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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

St John Medical Center Inc

Doing business as

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

Room/suite

1923 South Utica Avenue

City or town, state or province, country, and ZIP or foreign postal code

Tulsa, OK 741046502

F Name and address of principal officer

Jeff Nowlin

1923 South Utica Avenue

Tulsa,OK 741046502

H(a) Is this a group return for subordinates?

☐ Yes

☒ No

H(b) Are all subordinates 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.STJOHNHEALTHSYSTEM.COM

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation 1953

M State of legal domicile OK

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities To provide medical excellence and compassionate care to all who need it		
	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	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	3,997
	6	Total number of volunteers (estimate if necessary)	6	513
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
Revenue	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)	11,784,612	13,789,325
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	514,353,959	553,452,402
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,630,657	1,275,878
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,811,732	4,151,614
	12		544,580,960	572,669,219
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,078,958	10,518,222
	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)	224,553,945	217,998,613
	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)	247,105,605	276,184,134
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	477,738,508	504,700,969
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	66,842,452	67,968,250
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	358,264,552	317,722,714
	22	Net assets or fund balances Subtract line 21 from line 20	283,987,705	176,653,002
			74,276,847	141,069,712

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

2016-05-14

Date

Lex Anderson SVP/CFO SJHS

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Meghann Ackley

Preparer's signature

Meghann Ackley

Date

Check ☐ if self-employed

PTIN

P01399136

Firm's name

Deloitte Tax LLP

Firm's EIN

86-1065772

Firm's address

250 East Fifth Street Suite 1900

Cincinnati, OH 45202

Phone no

(513) 784-7100

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)











Check if Schedule O contains a response or note to any line in this Part III

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

[illegible]

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

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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>	23	Yes	
24a	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 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>	25a		No
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>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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>	27		No
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>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33	Yes	
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>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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>	35b	Yes	
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>	36		No
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>	37		No
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	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	377	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	3,997
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b. If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	
4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b. If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8	
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a. Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a. Gross income from members or shareholders.		11a	
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c. Enter the amount of reserves on hand.		13c	
14a. Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b. If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records
Lex Anderson

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

Check if Schedule O contains a response or note to any line 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, or 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) JEFFREY D NOWLIN President & COO SJMC	46 20 0 30	X		X				591,871	0	40,945
(2) MILANN SIEGFRIED CHAIRPERSON	0 50 1 40	X						0	0	0
(3) LEE ELLSWORTH VICE CHAIRPERSON	1 20 0	X						0	0	0
(4) SR M FELICIDAD CHAVEZ DIRECTOR	0 20 39 80	X						0	0	0
(5) SR M ANASTASIA JOSEPH DIRECTOR	2 00 0	X						0	0	0
(6) KENNETH SETTER MD DIRECTOR	0 20 0	X						0	0	0
(7) LEX ANDERSON TREASURER/SENIOR VP & CFO SJHS	0 50 51 90			X				0	776,293	14,350
(8) KEVIN STECK SECRETARY/CORPORATE RESPONSIBILITY OFFICER	0 50 45 70			X				0	347,139	1,358
(9) H WILLIAM ALLRED VP OF MED AFFAIRS/MED ED	50 80 0			X				522,294	0	19,045
(10) PAMELA KISER VP & CNO	57 70 0			X				284,619	0	9,230
(11) KATHLEEN C SMARINSKY VICE PRESIDENT	39 20 0			X				310,467	0	8,268
(12) BERT W WALTHALL VP & CFO	39 90 0			X				357,620	0	29,225
(13) TERESA J BOURNE RN NEURO TRAUMA AND SURG ICU	40 00 0					X		171,251	0	20,585
(14) PATRICIA A WRIGHT EVANS RN DIR OPERATING ROOM	40 00 0					X		170,551	0	17,592

Part VII

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

(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			
(15) OLIVER D HANSON CHIEF MED PHYSICIST	40 00 0					X		220,706	0	24,384
(16) DAVID LEWIS TRANSPLANT ADMIN	40 00 0					X		181,843	0	7,762
(17) PHILIP A PRESTON DIR OPERATIONS IMPROV	40 00 0					X		198,085	0	15,957
(18) CHARLES ANDERSON FORMER OFFICER (END 6/14)	0 00 0 00						X	616,798	0	20,914

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	3,626,104	1,123,432	229,614

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶102

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
XENEX HEALTHCARE SERVICES LLC 121 INTERPARK SUITE 104 SAN ANTONIO, TX 78216	DISINFECTION SERVICES	401,730
RICHARD C ADAMS JR	PHYSICIAN SERVICES	185,391
LZD ENTERPRISES LLC 8127 VINTAGE TRACE CLAREMORE, OK 74019	BUSINESS CONSULTING	148,609

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶3

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	366,907				
	e	Government grants (contributions)	1e	92,000				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,330,418				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			13,789,325			
Program Service Revenue			Business Code					
	2a	NET PATIENT REVENUE	621990	546,917,829	546,917,829	0	0	
	b	TRAUMA CARE ASSISTANCE	612990	2,918,640	2,918,640	0	0	
	c	Fitness/Wellness/Education	910009	2,777,928	2,777,928	0	0	
	d	Prescription Sales	410001	758,057	758,057	0	0	
	e	Non-Prescription Sales	900099	21,390	21,390	0	0	
	f	All other program service revenue		58,558	0	0	58,558	
	g	Total. Add lines 2a-2f			553,452,402			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		568,365	0	0	568,365	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		244,409						
		0						
		244,409		0				
	d	Net rental income or (loss)		244,409	0	0	244,409	
	7a	(i) Securities		(ii) Other				
		1,244,385		0				
		0		536,872				
		1,244,385		-536,872				
	d	Net gain or (loss)		707,513	0	0	707,513	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	a							
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events						
	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						
	10a	Gross sales of inventory, less returns and allowances						
	a							
	b	Less cost of goods sold		b				
	c	Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code					
	11a	CAFETERIA REVENUE	721000	3,047,799	0	0	3,047,799	
b	MEDICAL RECORDS	621990	194,225	194,225	0	0		
c	Answering Service	910099	247,097	247,097	0	0		
d	All other revenue		418,084	418,084	0	0		
e	Total. Add lines 11a-11d			3,907,205				
12	Total revenue. See Instructions			572,669,219	554,253,250	0	4,626,644	

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,518,222	10,518,222		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,024,043	1,764,965	259,078	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)				
7	Other salaries and wages	178,990,979	142,896,884	36,094,095	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,589,478	4,517,102	72,376	0
9	Other employee benefits	21,756,414	21,446,132	310,282	0
10	Payroll taxes	10,637,699	10,399,324	238,375	0
11	Fees for services (non-employees)				
a	Management	185,745	0	185,745	0
b	Legal	484,794	0	484,794	0
c	Accounting	36,163	0	36,163	0
d	Lobbying	19,769	0	19,769	0
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	81,081,229	80,537,307	543,922	0
12	Advertising and promotion	1,060,286	1,058,702	1,584	0
13	Office expenses				
14	Information technology	4,513,486	1,706,842	2,806,644	0
15	Royalties				
16	Occupancy	6,282,162	6,211,783	70,379	0
17	Travel	402,213	362,269	39,944	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	11,606,692	11,606,692	0	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,006,085	12,497,071	6,509,014	0
23	Insurance	2,572,427		2,572,427	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	SUPPLIES	128,111,174	128,133,143	-21,969	0
b	OKLAHOMA'S SHOPP FEE	12,912,462	12,912,462	0	0
c	EQUIPMENT RENTAL/LEASE	2,863,344	2,860,250	3,094	0
d	REPAIRS & MAINTENANCE	1,888,471	1,603,816	284,655	0
e	All other expenses	3,157,632	1,968,668	1,188,964	0
25	Total functional expenses. Add lines 1 through 24e	504,700,969	453,001,634	51,699,335	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			12,879,580	2	11,158,906
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			71,381,933	4	82,781,466
	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	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			12,843,636	8	12,507,248
	9	Prepaid expenses and deferred charges			234,634	9	3,296,339
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	232,801,885			
	b	Less accumulated depreciation	10b	39,552,646	202,144,383	10c	193,249,239
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			0	12	
	13	Investments—program-related See Part IV, line 11			16,131,288	13	7,588,864
	14	Intangible assets			1,663,248	14	2,760,568
	15	Other assets See Part IV, line 11			40,985,850	15	4,380,084
	16	Total assets. Add lines 1 through 15 (must equal line 34)			358,264,552	16	317,722,714
Liabilities	17	Accounts payable and accrued expenses			36,035,231	17	41,847,837
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	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				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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			247,952,474	25	134,805,165
	26	Total liabilities. Add lines 17 through 25			283,987,705	26	176,653,002
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			72,692,518	27	137,260,387
28		Temporarily restricted net assets			1,584,329	28	3,809,325
29		Permanently restricted net assets				29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			74,276,847	33	141,069,712
34		Total liabilities and net assets/fund balances			358,264,552	34	317,722,714

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	572,669,219
2	Total expenses (must equal Part IX, column (A), line 25)	2	504,700,969
3	Revenue less expenses Subtract line 2 from line 1	3	67,968,250
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,276,847
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	0
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,175,385
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	141,069,712

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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	Yes	
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?		No
3b	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		

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization St John Medical Center Inc	Employer identification number 73-0579286
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
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						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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 VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
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						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport 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						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 VI.)						
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			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. 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 ▶			
b 33 1/3% support tests—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization St John Medical Center Inc	Employer identification number 73-0579286
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)	(b)	
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		19,769
j	Total. Add lines 1c through 1i.			19,769
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying. St. John Medical Center, Inc. does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization St John Medical Center Inc	Employer identification number 73-0579286
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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

1

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

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

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

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

1a

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

b

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

(i) Revenue included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenue included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	10,000,000	10,000,000	10,000,000	10,012,212	10,261,160
b Contributions	0	0	0	0	0
c Net investment earnings, gains, and losses	0	0	0	136,854	106,052
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	0	149,066	355,000
f Administrative expenses	0	0	0	0	0
g End of year balance	10,000,000	10,000,000	10,000,000	10,000,000	10,012,212

- 2

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

Board designated or quasi-endowment

0 %

b

Permanent endowment

100 %

c

Temporarily restricted endowment

0 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 10,082,018 | | 10,082,018 |
| b Buildings | | 166,649,408 | 17,660,100 | 148,989,308 |
| c Leasehold improvements | | 487,770 | 89,835 | 397,935 |
| d Equipment | | 54,602,945 | 21,646,785 | 32,956,160 |
| e Other | | 979,744 | 155,926 | 823,818 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 193,249,239 |
- Schedule D (Form 990) 2014

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The "Chapman Fund for Uncompensated Care" endowment was created to underwrite medical services for the uninsured and underinsured residents of the Tulsa Metropolitan Area. Funds are held and administered by St. John Health System Foundation, Inc. on behalf of St. John Medical Center, Inc.
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	From the consolidated audited financial statements of Ascension Health Alliance and its member organizations ("The System"), which include the activity of St. John Medical Center, Inc. The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2015.

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
St John Medical Center Inc

Employer identification number
73-0579286

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 30000 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			18,898,112	2,918,640	15,979,472	3 17 %
b Medicaid (from Worksheet 3, column a)			49,547,623	25,228,717	24,318,906	4 82 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	68,445,735	28,147,357	40,298,378	7 98 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,496,193	0	1,496,193	0 30 %
f Health professions education (from Worksheet 5)			14,397,225	2,316,169	12,081,056	2 39 %
g Subsidized health services (from Worksheet 6)			566,436	149,913	416,523	0 08 %
h Research (from Worksheet 7)			190,765	45,000	145,765	0 03 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			0	0	0	0 %
j Total Other Benefits	0	0	16,650,619	2,511,082	14,139,537	2 80 %
k Total . Add lines 7d and 7j	0	0	85,096,354	30,658,439	54,437,915	10 79 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing					0	0 %
2Economic development					0	0 %
3Community support					0	0 %
4Environmental improvements					0	0 %
5Leadership development and training for community members					0	0 %
6Coalition building					0	0 %
7Community health improvement advocacy					0	0 %
8Workforce development					0	0 %
9Other					0	0 %
10Total	0	0	0	0	0	0 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?

