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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10/01, 2011, and ending 09/30, 20 12

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [X] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: ST. JOHN BUILDING CORPORATION

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: 61-1659782

E Telephone number: (918) 744-2180

G Gross receipts $ 13,825,735.

F Name and address of principal officer: LEX ANDERSON
1923 SOUTH UTICA AVENUE TULSA, OK 74104

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [ ] 501(c)(3) [X] 501(c) (2) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2011 **M** State of legal domicile OK

Part I Summary

1 Briefly describe the organization's mission or most significant activites
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	4.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total 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)	0	0
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	-53,515.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-1,867,295.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	-1,920,810.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
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-24e)	0	0
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0	0
19	Revenue less expenses Subtract line 18 from line 12	0	-1,920,810.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	0	128,556,145.
21	Total liabilities (Part X, line 26)	0	42,069,612.
22	Net assets or fund balances. Subtract line 21 from line 20	0	86,486,533.

SCANNED SEP 17 2013

RECEIVED SEP 03 2013 IRS-OSC OGDEN, UT

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 8/13/13

▶ Lex S Anderson SVP & CFO
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 M. MERCER	Sara M. Mercer	8/10/2013		P00031690

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) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2011)

JSA
1E1010 1 000

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $) (Revenue $)
SEE SCHEDULE O, GENERAL STATEMENT 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 ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		X
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	43		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 4		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organizaton's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OK,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ LEX ANDERSON 1923 SOUTH UTICA AVENUE; TULSA, OK 74104 (918)744-2740

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 X

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
ATTACHMENT 1										
(1) WILLIAM E. WEEKS PRESIDENT	1.00	X		X				0	453,282.	78,041.
(2) DAVID J. PYNN VICE PRESIDENT	1.00	X		X				0	815,682.	114,156.
(3) LEX ANDERSON SECRETARY/TREASURER	1.00	X		X				0	529,101.	75,833.
(4) DEWEY W. DAVIS DIRECTOR	1.00	X						0	235,137.	58,801.
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b Sub-total ▶								0	2,033,202.	326,831.
c Total from continuation sheets to Part VII, Section A ▶								0	0	0
d Total (add lines 1b and 1c) ▶								0	2,033,202.	326,831.

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

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	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? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O, GENERAL STATEMENT 9		3,817,650.

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 ▶ 7

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f $				
	h Total. Add lines 1a-1f ▶	0			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ▶	0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	10,320.			10,320.
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties ▶	0			
		(i) Real / (ii) Personal			
	6a Gross rents 13,815,415.				
	b Less rental expenses 15,682,710.				
	c Rental income or (loss) -1,867,295.				
	d Net rental income or (loss) ▶	-1,867,295.			-1,867,295.
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses 63,835.				
	c Gain or (loss) -63,835.				
	d Net gain or (loss) ▶	-63,835.			-63,835.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b Less. direct expenses b				
	c Net income or (loss) from fundraising events ▶	0			
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities ▶	0			
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶	0			
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d ▶	0			
	12 Total revenue. See instructions ▶	-1,920,810.			-1,920,810.

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	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			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 **Total functional expenses.** Add lines 1 through 24e	0			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	0	1	2,788,030.
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	502,010.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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)	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 225,633,207.			
	b	Less accumulated depreciation — 10b: 101,942,794.	0	10c	123,690,413.
	11	Investments - publicly traded securities	0	11	0
	12	Investments - other securities See Part IV, line 11	0	12	0
	13	Investments - program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	1,525,911.
	15	Other assets See Part IV, line 11	0	15	49,781.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	0	16	128,556,145.
Liabilities	17	Accounts payable and accrued expenses	0	17	2,510,841.
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	83,224.
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	29,592,605.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	9,882,942.
	26	**Total liabilities.** Add lines 17 through 25	0	26	42,069,612.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	0	27	86,486,533.
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	0	33	86,486,533.
	34	Total liabilities and net assets/fund balances	0	34	128,556,145.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	-1,920,810.
2	Total expenses (must equal Part IX, column (A), line 25)	2	0
3	Revenue less expenses Subtract line 2 from line 1	3	-1,920,810.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Other changes in net assets or fund balances (explain in Schedule O)	5	88,407,343.
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	86,486,533.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	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 ☐ Separate basis ☒ Consolidated basis ☐ 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?	3a		X
b	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	3b		

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: ST. JOHN BUILDING CORPORATION

Employer identification number: 61-1659782

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ $

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,667,833.		26,667,833.
b Buildings		128,072,367.	56,955,775.	71,116,592.
c Leasehold improvements		47,011,028.	32,928,338.	14,082,690.
d Equipment		19,535,548.	9,335,715.	10,199,833.
e Other		4,346,431.	2,722,966.	1,623,465.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				123,690,413.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶		

