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Return of Organization Exempt From Income Tax

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 05/01, 2012, and ending 04/30, 2013

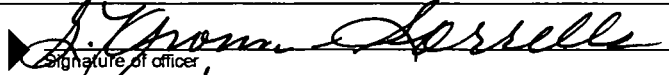
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST. JOHN AUXILIARY, INC. Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1923 SOUTH UTICA AVENUE City, town or post office, state, and ZIP code TULSA, OK 74104		D Employer identification number 73-0999759
	F Name and address of principal officer YVONNE SORRELLS 1923 SOUTH UTICA AVE. TULSA, OK 74104		E Telephone number (918) 744-2198
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 1,260,705. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
	J Website: ▶ WWW.SJMC.ORG		H(c) Group exemption number ▶ 0928
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1956 M State of legal domicile OK

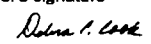
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. TO PROVIDE QUALITY SERVICE, COMPASSIONATE CARE AND SUPPORT TO PATIENTS, FAMILIES AND STAFF OF ST. JOHN HEALTH SYSTEM.		
	2 Check this box <input type="checkbox"/> 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	10.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10.
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	650.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,747.	5,795.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,924.	41,528.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,726.	1,176.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	525,240.	590,887.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	569,637.	639,386.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	520,000.	530,050.
	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)	51,601.	53,613.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	571,601.	583,663.	
19 Revenue less expenses Subtract line 18 from line 12	-1,964.	55,723.	
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 26)	251,982.	307,705.
	22 Net assets or fund balances Subtract line 21 from line 20.	0	0
		251,982.	307,705.

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.

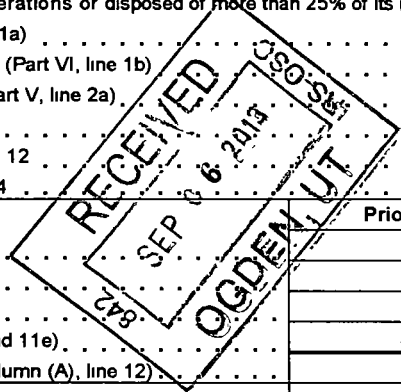
Sign Here	Signature of officer 	Date 9-3-13
	Type or print name and title YVONNE SORRELLS, AUX. PRES.	

Paid Preparer Use Only	Print/Type preparer's name DEBRA C. COOK	Preparer's signature 	Date 08/29/13	Check <input type="checkbox"/> if self-employed	PTIN P00031689
	Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207	
	Firm's address ▶ 210 PARK AVE., SUITE 2850 OKLAHOMA CITY, OK 73102			Phone no 405-239-6411	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)

SCANNED SEP 20 2013



Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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 [X] 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 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 \$ 530,050. including grants of \$ 530,050) (Revenue \$ 41,528.)
THE MISSION OF THE ST. JOHN AUXILIARY, INC. (AUXILIARY) IS TO PROVIDE QUALITY SERVICE, COMPASSIONATE CARE AND SUPPORT TO PATIENTS, FAMILIES AND STAFF OF ST. JOHN HEALTH SYSTEM, INC. SEE SCHEDULE O, GENERAL ATTACHMENT 1

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 530,050.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 20 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	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]

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and donor advised funds.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

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 [X] Upon request [] Other (explain in Schedule O)
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 LAURIE D THOMAS 1923 SOUTH UTICA AVENUE TULSA, OK 74104 (918) 744-2198

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(1) YVONNE SORRELLS PRESIDENT	20.00	X		X				0	0	0
(2) ANNA HARRIS FIRST VICE-PRESIDENT	10.00	X		X				0	0	0
(3) LEWIS CHANDLER SECOND VICE-PRESIDENT	9.00	X		X				0	0	0
(4) MARY CATRON THIRD VICE-PRESIDENT	17.00	X		X				0	0	0
(5) PEGGY WIMBISH RECORDING SECRETARY	10.00	X		X				0	0	0
(6) CAROLYN TAYLOR CORRESPONDING SECRETARY	13.00	X		X				0	0	0
(7) LEON SCHNEIDER TREASURER	28.00	X		X				0	0	0
(8) JOSEPH EFFIRD ASSISTANT TREASURER	22.00	X		X				0	0	0
(9) FERNE HOWELL PARLIAMENTARIAN	1.00	X		X				0	0	0
(10) GWEN HUMPHREY PAST-PRESIDENT	13.00	X						0	0	0
(11)										
(12)										
(13)										
(14)										

