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SCANNED MAY 1 3 2014

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)

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emai Revenue 6			may have to use a copy of this retu			requireme		_
ror the 20	_	dar year, or tax year begi	10/01,201	1, and endin		majouer leis	09/30, 20 12	—
Chesis el applicació		C Name of organization						
Address		ST. JOHN HEALTH SYSTEM, INC.				73-1215	P) 14	
Address	Abomb	Doing Business As Thumber and street for B.O. have it mail is not defeared to street address. Green/aute.				elenhone	unhar	_
Plane shaq	~ I	Number and street (or P O, box it mail is not delivered to street address) Room/suite				E Talephone number		
Inditial ratum		3 SOUTH UTICA AVEN			(9)	18) 744	1-5180	_
Amended	1 1	r town, state or country, and ZP+	~			·		
return		SA, OK 74104	77177 7777			in this a grow		_
Application ponsing		ne and address of principal officer			1.	affRetes?	· H:**	-
		3 SOUTH UTICA AVEN				Are all attitut		_
Tabi-ecompt		X 501(c)(3) 501(c) () 《 (insert no) 4947(a)(1	1) or 527			h a list. (see instructions)	
		JMC.ORG						92
		X Corporation Trust	Association Other	L Year of	formation	1982 M	State of legal domicile	<u>-</u>
	mmary							
1	-	e the organization's mission						
CO			TRY OF JESUS CHRIST BY					
1			TE CARE TO ALL WHO NE	ED IT WITH	A SPE	CIAL		
EM		FOR THE POOR AND						
2 Che			discontinued its operations or dispo		n 25% of its	netassets	1	
3 Nur			body (Part VI, line 1a)				3	_
4 Nur	nber of inc	dependent voting members of	the governing body (Pakty) (129-16)	VED			4	
5 Tota	i number	of individuals employed in cal	landar year 2011 (Partik line 26)				6	
6 Tota							6	_
7a Tota	unrelate	d business revenue from Part 1	VIII, column (C), line 12 MAY ()	Q //:!!?			7a	
b Net	unrelated	business taxable income from	Form 990-T, line 34		,		7b	
			TPR BI	RANCH	Pr	lor Year	Current '	Yel
8 Cor	tributions	and grants (Part Vill, line 1h)		DEIZ	<u> </u>		0	
9 Pro	gram serv i	ce revenue (Part VIII, line 2g) .				,580,25		
10 Inve			nea 3, 4, and 7d)		24	,453,91		
11 Oth			5, 6d, 8c, 9c, 10c, and 11a)		<u> </u>	49		
			st equal Part VIII, column (A), line 12)		55,	,034,66		
			llumn (A), lines 1-3)		<u> </u>		0 183	<u>3,</u>
			umn (A), line 4)		<u> </u>		9	
			nefits (Part IX, column (A), lines 5-10		30,	,695,42	6. 30,86	<u>5,</u>
16a Pro	fessional f	undraising fees (Part IX, colum	ın (A), line 11s)		<u> </u>		9	
		undratsing expenses (Part IX, column (D), line 25) ▶0						
17 Oth	er expensi	es (Part IX, column (A), lines 1	1a-11d, 11f-24e)		39	,254,94	6. 43,96	<u>B,</u>
	-		si Pert IX, column (A), line 25)			,950,37		_
19 Rev	enue less	expenses Subtract line 18 fro	m line 12	<u> </u>	-14	,915,70		_
			IR9 Re	.)	Beginning	of Gurrent Y	ear End of Ye	110
20 Tat	al essets (f	Part X, line 16)		7	1,040	,380,70	7. 1,301,894	4,
21 Tota	el liabilities	(Part X, line 28)	04 P8.	12014	368	,740,43	5. 553,494	4,
AA NOL	assets or	fund balances. Subtract line 2	1 from line 20.	<u></u>	671	,640,27	2. 748,39	<u>9,</u>
	Signature							
ider penaltie	of perjury,	I declare that I have examined this	return, including accompanying achedul fear) is based on all information of which	es and statement	e, and to the	best of my k	nowledge and belief, i	it le
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gn   P	Signatur	e of officer				Date		
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		print name and title		-1-				_
ы I	• • • •	parer's name	Preparer's signature	Date		Check	R BUN	
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	m's name	► RPMG LLP	7=		Firm		13-5565207	
only Fin					1			•
Fin		210 PARK AVE., SUITE 2			Pho	ne no.	405-239-641	<u>+</u>

Form 2848 (Rev. March 2012)

## Power of Attorney and Declaration of Representative ► Type or print. ► See the separate instructions.

OMB No 1545-0160 For IRS Use Only Received by Name³

Department of the Treasury
Internal Revenue Service
Part Power of Attorney Telephone 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 Function