Part X Other Liabilities. See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYABLE TO AFFILIATES	9,623,253.
(3)	ASSET RETIREMENT OBLIGATION	259,689.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶		9,882,942.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information *(continued)*

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST. JOHN BUILDING CORPORATION

Employer identification number
61-1659782

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Schedule J (Form 990) 2011 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM E. WEEKS	(i)	0	0	0	0	0	0	0
	(ii)	378,833.	55,232.	19,217.	61,929.	16,112.	531,323.	0
2 DAVID J. PYNN	(i)	0	0	0	0	0	0	0
	(ii)	718,611.	60,775.	36,296.	97,673.	16,483.	929,838.	0
3 LEX ANDERSON	(i)	0	0	0	0	0	0	0
	(ii)	438,700.	63,960.	26,441.	65,650.	10,183.	604,934.	0
4 DEWEY W. DAVIS	(i)	0	0	0	0	0	0	0
	(ii)	196,301.	28,619.	10,217.	45,666.	13,135.	293,938.	0
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2011

JSA

1E1291 1 000

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SUPPLEMENTAL INFORMATION 1

SCHEDULE J, PART I, LINE 3

ST. JOHN BUILDING CORPORATION IS AN AFFILIATE OF ST. JOHN HEALTH SYSTEM (SJHS). COMPENSATION FOR ALL EXECUTIVES WITHIN THE SYSTEM IS ESTABLISHED BY SJHS USING THE FOLLOWING METHODS, LISTED ON SCHEDULE J, PART I, LINE 3:

COMPENSATION COMMITTEE

INDEPENDENT COMPENSATION CONSULTANT

COMPENSATION SURVEY OR STUDY

APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

SUPPLEMENTAL INFORMATION 2

SCHEDULE J, PART I, LINE 4B

ST. JOHN HEALTH SYSTEM, INC. IS THE CONTROLLING MEMBER ORGANIZATION OF AN INTEGRATED HEALTHCARE SYSTEM (SYSTEM). THE SYSTEM PROVIDES A VOLUNTARY SECTION 457(B) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN TO CERTAIN EXECUTIVES. UNDER THIS PLAN, THE EXECUTIVES MAY ELECT TO DEFER A PORTION OF THEIR INCOME UNTIL RETIREMENT. THE CONTRIBUTIONS, ALONG WITH ANY

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

EARNINGS, ARE TAXED UPON WITHDRAWAL.

THE SYSTEM ALSO PROVIDES A SECTION 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN TO CERTAIN EXECUTIVES. THE PLAN PROVIDES A DEFERRED COMPENSATION CONTRIBUTION, MADE BY THE SYSTEM, OF 9% OF BASE PAY, FUNDED AT THE CONCLUSION OF THE FISCAL YEAR. EACH CONTRIBUTION, ALONG WITH ANY EARNINGS, WILL BE HELD BY IN TRUST FOR TWO YEARS, AT WHICH POINT THE CONTRIBUTION WILL VEST AND WILL BE PAID OUT AS A TAXABLE LUMP SUM CASH PAYMENT. VESTING WILL ALSO OCCUR UPON DEATH, INVOLUNTARY TERMINATION WITHOUT CAUSE, VOLUNTARY TERMINATION FOR GOOD REASON, OR PLAN TERMINATION.

THE FOLLOWING INDIVIDUALS LISTED IN FORM 990, PART VII PARTICIPATED IN THIS PLAN:

DAVID J. PYNN

DEWEY W. DAVIS

LEX ANDERSON

WILLIAM E. WEEKS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
ST. JOHN BUILDING CORPORATION

Employer identification number
61-1659782

GENERAL STATEMENT 1

PART III, LINE 4A: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

OVERVIEW

ST. JOHN HEALTH SYSTEM, INC. ("ST. JOHN"), AND AFFILIATES, OWN AND OPERATE A COMPREHENSIVE TERTIARY HEALTH CARE DELIVERY SYSTEM WHICH PROVIDES A FULL SPECTRUM OF HEALTH-RELATED SERVICES THROUGHOUT NORTHEASTERN OKLAHOMA. ST. JOHN, HEADQUARTERED IN TULSA, OKLAHOMA, CONDUCTS ITS OPERATIONS THROUGH TEN PRINCIPAL WHOLLY-OWNED OR WHOLLY-CONTROLLED SUBSIDIARIES: ST. JOHN MEDICAL CENTER, INC. (THE "MEDICAL CENTER"), ST. JOHN SAPULPA, INC. ("ST. JOHN SAPULPA"), JANE PHILLIPS HEALTH CORPORATION ("JANE PHILLIPS"), UTICA SERVICES, INC. ("UTICA"), ST. JOHN VILLAS, INC. ("ST. JOHN VILLAS"), ST. JOHN MANAGEMENT SERVICES, INC., ("SJMS"), OWASSO MEDICAL FACILITY, INC. ("ST. JOHN OWASSO"), ST. JOHN HEALTH SYSTEM FOUNDATION, INC. (FORMERLY ST. JOHN MEDICAL CENTER FOUNDATION, INC.) ("ST. JOHN FOUNDATION"), ST. JOHN BUILDING CORPORATION (SJBC), AND ST. JOHN BROKEN ARROW, INC. (ST. JOHN BROKEN ARROW). ST. JOHN, THESE SUBSIDIARIES, AND ALL OTHER SUBSIDIARIES UNDER ST. JOHN'S DIRECT OR INDIRECT CONTROL OR OWNERSHIP ARE REFERRED TO HEREIN AS "THE ST. JOHN SYSTEM".

ST. JOHN BUILDING CORPORATION OPERATES A TITLE HOLDING CORPORATION WITHIN THE MEANING OF IRC SECTION 501(C)(2). THE ORGANIZATION'S PRINCIPAL PURPOSE IS TO HOLD TITLE TO PROPERTY, OPERATE AND MANAGE PROPERTIES, COLLECT INCOME FROM ANY PROPERTY HELD FOR THE BENEFIT OF THE ST. JOHN

HEALTH SYSTEM, AND REMIT IT TO ST. JOHN HEALTH SYSTEM TO BE USED IN FURTHERANCE OF THE CHARITABLE ACTIVITIES OF ST. JOHN HEALTH SYSTEM.

ST. JOHN BUILDING CORPORATION IS OPERATED IN ACCORDANCE WITH THE MISSION AND VALUES OF ST. JOHN.

MISSION AND VALUES

AS A CATHOLIC HEALTHCARE ORGANIZATION, ST. JOHN CARRIES ON THE MISSION OF ITS SPONSORS; THAT OF CONTINUING THE HEALING MINISTRY OF JESUS CHRIST. IT OPERATES IN CONFORMANCE WITH "THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH FACILITIES". FAITHFUL TO THE SPONSORSHIP MISSION, PHILOSOPHY AND VALUES, ST. JOHN'S MISSION IS TO PROVIDE HEALTHCARE AND RELATED MINISTRIES FOR THE PEOPLE SERVED, ESPECIALLY THE SICK, THE POOR AND THE POWERLESS. THE CATCH PHRASE TO CAPTURE THIS MISSION OF SERVICE IS "MEDICAL EXCELLENCE - COMPASSIONATE CARE". THIS IS ALSO OUR PROMISE TO THOSE WHO SEEK OUR SERVICES. THE BOARD OF DIRECTORS, MANAGEMENT AND EMPLOYEES OF ST. JOHN ARE GUIDED IN THEIR DAY-TO-DAY ACTIONS AND INTERACTIONS WITH THOSE WHO SERVE AND WHO ARE SERVED BY THE CORE VALUES OF SERVICE, HUMAN DIGNITY, PRESENCE AND WISDOM.

ST. JOHN COLLABORATES WITH OTHER INDIVIDUALS AND INSTITUTIONS IN THE VARIOUS COMMUNITIES IT SERVES TO ASCERTAIN COMMUNITY NEEDS AND PROVIDES A BROAD RANGE OF SERVICES ALONG THE HEALTHCARE CONTINUUM TO HELP MEET THOSE NEEDS. PROGRAMS AND SERVICES INCLUDE PREVENTIVE, DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE PROGRAMS, INCLUDING EMPHASIS ON HEALTH PROMOTION AND

Name of the organization: ST. JOHN BUILDING CORPORATION

Employer identification number: 61-1659782

DISEASE PREVENTION. ST. JOHN ALSO ADVOCATES FOR PUBLIC POLICIES WHICH ADVANCE A HEALTHY AND JUST SOCIETY. ST. JOHN WORKS WITH LOCAL, STATE AND NATIONAL LEADERS AND ORGANIZATIONS TO BRING ABOUT A HEALTHCARE DELIVERY SYSTEM THAT PROVIDES DIGNIFIED ACCESS TO AND AFFORDABLE, HIGH QUALITY HEALTHCARE FOR ALL PERSONS.

