATINUM FITNESS, 20-1879493 4808 S. 109TH EAST AVE. TULSA,	HEALTH CLUB	OK	N/A	N/A								0.0000
(5) TULSA HAND SURGERY, 73-1572055 1923 S. UTICA AVE.	OPERATE SURG CTR	OK	N/A	N/A								0.0000
(6) MEMORIAL SURGERY, 20-1167151 1923 S. UTICA AVE.	OPERATE ASC	OK	N/A	N/A								0.0000
(7) BROKEN ARROW DEV, 26-0748994 P. O. BOX 7712, EDMOND, OK 73083	COMM'L RE. DEVELOP.	OK	N/A	N/A								0.0000

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) REGIONAL MEDICAL LAB, INC., 73-1131608 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C		N/A	N/A
(2) ST. JOHN PHYSICIANS, INC., 73-1321032 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C			
(3) PHYSICIAN SUPPORT SERV, INC., 73-1437252 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C			
(4) OMNI MEDICAL GROUP, INC., 73-1335536 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C			
(5) ST. JOHN ASC MGMT CO., INC., 20-2411172 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C			
(6) ST. JOHN EMERGENCY PHYSICIANS, 20-2099191 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C			
(7) ST. URGENT CARE CLINIC, INC., 20-4990275 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C			

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ALL SAINTS HOME 73-158644 6600 S. YALE AVE., STE. 400 DME		OK	N/A	N/A								0.0000
(2) UNION PINES SURGERY 73-1622427 4808 S. 109TH EAST AVE OPERATE ASC		OK	N/A	N/A								0.0000
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) SJ CARDIOVASCULAR SERV, INC 1923 SOUTH UTICA TULSA, OK 74104 20-3912018	MEDICAL SERVICES	OK	N/A	C	N/A	N/A	N/A
(2) SJ CARDIOVASCULAR MED, INC 1923 SOUTH UTICA TULSA, OK 74104 20-3912076	MEDICAL SERVICES	OK	N/A	C			
(3) SJ ANESTHESIA SERVICES, INC 1923 SOUTH UTICA TULSA, OK 74104 20-3690446	MEDICAL SERVICES	OK	N/A	C			
(4) MAGNUM HEALTHCARE, INC 1923 SOUTH UTICA TULSA, OK 74104 20-4827780	MEDICAL SERVICES	OK	N/A	C			
(5) UTICA SERVICES, INC 1923 SOUTH UTICA TULSA, OK 74104 73-1057650	MEDICAL SERVICES	OK	N/A	C			
(6) PROFESSIONAL MED, INS, RISK 201 MERCHANT ST., SUITE 2400 HONOLULU, HI 96813 73-1525931	INSURANCE	HI	N/A	C			
(7) JP SUPPORT SERV, INC 3500 E. FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1530296	MEDICAL SERVICES	OK	N/A	C			

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) MEDICAL MANAGEMENT SERV, INC. 73-1531974 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006	HOLDING CO	OK	N/A	C	N/A	N/A	N/A
(2) JF SPECIALTY PHYSICIANS, INC. 01-0879962 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006	MEDICAL SERVICES	OK	N/A	C			
(3) GEMINI MEDICAL GROUP, INC. 73-1503522 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006	MEDICAL SERVICES	OK	N/A	C			
(4) CERES MED PRACTICE MGMT, INC. 73-1522656 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006	MEDICAL SERVICES	OK	N/A	C			
(5) GEMINI AFTER HRS CLINIC, INC. 30-0375407 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006	MEDICAL SERVICES	OK	N/A	C			
(6) SYNERGY HOSPITALIST GRP, INC. 30-0375404 3500 E FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006	MEDICAL SERVICES	OK	N/A	C			
(7) PROF CREDIT RECOV, INC. 73-1057187 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006	COLLECTIONS SERV	OK	N/A	C			

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(1)	(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)	---	---	---	---	---	---	---	---	---	---	---	---	---
(2)	---	---	---	---	---	---	---	---	---	---	---	---	---
(3)	---	---	---	---	---	---	---	---	---	---	---	---	---
(4)	---	---	---	---	---	---	---	---	---	---	---	---	---
(5)	---	---	---	---	---	---	---	---	---	---	---	---	---
(6)	---	---	---	---	---	---	---	---	---	---	---	---	---
(7)	---	---	---	---	---	---	---	---	---	---	---	---	---