Taxpeyer finformation. Texpeyer must sign and date this form on page 2, line 7. Taxpeyer mean address ST. JOBN HBALTH SYSTEM, INC.  1923 SOUTH OTICA AVE.  TOURN AVE.  TOURN AVE.  TOURN TOUR AVE.  Tourne the selection of the fine selection of the selection of th	to any purpose obtain train representation ocione the inte		I Date
TULSA, OK 74104  Plan number (ill applicable)  TULSA, OK 74104  Plan number (ill applicable)  Plan po0031589.  Check if new Address   Telephone No.   Fax No.    CAP No. 995-552-2537.  Pax No. 995-552-2557.  Pax No.	1 Taxpayer information. Taxpayer must sign and date this for		
TULSA, OK 74104  TULSA, OK 74104  Beytims telephone number   Plan number (il applicable)   St. 744-2180  AF No. 7805-15649R  PTIN P00031589  Velephone No. 105-557-1827  PTIN P00031589  Velephone No. 105-557-1827  Check if to be sent notices and communications  PTIN P00031589  Velephone No. 105-557-1827  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address   Telephone No.   Fax No.   7805-14769R  PTIN P00031590  Check if new Address	Taxpayer name and address	Taxpayer identification num	ber(s)
Deptime telephone number (il applicable)   Plan number (il applicable)   Plan number (il applicable)		73-1215174	
TULSA, OK 74104  Previous appoints the following representative(e) as atterney(e)-in-fact:  Representative(e) injust sign and date this form on page 2  Part II.  CAF No. 7805-15649R  PTIN P00031689  PTIN P00031689  PTIN P00031689  PTIN P00031689  Telephone No. 105-552-3827  PAR No. 1805-552-3827  PAR No. 1805-552-3827  PAR No. 1805-552-3827  PAR No. 1805-552-3827  Check if to be sent notices and commodications  Name and address SARA M. MERCER  KPRG LLP  To PARK AVENUE, SUITE 2850  CRAP No. 7805-14759R  PTIN P00031690  Telephone No. 195-552-3857  Telephone	1923 SOUTH UTICA AVE.	\	
Interest   Paper   Paper   Paper   Paper   Paper   Paper		1	Plan number (if applicable)
2 Representatively must sign and date this form on page 2 Part II.  Name and address DEBRA COOK KPMG LLP 210 PARK AVENUE, SUITE 2650 OKLAHOMA CITY, OK 73102 Check if to be sent notices and commodications  Name and address SARA M. MERCER KPMG LLP 210 PARK AVENUE, SUITE 2650 OKLAHOMA CITY, OK 73102 Check if to be sent notices and commodications  Name and address SARA M. MERCER KPMG LLP 210 PARK AVENUE, SUITE 2650 OKLAHOMA CITY, OK 73102 Check if to be sent notices and communications  Name and address  CAF No 7805-14759K PTIN 600031699 Telephone No. 1625-552-3857 Fax No 305-552-2537 Check if to be sent notices and communications  CAF No PTIN 100031699 Telephone No. 1625-552-3857 Check if new Address Telephone No. 1625-552-3857 Telephone No. 1625-552-3	TULSA, OK 74104	918-744-2180	
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Telephone No. Fax No.  Check if new Address  Telephone No. Fax No.  Telephone No. Fax No.  Check if new Address  Telephone No. Fax No.  Tax Form Number (1040, 941, 720, etc.) (if applicable)  Year(s) or Penod(s) (if applicable) (see instructions for line 3)  1.ATE FILING  4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on Centralized. Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential information and tolepform any and all acts that Prest perform with respect to the text matters described on line 3, for example, the authority sign any agreements, consents, or other documents. The representatives generally are authorized to receive and inspect confidential information and tolepform any and all acts that Prest perform with respect to the text matters described on line 3, for example, the authority sign any agreements, consents, or other documents. The representatives generally are authorized to receive on lauthorized to receive and inspect confidential unless the appropriate boxies) below are checked, the representatives of the text performance of such performance or support receives of the authority of the feature or add additional representatives or sign certain law returns.  Disclosure to third parties.  Substitute or add representatives(s).  Signing a (eturn.  Substitute or add representatives).  Signing a (eturn.  See instructions for more informatives or the authority of the			
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to represent the taxpayer before the Internal Reventile Service for the following matters:  3 Matters  Description of Matter (Income Employment, Penedi Exise, Ealsie, Gis, Whistieblower Practilitioner Discipline, PLR, FOIA, Cnd Penedity, etc.) (see instructions for line 3)  LATE FILING  4 Specific use not recorded on Centralized Authorization File (CAF). If the power of altorney is for a specific use not recorded on Centralized Authorization File (CAF). If the power of altorney is for a specific use not recorded on Centralized Authorization File (CAF). If the power of altorney is for a specific use not recorded on Centralized Authorization File (CAF). If the power of altorney is for a specific use not recorded on Centralized Authorization File (CAF). If the power of altorney is for a specific use not recorded on Centralized Authorization File (CAF). If the power of altorney is for a specific use not recorded on Centralized Authorization File (CAF). If the power of altorney is for a specific use not recorded on Centralized Authorization File (CAF). If the power of altorney is for a specific use not recorded on Centralized Authorization File (CAF). If the power of altorney is for a specific use not recorded on Centralized Authorization File (CAF). If the power of altorney is for a specific use not recorded on Centralized Information and tol perform any and all acts that Train perform with respect to the text manufacts by end described on line 3, for example, the authorization relationship and the performance of the centralized and the performance of the performance of the centralized and the performance of the centralized and the performance of the performance of the centralized and the performance of the c		Fax No.	
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Practitioner Discipline, PLR, FÖIA, Chai Perfatty, etc.) (see instructions for line 3).  LATE FILING  4 Specific use not recorded on Centralized Authorization File (CAF). If the lower of altorney is for a specific use not recorded on CAF		Tax Form Number	Year(s) or Penod(s) (if ecolicable)
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4 Specific use not recorded on Centralized Authorization File (CAF). If the power of altorney is for a specific use not recorded on CAF  5 Acts authorized. Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential information and to perform any and all acts that Train perform with respect to the tax, matters described on line 3, for example, the authority sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate a amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additional unless the appropriate boxies) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax return or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.    Disclosure to third party, substitute or add representative(s). Signing a veturn,    Other acts authorized			9/30/11
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	List any specific deletions to the acts otherwise authorized in this	s power of attorney:	