Part VIII Statement of Revenue

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

		(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	4,655			
	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	1,140.			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f ▶	5,795.			
Program Service Revenue	2a BREAST PUMP RENTAL	532420	29,875.	29,875.	
	b FIRST FOTO	900099	7,886.		7,886.
	c UNIFORMS	900099	3,767.	3,767.	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ▶		41,528.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,176.		1,176.
	4 Income from investment of tax-exempt bond proceeds ▶		0		
	5 Royalties ▶		0		
	6a Gross rents	(i) Real (ii) Personal			
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶		0		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ▶		0		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a		76,659.		
	b Less direct expenses b		64,494.		
	c Net income or (loss) from fundraising events ▶		12,165.		12,165.
	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		1,132,749.			
b Less cost of goods sold b		556,825.			
c Net income or (loss) from sales of inventory ▶		575,924.		575,924.	
Miscellaneous Revenue		Business Code			
11a MISCELLANEOUS REVENUE	900099	2,798.		2,798.	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d ▶		2,798			
12 Total revenue. See instructions ▶		639,386.	33,642.	599,949.	

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)

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	530,050.	530,050.		
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 (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	743.		743.	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	5,545.		5,545.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	8,779.		8,779.	
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 BREAST PUMP RENTAL EXPENSE	13,119.		13,119.	
b GIFT SHOP OPERATION	11,689.		11,689.	
c MISC COMMUNITY INVOLVEMENT	7,036.		7,036.	
d AUXILIARY UNIFORMS	1,770.		1,770.	
e All other expenses	4,932.		4,932.	
25 Total functional expenses. Add lines 1 through 24e	583,663.	530,050.	53,613.	
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	12,097.	1	9,022.
	2 Savings and temporary cash investments	239,885.	2	298,683.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other 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). Complete Part II of Schedule L	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
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	0	10c 0
	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	0
	15 Other assets. See Part IV, line 11.	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	251,982.	16	307,705.	
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other 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	0
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	0	
26 Total liabilities. Add lines 17 through 25	0	26	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	251,982.	32	307,705.
33 Total net assets or fund balances	251,982.	33	307,705.	
34 Total liabilities and net assets/fund balances.	251,982.	34	307,705.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	639,386.
2	Total expenses (must equal Part IX, column (A), line 25)	2	583,663.
3	Revenue less expenses Subtract line 2 from line 1	3	55,723.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	251,982.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	307,705.

Part XII Financial Statements and Reporting

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

- 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- 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

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

ST. JOHN AUXILIARY, INC.

Employer identification number

73-0999759

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box .
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2011 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2012; 16b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; 17b 10%-facts-and-circumstances test - 2011; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 98.47%. Row 16: Public support percentage from 2011 Schedule A, Part III, line 15 97.83%.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .28%. Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17 .49%.

- 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [X].
19b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [].
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions [].

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions)

SUPPLEMENTAL INFORMATION 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL

OTHER INCOME	2717	114	NONE	20	2799	5650
	----	----	-----	-----	----	-----
TOTALS	2717	114	NONE	20	2799	5650
	=====	=====	=====	=====	=====	=====

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BOOK SALE (event type)	(event type)	(total number)	(add col. (a) through col (c))
Revenue	1	Gross receipts	76,659.		76,659.
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)	76,659.		76,659.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	64,494.		64,494.
	10	Direct expense summary Add lines 4 through 9 in column (d)			(64,494.)
11	Net income summary Combine line 3, column (d), and line 10			12,165.	

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

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

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

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

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information.

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

Name of the organization

ST. JOHN AUXILIARY, INC.

Employer identification number

73-0999759

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ST. JOHN HEALTH SYSTEM FOUNDATION 1923 SOUTH UTICA AVE., TULSA, OK 74104	73-1133139	501(C)(3)	530,050.				SUPPORT OPERATIONS
(2)	-----							
(3)	-----							
(4)	-----							
(5)	-----							
(6)	-----							
(7)	-----							
(8)	-----							
(9)	-----							
(10)	-----							
(11)	-----							
(12)	-----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table 0

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

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SUPPLEMENTAL INFORMATION 1

PART I, LINE 2

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

GIVING MADE TO THE SJHS FDN.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

ST. JOHN AUXILIARY, INC.

73-0999759

GENERAL ATTACHMENT 1

PART III: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LINE 4A:

SERVICES NOW INCLUDE BRANCHES OF THE AUXILIARY AT ST. JOHN OWASSO, ST.

