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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

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 Health System Foundation Inc

Doing business as
St John Medical Center Foundation

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

D Employer identification number
73-1133139

E Telephone number
(918)744-2180

G Gross receipts $ 4,711,985

F Name and address of principal officer
Richard Boone
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 1981 | **M** State of legal domicile OK

Part I Summary

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 ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	2
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	2
6	Total number of volunteers (estimate if necessary)	**6**	2
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,230,243	3,833,881
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-154,055	849,379
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-77,815	-60,333
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,998,373	4,622,927
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,823,028	524,293
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)	347,287	468,191
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶313,058		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	84,110	53,572
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,254,425	1,046,056
19	Revenue less expenses Subtract line 18 from line 12	-1,256,052	3,576,871
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	24,959,154	29,645,263
21	Total liabilities (Part X, line 26)	411,348	2,392,129
22	Net assets or fund balances Subtract line 21 from line 20	24,547,806	27,253,134

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	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Meghann Ackley	Meghann Ackley			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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

To support St John Medical Center, Inc and St John Health System, Inc in their mission to continue the healing ministry of Jesus Christ by providing medical excellence and compassionate care to all who need it with a special emphasis for the poor and powerless

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 628,647 including grants of $ 524,293) (Revenue $ 0)

ST JOHN HEALTH SYSTEM, INC ("ST JOHN") IS A WHOLLY OWNED SUBSIDIARY OF NON-PROFIT ASCENSION HEALTH ST JOHN AND AFFILIATES OWN AND OPERATE A COMPREHENSIVE TERTIARY HEALTH CARE DELIVERY SYSTEM WHICH PROVIDES A FULL SPECTRUM OF HEALTH-RELATED SERVICES THROUGHOUT NORTHEASTERN OKLAHOMA ST JOHN, HEADQUARTERED IN TULSA, OKLAHOMA, CONDUCTS ITS OPERATIONS THROUGH SEVERAL WHOLLY-OWNED OR WHOLLY-CONTROLLED SUBSIDIARIES, INCLUDING ST JOHN MEDICAL CENTER, INC (THE "MEDICAL CENTER"), ST JOHN SAPULPA, INC ("ST JOHN SAPULPA"), JANE PHILLIPS MEMORIAL MEDICAL CENTER ("JANE PHILLIPS"), UTICA SERVICES, INC ("UTICA"), ST JOHN VILLAS, INC ("ST JOHN VILLAS"), OWASSO MEDICAL FACILITY, INC ("ST JOHN OWASSO"), ST JOHN HEALTH SYSTEM FOUNDATION, INC ("ST JOHN FOUNDATION"), 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 (CONTINUED ON SCHEDULE O)

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

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

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

4e **Total program service expenses** ▶ 628,647

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		No
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	Yes	
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	Yes	
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		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**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 . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
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	2		
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? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
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?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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	**1a**	4		
	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	**1b**	2		
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

1923 South Utica Avenue
Tulsa, OK 741046502 (918)744-2740

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

Check if Schedule O contains a response 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) RICHARD BOONE	24 00									
PRESIDENT	16 00	X		X				397,451	0	16,262
(2) DAVID J PYNN	0 10									
VICE PRESIDENT/PRESIDENT & CEO SJHS	42 50	X		X				0	1,572,179	37,529
(3) ROBERT J LAFORTUNE	0 80									
CHAIRPERSON	1 60	X						0	0	0
(4) MILANN SIEGFRIED	0 50									
VICE CHAIR	1 40	X						0	0	0
(5) LEX ANDERSON	0 10									
Secretary/Treasurer/Senior VP, SJHS CFO	52 30			X				0	776,293	14,350

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			

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	397,451	2,348,473	68,141

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 ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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

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 ▶ 0

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	379,540			
	d	Related organizations . . .	1d	510,000			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,944,341			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		3,833,881			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		0			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		671,740	0	0	671,740
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	177,639				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	177,639	0			
	d	Net gain or (loss) . . . . . ▶			177,639	0	0	177,639
Other Revenue	8a	Gross income from fundraising events (not including $ 379,540 of contributions reported on line 1c) See Part IV, line 18 . . a		28,725			
	b	Less direct expenses . . . b		89,058			
	c	Net income or (loss) from fundraising events . . ▶			-60,333		0	-60,333
	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						
	b						
	c						
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d . . . . . ▶			0			
	12	**Total revenue.** See Instructions . . . . . ▶			4,622,927	0	0	789,046

