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1209

Form **990**

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)

Department of the Treasury
Internal Revenue Service

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, 2012**

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

C Name of organization

ST. JOHN HEALTH SYSTEM, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1923 SOUTH UTICA AVENUE

Room/suite

City or town, state or country, and ZIP + 4

TULSA, OK 74104

F Name and address of principal officer

DAVID PLYNN

1923 SOUTH UTICA AVENUE; TULSA, OK 74104

D Employer identification number

73-1215174

E Telephone number

(918) 744-2180

G Gross receipts \$ 68,518,192.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☒ No

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

H(c) Group exemption number 0928

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

J Website: WWW.SJMC.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1982 **M** State of legal domicile OK

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:		
		CONTINUE THE HEALING MINISTRY OF JESUS CHRIST BY PROVIDING MEDICAL EXCELLENCE AND COMPASSIONATE CARE TO ALL WHO NEED IT WITH A SPECIAL EMPHASIS FOR THE POOR AND POWERLESS.		
	2	Check this box ☐ 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 VII, line 1a)	3	15.
	4	Number of independent voting members of the governing body (Part VII, line 1b)	4	14.
	5	Total number of individuals employed in calendar year 2011 (Part VII, line 2a)	6	637.
	6	Total number of volunteers (estimate if necessary)	6	12.
Revenue	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
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,580,254.	31,842,224.
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,453,916.	26,321,865.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	496.	130,430.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	55,034,666.	58,294,519.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	183,099.
	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)	30,695,426.	30,865,630.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	39,254,946.	43,968,314.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	69,950,372.	75,017,043.
	19	Revenue less expenses - Subtract line 18 from line 12	-14,915,706.	-16,722,524.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 28)	1,040,380,707.	1,301,894,176.
	22	Net assets or fund balances. Subtract line 21 from line 20.	368,740,435.	553,494,930.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	SARA M. MERCER	Sara M. Mercer	8/8/2013		P00031690
	Firm's name	Firm's EIN		Phone no.	
	KPMG LLP	13-5565207		405-239-6411	

Firm's address 210 PARK AVE., SUITE 2800 OKLAHOMA CITY, OK 73102

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

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SCANNED MAY 13 2014

**Power of Attorney
and Declaration of Representative**
▶ Type or print. ▶ See the separate instructions.

OMB No. 1545-0160
For IRS Use Only
Received by _____
Name: _____
Telephone: _____
Function: _____
Date: ____/____/____

Part I Power of Attorney

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

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

Taxpayer name and address

ST. JOHN HEALTH SYSTEM, INC.
1923 SOUTH UTICA AVE.

TULSA, OK 74104

Taxpayer identification number(s)

73-1215174

Daytime telephone number

918-744-2180

Plan number (if applicable)

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

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

Name and address DEBRA C. COOK

KPMG LLP

210 PARK AVENUE, SUITE 2850

OKLAHOMA CITY, OK 73102

Check if to be sent notices and communications ☒

Check if new: Address ☐

Telephone No. ☐

Fax No. ☐

Name and address SARA M. MERCER

KPMG LLP

210 PARK AVENUE, SUITE 2850

OKLAHOMA CITY, OK 73102

Check if to be sent notices and communications ☐

Check if new: Address ☐

Telephone No. ☐

Fax No. ☐

Name and address

CAF No. 7805-15649R

PTIN P00031689

Telephone No. 405-552-3827

Fax No. 405-552-2527

CAF No. 7806-14769R

PTIN P00031690

Telephone No. 405-552-3857

Fax No. 405-552-2557

CAF No.

PTIN

Telephone No.

Fax No.

Check if new: Address ☐

Telephone No. ☐

Fax No. ☐

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

3 Matters

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower
Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)

Tax Form Number

(1040, 941, 720, etc.) (if applicable)

Year(s) or Period(s) (if applicable)

(see instructions for line 3)

LATE FILING

990

9/30/11

9/30/12, 6/30/13

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

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

☐ Disclosure to third parties.

☐ Substitute or add representative(s).

☐ Signing a return.

☐ Other acts authorized

(see instructions for more information)

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 103(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 103(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 103(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).

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

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

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

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

Signature *[Signature]* Date *3/19/14* Title (if applicable) *SVP & CEO*

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

Part II Declaration of Representative

Under penalties of perjury, I declare that

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

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

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

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