1

No

2Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount

2

31,542,710

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit

3

0

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)

5

257,969,964

6Enter Medicare allowable costs of care relating to payments on line 5

6

251,736,871

7Subtract line 6 from line 5 This is the surplus (or shortfall)

7

6,233,093

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

St John Medical Center Inc

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
	If "Yes," indicate what the CHNA report describes (check all that apply)		
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) http //www stjohndealthsystem com/about/community-health-needs-assessment		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 12		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
	http //www stjohndealthsystem com/about/community-health-needs-		
a	If "Yes" (list url) assessment		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

St John Medical Center Inc

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>3 0</u> % and FPG family income limit for eligibility for discounted care of <u>3 0</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance?	15 Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) http://www.stjohnhealthsystem.com/media/file/1826/Financial_Assistance_Form.pdf		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) http://www.stjohnhealthsystem.com/media/file/1826/Financial_Assistance_Form.pdf		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections		
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

St John Medical Center Inc

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made	19	No
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input checked="" type="checkbox"/> Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23	No
		24	No

Part V

Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Name of the related org that prepared community benefit report	THE HOSPITAL IS A WHOLLY-OWNED (WHOLLY-SPONSORED) SUBSIDIARY OF ST JOHN HEALTH SYSTEM, INC - EIN 73-1215174 ("SJHS") SJHS PREPARED A CONSOLIDATED COMMUNITY BENEFIT REPORT FOR THE CONSOLIDATED ORGANIZATION FOR THIS TAX YEAR THE REPORT IS MADE AVAILABLE ON DEMAND AND IS REFERENCED BY THE ORGANIZATION IN A NUMBER OF PUBLIC MEETINGS AND COMMUNITY OUTREACH ACTIVITIES

Form and Line Reference	Explanation
Schedule H, Part II DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY - PART 2	<p>Our Enabling Strengths We will use our enabling strengths to achieve our mission and vision. Those strengths include a model community of inspired people working to provide our services and achieve our mission, empowering knowledge - clinical and business information systems that provide our associates actionable, timely data and information upon which they can make informed decisions, the creation of trusted partnerships with external partners to expand our capabilities, COMPLEMENT our service offerings and fulfill our mission, and achieve vital presence in the communities we serve. This vital presence contemplates creation and continuation of important safety net services, world-class centers of clinical excellence and creation of medical homes that promote each individual's participation in their own health and well-being and which create and sustain the infrastructure for promoting healthy communities. Our Point of View Health care delivery and financing in the United States must change. The cost of the current system relative to the value that communities and individuals are receiving is not sustainable. In order to meet the health care needs and contribute to economic vitality of communities, with special attention to the poor and vulnerable, health care providers must fundamentally reconfigure delivery systems, care processes and cost structures. Delivering safe, high-quality care that is low cost with an exceptional patient experience will increasingly require providers to have a strong regional presence, integrated physician relationships and capabilities across the care continuum. Sustaining the St. John mission into the future will require a more continuous, dynamic relationship with those we serve and the ability to share risk with healthcare purchasers, as opportunities for inpatient growth or commercial rate increases will be limited. The movement to manage health of defined populations demands massive transformational change. This requires rapid assessment, assembly and deployment of the necessary capabilities. We believe the St. John System is well positioned to lead this transformation. Community Needs Assessment The St. John System and each St. John Hospital have completed a Community Health Needs Assessment to help us identify the priorities for the limited resources we have to address community need. We partnered with the Tulsa County Health Department and other public and private health care, and educational and community service organizations throughout the service area to complete the assessments, and we are now working to enhance our response to the identified needs. Additional information will be forthcoming about our specific future responses to our assessment of community need.</p> <p>Community Benefit The community benefit provided by the St. John System includes uncompensated care for the poor, support for the education of medical professionals, provision of subsidized health services, support for other community organizations, initiatives to improve community health, and medical research to be some of the key areas of focus for providing community benefit. The St. John System does not include amounts recorded as bad debt, shortfalls in the difference between payment for and cost of service to Medicare beneficiaries, payment of property, sales, use, income, payroll, and other taxes, OR considerable economic value provided to the local communities in which we operate as components of community benefit.</p> <p>Care for the Poor "Care for the Poor" (which includes the estimated cost of services provided to patients who qualify for financial assistance (charity) and the uncompensated cost of care provided to Medicaid beneficiaries) is the largest financial category of community benefit. Support for graduate and allied health medical education is the second largest. St. John provides discounts of at least 30% to all uninsured patients and additional discounts of at least 15% to uninsured patients who make the agreed upon timely payments for services they receive. All uninsured individuals living in households with incomes at or below 300% of the federal poverty limit qualify for free care for medically necessary services. Insured patients and others who are faced with financially catastrophic medical bills are also eligible for and encouraged to seek financial assistance. Consistent with our mission and values, St. John has created programs to seek out better ways to serve the uninsured and the vulnerable members of our society. With generous financial support from donors, including the Chapman trusts, and with guidance and counsel from many partners in our community, St. John has created the Medical Access Program ("MAP") to try to increase and improve access to medical care for segments of the uninsured population. Beginning more than five years ago, MAP continues to grow and expand each year. MAP has brought together a network of primary care providers that provides free clinics and other</p>

Form and Line Reference	Explanation
<p>Schedule H, Part II DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY - PART 2</p>	<p>r services to uninsured and low income individuals throughout Tulsa Key elements of MAP include - Expansion of free primary care by providing direct financial support to other organizations in the community providing access to free primary care, - Operation of Rockford Medical Clinic The Rockford Clinic is a free primary care medical home for a segment of the uninsured population that meet certain criteria for participation, - Provision of free diagnostic imaging, including CT, MRI, ultrasound, mammography and basic x-ray for patients who meet criteria, - Access to free specialty services through a network of participating clinics and physician partners and through the facilities and physicians of the St John System, and - Access to free or reduced cost prescription medications MAP has limited resources but continues to expand the scope of its services each year, routinely spending at least \$5 million per year in donated and St John funds Support for Medical Education St John Medical Center, Inc is a primary teaching hospital for The University of Oklahoma's Tulsa College of Community Medicine residency programs for internal medicine and general surgery and is the primary teaching hospital for the "In His Image" ("IHI") family medicine residency program St John works as a founding member of the Tulsa Medical Education Foundation providing financial support for The University of Oklahoma ("OU") residency programs St John also provides additional direct support to both OU and IHI residency programs and also provides direct support for a number of nursing education and allied health professional education programs Other Community Benefit St John provides subsidized health services focused on certain emergency services and on post-acute senior services Each St John Hospital provides vital emergency medical services in its community St John Medical Center, Inc services as one of only three trauma centers in Oklahoma, Oklahoma's first and only certified comprehensive stroke center, and a tertiary referral center for the entire state of Oklahoma and portions of Missouri, Arkansas, Kansas and Texas The associates, physicians and facilities of the St John System provide services to thousands of patients every day Among the services provided annually are - More than 54,000 annual inpatient and observation admissions, - More than 166,000 emergency department patient visits, - More than 3,000 births, - More than 28,000 inpatient and outpatient surgeries, - Thousands of other outpatient visits, - More than 510,000 physician office and urgent care clinic visits, - More than 8.1 million laboratory tests Summary The thousands of associates, physicians and volunteers that make up St John Health System, Inc touch the lives of thousands of patients every day and millions of patients every year As we seek to transform health care in Oklahoma and the United States, St John is challenged by many factors including lack of public resources in Oklahoma that are devoted to care for the poor, health care infrastructure and medical education, competition from investor-owned health care facilities that do not share St John's mission of service and emphasis on service to the poor and powerless but which seek to gain market share in commercially insured patients, poor economic and health care demographic factors contributing to generally poor health status and high rates of poverty and uninsurance in Oklahoma, and payment for values</p>

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Costs were determined using a cost to charge ratio derived from Worksheet 2, Patient Care Cost to Charges

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>Community Benefit Report St John Health System, Inc 's (the "St John System" or "St Jo hn") mission is to improve the health status of the individuals who live in the communitie s we serve with a special emphasis on the poor and vulnerable among us, faithful to the te aching of Jesus Christ and the values of our Sponsors and the Catholic Church Our promise to our patients and to our communities is to provide medical excellence and compassionate care We strive to provide healthcare that works, healthcare that is safe and healthcare that leaves no one behind To meet this mission, the St John System has operated since th e 1920's, growing from a fledgling community hospital, in what was then the southern edge of Tulsa, Oklahoma, to an integrated health care delivery system serving Northeastern Okla homa and surrounding states The St John System includes thousands of associates, employ ed physicians and advanced practitioners, hundreds more independent physicians and dozens of volunteers They serve patients in six owned hospitals operating nearly 800 beds, sever al senior nursing and housing facilities, dozens of physician offices, clinics and urgent care centers, a reference laboratory, and partnerships and ventures that include a health insurance company, several ambulatory surgery centers and other health care activities To gether, our associates, physicians and volunteers touch the lives of thousands of patients every day, including the poor and the vulnerable The St John System is committed to con tinue the legacy of health care excellence and service started by our original founders an d sponsors, the Sisters of the Sorrowful Mother, by continuing to provide vital services t o the communities with continued emphasis on service to the poor and powerless Our Missio n and Values Our mission of service and our Catholic values compel us to fulfill our prom ise of medical excellence and compassionate care to all who need our services, with a spec ial emphasis on service to the poor and the powerless We will do this by providing healt h care that works, health care that is safe, and health care that leaves no one behind We will endeavor to establish trusted relationships with our patients over their entire live s seeking to improve their health and working to heal their minds and bodies when afflict ed by injury or illness Health Care that Works Our vision calls us to ensure that servic e is committed to the health and well-being of our communities and that it responds to the needs of individuals throughout their lives Healthcare that Works includes establishing a trusted relationship between each patient and their health care professionals so that th ey receive the care they need, including preventative care, when they need it and in a man ner that meets their service expectations We expect our patients to be actively involved in their own health care - participating in informed decisions that will strive to make th em healthier Health care that works assumes that the care provided is person-centered and based on the best available medical evidence, reliably delivered Becoming truly person-c entered requires shifts in focus from traditional models of health care to build an effect ive and trusted relationship with each patient over their lifetime across the continuum of care - emphasizing prevention and wellness, disease management, and a medical home that p romotes a spiritually-centered, holistic approach to supporting a person's health and well -being Health care that works strives to make sure the value of the care received is exce ptional but at an acceptable economic cost - both to the individual and to society Health Care that is Safe St John is striving to become a "high reliability" organization High reliability means that we will be exceptionally consistent in accomplishing goals and avo iding catastrophic errors in everything we do in providing health care services This mean s reducing medical errors by providing our clinicians and our patients with decision suppo rt tools to ensure the care provided is consistently based on sound scientific evidence of effectiveness Physicians and nurses are leading our quality efforts Among our clinical areas of focus for improvement are goals to reduce hospital acquired conditions and hospit al readmissions Some specific areas of clinical focus include reducing - Adverse Drug Ev ents (ADE), - Catheter Urinary Tract Infections (CAUTI), - Central Line Blood Stream Infec tions (CLABSI), - Surgical Site Infections (SSI), - Ventilator Associated Pneumonia (VAP), - Injuries from Falls and Immobility, - Obstetrical Adverse Events, - Pressure Ulcers, an d - Venous Thromboembolism (VTE) Healthcare that Leaves No One Behind We will continue t o advocate for state and federal public policy that recognizes the inherent value of all m embers of society and provides support systems and adequate funding sources to ensure all of those among us have access to the health care t</p>

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	hey need This includes providing affordable access to health care for everyone in the Uni ted States in a financially sustainable way

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Accounts are written off to bad debt after all internal collection efforts have been exhausted Attempts to resolve these outstanding balances can include, but are not limited to statements being sent, phone calls, and letters being sent Account follow up protocol is based on personal pay balance size owed

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	St John Medical Center, Inc has a very robust financial assistance program, therefore, no estimate is made for bad debt attributed to financial assistance eligible patients

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	From the consolidated audited financial statements of Ascension Health Alliance, which include the activity of St John Medical Center, Inc The provision for doubtful accounts is based upon management's assessment of expected net collections considering historical experience, economic conditions, trends in healthcare coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies The methodology for determining the allowance for doubtful accounts and related write-offs on uninsured patient accounts has remained consistent with the prior year

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	St John Medical Center, Inc follows the Catholic Health Association ("CHA") guidelines for determining community benefit CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	The Organization has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance If a patient qualifies for charity CARE or financial assistance, certain collection practices do not apply