JOHN BROKEN ARROW AND SUPPORT SERVICES FOR ST. JOHN SAPULPA. YOUTH

EDUCATION IS AN IMPORTANT FOCUS FOR US. WE COMPLETED OUR FIFTH YEAR OF

HOSTING A NATIONAL AWARD WINNING PARTNERSHIP PROGRAM CALLED PROJECT

SEARCH. PROJECT SEARCH PROVIDES EMPLOYMENT TRAINING AND AN ONSITE

CLASSROOM FOR HIGH SCHOOL SENIORS IN SPECIAL EDUCATION. WE CONTINUE TO

EXPAND AND ENHANCE COMMITMENT TO COMMUNITY SERVICE FOR TEENS THROUGH

GENERATION IMPACT.

OVER 102,316 SERVICE HOURS WERE CONTRIBUTED. VOLUNTEERS NOW SERVE OVER 90

AREAS OF OUR FACILITIES INCLUDING, PASTORAL CARE VISITORS, GUEST

SERVICES, DIRECTING AND ESCORTING PATIENTS AND FAMILIES, FAMILY CARE IN

WAITING AREAS, CUDDLING FOR NICU BABIES, GREEN TEAM RECYCLING PROGRAM,

TLC EMERGENCY DEPARTMENT VOLUNTEERS, STAFF THREE GIFT SHOPS AND SPECIAL

FUND RAISING EVENTS.

THE AUXILIARY HAS ALSO BEEN AN IMPORTANT SOURCE OF FINANCIAL ASSISTANCE

FOR ST. JOHN, DONATING FUNDS EACH YEAR FOR IMPORTANT MEDICAL CARE AND

VISITOR SERVICES IMPROVEMENTS. THE AUXILIARY IS CURRENTLY WORKING ON OUR

MOST AMBITIOUS PLEDGE TO DATE - A \$2.5 MILLION DOLLAR DONATION TO FUND

THE NEXT GENERATION DA VINCI SURGICAL ROBOT. CONTRIBUTIONS TO ST. JOHN

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

FOR FISCAL YEAR 2013 TOTALED \$530,050.

THE AUXILIARY IS VERY ACTIVE IN PROMOTING A LIFELONG COMMITMENT TO COMMUNITY SERVICE AND MEDICAL CAREERS FOR TEENS AGES 15-18 THROUGH THE PROGRAM "GENERATION IMPACT - THE FUTURE OF HEALTH CARE." GENERATION IMPACT INCORPORATES INTERESTED MEMBERS OF OUR MEDICAL EXPLORER TROOP AND YOUTH FROM HIGH SCHOOLS THROUGHOUT THE GREATER TULSA AREA. OUR STUDENT MIX REPRESENTED THIRTY-SEVEN HIGH SCHOOLS AND HOME SCHOOLED TEENS. THE TEENS VOLUNTEERED IN FORTY-TWO AREAS OF ST. JOHN MEDICAL CENTER, ST. JOHN OWASSO AND ST. JOHN BROKEN ARROW. THEY SHADOWED WITH MEDICAL PROFESSIONALS AND ATTENDED CLASSES THAT INCLUDED HANDS ON EXPERIENCE WITH THE SIMULATION MAN, EXPLORATION OF PATHOLOGY AND TRAINING IN THE TRAUMA ROOM. A SCHOOL YEAR COMPONENT FOR THE PROGRAM IS IN ITS FIFTH YEAR. IT OFFERS FLEXIBILITY FOR TEENS WITH EARLY EVENING AND WEEKEND SERVICE TIMES AND PROVIDES TRAINING FOR OUR CASCIA HALL STUDENT INTERNS.

GENERAL ATTACHMENT 2

PART VI: GOVERNANCE MANAGEMENT, AND DISCLOSURE

LINE 6, 7A, & 7B:

ST. JOHN HEALTH SYSTEM, INC. IS THE CONTROLLING MEMBER OF THE AUXILIARY. AS SUCH, IT HAS THE POWER TO (1) AMEND THE ARTICLES OF INCORPORATION AND BYLAWS, TO (2) CONTROL THE NUMBER OF DIRECTORS, TO (3) APPROVE AND SUPERVISE THE DECISIONS OF THE BOARD OF DIRECTORS, AND TO (4) PERFORM ALL OTHER ACTS REQUIRED OR PERMITTED UNDER THE LAW FOR MEMBERS OF NONPROFIT CORPORATIONS.