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(1)	(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
(1)	DRS BLDG OF BARTLESVILLE, INC. 73-0759185 3500 E. FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006	BLDG RENTAL	OK	N/A	C	N/A	N/A	N/A
(2)	JP ENTERPRISES, INC. 73-1530246 3500 E. FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006	HOLDING CO	OK	N/A	C	N/A	N/A	N/A
(3)	COMMUNITYCARE MANAGED HEALTHCARE 73-1513383 218 W 6TH ST TULSA, OK 74119	HEALTH INSURANCE	OK	N/A	C	N/A	N/A	N/A
(4)	BLUESTEM MEDICAL CLINIC, INC. 73-1481016 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICE	OK	N/A	C	N/A	N/A	N/A
(5)	OUTBOUND MEDICAL NETWORK, INC. 73-1255643 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C	N/A	N/A	N/A
(6)	---	---	---	---	---	---	---	---
(7)	---	---	---	---	---	---	---	---

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

		Yes	No
<b>1</b>	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?		
<b>a</b>	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b>	Gift, grant, or capital contribution to other organization(s)		X
<b>c</b>	Gift, grant, or capital contribution from other organization(s)		X
<b>d</b>	Loans or loan guarantees to or for other organization(s)		X
<b>e</b>	Loans or loan guarantees by other organization(s)		X
<b>f</b>	Sale of assets to other organization(s)		X
<b>g</b>	Purchase of assets from other organization(s)		X
<b>h</b>	Exchange of assets		X
<b>i</b>	Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b>	Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b>	Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b>	Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b>	Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b>	Sharing of paid employees		X
<b>o</b>	Reimbursement paid to other organization for expenses		X
<b>p</b>	Reimbursement paid by other organization for expenses		X
<b>q</b>	Other transfer of cash or property to other organization(s)		X
<b>r</b>	Other transfer of cash or property from other organization(s)		X

	(e) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>2</b>	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			
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

**Part VI** Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
				Yes	No		Yes	No		Yes	No
(1)	-----										
(2)	-----										
(3)	-----										
(4)	-----										
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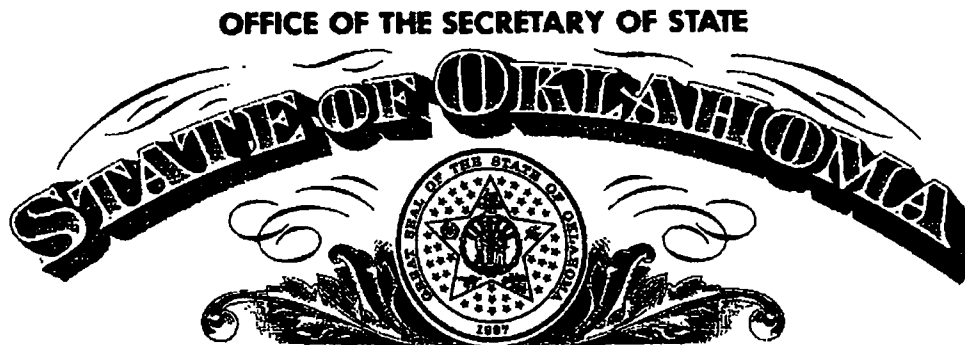
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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

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ST. JOHN AUXILIARY  
EIN: 73-0999759  
YEAR END: APRIL 30, 2011



**AMENDED NOT FOR PROFIT  
CERTIFICATE OF INCORPORATION**

*WHEREAS, the Amended Not For Profit Certificate of Incorporation of*

**ST. JOHN AUXILIARY, INC.**

*has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.*

*NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.*

*IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.*



*Filed in the city of Oklahoma City this  
2nd day of March, 2011.*



*Secretary of State*

**Amended Certificate of Incorporation**

Document Number 16368800002; Submit Date: 3/2/2011

The undersigned corporation, for the purpose of amending its certificate of incorporation pursuant to Title 18, Section 1077, hereby certifies:

The name of the corporation is:  
ST JOHN MEDICAL CENTER AUXILIARY, INC.