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	524,293	524,293		
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	249,020	49,804	49,804	149,412
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	163,561	32,712	32,712	98,137
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,004	3,001	3,001	9,002
9 Other employee benefits	23,390	4,678	4,678	14,034
10 Payroll taxes	17,216	3,443	3,443	10,330
11 Fees for services (non-employees)				
a Management				
b Legal	431	86	86	259
c Accounting	11,341	2,268	2,268	6,805
d Lobbying				
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)	9,763	1,953	1,953	5,857
12 Advertising and promotion	1,065	213	213	639
13 Office expenses				
14 Information technology	73	15	14	44
15 Royalties				
16 Occupancy				
17 Travel	2,554	511	511	1,532
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	25	5	5	15
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	6,792	1,359	1,358	4,075
b INVESTMENT MANAGEMENT FEES	2,327	466	465	1,396
c Bank Service Charge	9,786	1,957	1,957	5,872
d Planned Giving	3,000	600	600	1,800
e All other expenses	6,415	1,283	1,283	3,849
25 **Total functional expenses.** Add lines 1 through 24e	1,046,056	628,647	104,351	313,058
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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		1,914,531	1	314,735
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		2,913,486	3	2,897,791
	4	Accounts receivable, net			4	
	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			8	
	9	Prepaid expenses and deferred charges		4,724	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 15,834			
	b	Less accumulated depreciation	10b 0	15,834	10c	15,834
	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		19,487,701	13	26,416,903
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		622,878	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		24,959,154	16	29,645,263
Liabilities	17	Accounts payable and accrued expenses		78,003	17	74,542
	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		333,345	25	2,317,587
	26	**Total liabilities.** Add lines 17 through 25		411,348	26	2,392,129
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,513,006	27	5,909,513
	28	Temporarily restricted net assets		10,034,800	28	11,343,621
	29	Permanently restricted net assets		10,000,000	29	10,000,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		24,547,806	33	27,253,134
	34	Total liabilities and net assets/fund balances		24,959,154	34	29,645,263

Part XI Reconcilliation 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	4,622,927
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,046,056
3	Revenue less expenses Subtract line 2 from line 1	3	3,576,871
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,547,806
5	Net unrealized gains (losses) on investments	5	630,813
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	-1,502,356
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,253,134

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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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 Health System Foundation Inc

Employer identification number
73-1133139

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 ")	2,425,305	6,068,027	1,270,179	3,230,243	2,689,106	15,682,860
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	2,425,305	6,068,027	1,270,179	3,230,243	2,689,106	15,682,860
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)						4,827,408
6 **Public support.** Subtract line 5 from line 4						10,855,452

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	2,425,305	6,068,027	1,270,179	3,230,243	2,689,106	15,682,860
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	654,786	644,288	607,832	28,062	73,901	2,008,869
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)	0	0	0	0	0	0
11 **Total support** Add lines 7 through 10						17,691,729

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**	61 36 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	**15**	48 36 %

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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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.*	1		
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.*	2		

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).*	1		

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?	1		
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).*	2		
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.*	3		

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** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **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.*	2a		
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.*	2b		
3	Parent of Supported Organizations **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.*	3a		
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.*	3b		

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	☐ 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 A, Part II Sch A Part II	Effective April 1, 2013, St John Health System, Inc , the parent of the filing organization, was acquired by Ascension Health Ascension Health is a subsidiary of Ascension Health Alliance As part of the acquisition, the Organization changed its tax year to June 30 in order to align with the tax year of Ascension Health Amounts represented on Schedule A, Part II for the 2012 tax year represent the short period October 1, 2012 through June 30, 2013

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (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 Health System Foundation Inc

Employer identification number
73-1133139

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? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part 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 ▶ $ _____

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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

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

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		15,834		15,834
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				15,834

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Board Designated Investments		
(2) Restricted Assets		
(3) Donor Restricted Funds	18,441,501	C
(4) Other LT Investment Securities		
(5) LT INVESTMENT IN FOUNDATION	7,975,402	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	26,416,903	

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Miscellaneous Liabilities	49,279
Intercompany Payables	
Due To Network	2,268,308
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,317,587

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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 Health System Foundation, 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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (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 Health System Foundation Inc

Employer identification number
73-1133139

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

		(a) Event #1 Angel Tree Fund (event type)	(b) Event #2 Street Party (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	8,305	399,960		408,265
	2 Less Contributions	8,305	371,235		379,540
	3 Gross income (line 1 minus line 2)	0	28,725	0	28,725
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,823	78,235		89,058
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(89,058)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-60,333

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
St John Health System Foundation Inc

Employer identification number
73-1133139

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
(1) Trauma Fellowship OF Oklahoma Inc 2424 E 21st St Suite 321 Tulsa,OK 741171711	27-0534678	501(c)(4)	89,250				Fellowship Funding
(2) St John Building Corporation 1923 South Utica Avenue Tulsa,OK 741046520	73-1559561	501(C)(2)	68,136				Mingo Site Improvement
(3) St John Medical Center Inc 1923 South Utica Avenue Tulsa,OK 741046520	73-1369680	501(C)(3)	366,907				Street Party Fundraiser