Form 2848 (Rev 3-2012)					1 000 2
6 Retention/revoc	ation of prior power(s) o	of attorney. The filing of the	is power of attorney a	utomatically revokes all earl lods covered by this docun	ier power(s) of nent If you do
not want to revo	ke a prior power of attorn	ey, check here			▶□
7 Signature of tax	payer. If a tax matter con by even if the same repre executor, receiver, admir	ncerns a year in which a jo	oint return was filed, the appointed. If signed	he husband and wife must of by a corporate officer, pa- certify that i have the author	riner, guardian, lax
	• •	POWER OF ATTORNE	Y WILL BE RETURI	NED TO THE TAXPAYER	•
/				_	
	1 AT		3/19/14	SUPTCI	<u>ان</u>
	Signature U		Date	Title (if applicat	ble)
Ociat N	lomo	PIN Number	F. JOHN HEALTH	SYSTEM, INC. laxpayer from line 1 if other the	n logsidual
Print N	iame	PIN NUMOSI	Print name or	laxpayer from line i ir outer ute	ali ilitoraio dei
Part II Declarat	on of Representative				
Under penalties of pe	rjury, I declare that				
		parment from practice before			
<ul> <li>I am aware of regulational Revenue S</li> </ul>		ular 230 (31 CFR, Part 10	)), as amended, conce	ning practice before the	
	-	dentified in Part I for the m	atter(s) specified there	and and	
I am one of the following			,,,		
		of the bar of the highest co			
				the jurisdiction shown beto	ow.
•	_	nder the requirements of (	Arcular 230.		
	a fide officer of the taxpay loyee - a full-time employ	•			
			or example, spouse, o	arent, child, grandparent, gra	indchild.
step-parent, si	tep-child, brother, or sister)	).			
to practice bef	ore the Internal Revenue	Service is limited by secti	ion 10.3(d) of Circular 2		
sign the return	turn Preparer - Your auth under examination and h unenrolled return prepa	have signed the return. See	e Internal Revenue Sa e Notice 2011-5 and S	rvice is limited. You must ha pecial rules for registered	ve been eligible to tax return
I Registered Ta	x Return Preparer-regis	tered as a tax return prepa	arer under the requirem	ents of section 10.4 of Circul	lar 230. Your
aulhority to pro and have sign	actice before the Internal	Revenue Service is limite	<ul> <li>d. You must have bee</li> </ul>	n eligible to sign the return turn preparers and unenro	under examination
k Student Altorn student workin	ev or CPA - receives per	mission to practice before section 10.7(d) of Circula	the IRS by virtue of h	is/her status as a law, busine s for Part II for additional info	ess, or accounting ormation and
requirements. r Enrolled Retire before the Inte	ement Plan Agent - enroll ernal Revenue Service is i	ed as a retirement plan ag limited by section 10.3(e)).	gent under the require	ments of Circular 230 (the a	authority to practice
▶ IF THIS DE	CLARATION OF REPRES	ENTATIVE IS NOT SIGNE	D AND DATED, THE P	OWER OF ATTORNEY WILL	BE RETURNED.
REPRESENTA	NTIVES MUST SIGN IN TH as d-f, enter your title, pos	IE ORDER LISTED IN LINE	2 ABOVE. See the Ins	tructions for Part II. nsing jurisdiction" column. S	
	Licensing jurisdiction	Bar, license, certification,		······································	
Designation - Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or eproliment number (if applicable) See instructions for Part II for more information	S	gnature	Date
В	OKLAHOMA	6556	Deli	a P Esse	3/19/14
R	OKLAHOMA	13163		au M Rum	3/19/14