**As amended:** The name of the corporation has been changed to.  
ST. JOHN AUXILIARY, INC.

The duration of the corporation is:  
Perpetual

The name of the registered agent and the street address of the registered office in the State of Oklahoma is:  
SISTER M THERESE GOTTSCHALK  
1923 S UTICA AVE  
TULSA, OK 74104 USA

Additional amendments to the Certificate of Incorporation are:  
We are changing the name from St. John Medical Center Auxiliary, Inc to St. John Auxiliary, Inc.

The governing body of the corporation adopted a resolution setting forth the amendment proposed and declaring its advisability

At a subsequent meeting held upon notice stating the purpose thereof and given in accordance with the provision of Title 18, Section 1067, a majority of all the members of the governing body voted in favor of the amendment.

**IN WITNESS WHEREOF**, said corporation has caused this certificate to be signed this 2nd day of March, 2011 by .

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and by attaching the signature I agree and understand that the typed electronic signature shall have the same legal effect as an original signature and is being accepted as my original signature pursuant to the Oklahoma Uniform Electronic Transactions Act, Title 12A Okla. Statutes Section 15-101, et seq.

Signature:  
YVONNE SORRELLS  
PEGGY A. WIMBISH

Title:  
PRESIDENT  
SECRETARY

[End Of Image]

ST. JOHN AUXILIARY  
EIN: 73-0999759  
YEAR END: APRIL 30, 2011

**AMENDED ARTICLES OF INCORPORATION  
OF  
ST. JOHN AUXILIARY, INC.  
(A Non-Profit Corporation)**

The Undersigned Corporation, for the purpose of amending its certificate of incorporation pursuant to Title 18, Section 1077, hereby certifies:

**ARTICLE I  
CORPORATE NAME**

**As Filed:** The name of the Corporation is St. John Medical Center Auxiliary, Inc.

**As Amended:** The name of the Corporation has been changed to St. John Auxiliary, Inc.


**ARTICLES II - VIII**

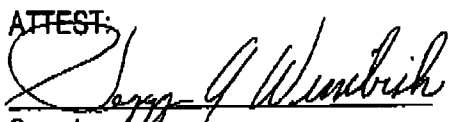
No Amendment

This Amendment to the Articles of Incorporation was approved by both the Executive Board of the St. John Auxiliary, Inc. and the Board of Directors of St. John Health System, Inc., which is the sole Corporate Member of this Corporation effectively dated the 13th day of December, 2010.

IN WITNESS WHEREOF, said Corporation has caused this certificate to be signed by its President and attested by its Secretary on January 12, 2010.

ST. JOHN AUXILIARY, INC.

By , President

ATTEST:  
  
Secretary

ST. JOHN AUXILIARY  
EIN: 73-0999759  
YEAR END: APRIL 30, 2011

**BYLAWS  
OF  
ST. JOHN AUXILIARY, INC.  
Effective of December 13, 2010**

**ARTICLE 1  
General Provisions**

1.1 **Name.** The name of the Auxiliary is ST. JOHN AUXILIARY, INC. Such entity shall be hereinafter referred to as "St. John Auxiliary" and shall include all auxiliary locations within St. John Health System, Inc.

1.2 **Registered Agent.** The name and address of the registered agent shall be the individual designated by the Board as the St. John Auxiliary Registered Agent, at 1923 S. Utica Avenue, Tulsa, Oklahoma 74104.

1.3 **Term.** The term for which the St. John Auxiliary shall exist is perpetual.

1.4 **Fiscal year.** The fiscal year of the St. John Auxiliary shall commence on May 1<sup>st</sup> and end on April 30<sup>th</sup>.

**ARTICLE 2  
Purposes and Mission**

2.1 **Not-For Profit Purpose.** The St. John Auxiliary is organized not-for-profit and shall have no authority to issue capital stock.