GOVERNANCE

THE ADMINISTRATIVE POWERS OF ST. JOHN BUILDING CORPORATION ARE VESTED IN ITS BOARD OF DIRECTORS, WHICH CONTROLS AND MANAGES ITS PROPERTIES, AFFAIRS AND FUNDS, SUBJECT TO RESERVATION OF CERTAIN POWERS AND OVERSIGHT BY ST. JOHN. THE BOARD MEETS AS CONSIDERED NECESSARY. THE BOARD WORKS IN CONCERT WITH AND, WHEN APPROPRIATE, UNDER THE DIRECTION OF THE ST. JOHN BOARD.

PROGRAM SERVICE ACCOMPLISHMENTS

THE ST. JOHN SYSTEM IS ORGANIZED AND OPERATED TO PROVIDE MEDICAL EXCELLENCE AND COMPASSIONATE CARE TO THE CITIZENS OF NORTHEASTERN OKLAHOMA, WITH A SPECIAL PREFERENCE FOR THE POOR AND DISADVANTAGED. TO THAT END, THE ENTITIES IN THE ST. JOHN SYSTEM PROVIDED A BROAD CONTINUUM OF SERVICES IN THE YEAR ENDED SEPTEMBER 30, 2012, INCLUDING:

TOTAL COMBINED HOSPITAL ADMISSIONS AND OBSERVATION PATIENTS 28,082

TOTAL COMBINED BIRTHS 2,979

TOTAL COMBINED HOSPITAL EMERGENCY ROOM VISITS 164,190

TOTAL COMBINED SURGICAL CASES 28,177

Name of the organization: ST. JOHN BUILDING CORPORATION

Employer identification number: 61-1659782

TOTAL COMBINED OUTPATIENT AND DIAGNOSTIC REGISTRATIONS 594,040

TOTAL LABORATORY PROCEDURES (OUTREACH AND HOSPITAL) 7,117,301

TOTAL PATIENT VISITS IN EMPLOYED PHYSICIAN OFFICES

AND URGENT CARE CLINICS 672,274

SUMMARY

AS INVESTOR AND PHYSICIAN-OWNED HOSPITALS AND MEDICAL FACILITIES CONTINUE TO GROW IN THE TULSA AND NORTHEASTERN OKLAHOMA MARKETPLACE, AND AS PHYSICIANS AND OTHER PRIVATE INVESTORS CONTINUE TO INVEST IN THOSE FACILITIES, THE ST. JOHN SYSTEM'S ROLE AS ONE OF THE SIGNIFICANT SAFETY-NET HEALTH CARE PROVIDERS FOR THE REGION CONTINUES TO GROW IN PROMINENCE. WHILE SOME OF THE INVESTOR AND PHYSICIAN-OWNED FACILITIES IN NORTHEASTERN OKLAHOMA UNDOUBTEDLY CONTINUE TO PROVIDE SIGNIFICANT LEVELS OF UNCOMPENSATED CARE, THE FINANCIAL INCENTIVES THAT MOTIVATED THEM TO INVEST IN HEALTH CARE AS A BUSINESS, SERVE AS DISINCENTIVES FOR THEM TO CONTINUE TO EXPAND THE AMOUNT OF UNCOMPENSATED CARE THEY PROVIDE. UNLIKE INVESTOR-OWNED FACILITIES WHICH EXIST TO GENERATE AND RETURN A PROFIT TO THEIR OWNERS, ST. JOHN REINVESTS 100% OF ANY PROFITS DERIVED INTO NEW AND EXPANDED SERVICES TO THE COMMUNITY. AS THE NUMBER AND COST OF CARE FOR THE POOR CONTINUES TO GROW AT THE ST. JOHN SYSTEM, AND INVESTOR-OWNED FACILITIES SEEK TO LIMIT THE UNCOMPENSATED CARE THEY PROVIDE AND TO GAIN LARGER SHARES OF COMMERCIALLY-INSURED PATIENTS AND PROFITABLE SERVICES LINES, THE ST. JOHN SYSTEM AND OTHER SAFETY NET PROVIDERS ARE PLACED UNDER AN INCREASING FINANCIAL CHALLENGE THAT THREATENS TO LIMIT THE AMOUNT OF CARE FOR THE POOR THAT THE ST. JOHN SYSTEM CAN RESPONSIBLY

PROVIDE AND FINANCIALLY SUSTAIN IN THE FUTURE. THE ST. JOHN SYSTEM IS NOT OPTIMISTIC THAT FEDERAL AND STATE HEALTH CARE LEGISLATION AND REGULATION WILL DIMINISH THE ECONOMIC CHALLENGES FACED BY THE ST. JOHN SYSTEM IN EITHER THE SHORT TERM OR LONG TERM AS IT STRIVES TO CONTINUE ITS MISSION OF SERVICE.