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- St John Medical Center, Inc Line 16b URL http //www stjohnhealthsystem com/media/file/1826/Financial_Assistance_Form pdf ,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>The Hospitals conducted a Community Health Needs Assessment jointly with its parent entity - St John Health System, Inc (SJHS) SJHS participates in ongoing community-based needs assessments Some of the most significant recent activity includes commissioning of a Community Health Needs Assessment and a plan for improving community health care conducted by the Tulsa County Health Department It was released in 2013 The 2013 assessment has been posted to the Hospitals and Health System websites http //www.stjohnhealthsystem com/medical-center/patients-guests/payment-for-services Many major community health care service organizations participated in these studies In addition to the above, SJHS through its subsidiary, St John Medical Center, Inc , has established a Medical Access Program ("MAP") that is attempting to improve and expand access to health care services to the most vulnerable members of the Tulsa community All SJHS Tulsa Hospitals including St John Sapulpa, Inc , St John Broken Arrow, Inc , Owasso Medical Facility, Inc , and St John Medical Center, Inc participate in this initiative This program is overseen by representatives of St John, the George Kaiser Family Foundation, trustees of the Chapman trusts and The University of Oklahoma Tulsa School of Community Medicine The MAP program includes participation of other health care providers including Good Samaritan Clinics, Day Center for the Homeless, Community Health Connections FQHC, Morton Health FQHC, and a network of volunteer physician providers and other organizations The MAP program regularly receives input from all these organizations on needed services in the community which helps to prioritize the limited resources available to address community needs</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	The Hospitals have a team of financial counselors who, prior to discharge, attempt to visit in person with all uninsured inpatients and all inpatients likely to qualify for medical indigency to explain our financial assistance policies and help guide them through the process of applying for financial assistance. We also attempt to meet with the families of all Medicaid beneficiaries or individuals who we believe could potentially qualify for Medicaid to help them apply for coverage. The Hospitals mention the existence of the Financial Assistance Policy and provide a phone number to call on its website, in admitting materials, on all invoices for services sent to patients, and in other ways.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>As described above, the Hospitals are part of St John Health System, Inc ("SJHS") Although SJHS provides a full spectrum of health related services throughout Northeastern Oklahoma, its tertiary operations and a large part of its other services are concentrated in the Tulsa Metropolitan Statistical Area (the "Tulsa MSA") According to the 2010 Census, the State of Oklahoma had a resident population of 3,751,351 persons compared to 3,450,654 persons in 2000 This is an 8.7% increase The U S Census Bureau estimated that in 2009, 13.5% of the Oklahoma resident population was eligible for Medicare, compared to 14.7% in 2000 Tulsa County, Oklahoma and the counties that make up the Tulsa MSA, according to the 2010 Census, had populations of 603,403 and 1,008,460, respectively This compares to populations of 563,299 and 803,235 persons, respectively in 2000, and represents population growth of 7.1% and 25.5%, respectively The data shows that the counties in the Tulsa MSA that surround Tulsa County grew much faster from 2000 to 2010 At the same time, the population within Tulsa County shifted away from the city of Tulsa and to suburbs such as Owasso and Broken Arrow The cities of Broken Arrow and Owasso were two of the fastest growing communities in Oklahoma between 2000 and 2010 The population of the city of Owasso grew 56% to 28,915 from 2000 to 2010 and the population of the city of Broken Arrow grew 32% to 98,850 from 2000 to 2010 Wagoner County (southeast of Tulsa) and Rogers County (northeast of Tulsa) showed the two highest population growth rates from 2000 to 2010 Every county in the 8 county Tulsa MSA except Pawnee County grew in population from 2000 to 2010 Washington County, directly north of Tulsa County, which includes the city of Bartlesville (and Jane Phillips Memorial Medical Center), also grew in population from 2000 to 2010 When the population of Washington County is added to the population of Tulsa County, the 2010 combined population was 1,059,436 There is significant disparity in the general health of populations within the service area depending upon where an individual lives and to what socioeconomic and ethnic group they belong Citizens who reside in "North" Tulsa and in some areas of "East" and "West" Tulsa generally have poorer health and shorter life spans than individuals who live in "South" Tulsa Members of minority groups (many of whom reside in the geographic areas described above) share these same health characteristics It has been demonstrated that these individuals have less access to regular health care services, including specialty care, and many seek even their primary care in hospital emergency rooms, including all of the SJHS Hospitals Some significant minority groups in the Hospitals' and SJHS's principal service area include Native Americans, Hispanics and African Americans Each of these groups shares common socioeconomic challenges making them more likely to be poor and be uninsured for health care Each of these groups has unique ethnic health risk factors that contribute to health status that is generally poorer than their White counterparts However, even among the White population in the Hospital's service area, there is significant adverse health care status Oklahoma (including the Hospitals' service area) ranks near the bottom in many if not most measures of health status in the UNITED STATES There are high rates of smoking, diabetes, obesity, upper respiratory illness, chronic heart conditions and many other factors There are high rates of uninsured and underinsured individuals and families in the communities and geographies served by the Hospital, which create many challenges in meeting the demand for basic services and in improving the health status of the population</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of community health</p>	<p>St John is a growing integrated delivery system that serves Northeastern Oklahoma and the surrounding area. It has grown significantly in recent years, with increasing revenues from outpatient and physician professional services, as well as other post-acute services. Acute care services are provided on six hospital campuses that are owned by St John. The owned hospitals are St John Medical Center, Inc. (the tertiary center in Tulsa, Oklahoma), Jane Phillips Memorial Medical Center in Bartlesville, St John Owasso in Owasso, Oklahoma, St John Broken Arrow, Inc., Jane Phillips Nowata Hospital, Inc., a critical access hospital in Nowata, Oklahoma, and St John Sapulpa, Inc., a critical access hospital in Sapulpa, Oklahoma. Acute care services are also provided at two additional rural critical access hospitals which are owned or managed by Jane Phillips. Diagnostic services and certain acute care services are also provided in a variety of free standing (including hospital-based) settings. The St John System now includes hundreds of employed physicians and "mid-level providers", and several urgent care clinics, as well as retirement and skilled nursing facilities including some targeted specifically to serve low-income and physically disabled individuals and other health care providers. St John is attempting to promote community health in several ways. Most of the affiliated primary care physicians have or are establishing "medical home" models of care that are attempting to improve health status of their patients by better emphasizing preventive care and health screening and by better management of chronic disease. This includes participation in the Medicare Comprehensive Primary Care Initiative. The affiliated primary care physicians utilize a sophisticated electronic medical record that helps provide real time information to make it easier to manage patients' care. The Hospitals and the other hospitals in the system have invested heavily in clinical information systems and electronic medical records to better manage patient care during each episode of acute care. St John is investing in new systems of care to provide better coordination of care between all the different providers responsible for portions of each patient's care, with an emphasis on prevention, screening and coordination of chronic care. The Hospitals and SJHS have invested in tertiary services that are needed by the community. Examples of which include development of Oklahoma's only ACS Level II Trauma Center (the highest accredited center in Tulsa), Northeastern Oklahoma's only JCAHO-accredited stroke center, neonatal intensive care, sophisticated medical technology including all-digital diagnostic radiology, cyberknife and other forms of radiation therapy, DaVinci robotic surgery, an endovascular operating suite, orthopedic and neurosurgical centers of excellence, sophisticated cardiovascular care that emphasizes rapid and effective intervention for heart attack victims and preventive care for those with chronic heart conditions. The Hospitals have an open medical staff and has community, religious and physician representatives serving on its board. SJHS has created and is continuing to create systems and policies to promote better coordination of care and allocation of resources throughout the System. The Hospitals participate in many community-wide health screening and health education events, as well as hosting many such events that are open to the public. The Hospital and SJHS continue to invest in medical education to support the expansion of physicians, nurses and allied health professionals that will serve the current and future generations of patients in the service area. The Hospitals participate in SJHS's coordinated effort to assess community need collaboratively with other interested parties in the community and to allocate capital and human resources to address the needs of the entire service area. Finally as one of only two major tax-exempt health systems in our service area, St John reinvests 100% of any profits generated into new or expanded services for the community.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>ST JOHN Health System, Inc , HEADQUARTERED IN TULSA, OKLAHOMA, AND WITH FACILITIES LOCATED THROUGHOUT NORTHEASTERN OKLAHOMA, IS AN OKLAHOMA NONPROFIT HEALTH SYSTEM IT OWNS AND OPERATES AN INTEGRATED TERTIARY HEALTH CARE DELIVERY SYSTEM THAT PROVIDES SERVICES PRIMARILY IN NORTHEASTERN OKLAHOMA ST JOHN HEALTH SYSTEM, INC AND ITS SUBSIDIARIES, AFFILIATES, AND EMPLOYED AND AFFILIATED PHYSICIANS, PROVIDE HEALTH CARE SERVICES FOR PATIENTS OF ALL AGES ACROSS A BROAD CONTINUUM OF CARE, FROM PHYSICIAN PRIMARY CARE AND SPECIALTY SERVICES TO AMBULATORY AND INPATIENT ACUTE AND POST-ACUTE SERVICES, AND INCLUDING SENIOR NURSING AND SENIOR LIVING SERVICES THE HEALTH MINISTRY IS RELATED TO ASCENSION HEALTH'S OTHER SPONSORED ORGANIZATIONS THROUGH COMMON CONTROL SUBSTANTIALLY ALL EXPENSES OF THE HEALTH MINISTRY ARE RELATED TO PROVIDING HEALTH CARE SERVICES Ascension Health Alliance, d/b/a Ascension (Ascension), is a Missouri nonprofit corporation formed on September 13, 2011 Ascension is the sole corporate member and parent organization of Ascension Health, a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Health Ministries, located in 23 states and the District of Columbia Ascension is sponsored by Ascension Sponsor, a Public Juridic Person The Participating Entities of Ascension Sponsor are the Daughters of Charity of St Vincent de Paul, St Louise Province, the Congregation of St Joseph, the Congregation of the Sisters of St Joseph of Carondelet, the Congregation of Alexian Brothers of the Immaculate Conception Province, Inc - American Province, and the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assisi - US/Caribbean Province Mission The System directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing, and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves In accordance with the System's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs - Traditional charity care includes the cost of services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured - Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons - Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome - Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research Discounts are provided to all uninsured patients, including those with the means to pay Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and other community benefit programs The cost of providing care to persons living in poverty and other community benefit programs is estimated by reducing charges forgone by a factor derived from the ratio of each entity's total operating expenses to the entity's billed charges for patient care Certain costs such as graduate medical education and certain other activities are excluded from total operating expenses for purposes of this computation</p>

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 73-0579286
Name: St John Medical Center Inc

