See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

**A** For the 2010 calendar year, or tax year beginning 10/01, 2010, and ending 09/30, 20 11

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

**C** Name of organization
ST. JOHN HEALTH SYSTEM, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1923 SOUTH UTICA AVENUE

City or town, state or country, and ZIP + 4
TULSA, OK 74104

**D** Employer identification number
73-1215174

**E** Telephone number
(918) 744-2180

**G** Gross receipts $ 57,657,333.

**F** Name and address of principal officer: SR. M. THERESE GOTTSCHALK
1923 SOUTH UTICA AVENUE; TULSA, OK 74104

**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)

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

**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: 1982 **M** State of legal domicile: OK

## Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CONTINUE THE HEALING MINISTRY OF JESUS CHRIST BY PROVIDING MEDICAL EXCELLENCE AND COMPASSIONATE CARE TO ALL WHO NEED IT, WITH A SPECIAL EMPHASIS FOR THE POOR AND POWERLESS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 15. |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13. |
| 5 | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 0. |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 12. |
| 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 43,752,175. | 0. |
| 9 | Program service revenue (Part VIII, line 2g) | 26,936,800. | 30,580,254. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 19,195,621. | 24,453,916. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,473. | 496. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 89,889,069. | 55,034,666. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 33,677,131. | 0. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 24,559,063. | 30,695,426. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 34,363,328. | 39,254,946. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 92,599,522. | 69,950,372. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -2,710,453. | -14,915,706. |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 1,030,575,377. | 1,040,380,707. |
| 21 | Total liabilities (Part X, line 26) | 376,565,211. | 368,740,435. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 654,010,166. | 671,640,272. |

## 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 — Date

▶ Type or print name and title

| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed ▶ ☐ | PTIN |
|---|---|---|---|---|---|
| | SARA H. MERCER | Sara M. Mercer | 8/13/2012 | | P00031690 |
| | Firm's name ▶ KPMG LLP | | | Firm's EIN ▶ 13-5565207 | |
| | Firm's address ▶ 210 PARK AVE., SUITE 2950 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. Form **990** (2010)

JSA
0E1010 1.000

SCANNED MAY 1 3 2014

RECEIVED
MAY 05 2014
TPK BRANCH
OGDEN

RECEIVED
APR 08 2014
OGDEN, UT

IRS Rcvd
04/08/2014

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Form **2848** (Rev. March 2012)
Department of the Treasury
Internal Revenue Service

# Power of Attorney and Declaration of Representative

▶ Type or print. ▶ See the separate instructions.

OMB No. 1545-0150

For IRS Use Only
Received by:
Name
Telephone
Function
Date / /

**Part I Power of Attorney**

Caution: *A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.*

**1 Taxpayer Information.** Taxpayer must sign and date this form on page 2, line 7.

| Taxpayer name and address | Taxpayer identification number(s) | |
|---|---|---|
| ST. JOHN HEALTH SYSTEM, INC.<br>1923 SOUTH UTICA AVE.<br><br>TULSA, OK 74104 | 73-1215174 | |
| | Daytime telephone number<br>918-744-2180 | Plan number (if applicable) |

hereby appoints the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** must sign and date this form on page 2, Part II.

| | |
|---|---|
| Name and address DEBRA C. COOK<br>KPMG LLP<br>210 PARK AVENUE, SUITE 2850<br>OKLAHOMA CITY, OK 73102 | CAF No. 7805-15649R<br>PTIN P00031689<br>Telephone No. 405-552-3827<br>Fax No. 405-552-2527 |
| Check if to be sent notices and communications [X] | Check if new: Address [ ] Telephone No. [ ] Fax No. [ ] |
| Name and address SARA M. MERCER<br>KPMG LLP<br>210 PARK AVENUE, SUITE 2850<br>OKLAHOMA CITY, OK 73102 | CAF No. 7806-14769R<br>PTIN P00031690<br>Telephone No. 405-552-3857<br>Fax No. 405-552-2557 |
| Check if to be sent notices and communications [ ] | Check if new: Address [ ] Telephone No. [ ] Fax No. [ ] |
| Name and address | CAF No.<br>PTIN<br>Telephone No.<br>Fax No. |
| | Check if new: Address [ ] Telephone No. [ ] Fax No. [ ] |

to represent the taxpayer before the Internal Revenue Service for the following matters:

**3 Matters**

| Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3) | Tax Form Number (1040, 941, 720, etc.) (if applicable) | Year(s) or Period(s) (if applicable) (see instructions for line 3) |
|---|---|---|
| LATE FILING | 990 | 9/30/11<br>9/30/12, 6/30/13 |
| | | |
| | | |

**4** Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF . . . . . ▶ [ ]

**5 Acts authorized.** Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

[ ] Disclosure to third parties, [ ] Substitute or add representative(s); [ ] Signing a return;

[ ] Other acts authorized

(see instructions for more information)

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney:

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here . . . . . ▶ ☐
YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.

| Signature | Date | Title (if applicable) |
|---|---|---|
| | 3/19/14 | SVP & CFO |

| Print Name | PIN Number | Print name of taxpayer from line 1 if other than individual |
|---|---|---|
| | ☐☐☐☐☐ | ST. JOHN HEALTH SYSTEM, INC. |

## Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent - enrolled as an agent under the requirements of Circular 230.
  - d Officer - a bona fide officer of the taxpayer's organization.
  - e Full-Time Employee - a full-time employee of the taxpayer.
  - f Family Member - a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer - Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - k Student Attorney or CPA - receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE. See the instructions for Part II.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

| Designation - Insert above letter (a-r) | Licensing jurisdiction (state) or other licensing authority (if applicable) | Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information | Signature | Date |
|---|---|---|---|---|
| B | OKLAHOMA | 6556 | Debra P Cook | 3/19/14 |
| B | OKLAHOMA | 13163 | Sue M Rum | 3/19/14 |
| | | | | |