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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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
St John Broken Arrow Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1923 South Utica Avenue

City or town, state or province, country, and ZIP or foreign postal code
Tulsa, OK 741046502

D Employer identification number
38-3833117

E Telephone number
(918) 744-2740

G Gross receipts $ 65,566,663

F Name and address of principal officer
David Phillips
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: ▶ HTTP //WWW STJOHNHEALTHSYSTEM COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2011

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**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	350
6	Total number of volunteers (estimate if necessary)	**6**	92
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
8	Contributions and grants (Part VIII, line 1h)	63,153	16,518
9	Program service revenue (Part VIII, line 2g)	62,201,727	64,547,597
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-142,217	7,368
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	746,580	994,624
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,869,243	65,566,107
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
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)	18,002,788	14,247,652
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	36,358,828	39,659,591
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	54,361,616	53,907,243
19	Revenue less expenses Subtract line 18 from line 12	8,507,627	11,658,864

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	104,521,075	123,197,348
21	Total liabilities (Part X, line 26)	105,606,299	112,579,181
22	Net assets or fund balances Subtract line 21 from line 20	-1,085,224	10,618,167

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-05-15

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
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons, with special attention to those who are poor and vulnerable Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities We are advocates for a compassionate and just society through our actions and our words

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 $ 46,273,369 including grants of $ 0) (Revenue $ 64,567,791)

ST JOHN BROKEN ARROW, INC ("THE HOSPITAL") IS A GROWING COMMUNITY HOSPITAL THAT PROVIDES MEDICAL SERVICES TO THE RESIDENTS OF NORTHEASTERN OKLAHOMA ST JOHN BROKEN ARROW, INC OPERATES A 24-HOUR EMERGENCY DEPARTMENT AND A VARIETY OF OTHER HEALTH CARE SERVICES 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"), (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 ▶** 46,273,369

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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	350		
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		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	10		
	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	9		
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			No
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 74104 (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) TODD HOFFMAN MD DIRECTOR AND OFFICER (END 8/31/15)/PHYSICIAN	0 1 0	X		X				0	0	0
(2) DAVID L PHILLIPS PRESIDENT & COO	0 1 40 1	X		X				0	384,752	28,227
(3) WILLIAM E WEEKS VICE CHAIR (END 8/31/15)/PRES CEO UTICA SVCS/VP AH COO OKTUL	0 2 40 3	X		X				0	807,332	29,694
(4) BARBARA BENEDICT DIRECTOR	0 2 0 4	X						0	0	0
(5) WILLIAM BERRY VICE CHAIRPERSON	0 2 0 4	X						0	0	0
(6) CHARLES GEBETSBERGER MD DIRECTOR	0 2 0 4	X						0	0	0
(7) SISTER THERESA GIL DIRECTOR (END 8/31/15)	0 1 0	X						0	0	0
(8) TIMOTHY HEPNER MD DIRECTOR	0 1 0 2	X						0	0	0
(9) SUSAN KIMBALL DIRECTOR	0 2 0 4	X						0	0	0
(10) STEVE MOWERY DIRECTOR	0 2 0 4	X						0	0	0
(11) JEFFREY D NOWLIN DIRECTOR (END 8/31/15)/PRESIDENT & COO SJMC	0 2 44 2	X						0	579,810	35,008
(12) STAN SALLEE DIRECTOR	0 5 1 0	X						0	0	0
(13) ALECIA SIEGFRIED DIRECTOR	0 5 1 0	X						0	0	0
(14) WES STOTLER DO CHAIRPERSON	0 5 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LEX ANDERSON TREASURER/ EXEC VP, SJHS CFO	0 1 50 9			X				0	707,600	25,770
(16) KEVIN STECK SECRETARY/VP INTEGRITY & COMPLIANCE	0 1 46 7			X				0	299,211	12,872
(17) ROBERT O CATHER REGIONAL PHARMACY MANAGER	46 2 0					X		159,768	0	21,296
(18) MICHAEL R NEVINS DIRECTOR CFO	33 2 22 2					X		86,058	57,372	18,602
(19) WENDY C VAN MATRE DIR CLINICAL & SUP SVCS	41 5 0					X		109,459	0	9,688
(20) DWAN R BORENS CHIEF NURSING OFFICER SJBA	40 6 0					X		128,432	0	23,072
(21) DAVID J PYNN FORMER OFFICER (END 6/13)/CEO SJHS/SVP AH OKTUL	0 1 46 7						X	0	2,240,967	37,120
(22) SAMUEL C ANDERSON FORMER OFFICER (END 6/14)	0 0 0 0						X	0	482,528	19,713
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								483,716	5,559,571	261,062