THE ST. JOHN SYSTEM IS VERY PROUD OF ITS HISTORY OF SERVICE TO THE COMMUNITY AND VIEWS ITS RESPONSIBILITY TO CONTINUE TO PROVIDE MEDICAL SERVICES TO EVERYONE, ESPECIALLY THE POOR AND DISADVANTAGED, VERY SERIOUSLY. AS THE ST. JOHN SYSTEM CONTINUES TO FACE GROWING FINANCIAL CHALLENGES, IT BECOMES INCREASINGLY DIFFICULT TO SUSTAIN OUR MISSION OF SERVICE. NEVERTHELESS, WE BELIEVE THAT THE QUANTIFIABLE COMMUNITY BENEFIT, AS WELL AS THE MANY OTHER AREAS OF SERVICE PROVIDED BY THE ST. JOHN SYSTEM AND IDENTIFIED IN 2011, CONTINUE A SOUND RECORD OF STEWARDSHIP AND A SIGNIFICANT CONTRIBUTION TO THE WELL BEING OF BOTH THE COLLECTIVE COMMUNITIES AND INDIVIDUALS WITHIN THOSE COMMUNITIES WE SERVE.

GENERAL STATEMENT 2

PART V: STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE

PART V: QUESTION 1A AND 2A - THE NUMBER OF INDEPENDENT CONTRACTORS DURING THE TAX YEAR FOR THE FILING ORGANIZATION IS REFLECTED IN PART V, LINE 1A OF THE FILING ORGANIZATION. COMPENSATION FOR INDEPENDENT CONTRACTORS IS REPORTED ON THE FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF THE U.S. INFORMATION RETURNS, OF ST. JOHN MEDICAL CENTER, INC. (SJMC), EIN 73-0579286. EXPENSES ARE ALLOCATED TO AND REIMBURSED BY THE FILING

Name of the organization: ST. JOHN BUILDING CORPORATION

Employer identification number: 61-1659782

ORGANIZATION TO SJMC AND ARE REPORTED ON FORM 990, PART VII, SECTION B AND PART IX BY THE RESPECTIVE FILING ORGANIZATION THAT INCURRED THE EXPENSE. THE SALARIES REFLECTED ON FORM 990 WERE ALL REPORTED ON THE FORM 941 EMPLOYERS QUARTERLY FEDERAL TAX RETURN OF ST. JOHN MEDICAL CENTER. THESE SALARIES WERE REIMBURSED TO SJMC BY THE FILING ORGANIZATION AND WERE INCLUDED IN THE NUMBER OF EMPLOYEES ON SJMC'S CALENDAR YEAR 2011 FORM W-3. THE NUMBER OF EMPLOYEES REPORTED ON PART V, LINE 2A OF FORM 990 BY THE FILING ORGANIZATION REPRESENTS THE NUMBER OF EMPLOYEES PROVIDING SERVICES TO THE FILING ORGANIZATION DURING CALENDAR YEAR 2011.

GENERAL STATEMENT 3

PART VI: SECTION A. GOVERNING BODY AND MANAGEMENT

PART VI: QUESTION 2 - THE FILING ORGANIZATION IS A PART OF THE ST. JOHN HEALTH SYSTEM. THE INDICATED OFFICERS AND/OR DIRECTORS OF THE FILING ORGANIZATION HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BY VIRTUE OF THEIR POSITIONS AS DIRECTORS, OFFICERS, OR EMPLOYEES OF RELATED ENTITIES WITHIN THE SYSTEM.

RELATED PARTIES:	TYPE OF RELATIONSHIP:
WILLIAM E. WEEKS, DAVID J. PYNN, LEX ANDERSON, AND DEWEY W. DAVIS	BUSINESS

Name of the organization	Employer identification number
ST. JOHN BUILDING CORPORATION	61-1659782

GENERAL STATEMENT 4

PART VI: SECTION A. GOVERNING BODY AND MANAGEMENT

PART VI: QUESTIONS 6, 7A AND 7B - ST. JOHN HEALTH SYSTEM, INC. IS THE CORPORATE MEMBER OF ST. JOHN BUILDING CORPORATION. AS SUCH IT HAS THE POWER (1) TO INITIATE AND/OR APPROVE AMENDMENTS TO THE CERTIFICATE OF INCORPORATION AND BYLAWS, (2) TO APPOINT AND REMOVE THE DIRECTORS OF THE CORPORATION, WITH OR WITHOUT CAUSE, SANCTION VACANCIES, AND DETERMINE THE NUMBER OF DIRECTORS, AND (3) TO INITIATE AND/OR APPROVE OTHER ACTIONS AND POLICIES AS ENUMERATED IN ST. JOHN BUILDING CORPORATION'S CERTIFICATE OF INCORPORATION AND BYLAWS, AND AS REQUIRED BY STATE LAW.