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - St John Medical Center, Inc The other hospital facilities with which the reporting Hospital facility conducted its CHNA, include - St John Broken Arrow, Inc - Owasso Medical Facility, Inc - St John Sapulpa, Inc - Jane Phillips Memorial Medical Center (Bartlesville) - Jane Phillips Nowata Hospital, Inc
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - St John Medical Center, Inc The other organizations other than hospital facilities with which the reporting hospital facility conducted its CHNA, include - Tulsa County Health Department - The Chapman Trusts - George Kaiser Family Foundation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - ST JOHN MEDICAL CENTER, INC USING THE CHNA COMPLETED IN 2013, ST JOHN HEALTH SYSTEM'S HOSPITALS DEVELOPED, ADOPTED, AND WORKED ON EXECUTING A 2014-2016 IMPLEMENTATION STRATEGY TO ADDRESS THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE COMMUNITY-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT MANY OF THESE ARE DONE IN COLLABORATION WITH INDIVIDUALS REPRESENTING INTERESTS OF THE COMMUNITY AND/OR IN SUPPORT OF COMMUNITY BASED PROGRAMS IN TOTAL FOR THIS FISCAL YEAR ENDING JUNE 2015, the St John System PARTICIPATED IN OVER 100 COMMUNITY EVENTS ST JOHN MEDICAL CENTER, Inc INDIVIDUALLY SPONSORED 13 EVENTS EACH YEAR A BUDGET IS ESTABLISHED FOR THIS PURPOSE AND IS EXCEEDED THROUGH IDENTIFICATION OF ADDITIONAL COMMUNITY REQUESTS UPON COMPLETION OF THE ASSESSMENT WITH INPUT FROM LOCAL PUBLIC HEALTH OFFICIALS AND OTHER LEADERS, ST JOHN MEDICAL CENTER, Inc IDENTIFIED AND HAS CONTINUED TO COLLABORATIVELY WORK TOWARD ADDRESSING THE FOLLOWING PRIORITY NEEDS AS A HOSPITAL WITHIN A LARGER HEALTH SYSTEM AND THROUGH SUPPORTING THE NEEDS IDENTIFIED FOR A COMMUNITY-WIDE PLAN 1 DIET, INACTIVITY, AND OBESITY - ACTIVE PARTICIPATION BY SEVERAL ASSOCIATES IN THE COMMUNITY WIDE COALITION, "PATHWAYS TO HEALTH," WHICH SUPPORTS THE TULSA HEALTH DEPARTMENT (THD) AND COMMUNITY PARTNERS OF THD, DURING 2015, PATHWAYS TO HEALTH COMMUNITY FOUNDATION SET OBESITY PREVENTION AS ITS PRIMARY FOCUS - The St John System supports HEALTH PROMOTION WALKS INCLUDING AMERICAN CANCER SOCIETY's RELAY FOR LIFE, AMERICAN HEART AND AMERICAN STROKE ASSOCIATIONS' HEART WALK, SUSAN G KOMEN - RACE FOR A CURE, AND MARCH OF DIMES WALK - ST JOHN FOOD AND NUTRITION SERVICES COLOR CODE HEALTHY MENU ITEMS - The St John System BEGAN PARTICIPATION IN ASCENSION HEALTH'S "SMART HEALTH" WELLNESS PROGRAM INITIATIVES - FIRST FOCUSING ON OUR OWN ASSOCIATES AND SUBSEQUENTLY TAKING LESSONS LEARNED TO THE BROADER COMMUNITY THIS WAS A MULTI-YEAR INITIATIVE THAT BEGAN IN FY 2014 - IN SUPPORT OF A HEALTHY AND SAFE ENVIRONMENT WHICH PROMOTES OUTDOOR ACTIVITY, ST JOHN MEDICAL CENTER, Inc HOSTED THE AREA GREENFEST EVENT IN APRIL 2015 - THE COMMUNITY IS CURRENTLY UNDERGOING AN UPDATED COMMUNITY HEALTH NEEDS ASSESSMENT WITH SUPPORT FROM THE COUNTY HEALTH DEPARTMENT TO DETERMINE IF POSITIVE CHANGES HAVE BEEN REALIZED 2 MENTAL HEALTH, SUBSTANCE ABUSE, TOBACCO USE - AS A HEALTHCARE PROVIDER OF EMERGENCY AND ACUTE HOSPITAL AND RELATED SERVICES, THE HOSPITAL SEES THE DIRECT AND OFTEN DEVASTATING EFFECTS OF ALCOHOL AND DRUG ABUSE, AS WELL AS TOBACCO USE, ON A DAILY BASIS MANY, IF NOT MOST, OF THE PATIENTS WHO PRESENT TO THE SYSTEM IN ACUTE CRISIS FROM ALCOHOL AND ABUSE - WHETHER FROM INJURY OR OVERDOSE (OR BOTH) - ALSO HAVE UNDERLYING ACUTE OR CHRONIC MENTAL HEALTH CONDITIONS AND NEEDS THE HEALTH SYSTEM IS EXPLORING HOW VIRTUAL TECHNOLOGY MIGHT BE USED TO SUPPORT HOSPITALS IN PROVIDING BETTER ACCESS TO PATIENTS FOR MENTAL HEALTH SERVICES - PROCESS OUTCOMES ARE MEASURED FOR MENTAL HEALTH AND TOBACCO USE SCREENING THROUGH BOTH THE COMPREHENSIVE PRIMARY CARE PROGRAM AND THE MEDICARE SHARED SAVINGS PROGRAM IN WHICH ST JOHN HOSPITALS AND EMPLOYED ST JOHN PHYSICIANS PARTICIPATE SINCE THESE PROGRAMS WERE IN THEIR EARLY STAGES, WE DID NOT HAVE OUTCOMES REPORTED BY THE END OF THE FISCAL YEAR THROUGH THESE PROGRAMS WE ARE NOW ABLE TO TRACK THE VOLUME OF PATIENTS WHO RECEIVE COUNSELING AND REFERRALS - EACH HOSPITAL MAINTAINS ONGOING PATIENT EDUCATION RELATED TO SMOKING, MATERIALS ARE PROVIDED TO PATIENTS AND REFERRALS ARE MADE TO THE STATE OF OKLAHOMA TOBACCO HELP LINE - THROUGH A HOSPITAL OUTPATIENT DEPARTMENT AT ST JOHN MEDICAL CENTER, Inc , DRUG AND ALCOHOL COUNSELING IS PROVIDED PATIENTS FROM ANY OF OUR HOSPITALS AND CLINICS MAY BE REFERRED TO THIS SERVICE WHICH HAS A CONVENIENT, ACCESSIBLE LOCATION REFERRALS ARE ALSO MADE TO AREA AGENCIES - THE COMMUNITY IS CURRENTLY UNDERGOING AN UPDATED COMMUNITY HEALTH NEEDS ASSESSMENT WITH SUPPORT FROM THE COUNTY HEALTH DEPARTMENT TO DETERMINE IF POSITIVE CHANGES HAVE BEEN REALIZED 3 CHRONIC DISEASE MANAGEMENT - ST JOHN MEDICAL CENTER, Inc PARTICIPATES AS AN ACCOUNTABLE CARE ORGANIZATION (ACO) PARTICIPANT IN THE MEDICARE SHARED SAVINGS PROGRAM, WHICH ESTABLISHES SEVERAL QUALITY AND PROCESS OUTCOME MEASURES THAT PERTAIN TO CHRONIC DISEASE MANAGEMENT SUCH AS DIABETES, HYPERTENSION, CORONARY ARTERY DISEASE, AND COPD - EMPLOYED PHYSICIANS OF THE HEALTH SYSTEM ALSO PARTICIPATE IN COMPREHENSIVE PRIMARY CARE WHICH FOCUSES ON A MEDICAL HOME MODEL IN CARE FOR HIGH RISK PATIENTS WITH CHRONIC CONDITIONS - THE COMMUNITY IS CURRENTLY UNDERGOING AN UPDATED COMMUNITY HEALTH NEEDS ASSESSMENT WITH SUPPORT FROM THE COUNTY HEALTH DEPARTMENT AND the ST JOHN SYSTEM TO DETERMINE IF POSITIVE CHANGES HAVE BEEN REALIZED RELATED TO THE FOLLOWING IMPLEMENTATION INITIATIVES AND TO REFINE PRIORITY NEEDS IDENTIFIED IN THE 2013 ASSESSMENTS - SAFETY NET AND EMERGENCY SERVICES - DIRECT CARE FOR THE POOR AND VULNERABLE - MEDICAL ACCESS PROGRAM - MEDICAL EDUCATION NEEDS NOT BEING ADDRESSED ST JOHN MEDICAL CENTER, Inc AND the ST JOHN SYSTEM ADDRESSED ALL OF THE PRIORITY NEEDS RECOMMENDED BY THE COMMUNITY-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT, HOWEVER, "OBESITY" WAS GROUPED WITH "POOR DIET AND INACTIVITY," AND "TOBACCO USE" WAS GROUPED WITH "ALCOHOL/DRUG USE" AND RENAMED "MENTAL HEALTH, SUBSTANCE ABUSE, TOBACCO USE "
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - St John Medical Center, Inc Signs are posted in waiting rooms and at the admissions offices to notify patients that the Hospital has a Financial Assistance Policy In addition, every billing statement, the Hospital's website, and admission packets include information regarding the Financial Assistance Policy The Policy is provided at the request of the patient
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - St John Medical Center, Inc St John Medical Center, Inc provides a 30% discount on gross charges and a 15% prompt pay discount to all uninsured patients Patients who are determined to be eligible for financial assistance receive an additional charity care discount equal to 100% of the remaining amount due

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
St John Medical Center Inc

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
73-0579286

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 Domestic Organizations and Domestic Governments. 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.

(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
See Additional Data Table							

2

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

7

3

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

3

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Description Of Procedure For Monitoring Use Of Grant Funds	The grants made are generally made to third party safety net providers to allow them to expand their services to uninsured patients as part of the MAP program St John Management meets with Chapman Trustees to review status of MAP several times a year We have dedicated staff (Linda Drumm and Macy Tooke) who meet with grant recipients and who monitor use of funds for intended purposes We also make grants to education programs for resident, nurse and allied health professional training St John Medical Center, Inc (SJMC) is a participant in Tulsa Medical Education Foundation (TMEF) to oversee the OU residency program TMEF has a governing board on which SJMC representatives sit TMEF establishes an annual budget St John senior management meets several times per year with In His Image to review this residency training program and approves the annual budget for IHI SJMC nursing leadership meets with other nursing and allied health grant recipients to review effectiveness of the programs as needed
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	The grants made are generally made to third party safety net providers to allow them to expand their services to uninsured patients as part of the MAP program St John Management meets with Chapman Trustees to review status of MAP several times a year We have dedicated staff (Linda Drumm and Macy Tooke) who meet with grant recipients and who monitor use of funds for intended purposes We also make grants to education programs for resident, nurse and allied health professional training St John Medical Center, Inc (SJMC) is a participant in Tulsa Medical Education Foundation (TMEF) to oversee the OU residency program TMEF has a governing board on which SJMC representatives sit TMEF establishes an annual budget St John senior management meets several times per year with In His Image to review this residency training program and approves the annual budget for IHI SJMC nursing leadership meets with other nursing and allied health grant recipients to review effectiveness of the programs as needed

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 73-0579286
Name: St John Medical Center Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Good Samaritan Health Service Inc7600 S Lewis Tulsa,OK 741366836	73-1559561	501(C)(3)	708,750				Medical Assistance
In His ImagePO Box 1911 Tulsa,OK 74101	73-1369680	501(C)(3)	2,513,331				Medical Assistance
St John Broken Arrow Inc 1000 W Boise Cr Broken Arrow, OK 740124900	38-3833117	501(C)(3)	56,310				Medical Assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Owasso Medical Facility Inc 12451 E 100th St Owasso, OK 740554600	20-3700131	501(C)(3)	17,577				Medical Assistance
OU Foundation4502 E 41st St Tulsa, OK 741352512	73-6091755	501(C)(3)	357,822				Medical Assistance
OMNI Medical Group IncPO Box 21228 Dept 333 Tulsa, OK 74121	73-1321032	N/A	1,261,284				Medical Assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
St Gregory's University5801 E 41st St Suite 900 Tulsa,OK 741355631	73-0685198	N/A	50,000				Nursing Program
Tulsa Day Center for the Homeless415 W Archer St Tulsa,OK 741031807	73-0662663	501(C)(3)	317,550				Medical Assistance
University of Oklahoma4502 E 41st St Tulsa,OK 741352512	73-6017987	501(C)(3)	4,737,000				Medical Assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
St John Physicians IncPO Box 21228 Dept 334 Tulsa,OK 74121	73-1321032	N/A	276,003				Medical Assistance

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
St John Medical Center Inc

Employer identification number
73-0579286

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	Yes
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	St John Health System, Inc , a related organization of St John Medical Center, Inc , uses the following methods to establish the compensation of the Organization's President -Compensation Committee -Independent Compensation Consultant -Compensation Survey or Study -Approval by the Board or Compensation Committee
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Eligible executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the Organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. The following individuals received current year distributions of: Charles Anderson - \$43,827 Bert W Walthall - \$59,977 Pamela Kiser - \$28,596 Kathleen C Smarinsky - \$53,705 H William Allred - \$36,900 Lex Anderson - \$122,183 Kevin Steck - \$61,648 Jeffrey D Nowlin - \$63,734
Schedule J, Part I, Line 7 Non-fixed payments	St John Health System, Inc is the controlling member organization of an integrated healthcare system ("System"). The System has established an executive accountability and financial incentive plan that encourages the executives' participation in the significant improvements of the quality, financial, growth, and human resource related operations of the Organization. Eligibility is triggered when the System meets certain earnings targets, however, payments received under the plan are not based on the earnings of the Organization. Executives receive points under a plan scoring system for meeting their predetermined goals. The points are then entered into the plan formula to determine the executives' incentive compensation. Maximum payments under the financial incentive plan are 30% percent of base pay for most executives.

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 73-0579286
Name: St John Medical Center Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHARLES ANDERSON FORMER OFFICER (END 6/14)	(i) (ii)	475,182 0	73,045 0	68,571 0	0 0	20,914 0	637,712 0	43,827 0
JEFFREY D NOWLIN President & COO SJMC	(i) (ii)	438,774 0	66,977 0	86,119 0	11,934 0	29,011 0	632,816 0	63,734 0
LEX ANDERSON TREASURER/SENIOR VP & CFO SJHS	(i) (ii)	0 525,210	0 102,804	0 148,280	0 0	0 14,350	0 790,643	0 122,183
KEVIN STECK SECRETARY/CORPORATE RESPONSIBILITY OFFICER	(i) (ii)	0 238,780	0 34,840	0 73,519	0 0	0 1,358	0 348,496	0 61,648
H WILLIAM ALLRED VP OF MED AFFAIRS/MED ED	(i) (ii)	403,165 0	61,500 0	57,629 0	0 0	19,045 0	541,339 0	36,900 0
PAMELA KISER VP & CNO	(i) (ii)	212,157 0	32,602 0	39,859 0	0 0	9,230 0	293,848 0	28,596 0
KATHLEEN C SMARINSKY VICE PRESIDENT	(i) (ii)	212,896 0	32,602 0	64,969 0	0 0	8,268 0	318,734 0	53,705 0
BERT W WALTHALL VP & CFO	(i) (ii)	246,343 0	38,178 0	73,099 0	6,399 0	22,826 0	386,846 0	59,977 0
TERESA J BOURNE RN NEURO TRAUMA AND SURG ICU	(i) (ii)	145,256 0	23,895 0	2,100 0	3,477 0	17,108 0	191,836 0	0 0
PATRICIA A WRIGHT EVANS RN DIR OPERATING ROOM	(i) (ii)	157,642 0	8,937 0	3,972 0	3,436 0	14,156 0	188,143 0	0 0
OLIVER D HANSON CHIEF MED PHYSICIST	(i) (ii)	214,108 0	1,000 0	5,598 0	8,896 0	15,488 0	245,090 0	0 0
DAVID LEWIS TRANSPLANT ADMIN	(i) (ii)	166,996 0	14,709 0	138 0	3,637 0	4,125 0	189,605 0	0 0
PHILIP A PRESTON DIR OPERATIONS IMPROV	(i) (ii)	187,514 0	10,342 0	229 0	3,992 0	11,965 0	214,042 0	0 0