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 ▶ 4

			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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *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
BROKEN ARROW LITHOTRIPSY LLC 800 W BOISE CR SUITE 210 BROKEN ARROW, OH 74012	LITHOTRIPTER SERVICES	220,500

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 ▶ 1

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 16,518				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	16,518			
Program Service Revenue		Business Code				
	2a	Net Patient Revenue	621990	64,491,634	64,491,634	
	b	Trauma Care Revenue	621990	22,059	22,059	
	c	Rental Income from Affiliates	531390	33,904	33,904	
	d					
	e					
	f	All other program service revenue		0	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		64,547,597		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		7,924		7,924
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents: 369,560				
	b	Less rental expenses:				
	c	Rental income or (loss): 369,560 / 0				
	d	Net rental income or (loss) . . . . . ▶	369,560			369,560
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses: 556				
	c	Gain or (loss): 0 / -556				
	d	Net gain or (loss) . . . . . ▶	-556			-556
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	Cafeteria Revenue 722514	310,654			310,654
	b	Medical Records 900099	20,194	20,194		
	c	Other Miscellaneous Revenue 900099	294,216			294,216
	d	All other revenue	0	0	0	0
	e	**Total.** Add lines 11a–11d . . . . . ▶	625,064			
	12	**Total revenue.** See Instructions . . . . . ▶	65,566,107	64,567,791	0	981,798

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				
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				
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	11,928,195	8,707,582	3,220,613	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	262,144	165,151	96,993	
9 Other employee benefits	1,112,006	1,034,166	77,840	
10 Payroll taxes	945,307	869,682	75,625	
11 Fees for services (non-employees)				
a Management	3,148,466		3,148,466	
b Legal				
c Accounting	120,641		120,641	
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)	8,768,388	8,154,602	613,786	0
12 Advertising and promotion	82,533	74,280	8,253	
13 Office expenses	163,377	147,039	16,338	
14 Information technology				
15 Royalties				
16 Occupancy	653,268	601,007	52,261	
17 Travel	6,689	5,552	1,137	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,858	15,172	1,686	
20 Interest	4,839,165	4,839,165		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,329,522	5,329,522		
23 Insurance	171,072	153,965	17,107	
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 Patient Related Supplies	14,224,702	14,082,455	142,247	
b Provider Tax Expense	1,641,966	1,641,966		
c Repairs & Maintenance	291,309	265,091	26,218	
d Equipment Lease	110,019	104,518	5,501	
e All other expenses	91,616	82,454	9,162	0
25 **Total functional expenses.** Add lines 1 through 24e	53,907,243	46,273,369	7,633,874	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ 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	1,475,473	1	69,695
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	6,991,842	4	7,818,808
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		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		6	0
	7	Notes and loans receivable, net	0	7	
	8	Inventories for sale or use	1,199,002	8	1,394,719
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 112,009,598			
	b	Less accumulated depreciation — 10b: 16,818,821	94,344,123	10c	95,190,777
	11	Investments—publicly traded securities	0	11	
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets	113,289	14	40,186
	15	Other assets See Part IV, line 11	397,346	15	18,683,163
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	104,521,075	16	123,197,348
Liabilities	17	Accounts payable and accrued expenses	2,237,907	17	3,515,662
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	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	0	23	
	24	Unsecured notes and loans payable to unrelated third parties	0	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	103,368,392	25	109,063,519
	26	**Total liabilities.** Add lines 17 through 25	105,606,299	26	112,579,181
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	-1,085,224	27	10,618,167
	28	Temporarily restricted net assets	0	28	
	29	Permanently restricted net assets	0	29	
		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	0	30	
	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	
	32	Retained earnings, endowment, accumulated income, or other funds	0	32	
	33	Total net assets or fund balances	-1,085,224	33	10,618,167
	34	Total liabilities and net assets/fund balances	104,521,075	34	123,197,348