2.2 **General Purpose.** The St. John Auxiliary is organized exclusively for charitable, health, scientific, and educational purposes. The St. John Auxiliary shall be operated and managed in a manner consistent with St. John Health System's mission and core values.

2.3 **Mission.** The mission of the St. John Auxiliary is to provide quality service, compassionate care and support to patients, families and staff of St. John Health System, Inc.

2.4 **Policy of Volunteer Work through Auxiliary.** General Members shall not be regularly used to staff those positions usually held by paid employees of the St. John Health System, Inc. Double hours shall be recorded by General Members serving on the following holidays: New Year's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas.

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**ARTICLE 3**  
**Powers of the Auxiliary**

**3.1 General Powers.** The St. John Auxiliary shall and may exercise all the powers conferred by the laws of the State of Oklahoma upon corporations formed under the laws pursuant to and under which the St. John Auxiliary is formed, as such laws are now in effect or may at any time hereafter be amended.

**3.2 Restriction on Powers.** Notwithstanding any other provision of these Bylaws, the St. John Auxiliary shall have the following restrictions on its powers:

**3.2.1 Non-Profit Restriction.** Notwithstanding any other provision of these Bylaws, the St. John Auxiliary shall not carry on any other activities not permitted to be carried on (i) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986 (or corresponding provisions of any future United States Internal Revenue Law) or (ii) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law.)

**3.2.2 No Compensation to Directors.** No compensation or payment shall ever be paid or made to any general member, officer, director, or organizer of St. John Auxiliary, or substantial contributor to it (except as an allowance for actual expenditures incurred or for services actually made or rendered to or for St. John Auxiliary). Neither the whole nor any portion of the assets or net earnings current or accumulated of the St. John Auxiliary shall ever be distributed to or divided among any such persons, and neither the whole nor any part or portion of such assets or net earnings shall ever be used for, accrued to, or inure to the benefit of any member or private individual within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future United States Internal Revenue Law).

**3.2.3 Political Activities Prohibited.** No substantial part of the activities of the St. John Auxiliary shall be attempting to influence legislation, and the St. John Auxiliary shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.

**3.3 Assets Upon Dissolution.** Upon dissolution of the St. John Auxiliary, the Auxiliary Board shall, after paying or making provision for the payment of all of the liabilities of the St. John Auxiliary, dispose of all of the assets of the St. John Auxiliary according to the following enumerated priorities: (1) Where specific instructions have been given by a donor for the distribution of a specific gift, devise, or bequest in the event the St. John Auxiliary is dissolved, such instructions must be followed by the Board of Directors unless such instructions are contrary to law; (2) All other assets shall pass to St. John Health System, Inc., provided such organization or organizations are then

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qualified as exempt organization under Section 501(c)(3) of the Internal Revenue code of 1986 (or the corresponding provision of any future United States Internal Revenue Law); and (3) Any assets not disposed of pursuant to the foregoing priorities shall be given to the Board of Directors of Sisters of the Sorrowful Mother.

#### **ARTICLE 4** **Management**

Management of the business and affairs of the St. John Auxiliary shall be vested in and conducted by its Board of Directors ("Executive Board") and of its officers in accordance with the Articles of Incorporation, these Bylaws, and the laws of the State of Oklahoma.

#### **ARTICLE 5** **Members of the Auxiliary**

The members of the St. John Auxiliary shall consist of the following:

5.1 ***Controlling Member.*** The Controlling member of the St. John Auxiliary shall be St. John Health System, Inc., a not-for-profit Oklahoma Corporation, and it shall have full power and authority, as such, to amend the Articles of Incorporation, bylaws, and perform all other acts required or permitted under the law for members of nonprofit corporations, including supervising the activities of the St. John Auxiliary.

5.2 ***General Members.*** The Executive Board may, from time-to-time, establish classes of membership of the St. John Auxiliary and may define the benefits received by such members. General membership is open to persons who are interested in St. John Medical Center and other locations as requested by St. John Health System and who are willing to conform to the by-laws and policies of the St. John Auxiliary. All memberships, Life and Honorary excepted, shall be renewed annually. There shall be the following types of members:

5.2.1 ***Active Members.*** Active members shall contribute a minimum of fifty (50) hours annually in service programs of the St. John Auxiliary, pay dues as determined by the Executive Board, and wear an approved Auxiliary uniform while on duty.