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

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	St John Health System Foundation, Inc provides financial support for the operation and continued growth of St John Health System, Inc Foundation funds have been used to help build and equip a new pediatric intensive care unit, build a kidney dialysis center in an underserved part of town and expand other services The Foundation determines the amount of funds provided on an annual basis
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	St John Health System Foundation, Inc provides financial support for the operation and continued growth of St John Health System, Inc Foundation funds have been used to help build and equip a new pediatric intensive care unit, build a kidney dialysis center in an underserved part of town and expand other services The Foundation determines the amount of funds provided on an annual basis

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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 Health System Foundation Inc

Employer identification number
73-1133139

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes 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	**1b**		
2	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?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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				
1 RICHARD BOONE PRESIDENT	(i)	294,266	60,479	42,706	0	16,262	413,713	27,215
	(ii)	0	0	0	0	0	0	0
2 DAVID J PYNN VICE PRESIDENT/PRESIDENT & CEO SJHS	(i)	0	0	0	0	0	0	0
	(ii)	804,787	589,299	178,093	7,800	29,729	1,609,708	127,917
3 LEX ANDERSON Secretary/Treasurer/Senior VP, SJHS CFO	(i)	0	0	0	0	0	0	0
	(ii)	525,210	102,804	148,280	0	14,350	790,643	122,183

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 COMPENSATION	ASCENSION HEALTH, A RELATED ORGANIZATION OF ST JOHN HEALTH SYSTEM FOUNDATION, INC , USES THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT & CEO - 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 Lex Anderson - $122,183 Richard Boone - $27,215 David J Pynn - $127,917
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

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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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
St John Health System Foundation Inc	73-1133139

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 1	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. ST JOHN'S FUNDRAISING ACTIVITIES ARE CONDUCTED THROUGH ST JOHN HEALTH CARE FOUNDATION, INC , A CHARITABLE FOUNDATION WHICH SEEKS GIFTS, BEQUESTS, AND ENDOWMENTS, ALL OF WHICH ARE USED IN FURTHERANCE OF ST JOHN'S CHARITABLE ACTIVITIES IN FISCAL YEAR 2015, THE ST JOHN SYSTEM PROVIDED HOSPITAL-BASED SERVICES THROUGH THE MEDICAL CENTER, JANE PHILLIPS, JP NOWATA, ST JOHN SAPULPA, ST JOHN BROKEN ARROW, AND ST JOHN OWASSO THESE INCLUDE A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES SERVING THE POPULATION OF NORTHEASTERN OKLAHOMA AT THE SIX OWNED HOSPITAL CAMPUSES, AS WELL AS OTHER LOCATIONS IN OKLAHOMA AND KANSAS, WITH A COMBINED TOTAL OF APPROXIMATELY 800 HOSPITAL BEDS IN OPERATION ST JOHN SPONSORS CERTAIN, LONG-TERM CARE ACTIVITIES IN NORTHEASTERN OKLAHOMA THROUGH ST JOHN VILLAS, PRIMARILY IN THE FORM OF RESIDENTIAL HOUSING FACILITIES FOR LOW INCOME AND PHYSICALLY CHALLENGED ADULTS THAT HAVE RECEIVED "HUD" FINANCING 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 COLLABORATES WITH OTHER INDIVIDUALS AND INSTITUTIONS IN THE VARIOUS COMMUNITIES IT SERVES TO ASCERTAIN COMMUNITY NEEDS AND PROVIDES A BROAD RANGE OF SERVICES ALONG THE HEALTHCARE CONTINUUM TO HELP MEET THOSE NEEDS PROGRAMS AND SERVICES INCLUDE PREVENTIVE, DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE PROGRAMS, INCLUDING 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 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

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 2	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 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, THE ST JOHN SYSTEM IDENTIFIED AND HAS CONTINUED TO COLLABORATIVELY WORK TOWARD ADDRESSING THE FOLLOWING PRIORITY NEEDS AS AN ORGANIZATION 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 SYSTEM IN ACUTE CRISIS FROM ALCOHOL AND ABUSE - WHETHER FROM INJURY OR OVERDOSE (OR BOTH) - ALSO HAVE UNDERLYING ACUTE OR CHRONIC MENTAL HEATLH 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

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 3	- 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 - THE ST JOHN SYSTEM PARTICIPATES as an accountable care organization (ACO) 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 4 ACCESS TO SERVICES ACCESS TO SERVICES IN OKLAHOMA IS A SIGNIFICANT CHALLENGE DUE TO THE LIMITED AVAILABILITY OF PRIMARY CARE PHYSICIANS 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 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"