GENERAL STATEMENT 5

PART VI: SECTION B. POLICIES

PART VI: QUESTION 11B - ST. JOHN BUILDING CORPORATION (SJBC) IS AN AFFILIATE OF THE ST. JOHN HEALTH SYSTEM (SJHS). SJHS HAS HIRED A THIRD PARTY PREPARER EXPERIENCED IN THE PREPARATION OF FORM 990 TO ASSIST IN THE PREPARATION OF THE RETURN. THE EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND CONTROLLER OF SJHS WILL WORK CLOSELY WITH THE PAID PREPARER IN GATHERING THE INFORMATION FOR THE RETURN AND WILL PERFORM THE INITIAL DETAILED REVIEW OF THE RETURN. THE RETURN WILL THEN BE REVIEWED BY THE SJHS SYSTEM AUDIT COMMITTEE (AS DELEGATED BY THE BOARD OF THE FILING ORGANIZATION). A COPY OF THE RETURN WILL BE PROVIDED TO ALL VOTING BOARD MEMBERS OF THE FILING ORGANIZATION PRIOR TO FILING.

Name of the organization: ST. JOHN BUILDING CORPORATION

Employer identification number: 61-1659782

GENERAL STATEMENT 6

PART VI: SECTION B. POLICIES

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

GENERAL STATEMENT 7

PART VI: SECTION B. POLICIES

PART VI: QUESTION 15A AND 15B - COMPENSATION FOR ALL EXECUTIVES IN ST.JOHN HEALTH SYSTEM (SJHS) OF WHICH ST. JOHN BUILDING CORPORATION IS A PART, IS ANALYZED BY AN INDEPENDENT HEALTH CARE CONSULTING FIRM. THE ANALYSIS INCLUDES A FAIR MARKET VALUE ASSESSMENT AND ESTABLISHMENT OF A

Name of the organization: ST. JOHN BUILDING CORPORATION

Employer identification number: 61-1659782

RANGE FOR EACH POSITION BASED ON RESEARCH OF COMPARABLE HEALTH CARE SYSTEMS OF SIMILAR SIZE. THE REPORT AND RECOMMENDED COMPENSATION LEVELS FOR EACH EXECUTIVE MANAGEMENT POSITION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE SJHS BOARD OF DIRECTORS.

GENERAL STATEMENT 8

PART VI: SECTION C. DISCLOSURE

PART VI: QUESTION 19 - ONLY THE CONSOLIDATED FINANCIAL STATEMENTS OF THE ST. JOHN HEALTH SYSTEM ARE MADE AVAILABLE TO THE PUBLIC. THESE CONSOLIDATED FINANCIAL STATEMENTS, OF WHICH ST. JOHN BUILDING CORPORATION IS A PART, ARE AVAILABLE THROUGH THE QUARTERLY CONTINUING DISCLOSURE FILING AS REQUIRED IN CONNECTION WITH THE TAX EXEMPT BOND FILINGS.

GENERAL STATEMENT 9

PART VII: SECTION B. INDEPENDENT CONTRACTORS

COWEN CONSTRUCTION, INC. P.O. BOX 3465 TULSA, OK 74101	CONSTRUCTION	$1,887,209
OKLAHOMA CHILLER CORPORATION P.O. BOX 186 SAND SPRINGS, OK 74063	AIR CONDITION REPAIR SERVICES	$823,139
UNITED BUILDING MAINTENANCE P.O. BOX 59992 DALLAS, TX 75229	CLEANING SERVICES	$533,441

Name of the organization: ST. JOHN BUILDING CORPORATION

Employer identification number: 61-1659782

FINAL TOUCH CLEANING 10404 E. 55TH PL. SUITE C TULSA, OK 74146	CLEANING SERVICES	$293,815
OTIS ELEVATOR CO. P.O. BOX 730400 DALLAS, TX 75373	ELEVATOR REPAIR AND MAINTENANCE	$280,046

GENERAL STATEMENT 10

PART XI: RECONCILIATION OF NET ASSETS, LINE 5

INITIAL PAID-IN-CAPITAL $88,407,343

GENERAL STATEMENT 11

PART XII: FINANCIAL STATEMENTS AND REPORTING

PART XII: QUESTION 2A AND 2B - AN OUTSIDE ACCOUNTING FIRM PERFORMS AN ANNUAL AUDIT ON THE CONSOLIDATED FINANCIAL STATEMENTS OF ST. JOHN HEALTH SYSTEM, INC., A RELATED CORPORATION. THE CONSOLIDATED FINANCIAL STATEMENTS INCLUDE THE FINANCIAL INFORMATION FOR ST. JOHN BUILDING CORPORATION.