5.2.2 ***Associate Members.*** Associate members shall be interested in the purpose of the St. John Auxiliary, pay dues as determined by the Executive Board, and participate in service programs with no hourly requirement.

5.2.3 ***Junior Members.*** Junior members (ages 15 through 18) shall participate in service programs with hourly requirements and wear an approved Auxiliary uniform while on duty.

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**5.2.4 Life Members.** Life members shall participate in service programs with no hourly requirements and pay dues as determined by the Executive Board. To be eligible, an Active member shall have completed a minimum of 500 service hours. An Associate General member to be eligible must have a minimum of three years' membership, but be unable to perform active service.

**5.2.5 Honorary Members.** Honorary members shall be nominated and approved by the Executive Board.

**5.2.6 College Students.** College students may participate in service programs with a requirement of 100 hours of service completed before reference written, wear appropriate uniform while on duty, and their dues are waived.

**ARTICLE 6**  
**Executive Board**

**6.1 Number and Ex Officio Members.** Management of the Auxiliary shall be vested in an Executive Board consisting of not less than ten (10) nor more than twenty-one (21) directors, which number may be varied from time to time by resolution of the Board of Directors of St. John Health Care System, Inc. as the controlling member of the Auxiliary. The members of the Executive Board shall include the following: Elected Officers, Immediate Past President, Parliamentarian, Director of Voluntary Services and President and CEO of St. John Health System, Inc. or his or her designee.

**6.2 Polices and Practices.** Any action taken or authorized to be taken by a vote of the Executive Board, including the authorization or approval of any policy or practice by St. John Auxiliary, its officers, agents or employees which, in the opinion of the Controlling Member, conflict or might be inconsistent with the mission and core values of St. John Health Systems, Inc., or with the teachings, principles or approved practices of the Roman Catholic Church as enunciated by the Bishop of the Roman Catholic Diocese of Tulsa, shall require the written approval of the Controlling Member before becoming effective.

**6.3 Qualifications.** Directors and officers shall be selected from General Members of the St. John Auxiliary. A director shall be deemed qualified as such when an acceptance of office has been signed and filed with the Secretary.

**6.4 Duties.** The administrative powers of the St. John Auxiliary shall be vested in the Executive Board, subject to the approval of controlling member.

**6.5 Meetings.** The Executive Board shall hold a monthly meeting the second Wednesday of each month, and these meetings will be open to St. John Auxiliary general membership. The meetings may be postponed or cancelled by the President when necessary. Six voting members shall constitute a quorum of the Executive Board. The Executive Board may call special meetings of the Executive Board.

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6.6 **Determination of Dues.** The Executive Board shall determine annual dues. All dues shall be payable at the beginning of the fiscal year.

6.7 **Resignation.** Any director or officer of the St. John Auxiliary may resign on filing his or her written resignation with the Recording Secretary of the St. John Auxiliary, and such resignation shall become effective when so filed unless some subsequent effective date is set forth in the resignation.

6.8 **Removal.** An elected member can be removed from office for conduct unbecoming an Auxilian by a two-thirds vote of the Executive Board.

6.9 **Vacancies.** In the event of the death, resignation or other event causing a vacancy on the Executive Board, the Executive Board shall nominate a successor director.

6.10 **Action by Consent.** Unless otherwise provided in the Articles of Incorporation, any action required by this act to be taken at any annual or special meeting of Executive Board may be taken without a meeting, without prior notice and without a vote, if a consent in writing, setting forth the action so taken, shall be signed by all directors entitled to vote thereon. In the event that such action which is consented to is such as would have required the filing of a certificate under the Oklahoma General Corporation Act, if such action had been voted upon by the directors at a meeting thereof, the certificate filed under such section shall state, in lieu of any statement required by such section concerning a vote of directors, that written consent has been given in accordance with provisions of 18 O.S. § 1027.

## ARTICLE 7

### Meetings of the St. John Auxiliary General Membership

7.1 **Place.** All meetings of the General Auxiliary Members shall be held at the principal place of business in this State, or at such places as may be designated by the Executive Board.