2014

Open to Public Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization St John Medical Center Inc	Employer identification number 73-0579286
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Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 1	ST JOHN BUILDING CORPORATION ("SJBC"), ST JOHN BROKEN ARROW, INC ("ST JOHN BROKEN ARROW"), AND JANE PHILLIPS NOWATA HOSPITAL, INC ("JP NOWATA") ST JOHN, THESE SUBSIDIARIES, AND ALL OTHER SUBSIDIARIES UNDER ST JOHN'S DIRECT OR INDIRECT CONTROL OR OWNERSHIP ARE REFERRED TO HEREIN AS "THE ST JOHN SYSTEM" THE ST JOHN SYSTEM SUPPORTS THE PURPOSE AND ACTIVITIES OF ASCENSION HEALTH AND BOTH ST JOHN'S AND ASCENSION HEALTH'S POWERS MUST BE EXERCISED IN ACCORDANCE WITH THE TEACHINGS, TRADITIONS AND CANON LAW OF THE ROMAN CATHOLIC CHURCH AND THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH FACILITIES PROMULGATED BY THE NATIONAL CONFERENCE OF CATHOLIC BISHOPS OF THE UNITED STATES CATHOLIC CONFERENCE MISSION AND VALUES AS A CATHOLIC HEALTHCARE ORGANIZATION, ST JOHN CARRIES ON THE MISSION OF ITS SPONSORS, THROUGH ASCENSION HEALTH, OF CONTINUING THE HEALING MINISTRY OF JESUS CHRIST IT ASPIRES TO PROVIDE HEALTH CARE THAT WORKS, HEALTH CARE THAT IS SAFE, AND HEALTH CARE THAT LEAVES NO ONE BEHIND, WITH A PROMISE TO OUR PATIENTS AND THE COMMUNITIES WE SERVE OF PROVIDING MEDICAL EXCELLENCE AND COMPASSIONATE CARE IT OPERATES IN CONFORMANCE WITH "THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH FACILITIES " FAITHFUL TO THE SPONSORSHIP MISSION, PHILOSOPHY AND VALUES, ST JOHN'S MISSION IS TO PROVIDE HEALTHCARE AND RELATED MINISTRIES FOR THE PEOPLE SERVED, ESPECIALLY THE SICK, THE POOR AND THE POWERLESS THE BOARD OF DIRECTORS, MANAGEMENT AND EMPLOYEES OF ST JOHN ARE GUIDED IN THEIR DAY-TO-DAY ACTIONS AND INTERACTIONS WITH THOSE WHO SERVE AND WHO ARE SERVED BY THE VALUES OF SERVICE TO THE POOR, WISDOM, REVERENCE, CREATIVITY, DEDICATION AND INTEGRITY ST JOHN AND THE MEDICAL CENTER COLLABORATE WITH OTHER INDIVIDUALS AND INSTITUTIONS IN THE VARIOUS COMMUNITIES they SERVE TO ASCERTAIN COMMUNITY NEEDS AND PROVIDE A BROAD RANGE OF SERVICES ALONG THE HEALTHCARE CONTINUUM TO HELP MEET THOSE NEEDS PROGRAMS AND SERVICES INCLUDE PREVENTIVE, DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE PROGRAMS, INCLUDING an EMPHASIS ON HEALTH PROMOTION AND DISEASE PREVENTION ST JOHN ALSO ADVOCATES FOR PUBLIC POLICIES WHICH ADVANCE A HEALTHY AND JUST SOCIETY ST JOHN WORKS WITH LOCAL, STATE AND NATIONAL LEADERS AND ORGANIZATIONS TO BRING ABOUT A HEALTHCARE DELIVERY SYSTEM THAT PROVIDES DIGNIFIED ACCESS TO AND AFFORDABLE, HIGH QUALITY HEALTHCARE FOR ALL PERSONS COMMUNITY NEEDS ASSESSMENT EACH OWNED HOSPITAL IN THE ST JOHN SYSTEM (INCLUDING THE MEDICAL CENTER) HAS COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY THESE HAVE BEEN POSTED TO EACH HOSPITAL'S WEBSITE AND ALSO THE HEALTH SYSTEM WEBSITE ST JOHN CONTINUES TO LOOK FOR WAYS TO MEET UNMET COMMUNITY NEEDS IN A SUSTAINABLE AND COLLABORATIVE WAY WITH OTHER ORGANIZATIONS TO BUILD HEALTHIER COMMUNITIES THE ST JOHN SYSTEM SERVES A DIVERSE REPRESENTATION OF HEALTH DISPARITIES IN ONE OF THE LOWEST RANKED STATES IN THE UNITED STATES FOR HEALTH STATUS (46TH IN 2014) WITHIN THE STATE OF OKLAHOMA, COUNTIES SERVED RANK FROM 17TH OUT OF 77 TO 63RD OUT OF 77 USING THE CHNA COMPLETED IN 2013, THE ST JOHN SYSTEM DEVELOPED, ADOPTED, AND WORKED ON EXECUTING A 2014-2016 IMPLEMENTATION STRATEGY TO ADDRESS THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE COMMUNITY-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT MANY OF THESE ARE DONE IN COLLABORATION WITH INDIVIDUALS REPRESENTING INTERESTS OF THE COMMUNITY AND/OR IN SUPPORT OF COMMUNITY BASED PROGRAMS IN TOTAL FOR THIS FISCAL YEAR ENDING JUNE 2015, THE ST JOHN SYSTEM PARTICIPATED IN OVER 100 COMMUNITY EVENTS ST JOHN MEDICAL CENTER, INC INDIVIDUALLY SPONSORED 13 EVENTS EACH YEAR A BUDGET IS ESTABLISHED FOR THIS PURPOSE AND IS EXCEEDED THROUGH IDENTIFICATION OF ADDITIONAL COMMUNITY REQUESTS

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 2	<p>UPON COMPLETION OF THE ASSESSMENT WITH INPUT FROM LOCAL PUBLIC HEALTH OFFICIALS AND OTHER LEADERS, ST JOHN MEDICAL CENTER, INC IDENTIFIED AND HAS CONTINUED TO COLLABORATIVELY WORK TOWARD ADDRESSING THE FOLLOWING PRIORITY NEEDS AS A HOSPITAL WITHIN A LARGER HEALTH SYSTEM AND THROUGH SUPPORTING THE NEEDS IDENTIFIED FOR A COMMUNITY-WIDE PLAN 1 DIET, INACTIVITY, AND OBESITY - ACTIVE PARTICIPATON BY SEVERAL ASSOCIATES IN THE COMMUNITY WIDE COALITION, "PATHWAYS TO HEALTH," WHICH SUPPORTS THE TULSA HEALTH DEPARTMENT (THD) AND COMMUNITY PARTNERS OF THD, DURING 2015, PATHWAYS TO HEALTH COMMUNITY FOUNDATION SET OBESITY PREVENTION AS ITS PRIMARY FOCUS - THE ST JOHN SYSTEM SUPPORTS HEALTH PROMOTION WALKS INCLUDING AMERICAN CANCER SOCIETY'S RELAY FOR LIFE, AMERICAN HEART AND AMERICAN STROKE ASSOCIATIONS' HEART WALK, SUSAN G KOMEN - RACE FOR A CURE, AND MARCH OF DIMES WALK - ST JOHN FOOD AND NUTRITION SERVICES COLOR CODE HEALTHY MENU ITEMS - THE ST JOHN SYSTEM BEGAN PARTICIPATION IN ASCENSION HEALTH'S "SMART HEALTH" WELLNESS PROGRAM INITIATIVES - FIRST FOCUSING ON OUR OWN ASSOCIATES AND SUBSEQUENTLY TAKING LESSONS LEARNED TO THE BROADER COMMUNITY THIS WAS A MULTI-YEAR INITIATIVE THAT BEGAN IN FY 2014 - IN SUPPORT OF A HEALTHY AND SAFE ENVIRONMENT WHICH PROMOTES OUTDOOR ACTIVITY, ST JOHN MEDICAL CENTER, INC HOSTED THE AREA GREENFEST EVENT IN APRIL 2015 - THE COMMUNITY IS CURRENTLY UNDERGOING AN UPDATED COMMUNITY HEALTH NEEDS ASSESSMENT WITH SUPPORT FROM THE COUNTY HEALTH DEPARTMENT TO DETERMINE IF POSITIVE CHANGES HAVE BEEN REALIZED 2 MENTAL HEALTH, SUBSTANCE ABUSE, TOBACCO USE - AS A HEALTHCARE PROVIDER OF EMERGENCY AND ACUTE HOSPITAL AND RELATED SERVICES, THE HOSPITAL SEES THE DIRECT AND OFTEN DEVASTATING EFFECTS OF ALCOHOL AND DRUG ABUSE, AS WELL AS TOBACCO USE, ON A DAILY BASIS MANY, IF NOT MOST, OF THE PATIENTS WHO PRESENT TO THE SY STEM IN ACUTE CRISIS FROM ALCOHOL AND ABUSE - WHETHER FROM INJURY OR OVERDOSE (OR BOTH) - ALSO HAVE UNDERLYING ACUTE OR CHRONIC MENTAL HEALTH CONDITIONS AND NEEDS THE HEALTH SYSTEM IS EXPLORING HOW VIRTUAL TECHNOLOGY MIGHT BE USED TO SUPPORT HOSPITALS IN PROVIDING BETTER ACCESS TO PATIENTS FOR MENTAL HEALTH SERVICES - PROCESS OUTCOMES ARE MEASURED FOR MENTAL HEALTH AND TOBACCO USE SCREENING THROUGH BOTH THE COMPREHENSIVE PRIMARY CARE PROGRAM AND THE MEDICARE SHARED SAVINGS PROGRAM IN WHICH ST JOHN HOSPITALS AND EMPLOYED ST JOHN PHYSICIANS PARTICIPATE SINCE THESE PROGRAMS WERE IN THEIR EARLY STAGES, WE DID NOT HAVE OUTCOMES REPORTED BY THE END OF THE FISCAL YEAR THROUGH THESE PROGRAMS, WE ARE NOW ABLE TO TRACK THE VOLUME OF PATIENTS WHO RECEIVE COUNSELING AND REFERRALS - EACH HOSPITAL MAINTAINS ONGOING PATIENT EDUCATION RELATED TO SMOKING, MATERIALS ARE PROVIDED TO PATIENTS AND REFERRALS ARE MADE TO THE STATE OF OKLAHOMA TOBACCO HELP LINE - THROUGH A HOSPITAL OUTPATIENT DEPARTMENT AT ST JOHN MEDICAL CENTER, INC , DRUG AND ALCOHOL COUNSELING IS PROVIDED PATIENTS FROM ANY OF OUR HOSPITALS AND CLINICS MAY BE REFERRED TO THIS SERVICE WHICH HAS A CONVENIENT, ACCESSIBLE LOCATION REFERRALS ARE ALSO MADE TO AREA AGENCIES - THE COMMUNITY IS CURRENTLY UNDERGOING AN UPDATED COMMUNITY HEALTH NEEDS ASSESSMENT WITH SUPPORT FROM THE COUNTY HEALTH DEPARTMENT TO DETERMINE IF POSITIVE CHANGES HAVE BEEN REALIZED</p>

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 3	<p>3 CHRONIC DISEASE MANAGEMENT - ST JOHN MEDICAL CENTER, INC PARTICIPATES AS AN Accountable Care Organization (ACO) PARTICIPANT IN THE MEDICARE SHARED SAVINGS PROGRAM, WHICH ESTABLISHES SEVERAL QUALITY AND PROCESS OUTCOME MEASURES THAT PERTAIN TO CHRONIC DISEASE MANAGEMENT SUCH AS DIABETES, HYPERTENSION, CORONARY ARTERY DISEASE, AND COPD - EMPLOYED PHYSICIANS OF THE HEALTH SYSTEM ALSO PARTICIPATE IN COMPREHENSIVE PRIMARY CARE WHICH FOCUSES ON A MEDICAL HOME MODEL IN CARE FOR HIGH RISK PATIENTS WITH CHRONIC CONDITIONS - THE COMMUNITY IS CURRENTLY UNDERGOING AN UPDATED COMMUNITY HEALTH NEEDS ASSESSMENT WITH SUPPORT FROM THE COUNTY HEALTH DEPARTMENT TO DETERMINE IF POSITIVE CHANGES HAVE BEEN REALIZED</p> <p>4 ACCESS TO SERVICES ACCESS TO SERVICES IN OKLAHOMA IS A SIGNIFICANT CHALLENGE DUE TO THE LIMITED AVAILABILITY OF PRIMARY CARE PHYSICIANS AND STRESS ON HOSPITAL EMERGENCY ROOM ACCESS AND INPATIENT BEDS DUE TO A GROWING NUMBER OF TRANSFERS FROM UNDERSERVED RURAL AREAS IN OKLAHOMA THE COMMUNITY IS CURRENTLY UNDERGOING AN UPDATED COMMUNITY HEALTH NEEDS ASSESSMENT WITH SUPPORT FROM THE COUNTY HEALTH DEPARTMENT AND THE ST JOHN SYSTEM TO DETERMINE IF POSITIVE CHANGES HAVE BEEN REALIZED RELATED TO THE FOLLOWING IMPLEMENTATION INITIATIVES AND TO REFINE PRIORITY NEEDS IDENTIFIED IN THE 2013 ASSESSMENTS - SAFETY NET AND EMERGENCY SERVICES (DESCRIBED BELOW) - DIRECT CARE FOR THE POOR AND VULNERABLE (DESCRIBED BELOW) - MEDICAL ACCESS PROGRAM (DESCRIBED BELOW) - MEDICAL EDUCATION (DESCRIBED BELOW) NEEDS NOT BEING ADDRESSED ST JOHN MEDICAL CENTER, INC AND THE ST JOHN SYSTEM ADDRESSED ALL OF THE PRIORITY NEEDS RECOMMENDED BY THE COMMUNITY-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT, HOWEVER, "OBESITY" WAS GROUPED WITH "POOR DIET AND INACTIVITY," AND "TOBACCO USE" WAS GROUPED WITH "ALCOHOL/DRUG USE" AND RENAMED "MENTAL HEALTH, SUBSTANCE ABUSE, TOBACCO USE" GOVERNANCE THE ADMINISTRATIVE POWERS OF THE MEDICAL CENTER ARE VESTED IN ITS BOARD OF DIRECTORS, WHICH CONTROLS AND MANAGES THE PROPERTIES, AFFAIRS AND FUNDS OF THE MEDICAL CENTER, SUBJECT TO RESERVATION OF CERTAIN POWERS BY ST JOHN THE BOARD MEETS REGULARLY AND IT WORKS IN CONCERT WITH, AND WHEN APPROPRIATE, UNDER THE DIRECTION OF THE ST JOHN HEALTH SYSTEM, INC BOARD THE BOARD REVIEWS AND APPROVES THE COMMUNITY HEALTH NEEDS ASSESSMENT AND RECOMMENDED IMPLEMENTATION INITIATIVES COMMUNITY BENEFIT IN MEASURING AND REPORTING QUANTIFIABLE COMMUNITY BENEFIT, ST JOHN FOLLOWS GUIDELINES PROMULGATED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND ENDORSED BY OTHER ORGANIZATIONS UNCOMPENSATED CARE AND OTHER ELEMENTS OF COMMUNITY BENEFIT ARE MEASURED AT THE UNREIMBURSED ESTIMATED COST OF SERVICES OR RESOURCES PROVIDED</p>