Name of the organization: ST. JOHN BUILDING CORPORATION

Employer identification number: 61-1659782

ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
WILLIAM E. WEEKS PRESIDENT	39.00
DAVID J. PYNN VICE PRESIDENT	39.00
LEX ANDERSON SECRETARY/TREASURER	39.00
DEWEY W. DAVIS DIRECTOR	39.00

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

2011

Open to Public Inspection

Name of the organization
ST. JOHN BUILDING CORPORATION

Employer identification number
61-1659782

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to 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	(g) No
(1) CRAIG COUNTY MEDICAL SERVICES CORP. 73-1487478 1923 SOUTH UTICA AVENUE TULSA, OK 74104	HEALTH CARE	OK	501(C)(3)	LINE 9	SJHS		X
(2) JANE PHILLIPS MEMORIAL MEDICAL CENTER 73-0606129 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006	HEALTH CARE	OK	501(C)(3)	LINE 3	JPHC		X
(3) JANE PHILLIPS HEALTHCARE FOUNDATION 73-1250611 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006	HEALTH CARE	OK	501(C)(3)	LINE 3	JPMMC		X
(4) BARTLETT HOMES, INC. 73-1301822 1008 E. CLEVELAND SAPULPA, OK 74066	HUD HOUSING	OK	501(C)(3)	LINE 7	SJS		X
(5) BETHEL MANOR, INC. 73-1216617 619 S. DIVISION SAPULPA, OK 74066	HUD HOUSING	OK	501(C)(3)	LINE 7	SJS		X
(6) BLUESTEM REG. MED. DEVELOPMENT FDN.,INC. 73-1081013 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006	FUNDRAISING	OK	501(C)(3)	LINE 9	BMC		X
(7) JANE PHILLIPS NOWATA HOSPITAL, INC. 73-1440267 237 SOUTH LOCUST NOWATA, OK 74048	HEALTH CARE	OK	501(C)(3)	LINE 3	JPHC		X

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

2011

Open to Public Inspection

Name of the organization
ST. JOHN BUILDING CORPORATION

Employer identification number
61-1659782

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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" to 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	(g) No
(1) BARTLESVILLE MEDICAL CORPORATION 73-1492080 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006	HEALTH CARE	OK	501(C)(3)	LINE 11B	JPMMC		X
(2) ST. JOHN SAPULPA, INC. 73-0662663 1923 SOUTH UTICA AVENUE TULSA, OK 74104	HEALTH CARE	OK	501(C)(3)	LINE 3	SJHS		X
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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
					N/A	N/A	N/A Yes	No	N/A	N/A Yes	No	N/A
(1) COMMUNITY CARE 73-146414 TULSA, OK 74136	DORMANT	OK	N/A	N/A								
(2) SJMC PHYS. BUILDING 73-1181714 TULSA, OK 74104	MED. OFFICE BLDG.	OK	N/A	N/A								
(3) SFSJ VENTURES, LLC 73-1563876 TULSA, OK 74136	HEALTH CARE	OK	N/A	N/A								
(4) PLATINUM FITNESS 20-1879493 TULSA, OK 74146	HEALTH CLUB	OK	N/A	N/A								
(5) TULSA HAND SURGERY 73-1572055 TULSA, OK 74104	OPERATE SURG.CTR.	OK	N/A	N/A								
(6) MEMORIAL SURGERY 20-1167151 TULSA, OK 74104	OPERATE ASC	OK	N/A	N/A								
(7) BROKEN ARROW DEV. 26-0748994 EDMOND, OK 73083	COMM'L RE DEVELOP	OK	N/A	N/A								

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
					N/A	N/A	N/A
(1) REGIONAL MEDICAL LAB., INC. 73-1131608 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C			
(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 20-2099141 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C			
(7) SJ 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" to 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
					N/A	N/A	N/A Yes	No	N/A	N/A Yes	No	N/A
(1) ALL SAINTS HOME 73-1558644 TULSA, OK 74136	DME	OK	N/A	N/A								
(2) UNION PINES SURGERY 73-1622427 TULSA, OK 74146	OPERATE ASC	OK	N/A	N/A								
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
					N/A	N/A	N/A
(1) SJ CARDIOVASCULAR SERV.,INC. 20-3912018 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C			
(2) SJ CARDIOVASCULAR MED.,INC. 20-3912076 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C			
(3) SJ ANESTHESIA SERVICES,INC. 20-3690446 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C			
(4) MAGNUM HEALTHCARE, INC. 20-4827780 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C			
(5) UTICA SERVICES, INC. 73-1057650 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C			
(6) PROFESSIONAL MED. INS. RISK 73-1525831 201 MERCHANT ST.,SUITE 2400 HONOLULU, HI 96813	INSURANCE	HI	N/A	C			
(7) JP SUPPORT SERV.,INC. 73-1530296 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006	MEDICAL SERVICES	OK	N/A	C			