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

IN ADDITION TO THE CONTROLLING MEMBER, THE AUXILIARY'S EXECUTIVE BOARD OF DIRECTORS MAY, FROM TIME-TO-TIME, ESTABLISH CLASSES OF GENERAL MEMBERSHIPS AND DEFINE THE BENEFITS RECEIVED BY SUCH MEMBERS. GENERAL MEMBERSHIP IS OPEN TO PERSONS WHO ARE INTERESTED IN PARTICIPATING IN THE PROGRAM SERVICES OF ST. JOHN MEDICAL CENTER, AND OTHER LOCATIONS AS REQUESTED BY THE ST. JOHN HEALTH SYSTEM. DIRECTORS AND OFFICERS SHALL BE SELECTED FROM GENERAL MEMBERS OF THE AUXILIARY. ALL MEMBERSHIPS SHALL BE RENEWED ANNUALLY.

LINE 11B:

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

LINE 12C:

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

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

LINE 19:

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

THE INFORMATION ON THE FORM 990 IS PUBLIC INFORMATION AND IS ALSO
AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. JOHN AUXILIARY, INC.

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.

2012

Open to Public
Inspection

Employer identification number
73-0999759

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

(a) Name, address, and EIN (if applicable) 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	No
(1) ST. JOHN SAPULPA, INC. 1923 S. UTICA AVE. 73-0662663 TULSA, OK 74104	HEALTH CARE	OK	501(C)(3)	LINE 3	SJHS		X
(2) JANE PHILLIPS MEMORIAL MEDICAL CENTER 3500 E. FRANK PHILLIPS BLVD. 73-0606129 BARTLESVILLE, OK 74006	HEALTH CARE	OK	501(C)(3)	LINE 3	JPHC		X
(3) JANE PHILLIPS HEALTHCARE FOUNDATION 3500 E. FRANK PHILLIPS BLVD. 73-1250611 BARTLESVILLE, OK 74006	HEALTH CARE	OK	501(C)(3)	LINE 3	JPMMC		X
(4) BARTLETT HOMES, INC. 1008 E. CLEVELAND 73-1301822 SAPULPA, OK 74066	HUD HOUSING	OK	501(C)(3)	LINE 7	SJS		X
(5) BETHEL MANOR, INC. 619 S. DIVISION 73-1216617 SAPULPA, OK 74066	HUD HOUSING	OK	501(C)(3)	LINE 7	SJS		X
(6) BLUESTEM REG. MED. DEVELOPMENT FDN., INC. 3500 E. FRANK PHILLIPS BLVD. 73-1081013 BARTLESVILLE, OK 74066	FUNDRAISING	OK	501(C)(3)	LINE 9	BMC		X
(7) JANE PHILLIPS NOWATA HOSPITAL, INC. 237 SOUTH LOCUST 73-1440267 NOWATA, OK 74048	HEALTH CARE	OK	501(C)(3)	LINE 3	JPHC		X

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

Schedule R (Form 990) 2012

**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.

2012

Open to Public
Inspection

Name of the organization

ST. JOHN AUXILIARY, INC.

Employer identification number
73-0999759

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

(a) Name, address, and EIN (if applicable) 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	No
(1) BARTLESVILLE MEDICAL CORPORATION 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006 73-1492080	HEALTH CARE	OK	501(C)(3)	LINE 11B	JPMCM		X
(2) CRAIG COUNTY MEDICAL SERVICES CORP. 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1487478	HEALTH CARE	OK	501(C)(3)	LINE 9	SJHS		X
(3) ST. JOHN BUILDING CORPORATION 1923 S UTICA STE. 200 TULSA, OK 74104 61-1659782	REAL ESTATE	OK	501(C)(2)		SJHS		X
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2012