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 4	<p>SAFETY NET AND EMERGENCY SERVICES (SUBPART A OF ACCESS TO SERVICES) THE ST JOHN SYSTEM SERVES AS AN IMPORTANT SAFETY NET PROVIDER OF A BROAD CONTINUUM OF HEALTH CARE SERVICES TO THE CITIZENS OF NORTHEASTERN OKLAHOMA AND THE SURROUNDING REGION EACH OF ITS SIX MAIN HOSPITALS OPERATES A FULL-SERVICE, 24-HOUR, 365-DAY EMERGENCY ROOM PROVIDING BOTH URGENT AND EMERGENCY CARE TO ALL INDIVIDUALS, REGARDLESS OF THEIR ABILITY TO PAY THE MEDICAL CENTER, LOCATED IN TULSA, OKLAHOMA, IS A FULL-SERVICE TERTIARY HOSPITAL WHICH PROVIDES A BROAD RANGE OF INPATIENT AND OUTPATIENT HEALTH CARE SERVICES THE MEDICAL CENTER IS A TERTIARY REFERRAL CENTER AND SERVES AS ONE OF TWO PRIMARY TRAUMA REFERRAL CENTERS FOR TULSA AND NORTHEASTERN OKLAHOMA ST JOHN MEDICAL CENTER, INC DEVELOPED A HIGHLY TECHNICAL PATIENT LOGISTICS CENTER DURING THIS FISCAL YEAR TO FACILITATE THE TRANSFER OF PATIENTS FROM ST JOHN'S COMMUNITY HOSPITALS AND NON-AFFILIATED HOSPITALS THROUGHOUT THE REGION FOR MUCH NEEDED TERTIARY CARE FOR PATIENTS REGARDLESS OF ABILITY TO PAY THE LOGISTICS CENTER WAS ALSO EQUIPPED AS AN EMERGENCY COMMAND CENTER IN THE EVENT OF A PUBLIC HEALTH EMERGENCY ST JOHN MEDICAL CENTER, INC SERVES AS A PRIMARY TULSA TEACHING HOSPITAL FOR THE UNIVERSITY OF OKLAHOMA'S SCHOOL OF COMMUNITY MEDICINE RESIDENCY PROGRAMS FOR INTERNAL MEDICINE AND SURGERY AND HOSTS AN ORTHOPEDIC TRAUMA FELLOWSHIP PROGRAM IT IS ALSO THE PRIMARY TEACHING HOSPITAL FOR THE "IN HIS IMAGE" FAMILY MEDICINE RESIDENCY PROGRAM IT IS ALSO NORTHEASTERN OKLAHOMA'S ONLY "MAGNET" ACCREDITED HOSPITAL, SIGNIFYING EXCELLENCE IN NURSING CARE ST JOHN MEDICAL CENTER, INC IS TULSA'S AND NORTHEASTERN OKLAHOMA'S ONLY ACS VERIFIED LEVEL II TRAUMA CENTER AND ONLY JOINT COMMISSION-ACCREDITED COMPREHENSIVE STROKE CENTER THE MEDICAL CENTER OFFERS ADVANCED SERVICES IN TRAUMA, NEUROLOGICAL AND NEUROSURGICAL (INCLUDING STROKE) CARE, CARDIOLOGY AND CARDIOTHORACIC SURGERY, KIDNEY TRANSPLANT, ADULT, PEDIATRIC AND NEONATAL INTENSIVE CARE, CANCER TREATMENT, JOINT REPLACEMENT, AND MANY OTHER AREAS PATIENTS SEEN IN THE ST JOHN SYSTEM FOR THE FISCAL YEAR ENDED JUNE 30, 2015 TOTAL DISCHARGES (EXCLUDING NORMAL NEWBORNS) - 38,586 TOTAL OBSERVATION DAYS - 15,413 COMBINED DISCHARGES AND OBSERVATION DAYS - 53,999 TOTAL PATIENT DAYS (EXCL NORMAL NEWBORN AND OBSERVATIONS) - 179,945 BIRTHS - 3,279 EMERGENCY ROOM VISITS - 166,705 SELECTED OUTPATIENT VISITS (EXCL ER & ONE DAY SURGERIES) - 342,529 INPATIENT SURGICAL CASES - 11,659 OUTPATIENT SURGICAL CASES - 17,248 PHYSICIAN OFFICE PATIENT VISITS - 448,349 URGENT CARE CLINIC PATIENT VISITS - 61,970 COMBINED PHYSICIAN OFFICE AND URGENT CARE VISITS - 510,319 TOTAL LABORATORY PROCEDURES (INCL HOSPITAL & REFERENCE LABS) - 8,171,752 DIRECT CARE FOR THE POOR AND VULNERABLE (SUBPART B OF ACCESS TO SERVICES) THE ST JOHN SYSTEM CONSIDERS CARE FOR THE POOR TO BE AN ESSENTIAL PART OF ITS MISSION OF SERVICE TO THE COMMUNITY THE TOTAL COST OF CARE FOR THE POOR INCLUDES THE COST OF CHARITY CARE, THE UNREIMBURSED COST OF SERVICES TO MEDICAID BENEFICIARIES (TOGETHER REFERRED TO AS "UNCOMPENSATED CARE FOR THE POOR"), AND THE COST OF SPECIAL PROGRAMS OR OTHER ACTIVITIES SPECIFICALLY TARGETED TO INCREASE ACCESS TO CARE OR PROVIDE OTHER SERVICES TO THE POOR "CARE FOR THE POOR" INCLUDES THE ESTIMATED COST OF CARE CLASSIFIED AS CHARITY CARE PLUS THE ESTIMATED EXCESS OF THE COST OF SERVICES PROVIDED TO MEDICAID BENEFICIARIES OVER THE PAYMENTS RECEIVED FROM MEDICAID "CARE FOR THE POOR" DOES NOT INCLUDE THE COST OF SERVICES CLASSIFIED AND WRITTEN OFF AS BAD DEBTS OR THE EXCESS OF THE COST OF SERVICES PROVIDED TO MEDICARE BENEFICIARIES OVER THE PAYMENTS RECEIVED FROM MEDICARE</p>

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>CHARITY AND UNCOMPENSATED CARE. THE ST. JOHN SYSTEM'S HOSPITALS, SENIOR-CARE AND OTHER FACILITIES PROVIDE SERVICES WITHOUT REGARD TO A PATIENT'S ABILITY TO PAY. IN FY 15, THE ST. JOHN SYSTEM HOSPITALS PROVIDED A DISCOUNT OF AT LEAST 30% OF BILLED CHARGES TO ALL UNINSURED PATIENTS. UNINSURED PATIENTS ALSO COULD QUALIFY FOR AN ADDITIONAL 15% PROMPT PAY DISCOUNT. IN ADDITION TO THESE AUTOMATIC DISCOUNTS, PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE UP TO AND INCLUDING FREE CARE. THE DETERMINATION OF THE PATIENT'S QUALIFICATION FOR FINANCIAL ASSISTANCE IS BASED ON AN OBJECTIVE DETERMINATION OF THE PATIENT'S FINANCIAL RESOURCES AND ABILITY TO PAY. IN GENERAL, ALL UNINSURED PATIENTS WITH HOUSEHOLD INCOMES OF LESS THAN 300% OF THE FEDERAL POVERTY GUIDELINES QUALIFY FOR FREE OR SUBSTANTIALLY DISCOUNTED CARE. OTHER ENTITIES IN THE ST. JOHN SYSTEM ALSO PROVIDE CHARITY CARE BASED ON INDIVIDUAL DETERMINATIONS OF NEED. MANAGEMENT FOR ST. JOHN BELIEVES THAT ALL OF ITS BILLING AND COLLECTION POLICIES AND PROCEDURES COMPLY WITH IRS GUIDELINES AND DIRECTIVES.</p> <p>MEDICAL ACCESS PROGRAM ("MAP") (SUBPART C OF ACCESS TO SERVICES). THE MEDICAL CENTER ALSO CONTINUED WORK ON AN OUTREACH PROJECT TO IMPROVE ACCESS TO MEDICAL CARE TO THE POOR THAT IS REFERRED TO AS THE MEDICAL ACCESS PROGRAM ("MAP"). SUPPORTED IN PART BY FUNDING FROM THE CHAPMAN TRUSTS (A COLLECTION OF PRIVATE TRUSTS OF WHICH THE MEDICAL CENTER IS ONE OF THE BENEFICIARIES), THE PROGRAM IS A COMPREHENSIVE EFFORT TO PROVIDE INCREASED ACCESS TO MEDICAL SERVICES ACROSS A BROAD CONTINUUM OF CARE TO THE POOR AND DISADVANTAGED IN THE TULSA METROPOLITAN AREA. THE PROGRAM IS A COLLABORATIVE EFFORT LED BY THE MEDICAL CENTER THAT INCLUDES FINANCIAL SUPPORT FOR NEW AND EXISTING COMMUNITY OUTREACH ACTIVITIES. KEY ELEMENTS OF THE PROGRAM INCLUDE - EXPANDED FREE PRIMARY CARE CLINIC VISITS PROVIDED PRIMARILY THROUGH DIRECT FUNDING PROVIDED TO THE UNIVERSITY OF OKLAHOMA'S BEDLAM CLINICS, GOOD SAMARITAN MOBILE CLINICS AND TEN OTHER FREE CLINICS. THESE CLINICS HAVE BEEN ABLE TO SIGNIFICANTLY EXPAND THE NUMBER OF PRIMARY AND URGENT CARE PATIENT ENCOUNTERS EACH YEAR WITH THE ADDITIONAL FUNDING PROVIDED THROUGH MAP - PROVISION OF FREE DIAGNOSTIC IMAGING FOR ELIGIBLE PATIENTS TO RECEIVE FREE DIAGNOSTIC IMAGING SERVICES, INCLUDING BASIC X-RAY, CT, ULTRASOUND AND MRI - EXPANSION OF ACCESS TO FREE MEDICAL SERVICES BY REOPENING OR EXPANDING CLINICS REPRESENTING 23 SPECIALTY SERVICES IN COLLABORATION WITH UNIVERSITY OF OKLAHOMA AND OTHER PARTIES AND BY DIRECT REFERRALS FROM THE PRIMARY CARE CLINICS TO PRIVATE PHYSICIANS. EXAMPLES WOULD BE TREATMENT OF PATIENTS WITH CANCER DIAGNOSES, AND OTHER LIFE THREATENING ILLNESSES OR INJURIES. EXPANSION OF THIS REFERRAL PROGRAM CONTINUES - EXPANSION OF ACCESS TO FREE PRESCRIPTIONS AND OTHER MEDICATIONS IN COLLABORATION WITH THE PRIMARY CARE CLINICS AND OTHER PARTNERS - OPERATION OF A "MEDICAL HOME" CLINIC FOR UNINSURED PATIENTS AS PART OF THE MAP INITIATIVE. IT IS HOPED THAT MAP CAN CONTINUE TO GROW AND SERVE AS A MODEL FOR COLLABORATION AND OUTREACH THAT CANNOT ONLY BE USED TO PROVIDE MORE EFFECTIVE HEALTH CARE IN TULSA TO ITS MOST NEEDY CITIZENS, BUT ALSO SERVE AS A MODEL FOR OTHER COMMUNITIES.</p> <p>ST. JOHN HOSPITALS ALSO PARTICIPATED IN A PROGRAM SPONSORED BY THE TULSA MEDICAL SOCIETY TO PROVIDE FREE SURGICAL SERVICES TO CERTAIN PATIENTS.</p> <p>MEDICAL EDUCATION (SUBPART D OF ACCESS TO SERVICES). AS DESCRIBED ABOVE, THE MEDICAL CENTER PARTICIPATES IN A CITY-WIDE RESIDENT TRAINING PROGRAM ADMINISTERED BY THE UNIVERSITY OF OKLAHOMA TULSA SCHOOL OF COMMUNITY MEDICINE AND THE TULSA MEDICAL EDUCATION FOUNDATION. THE MEDICAL CENTER IS AN ENTITY WHICH HOSTS THE INTERNAL MEDICINE AND SURGICAL RESIDENCY PROGRAMS. IT ALSO HOSTS AND PROVIDES FINANCIAL SUPPORT FOR THE "IN HIS IMAGE" FAMILY MEDICINE RESIDENCY PROGRAM. THE MEDICAL CENTER PROVIDES ANNUAL FINANCIAL SUPPORT TO THE TULSA MEDICAL EDUCATION FOUNDATION TO FURTHER ITS EDUCATIONAL ACTIVITIES.</p>