#### 7.2 **Meeting Times of St. John Auxiliary.**

7.2.1 **Annual.** The St. John Auxiliary shall hold two general meetings each year. One of which shall be designated the "annual meeting".

7.2.2 **Special.** Special meetings for each fiscal year may be scheduled by the Executive Board.

7.3 **Notice.** Written notice of any meeting may be given by mail or other remote communication, authorized by Oklahoma law and the St. John Auxiliary, to the person entitled thereto at the last known address or location shown on the records of the St. John Auxiliary within such time as directed by the President. Notice in writing of special meetings shall be mailed or provided by other remote communication, authorized

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by Oklahoma law and the Auxiliary, to each member of the board at least seven (7) days before the date of such special meeting.

7.3.1 *Waiver.* Whenever notice is required to be given by the bylaws, the Articles of Incorporation, or by statute, a written waiver thereof, signed by the persons entitled to notice, whether before or after the times stated therein, shall be deemed equivalent to notice. Attendance of a person at a meeting constitutes a waiver of notice, except when the person attends a meeting for the express purpose of objecting at the beginning of the meeting to the transaction of any business because the meeting is not lawfully called or convened.

7.4 *Quorum.* Fifty members of the St. John Auxiliary shall constitute a quorum at all meetings of the St. John Auxiliary for the transaction of business except as otherwise provided by law, or by these Bylaws. In the event such number is not a quorum, the members present shall have the power to adjourn the meeting from time to time without notice other than announcement at the meeting, until the requisite number of voting members shall be present at such adjourned meeting, and any business may be transacted at the meeting as originally notified.

**ARTICLE 8**  
**Officers**

8.1 *Designated Officers.* The elective officers of the St. John Auxiliary shall be the following: President, Vice Presidents (3), Recording Secretary, Corresponding Secretary, Treasurer, and Assistant Treasurer. The Parliamentarian office shall be filled by presidential appointment. A vacancy in one of the elective offices occurring during the year shall be filled by the action of the Executive Board for the remainder of the term.

8.1.1 *Method of Election.* Election of officers shall occur bi-annually the second week of April by paper or computer ballot. The slate shall be posted in the Volunteer Office. The nominating committee shall meet the first week of March to determine a proposed slate of officers. Auxiliary members may submit nominations to any member of the nominating committee before the first week of March. Each nominee shall submit to the nominating committee a brief statement to include length of volunteer service with the St. John Auxiliary, volunteer activities and a goal that he or she believes is important to the St. John Auxiliary. The parliamentarian shall count the ballots and conduct a simple majority election. The parliamentarian shall likewise be responsible for the installation of new officers at the May meeting and the installation ceremony.

8.1.2 *Term of Office.* Officers shall serve for a term of two (2) years and shall assume office at the first regular meeting following their election. Elected officers may not serve in the same office for more than two (2) consecutive terms.

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**8.1.3 Eligibility for Nominations.** Officers must retain active membership during their incumbency. Exceptions to this requirement may be made in unusual circumstances with the approval of the Executive Board.

**8.1.4 Removal from Office.** An elected member can be removed from office for conduct unbecoming an Auxilian by a two-thirds vote of the Executive Board.

## **8.2 Duties of Elected Officers.**

**8.2.1 President.** The president shall preside at all meetings of the St. John Auxiliary and the Executive Board, and shall perform all duties usually pertaining to such office. The president shall appoint the parliamentarian, publication editor, and chairmen of special committees. The president shall not be a member of the nominating committee but shall appoint a chairman from the active committee and shall be a non-voting member of all other committees. The president shall attend department meetings.

**8.2.2 First Vice President.** The first vice president shall perform all duties of the president during the absence or disability of the president and shall be vested with all the authority of the president while in the chair. The first vice president shall consult with the director of volunteers to determine which departments require a chairman. The director of volunteers, after such consultation, shall appoint each chairman. The first vice president shall become familiar with the functions and responsibilities of each Auxiliary department/service area. The first vice president shall oversee the duties and activities of the teen volunteers, under the leadership of the director of volunteers. The first vice president shall count and report the hours worked by the volunteers to the Executive Board each month and arrange for the annual awards for volunteers.