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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" to 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
					N/A	N/A	N/A
(1) MEDICAL MANAGEMENT SERV.,INC. 73-1531974 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006	HOLDING CO.	OK	N/A	C			
(2) JP SPECIALTY PHYSICIANS,INC. 01-0879962 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006	MEDICAL SERVICES	OK	N/A	C			
(3) GEMINI MEDICAL GROUP, INC. 73-1503529 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" to 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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" to 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
					N/A	N/A	N/A
(1) DRS.BLDG.OF BARTLESVILLE,INC. 73-0759185 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006	BLDG. RENTAL	OK	N/A	C			
(2) JP ENTERPRISES, INC. 73-1530246 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006	HOLDING CO.	OK	N/A	C			
(3) COMMUNITYCARE MANAGED HEALTH 73-1513383 218 W. 6TH ST. TULSA, OK 74119	HEALTH INSURANCE	OK	N/A	C			
(4) BLUESTEM MEDICAL CLINIC,INC. 73-1481016 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C			
(5) OUTBOUND MEDICAL NETWORK,INC. 73-1255463 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C			
(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)

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Sale of assets to related organization(s)	1f		X
g	Purchase of assets from related organization(s)	1g		X
h	Exchange of assets with related organization(s)	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	X	
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		X
n	Sharing of paid employees with related organization(s)	1n		X
o	Reimbursement paid to related organization(s) for expenses	1o	X	
p	Reimbursement paid by related organization(s) for expenses	1p	X	
q	Other transfer of cash or property to related organization(s)	1q		X
r	Other transfer of cash or property from related organization(s)	1r		X

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	ST. JOHN PHYSICIANS, INC.	I	1,390,755.	FMV
(2)	OMNI MEDICAL GROUP, INC.	I	1,388,824.	FMV
(3)	SJ URGENT CARE CLINIC, INC.	I	164,484.	FMV
(4)	PHYSICIAN SUPPORT SERVICES, INC.	I	250,487.	FMV
(5)	REGIONAL MEDICAL LAB., INC.	I	1,516,549.	FMV
(6)	ST. JOHN MEDICAL CENTER, INC.	I	944,626.	FMV

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Sale of assets to related organization(s)	1f		
g	Purchase of assets from related organization(s)	1g		
h	Exchange of assets with related organization(s)	1h		
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l		
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		
n	Sharing of paid employees with related organization(s)	1n		
o	Reimbursement paid to related organization(s) for expenses	1o		
p	Reimbursement paid by related organization(s) for expenses	1p		
q	Other transfer of cash or property to related organization(s)	1q		
r	Other transfer of cash or property from related organization(s)	1r		

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	OWASSO MEDICAL FACILITY, INC.	I	57,270.	FMV
(2)	ST. JOHN HEALTH SYSTEM, INC.	I	971,142.	FMV
(3)	ST. JOHN HEALTH SYSTEM, INC.	O	3,307,587.	FMV
(4)	ST. JOHN HEALTH SYSTEM, INC.	P	606,375.	FMV
(5)	ST. JOHN MEDICAL CENTER, INC.	O	4,563,687.	FMV
(6)	ST. JOHN MEDICAL CENTER, INC.	P	4,117,058.	FMV

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
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Sale of assets to related organization(s)	1f		
g	Purchase of assets from related organization(s)	1g		
h	Exchange of assets with related organization(s)	1h		
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l		
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		
n	Sharing of paid employees with related organization(s)	1n		
o	Reimbursement paid to related organization(s) for expenses	1o		
p	Reimbursement paid by related organization(s) for expenses	1p		
q	Other transfer of cash or property to related organization(s)	1q		
r	Other transfer of cash or property from related organization(s)	1r		

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	ST. JOHN BROKEN ARROW, INC.	O	10,957.	FMV
(2)	UTICA SERVICES, INC.	O	97,240.	FMV
(3)	UTICA SERVICES, INC.	P	1,055,471.	FMV
(4)				
(5)				
(6)				

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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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