Return Reference	Explanation	
	Form 990, Part III, Line 4a	<p>THE MEDICAL CENTER ALSO SUPPORTS THE INITIATIVES OF THE TULSA HOSPITAL COUNCIL TO PROVIDE FINANCIAL SUPPORT TO EXPAND ENROLLMENTS IN AREA ALLIED HEALTH AND NURSING EDUCATION PROGRAMS. THE MEDICAL CENTER MAINTAINS AFFILIATIONS WITH A NUMBER OF AREA MEDICAL EDUCATION FACILITIES AND ORGANIZATIONS TO PROMOTE THE OFFERING AND ENHANCEMENT OF BASIC AND CONTINUING MEDICAL, NURSING AND ALLIED HEALTH EDUCATION. EDUCATIONAL AFFILIATIONS FOR TRAINING OF NON-PHYSICIAN MEDICAL PERSONNEL INCLUDE THE FOLLOWING INSTITUTIONS: UNIVERSITY OF OKLAHOMA, LANGSTON UNIVERSITY, UNIVERSITY OF TULSA, ROGERS STATE COLLEGE, OKLAHOMA STATE UNIVERSITY, AND SEVERAL OTHER INSTITUTIONS. THE MEDICAL CENTER MAINTAINS A CONTINUING EDUCATION PROGRAM WHICH IS ACCREDITED TO AWARD CATEGORY I EDUCATION CREDITS TO PARTICIPATING PHYSICIANS. JANE PHILLIPS, THROUGH JANE PHILIPS MEMORIAL MEDICAL CENTER, ALSO PARTICIPATES IN MEDICAL EDUCATION ACTIVITIES BY PROVIDING FINANCIAL SUPPORT TO TULSA MEDICAL EDUCATION FOUNDATION AND ACCEPTING ROTATIONAL ASSIGNMENTS FOR CERTAIN RESIDENTS AND BY PROVIDING FINANCIAL SUPPORT TO AREA SCHOOLS TO SUPPORT NURSING EDUCATION. OTHER COMMUNITY BENEFIT AND OUTREACH ACTIVITIES: THE ST. JOHN SYSTEM AND THE MEDICAL CENTER PROVIDE OTHER FORMS OF COMMUNITY BENEFIT IN THE FORM OF FREE, OR REDUCED-CHARGE EDUCATIONAL SEMINARS FOR THE GENERAL PUBLIC ON WIDESPREADING TOPICS FROM PRENATAL CARE TO CHRONIC DISEASE MANAGEMENT. THE MEDICAL CENTER PARTICIPATES IN COMMUNITY-WIDE HEALTH SCREENING EVENTS, BLOOD DONATION DRIVES, AND A NUMBER OF OTHER OUTREACH ACTIVITIES TO IMPROVE THE HEALTH STATUS OF THE RESIDENTS OF NORTHEASTERN OKLAHOMA AND THE SURROUNDING AREA. A SPECIAL EMPHASIS DURING THIS FISCAL YEAR WAS IN THE AREA OF CANCER CARE. IN ADDITION TO BECOMING RECOGNIZED AS A MEMBER OF THE MD ANDERSON CANCER NETWORK, ST. JOHN MEDICAL CENTER, INC. CONDUCTED SEVERAL OUTREACH EVENTS FOR COMMUNITY AND CLINICAL EDUCATION PURPOSES, AS WELL AS IN SUPPORT OF FUNDRAISING FOR ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY. ONGOING COMMUNITY INPUT: IN ADDITION TO THE MANY ORGANIZATIONS WITH WHICH ST. JOHN HEALTH SYSTEM, INC. ENGAGES IN THE COMMUNITY, THE MEDICARE SHARED SAVINGS PROGRAM HAS SOUGHT COMMUNITY FEEDBACK BY INCLUDING TWO PATIENTS WHO ARE MEDICARE BENEFICIARIES ON THE ACCOUNTABLE CARE ORGANIZATION'S BOARD AND MAINTAINS A SEAT DESIGNATED FOR A HEALTH DEPARTMENT REPRESENTATIVE ON ONE OF THE PRIMARY COMMITTEES. ALSO, IN OCTOBER 2014, ST. JOHN HEALTH SYSTEM, INC. SUPPORTED THE FORMATION OF THE PATHWAYS TO HEALTH COMMUNITY FOUNDATION, A NON-PROFIT CREATED TO SUPPORT FUNDRAISING AND GRANT SUBMISSIONS FOR THE PATHWAYS TO HEALTH COMMUNITY COALITION PARTNERS, WITH THE GOAL OF IMPROVING THE HEALTH STATUS OF RESIDENTS IN THE REGION. ST. JOHN HEALTH SYSTEM, INC. HOSTED THE MONTHLY BOARD MEETINGS THROUGH THE REMAINDER OF THE FISCAL YEAR. ACCESS TO HEALTH INSURANCE COVERAGE: BETWEEN SEPTEMBER 2014 AND FEBRUARY 2015, ST. JOHN ENGAGED A TOTAL OF 772 INDIVIDUALS IN DISCUSSIONS ABOUT THE HEALTH INSURANCE MARKETPLACE AND REFERRED THEM TO ENROLLMENT ASSISTANCE. - OF THOSE 772 INDIVIDUALS, 643 WERE ENGAGED IN DISCUSSIONS ABOUT THE ENROLLMENT PROCESS DURING ONE OF OUR HEALTH MINISTRY'S 24 ONSITE OR COMMUNITY OUTREACH EVENTS HELD BETWEEN SEPTEMBER 2014 AND FEBRUARY 2015. THESE CONSUMERS WERE ALSO INFORMED ABOUT ST. JOHN HEALTH SYSTEM, INC.'S FINANCIAL ASSISTANCE PROGRAM. - THE REMAINING 129 CONSUMERS WHO WERE SEEKING INFORMATION ABOUT THE MARKETPLACE SPOKE TO OUR HEALTH MINISTRY'S CONTRACTED CERTIFIED APPLICATION COUNSELORS WITH MIDLAND GROUP OVER THE PHONE ABOUT THE ENROLLMENT PROCESS. IF THE CALLER DID NOT SCHEDULE AN ENROLLMENT ASSISTANCE APPOINTMENT, THEY WERE EITHER INQUIRING ABOUT WHAT PLANS ST. JOHN HEALTH SYSTEM, INC. TAKES, WHETHER THEY QUALIFIED FOR A TAX CREDIT, OR ASKED ABOUT GENERAL INFORMATION, BUT DID NOT WANT TO SET UP AN APPOINTMENT AT THAT TIME. - ST. JOHN'S CONTRACTED CERTIFIED APPLICATION COUNSELORS, THROUGH MIDLAND GROUP, ASSISTED 40 CONSUMERS WITH NAVIGATION ACTIVITIES DURING THE ENROLLMENT PERIOD. - ST. JOHN PRODUCED AND DISTRIBUTED EDUCATIONAL SIGNAGE, FLIERS, AND CARDS TO 119 LOCATIONS WITHIN THE HEALTH SYSTEM (INCLUDING SPECIALTY CLINICS - ST. JOHN CLINIC, SOME NURSING FLOORS AT ST. JOHN MEDICAL CENTER, INC., PATIENT ADMISSIONS AND FINANCIAL COUNSELING AT ALL HOSPITALS, INPATIENT AND OUTPATIENT SPECIALTY DEPARTMENTS AT ALL HOSPITALS, HOSPITAL EMERGENCY DEPARTMENTS, AND MAIN LOBBY AND HIGH TRAFFIC AREAS WITHIN ALL HOSPITALS). THESE MATERIALS ALSO INFORMED CONSUMERS ABOUT ST. JOHN HEALTH SYSTEM, INC.'S FINANCIAL ASSISTANCE PROGRAM. OTHER PROGRAM SERVICE ACCOMPLISHMENTS: AS PREVIOUSLY DISCUSSED, THE ST. JOHN SYSTEM IS ORGANIZED AND OPERATED TO PROVIDE MEDICAL EXCELLENCE AND COMPASSIONATE CARE TO THE CITIZENS OF NORTHEASTERN OKLAHOMA, WITH A SPECIAL PREFERENCE FOR THE POOR AND DISADVANTAGED. SUMMARY: THE ST. JOHN SYSTEM'S ROLE AS ONE OF THE SIGNIFICANT SAFETY-NET HEALTH CARE PROVIDERS FOR THE REGION CONTINUES TO GROW IN PROMINENCE. ST. JOHN REI</p>

Return Reference	Explanation	
	Form 990, Part III, Line 4a	<p>NVESTS 100% OF ANY PROFITS DERIVED INTO NEW AND EXPANDED SERVICES TO THE COMMUNITY THE ST JOHN SYSTEM IS VERY PROUD OF ITS HISTORY OF SERVICE TO THE COMMUNITY AND VIEWS ITS RESPONSIBILITY TO CONTINUE TO PROVIDE MEDICAL SERVICES TO EVERYONE, ESPECIALLY THE POOR AND DISADVANTAGED, VERY SERIOUSLY AS THE ST JOHN SYSTEM CONTINUES TO FACE GROWING FINANCIAL CHALLENGES, IT BECOMES INCREASINGLY DIFFICULT TO SUSTAIN OUR MISSION OF SERVICE. NEVERTHELESS, WE BELIEVE THAT THE QUANTIFIABLE COMMUNITY BENEFIT, AS WELL AS THE MANY OTHER AREAS OF SERVICE PROVIDED BY THE ST JOHN SYSTEM AND IDENTIFIED IN 2015, CONTINUE A SOUND RECORD OF STEWARDSHIP AND A SIGNIFICANT CONTRIBUTION TO THE WELL-BEING OF BOTH THE COLLECTIVE COMMUNITIES AND THE INDIVIDUALS WITHIN THOSE COMMUNITIES WE SERVE. THE MEDICAL CENTER IS AN IMPORTANT COMPONENT OF ST JOHN HEALTH SYSTEM, INC.</p>

Return Reference	Explanation
Form 990, Part IV, Line 20b Explanation of Financial Statements	The activity of St. John Medical Center, Inc. (SJMC) is reported in the consolidated financial statements of Ascension Health Alliance. No individual audit of SJMC is completed. Therefore, the attached audited financial statements are of Ascension Health Alliance, which include the activity of SJMC.

Return Reference	Explanation
Form 990, Part V, Line 1a STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE	THE NUMBER OF INDEPENDENT CONTRACTORS DURING THE TAX YEAR FOR THE FILING ORGANIZATION AND ALL OTHER ENTITIES WITHIN THE ST JOHN MEDICAL CENTER, INC MASTER PAY GROUP ARE REFLECTED IN PART V, LINE 1A OF THE FILING ORGANIZATION COMPENSATION FOR INDEPENDENT CONTRACTORS IS REPORTED ON FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U S INFORMATION RETURNS, OF ST JOHN MEDICAL CENTER, INC (SJMC), EIN 73-0579286 EXPENSES FROM ALL ENTITIES IN THE SJMC MASTER PAY GROUP ARE ALLOCATED TO AND REIMBURSED BY THE FILING ORGANIZATION TO SJMC AND ARE REPORTED ON FORM 990, PART VII, SECTION B AND PART IX BY THE RESPECTIVE FILING ORGANIZATION THAT INCURRED THE EXPENSE THE SALARIES REFLECTED ON FORM 990 WERE ALL REPORTED ON FORM 941, EMPLOYER'S QUARTERLY FEDERAL TAX RETURN OF ST JOHN MEDICAL CENTER, INC THESE SALARIES WERE REIMBURSED TO SJMC BY THE FILING ORGANIZATION AND WERE INCLUDED IN THE NUMBER OF EMPLOYEES ON SJMC'S CALENDAR YEAR 2014 FORM W-3 THE NUMBER OF EMPLOYEES REPORTED ON PART V, LINE 2A OF FORM 990 BY THE FILING ORGANIZATION REPRESENTS THE NUMBER OF EMPLOYEES PROVIDING SERVICES TO THE FILING ORGANIZATION DURING CALENDAR YEAR 2014

Return Reference	Explanation
Form 990, Part VI, Line 2 BUSINESS/FAMILY RELATIONSHIPS AMONGST INTERESTED PERSONS	MANY OF THE PERSONS LISTED ON PART VII HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF EMPLOYMENT BY ST JOHN HEALTH SYSTEM, INC RELATED ENTITIES