**8.2.3 Second Vice President.** The second vice president shall serve as president in the absence of both the president and the first vice president. The second vice president shall be responsible for new-member orientations.

**8.2.4 Third Vice President.** The third vice president shall serve as president in the absence of the president and the first and second vice presidents. The third vice president shall be responsible for programs, hospitality at general meetings and preservation efforts regarding historical materials.

**8.2.5 Recording Secretary.** The recording secretary shall keep correct minutes of all meetings of the St. John Auxiliary and the Executive Board and have custody of all records assigned by the board.

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**8.2.6 Corresponding Secretary.** The corresponding secretary shall attend to such correspondence as the board or the Director of Volunteers may request.

**8.2.7 Treasurer.** The Treasurer shall have charge of all funds of the St. John Auxiliary and shall keep a full and accurate record of all receipts and disbursements and make a detailed monthly report to the Executive Board. The Treasurer shall give such security as the board may require and shall deposit all funds in the name of the St. John Auxiliary in such bank or trust company as may be approved by the board. The Treasurer shall pay out all monies as are properly authorized on order of the Executive Board and the St. John Auxiliary and perform any other duties as usually pertain to the office.

**8.2.8 Assistant Treasurer.** The assistant treasurer shall perform all duties of the treasurer in the absence or disability of the treasurer and shall be vested with all authority of the treasurer while performing the duties as outlined by the Executive Board

**8.3 Duties of Non-Elected Officers.** The immediate past president shall be a voting member of the Executive Board, acting as consultant and advisor to the President, and shall automatically become chairman, as well as a voting member of the policy and finance committees.

**8.3.1 National Officer.** Any member who is representative of state or national committees shall be a non-voting member of the executive board while they hold said office.

**8.3.2 Parliamentarian.** The parliamentarian shall rule on all points of order in meetings of both the St. John Auxiliary and the Executive Board.

**ARTICLE 9**  
**Committees**

**9.1 Committees and Appointment.** The President is authorized to create committees as necessary. The President is authorized to appoint the chairman of such committees.

**9.2 Executive Committee.** The Executive Committee shall consist of the elected officers, immediate past president and parliamentarian.

**9.3 Committees.** Membership on the policy or nominating committees does not prevent a member from holding other elective office or any chairmanship.

**9.3.1 Policy Committee.** The policy committee exists to study any special problems assigned to it by action of the Executive Board. It shall be composed of six members serving on a rotating basis of three years each, with the immediate

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past president serving as chairman. Two new members shall be appointed by the president during the second week of April. The past president shall become a voting member and chairman. The president, parliamentarian, first vice president and director of volunteer services are non-voting members.

**9.3.2 *Nominating Committee.*** The nominating committee shall be composed of six members serving on a rotating basis of three years each. Two new members shall be appointed annually by the President during the second week of April. The nominating committee will propose a slate of officers for presentation at the March St. John Auxiliary Executive Board Meeting.

**9.3.3 *Finance Committee.*** The finance committee will review all St. John Auxiliary financial matters and make recommendation to the Executive Board. The finance committee shall consist of: Immediate Past-President serving as Chairman, President, Treasurer, Assistant Treasurer, Parliamentarian, Member at large to be appointed by the President, Chairman of Fundraising Events, Gift Shop Chairman, Director of Volunteers, and Gift Shop Manager.

## **ARTICLE 10**

### **Conflicts of Interest**

**10.1 *Annual Conflict of Interest Statement.*** All members of the Executive Board and officers of the St. John Auxiliary, and members of committees with board-delegated authority, shall, as soon as practical after election or appointment by the St. John Auxiliary, submit, in writing, to the President, a Conflict of Interest Disclosure on a form approved by the Executive Board. Such form shall disclose financial interests of such person defined as: (1) an ownership or investment interest in any entity with which the St. John Auxiliary has a transaction or arrangement; (2) a compensation arrangement with the St. John Auxiliary or with any entity or individual with which the St. John Auxiliary has a transaction or arrangement; (3) a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the St. John Auxiliary is negotiating a transaction or arrangement; or (4) an ownership or investment interest or a compensation interest in an organization which is in competition with the St. John Auxiliary. Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature. It does not include a fractional minority interest for investment purposes of stock, bonds, or other investment vehicles of a publicly traded company. Each written statement shall be resubmitted with any necessary changes each year. The President shall become familiar with the statements of all Board members and they shall be available for inspection at any meeting by any director.