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, or excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<u>(1)</u> COMMUNITY CARE 73-1464144 TULSA, OK 74136	DORMANT	OK	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
<u>(2)</u> SJMC PHYS. BUILDING 73-1181714 TULSA, OK 74104	MED. OFFICE BLDG.	OK	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
<u>(3)</u> SFSJ VENTURES, LLC 73-1563876 TULSA, OK 74136	HEALTH CARE	OK	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
<u>(4)</u> PLATINUM FITNESS 20-1879493 TULSA, OK 74146	HEALTH CLUB	OK	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
<u>(5)</u> TULSA HAND SURGERY 73-1572055 TULSA, OK 74104	OPERATE SURG-CTR.	OK	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
<u>(6)</u> MEMORIAL SURGERY 20-1167151 TULSA, OK 74104	OPERATE ASC	OK	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
<u>(7)</u> BROKEN ARROW DEV 26-0748994 EDMOND, OK 73083	COMM'L RE DEVELOP	OK	N/A	N/A	N/A	N/A		N/A	N/A		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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<u>(1)</u> REGIONAL MEDICAL LAB, INC 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	N/A	N/A	N/A	N/A		N/A
<u>(2)</u> ST. JOHN PHYSICIANS, INC 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	N/A	N/A	N/A	N/A		N/A
<u>(3)</u> PHYSICIAN SUPPORT SERV., INC. 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	N/A	N/A	N/A	N/A		N/A
<u>(4)</u> OMNI MEDICAL GROUP, INC. 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	N/A	N/A	N/A	N/A		N/A
<u>(5)</u> ST. JOHN ASC MGMT. CO., INC. 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	N/A	N/A	N/A	N/A		N/A
<u>(6)</u> ST. JOHN EMERGENCY PHYSICIANS 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	N/A	N/A	N/A	N/A		N/A
<u>(7)</u> SJ URGENT CARE CLINIC, INC. 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	N/A	N/A	N/A	N/A		N/A

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
							Yes	No		Yes	No	
<u>(1)</u> ALL SAINTS HOME 73-1559644 TULSA, OK 74136	DME	OK	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>(2)</u> UNION PINES SURGERY 73-1622427 TULSA, OK 74146	OPERATE ASC	OK	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>(3)</u> _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>(4)</u> _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>(5)</u> _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>(6)</u> _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>(7)</u> _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<u>(1)</u> SJ CARDIOVASCULAR SERV., INC. 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>(2)</u> SJ CARDIOVASCULAR MED., INC. 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>(3)</u> SJ ANESTHESIA SERVICES, INC. 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>(4)</u> MAGNUM HEALTHCARE, INC. 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>(5)</u> UTICA SERVICES, INC. 1923 SOUTH UTICA TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>(6)</u> PROFESSIONAL MED. INS. RISK 201 MERCHANT ST., SUITE 2400 HONOLULU, HI 96813	INSURANCE	HI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>(7)</u> JP SUPPORT SERV., INC. 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006	MEDICAL SERVICES	OK	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MEDICAL MANAGEMENT SERV., INC. 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006 73-1531974	HOLDING CO.	OK	N/A	N/A	N/A	N/A	N/A		
(2) JP SPECIALTY PHYSICIANS, INC. 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006 01-0879962	MEDICAL SERVICES	OK	N/A	N/A					
(3) GEMINI MEDICAL GROUP, INC. 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006 73-1503529	MEDICAL SERVICES	OK	N/A	N/A					
(4) CERES MED. PRACTICE MGMT., INC. 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006 73-1522656	MEDICAL SERVICES	OK	N/A	N/A					
(5) GEMINI AFTER HRS. CLINIC, INC. 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006 30-0375407	MEDICAL SERVICES	OK	N/A	N/A					
(6) SYNERGY HOSPITALIST GRP., INC. 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006 30-0375404	MEDICAL SERVICES	OK	N/A	N/A					
(7) PROF. CREDIT RECOV., INC. 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006 73-1057187	COLLECTIONS SERV.	OK	N/A	N/A					

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
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" 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	(i) Section 512(b)(13) controlled entity?
							Yes	No
(1) DR. BLDG. OF BARTLESVILLE, INC. 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006 73-0759185	BLDG. RENTAL	OK	N/A	N/A	N/A	N/A	N/A	
(2) JP ENTERPRISES, INC. 3500 E. FRANK PHILLIPS BLVD. BARTLESVILLE, OK 74006 73-1530246	HOLDING CO.	OK	N/A	N/A	N/A	N/A	N/A	
(3) COMMUNITYCARE MANAGED HEALTHCARE 218 W. 6TH ST. TULSA, OK 74119 73-1513383	HEALTH INSURANCE	OK	N/A	N/A	N/A	N/A	N/A	
(4) BLUESTEM MEDICAL CLINIC, INC. 1923 SOUTH UTICA TULSA, OK 74104 73-1481016	MEDICAL SERVICES	OK	N/A	N/A	N/A	N/A	N/A	
(5) OUTBOUND MEDICAL NETWORK, INC. 1923 SOUTH UTICA TULSA, OK 74104 73-1255643	MEDICAL SERVICES	OK	N/A	N/A	N/A	N/A	N/A	
(6) -----								
(7) -----								

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

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(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) -----													
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Part VII **Supplemental Information**

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