Return Reference	Explanation
Form 990, Part VI, Line 15 COMPENSATION	COMPENSATION FOR ALL EXECUTIVES IN ST JOHN HEALTH SYSTEM, INC ("SJHS"), OF WHICH ST JOHN MEDICAL CENTER, INC IS A PART, IS ANALYZED BY AN INDEPENDENT HEALTH CARE CONSULTING FIRM THE ANALYSIS INCLUDES A FAIR MARKET VALUE ASSESSMENT AND ESTABLISHMENT OF A RANGE FOR EACH POSITION BASED ON RESEARCH OF COMPARABLE HEALTH CARE SYSTEMS OF SIMILAR SIZE THE REPORT AND RECOMMENDED COMPENSATION LEVELS FOR EACH EXECUTIVE MANAGEMENT POSITION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE SJHS BOARD OF DIRECTORS DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	St John Medical Center, Inc has a single corporate member, St John Health System, Inc

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	St John Medical Center, Inc has a single corporate member, St John Health System, Inc , w ho has the ability to elect members to the governing body of St John Medical Center, Inc

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	All decisions that have a material impact to St John Medical Center, Inc financial information or corporation as a whole are subject to approval by its sole corporate member, St John Health System, Inc Ascension Health, the sole corporate member of St John Health System, Inc , has designated a system authority matrix which assigns authority for key decisions that are necessary in the operation of the System Specific areas that are identified in the authority matrix are new organizations and major transactions, governing documents, appointments/removals, evaluations, debt limits, strategic and financial plans, assets, and system policies and procedures These areas are subject to certain levels of approval by Ascension Health per the system authority matrix

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	St John Medical Center, Inc (SJMC) is an affiliate of St John Health System, Inc (SJHS) SJHS has hired a third party preparer experienced in the preparation of Form 990 to assist in the preparation of the return The Vice President/Chief Financial Officer and SJHS personnel will work closely with the paid preparer in gathering the information for the return and will perform the initial detailed review of the return A copy of the return will be provided to all voting Board Members of the filing Organization prior to filing

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>At every fiscal year end, St John Health System, Inc (SJHS) distributes a copy of the current Conflict of Interest Policy and Procedure Bulletin, together with an explanation and questionnaire to the members of the Board of Directors, administrative officers and key employees of SJHS, its subsidiaries and affiliates, including St John Medical Center, Inc The Board Members, administrative officers and key employees of SJHS, its subsidiaries and affiliates must complete the questionnaire and return it to the designated SJHS official within two weeks of receipt Completed questionnaires are reviewed and summarized by the Vice President, Corporate Compliance and Integrity, or his/her designee That individual then presents the questionnaire results to the heads of each hospital for further provision to the various boards' Audit and Compliance Committees The Audit and Compliance Committees, as appropriate, submit a confidential report to their Board Chairman summarizing the questionnaire results The Board Chairman, as appropriate, may review with the Executive Committee the responses to the questionnaire results Members of a committee with governing board delegated powers annually sign a statement which affirms such person has received a copy of the Conflict of Interest Policy, has read and understands the Policy, has agreed to comply with the Policy, and understands that the Organization is charitable and, in order to maintain its federal tax exemption, it must engage primarily in activities which accomplish its tax-exempt purpose</p>

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The Organization will provide any documents open to public inspection upon request

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Occupational Rehab Consult - Total Revenue 19100, Related or Exempt Function Revenue 0, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 19100, Remote ECG Quality Control - Total Revenue 16973, Related or Exempt Function Revenue 0, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 16973, Remote Computer ECG's - Total Revenue 13358, Related or Exempt Function Revenue 0, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 13358, Other Revenue-trt - Total Revenue 4688, Related or Exempt Function Revenue 0, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 4688, Holter Scan Other Hosp - Total Revenue 3679, Related or Exempt Function Revenue 0, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 3679, SJMC Other Revenue - Total Revenue 2658, Related or Exempt Function Revenue 0, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 2658, Service Revenue - Total Revenue -2366, Related or Exempt Function Revenue 0, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 -2366, Department of Religion - Total Revenue 380, Related or Exempt Function Revenue 0, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 380, Other Revenue - Total Revenue 88, Related or Exempt Function Revenue 0, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 88,

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	MISCELLANEOUS INCOME - Total Revenue 288314, Related or Exempt Function Revenue 288314, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , VENDING MACHINE REVENUE - Total Revenue 129770, Related or Exempt Function Revenue 129770, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Medical Services - Total Expense 32863057, Program Service Expense 32660800, Management and General Expenses 202257, Fundraising Expenses 0, Contract Services - Total Expense 13470343, Program Service Expense 13380266, Management and General Expenses 90077, Fundraising Expenses 0, Professional Services - Total Expense 25820699, Program Service Expense 25573533, Management and General Expenses 247166, Fundraising Expenses 0, RML Purchased Services - Total Expense 8209805, Program Service Expense 8209805, Management and General Expenses 0, Fundraising Expenses 0, Ground Transport - Total Expense 362824, Program Service Expense 362824, Management and General Expenses 0, Fundraising Expenses 0, Management Fee - Total Expense 185745, Program Service Expense 185745, Management and General Expenses 0, Fundraising Expenses 0, Other - Total Expense 168756, Program Service Expense 164334, Management and General Expenses 4422, Fundraising Expenses 0,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	OTHER CHANGES IN NET ASSETS - -1175385,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
St John Medical Center Inc

Employer identification number
73-0579286

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on 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) ST JOHN DIALYSIS LLC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1594503	DIALYSIS	OK	0	0	ST JOHN MEDICAL CENTER INC
(2) ST JOHN HOME CARE LLC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 36-4662704	HEALTH CARE	OK	0	0	ST JOHN MEDICAL CENTER INC

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on 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
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on 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) Disproprtionate 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) Platinum Health & Fitness LLC 4804 SOUTH 109TH EAST AVENUE TULSA, OK 74146 20-1879493	HEALTH CLUB	OK	NA	N/A								
(2) UTICAUSP TULSA LLC 15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 27-0408231	MEDICAL SERVICES	TX	NA	N/A								

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on 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
See Additional Data Table									

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

No

Yes

Yes

Yes

No

No

No

No

Yes

Yes

Yes

No

Yes

Yes

Yes

No

No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2014

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 sections 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	

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 73-0579286

Name: St John Medical Center Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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) ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 631455998 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3	Type I	NA		No
(1) ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO 631455998 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3	Type I	ASCENSION HEALTH ALLIANCE		No
(2) ST JOHN HEALTH SYSTEM INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1215174	SYSTEM PARENT	OK	501(c)(3	Type I	ASCENSION HEALTH		No
(3) ST JOHN SAPULPA INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0662663	HEALTH CARE	OK	501(c)(3	3	ST JOHN HEALTH SYSTEM INC	Yes	
(4) JANE PHILLIPS NOWATA HOSPITAL INC 237 SOUTH LOCUST NOWATA, OK 74048 73-1440267	HEALTH CARE	OK	501(c)(3	3	JANE PHILLIPS MEMORIAL MEDICAL CENTER	Yes	
(5) JANE PHILLIPS MEMORIAL MEDICAL CENTER 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-0606129	HEALTH CARE	OK	501(c)(3	3	ST JOHN HEALTH SYSTEM INC	Yes	
(6) JANE PHILLIPS HEALTH CARE FOUNDATION 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1250611	RURAL HEALTH CLINICS	OK	501(c)(3	3	JANE PHILLIPS MEMORIAL MEDICAL CENTER	Yes	
(7) BARTLETT HOMES INC 1008 E CLEVELAND SAPULPA, OK 74066 73-1301822	HUD HOUSING	OK	501(c)(3	7	ST JOHN VILLAS INC	Yes	
(8) BETHEL MANOR INC 619 S DIVISION SAPULPA, OK 74066 73-1216617	HUD HOUSING	OK	501(c)(3	7	ST JOHN VILLAS INC	Yes	
(9) ST JOHN BUILDING CORPORATION 1923 SOUTH UTICA AVENUE TULSA, OK 74104 61-1659782	REAL ESTATE	OK	501(c)(2		ST JOHN HEALTH SYSTEM INC	Yes	
(10) ST JOHN HEALTH SYSTEM FOUNDATION INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1133139	HEALTH CARE	OK	501(c)(3	7	ST JOHN HEALTH SYSTEM INC	Yes	
(11) ST JOHN VILLAS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1077367	NURSING HOME	OK	501(c)(3	9	ST JOHN HEALTH SYSTEM INC	Yes	
(12) OWASSO MEDICAL FACILITY INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3700131	HEALTH CARE	OK	501(c)(3	3	ST JOHN HEALTH SYSTEM INC	Yes	
(13) ST JOHN BROKEN ARROW INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 38-3833117	HEALTH CARE	OK	501(c)(3	3	ST JOHN HEALTH SYSTEM INC	Yes	
(14) ST JOHN AUXILIARY INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0999759	HEALTH CARE	OK	501(c)(3	9	ST JOHN HEALTH SYSTEM INC	Yes	
(15) ST TERESA OF AVILA VILLA INC 6859 SOUTH CANTON AVENUE TULSA, OK 74136 20-4791422	HUD HOUSING	OK	501(c)(3	7	ST JOHN VILLAS INC	Yes	
(16) COMMUNITYCARE GOVERNMENT PROGRAMS INC 218 W 6TH STREET TULSA, OK 74119 47-2532880	HEALTH INSURANCE	OK	501(c)(3		NA		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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							
UTICA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650	MEDICAL SERVICES	OK	NA	C Corporation				No
REGIONAL MEDICAL LABORATORIES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1131608	MEDICAL SERVICES	OK	NA	C Corporation				No
PHYSICIAN SUPPORT SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1437252	MEDICAL SERVICES	OK	NA	C Corporation				No
OMNI MEDICAL GROUP INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1335536	MEDICAL SERVICES	OK	NA	C Corporation				No
ST JOHN URGENT CARE CLINICS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-4990275	MEDICAL SERVICES	OK	NA	C Corporation				No
ST JOHN ANESTHESIA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3690446	MEDICAL SERVICES	OK	NA	C Corporation				No
ST JOHN PHYSICIANS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1321032	MEDICAL SERVICES	OK	NA	C Corporation				No
CERES MEDICAL PRACTICE INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1522656	MEDICAL SERVICES	OK	NA	C Corporation				No
GEMINI MEDICAL GROUP INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1503529	MEDICAL SERVICES	OK	NA	C Corporation				No
JANE PHILLIPS SPECIALTY PHYSICIANS INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 01-0879962	MEDICAL SERVICES	OK	NA	C Corporation				No
SYNERGY HOSPITALIST GROUP INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 30-0375404	MEDICAL SERVICES	OK	NA	C Corporation				No
JANE PHILLIPS SUPPORT SERVICES INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1530296	HOLDING COMPANY	OK	NA	C Corporation				No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Ascension Health	Q	174,190	FMV
Ascension Health	M	3,262,693	FMV
Ascension Health	Q	538,976	FMV
Ascension Health	L	662,207	FMV
Jane Phillips Nowata Hospital Inc	L	681,657	FMV
Jane Phillips Memorial Medical Center	O	438,564	FMV
Jane Phillips Memorial Medical Center	Q	22,203,130	FMV
Jane Phillips Memorial Medical Center	L	34,411,820	FMV
OMNI MEDICAL GROUP INC	B	1,261,284	FMV
Owasso Medical Facility Inc	O	12,068,974	FMV
Owasso Medical Facility Inc	Q	30,529,715	FMV
Owasso Medical Facility Inc	L	7,694,433	FMV
St John Broken Arrow Inc	O	14,794,360	FMV
St John Broken Arrow Inc	Q	47,208,506	FMV
St John Broken Arrow Inc	L	20,011,589	FMV
St John Broken Arrow Inc	B	56,310	FMV
St John Building Corporation	D	87,433	FMV
St John Building Corporation	O	845,118	FMV
St John Building Corporation	Q	1,723,767	FMV
St John Building Corporation	K	939,537	FMV
St John Building Corporation	L	19,933,508	FMV
St John Physicians Inc	B	276,003	FMV
St John Health System Inc	E	17,209,498	FMV
St John Health System Inc	O	183,371,342	FMV
St John Health System Inc	P	134,836,195	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
St John Health System Inc	L	115,123,233	FMV
St John Health System Foundation Inc	O	463,762	FMV
St John Health System Foundation Inc	Q	244,010	FMV
St John Health System Foundation Inc	L	299,370	FMV
St John Health System Foundation Inc	C	366,907	FMV
St John Sapulpa Inc	O	8,764,539	FMV
St John Sapulpa Inc	Q	19,909,478	FMV
St John Sapulpa Inc	L	6,023,028	FMV
St John Villas Inc	D	2,046,023	FMV
St John Villas Inc	O	4,812,213	FMV
St John Villas Inc	Q	7,685,851	FMV
St John Villas Inc	L	3,514,667	FMV
Utica Services Inc	O	124,083,592	FMV
Utica Services Inc	Q	34,560,197	FMV
Utica Services Inc	K	835,478	FMV
Utica Services Inc	M	40,907,574	FMV