**10.2 *Validity of Contracts and Transactions.*** No contract or transaction between the St. John Auxiliary and one or more of its Directors or officers, or between the St. John Auxiliary and any other Auxiliary, partnership, association or other organization in which one or more of its directors or officers are directors or officers, or have a financial interest, shall be void or voidable solely for this reason, or solely because

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the director or officer is present at a meeting of the board or committee thereof which authorizes the contract or transaction.

10.3 *Confidentiality and, Conflicts of Interest.* The Executive Board shall formulate a policy governing board confidentiality and conflicts of interest, and shall monitor compliance with this written policy. The Executive Board shall review such policy every two years. As part of the policy, the Board shall also adopt a Conflict of Interest Disclosure Form to be used by interested persons.

10.4 *Post-Disclosure Ratification.* If the Executive Board or any committee thereof inadvertently takes action on any matter in which it is later disclosed that a Director had a conflict at the time of the action, the Executive Board may, in its absolute discretion, and at any time, ratify such action after the disclosure of such a conflict. Any such post-disclosure ratification shall be substantially in compliance with the Executive Board's Conflicts of Interest policy, shall be determined to be in the best interests of the St. John Auxiliary, and shall be recorded as required by the policy.

**ARTICLE 11**  
**Taxes and Corporate Compliance**

11.1 *Taxes and Corporate Compliance.* The St. John Auxiliary shall file a non-profit organization tax return through the St. John Health System, Inc. The Board of Directors of Sisters of the Sorrowful Mother, St. John Health System, Inc. maintains and periodically revises the Corporate Compliance Plan which provides a comprehensive strategy to ensure that all the entities, subsidiaries and affiliates of St. John Health System, Inc. consistently comply with the applicable laws relating to their business activities. The St. John Auxiliary follows the corporate compliance policies of the St. John Health System and as provided in Article 10 completes annual conflict of interest statements with its Executive Board.

**ARTICLE 12**  
**Rules of Order**

12.1 *Rules of Order.* Robert's Rules of Order (revised) shall prevail in all cases not covered in these by-laws.

**ARTICLE 13**  
**Amendments**

13.1 *Certificate of Incorporation.* An amendment to the Certificate of Incorporation may be recommended by the Executive Board, considering the proposed amendment and passing a resolution declaring the advisability of the amendment. Upon approval of the Executive Board, the resolution shall be approved by the voting member before amending the Certificate of Incorporation. Notwithstanding the foregoing, the governing board of St. John Health System as controlling member shall have the authority to amend the Certificate of Incorporation.

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13.2 *Bylaws.* Any proposed change must be presented by the Executive Board, in writing, to the Policy Committee, which, after consideration, will present its recommendations to the Executive Board for approval. Proposed changes may be voted upon at any general Auxiliary meeting. At least two weeks prior written notice of proposed changes shall be available in the Auxiliary office for all members. Approval of proposed changes is by a two-thirds vote of those present. Upon approval of the general membership, shall also be submitted to the governing board of the St. John Health System, Inc. for approval. Any such amendment shall be consistent with the Articles of Incorporation and laws of the State of Oklahoma. Each year the St. John Auxiliary shall submit its by-laws to the governing board of St. John Health System for its approval. Notwithstanding the foregoing, the governing board of St. John Health System as controlling member shall have the authority to amend the by-laws.

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**CERTIFICATE**

Approved by the Executive Board on February 16, 2011, as effective December 13, 2010.

BY:   
(President)  
BY:   
(Secretary)

Approved by St. John Health System Board on March 15, 2011, as effective December 13, 2010.

BY: /s/ Sr. M. Bernard Tennyson  
Authorized Representative