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 4	GOVERNANCE THE ADMINISTRATIVE POWERS OF ST JOHN FOUNDATION ARE VESTED IN ITS BOARD OF DIRECTORS, WHICH CONTROLS AND MANAGES THE PROPERTIES, AFFAIRS AND FUNDS OF THE ORGANIZATION, SUBJECT TO RESERVATION OF CERTAIN POWERS BY ST JOHN THE BOARD MEETS AS NECESSARY AND WORKS IN CONCERT WITH AND, WHEN APPROPRIATE, UNDER THE DIRECTION OF THE ST JOHN BOARD 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 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

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 5	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 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 FY15, 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 MEDICAL ACCESS PROGRAM ("MAP") (SUBPART C OF ACCESS TO SERVICES) DURING 2014, 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 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

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 6	- 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 ST JOHN HOSPITALS ALSO PARTICIPATED IN A PROGRAM SPONSORED BY THE TULSA MEDICAL SOCIETY TO PROVIDE FREE SURGICAL SERVICES TO CERTAIN PATIENTS 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 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 the TULSA MEDICAL EDUCATION FOUNDATION, 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 SENIOR CARE FACILITY OPERATED BY THE ST JOHN SYSTEM OPERATES AT OR NEAR A LOSS, AS DO THE CRITICAL ACCESS HOSPITALS THE ST JOHN SYSTEM CONSIDERS THESE SUBSIDIZED ACTIVITIES TO BE ESSENTIAL COMPONENTS OF ITS MISSION OF SERVICE THE ST JOHN SYSTEM PROVIDES OTHER FORMS OF COMMUNITY BENEFIT IN THE FORM OF FREE, OR REDUCED-CHARGE EDUCATIONAL SEMINARS FOR THE GENERAL PUBLIC ON WIDE RANGING TOPICS FROM PRENATAL CARE TO CHRONIC DISEASE MANAGEMENT IT 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 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

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 7	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 REINVESTS 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. ST JOHN FOUNDATION'S EFFORTS TO RAISE PHILANTHROPIC DONATIONS FOR ST JOHN HEALTH SYSTEM, INC CONTRIBUTED TO THIS OVERALL MISSION OF SERVICE.

Return Reference	Explanation
Form 990, Part V, Line 2a STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE	THE SALARIES REFLECTED ON FORM 990 WERE ALL REPORTED ON FORM 941, EMPLOYER'S QUARTERLY FEDERAL TAX RETURN OF ST JOHN MEDICAL CENTER, INC ("SJMC") 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 15a PROCESS TO ESTABLISH COMPENSATION OF CEO	In determining the compensation of the organization's President & CEO, the process, performed by Ascension Health, a related organization of St John Health System Foundation, Inc , included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The compensation committee reviewed and approved the compensation In the review of the compensation, the President & CEO was compared to individuals at other organization's in the area who hold the same title During the review and approval of the compensation, documentation was recorded in the compensation committee minutes The individual was not present was his compensation was determined

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	COMPENSATION FOR ALL OTHER EXECUTIVES IN ST JOHN HEALTH SYSTEM, INC ("SJHS"), OF WHICH ST JOHN HEALTH SYSTEM FOUNDATION, 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 Health System Foundation, 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 Health System Foundation, Inc has a single corporate member, St John Health System, Inc , who has the ability to elect members to the governing body of St John Health System Foundation, 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 Health System Foundation, 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

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	St John Health System Foundation, Inc ("SJHSF") 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 Controller of SJHS will work closely with the paid preparer in gathering the information for the return and will perform the initial detailed review of the return 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	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 Health System Foundation, 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

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 VII, Section B, Line 2 Independent Contractor Reporting	Compensation of independent contractors is paid by and reported on Form 1096, Annual Summary and Transmittal of U S Information Returns, of St John Medical Center, Inc , EIN 73-0579286 Expenses are allocated to and reimbursed by the filing organization to St John Medical Center, Inc As such, the organization has not reported independent contractors paid on Form 990, Part VII, Section B

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFER TO AFFILIATES - -1502356,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136007016

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 Health System Foundation Inc

Employer identification number
73-1133139

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

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	(g) 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) 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	(i) 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.

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

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) 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 73-1133139
Name: St John Health System Foundation 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	(g) Section 512(b)(13) controlled entity? 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 MEDICAL CENTER INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0579286	HEALTH CARE	OK	501(c)(3	3	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**							
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
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

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 Building Corporation	P	68,136	FMV
St John Building Corporation	M	69,032	FMV
St John Health System Inc	O	68,223	FMV
St John Health System Inc	M	1,695,967	FMV
St John Medical Center Inc	O	463,762	FMV
St John Medical Center Inc	P	244,010	FMV
St John Medical Center Inc	M	299,370	FMV
ST JOHN AUXILIARY INC	C	500,000	FMV
ST JOHN MEDICAL CENTER inc	B	760,127	FMV
ST JOHN BUILDING CORPORATION	B	68,136	FMV