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	65,566,107
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,907,243
3	Revenue less expenses Subtract line 2 from line 1	3	11,658,864
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,085,224
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	44,527
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,618,167

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

2015

Open to Public Inspection

Name of the organization
St John Broken Arrow Inc

Employer identification number
38-3833117

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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 (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						

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Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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) ☐

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
St John Broken Arrow Inc	38-3833117

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		4,501
j	Total Add lines 1c through 1i			4,501
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
St John Broken Arrow Inc

Employer identification number
38-3833117

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on 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)		
(ii) related organizations	3a(ii)		
b If "Yes" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		3,230,000		3,230,000
b Buildings		88,784,751	11,531,473	77,253,278
c Leasehold improvements				
d Equipment		11,967,619	5,255,974	6,711,645
e Other		8,027,228	31,374	7,995,854
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				95,190,777

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on 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		
(3) 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' on 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) Due from Affiliates	18,405,493
(2) Estimated Settlements -Third Party Payor	134,500
(3) Other Receivables	108,598
(4) Other Miscellaneous Assets	34,572
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	18,683,163

Part X Other Liabilities. Complete if the organization answered 'Yes' on 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	
Debt with Ascension Health	108,945,980
Estimated Settlements - Third Party Payor	56,929
Other Liabilities	1,479
Self Insurance Liability	59,131
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	109,063,519

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' on 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' on 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 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 Broken Arrow, 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, 2016

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135133047

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
St John Broken Arrow Inc

Employer identification number
38-3833117

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a	Financial Assistance at cost (from Worksheet 1)			3,921,094	22,059	3,899,035	7 23 %
b	Medicaid (from Worksheet 3, column a)			5,430,825	3,649,915	1,780,910	3 30 %
c	Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d	**Total** Financial Assistance and Means-Tested Government Programs	0	0	9,351,919	3,671,974	5,679,945	10 54 %
	Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)					0	0 %
f	Health professions education (from Worksheet 5)					0	0 %
g	Subsidized health services (from Worksheet 6)					0	0 %
h	Research (from Worksheet 7)					0	0 %
i	Cash and in-kind contributions for community benefit (from Worksheet 8)					0	0 %
j	**Total.** Other Benefits	0	0	0	0	0	0 %
k	**Total.** Add lines 7d and 7j	0	0	9,351,919	3,671,974	5,679,945	10 54 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	1,029,870		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	13,301,918		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	13,252,701		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	49,217		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group St John Broken Arrow Inc

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) http //www stjohnhealthsystem com/about/community-health-needs-assessment			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www stjohnhealthsystem com/about/community-health-needs-assessment			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

St John Broken Arrow Inc

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 0 % and FPG family income limit for eligibility for discounted care of 300 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) http //www stjohnhealthsystem com/about/payment-for-services			
b	☑ The FAP application form was widely available on a website (list url) http //www stjohnhealthsystem com/about/payment-for-services			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www stjohnhealthsystem com/about/payment-for-services			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

St John Broken Arrow Inc

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

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

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

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

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

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

Form and Line Reference	Explanation
Schedule H, Part II DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY - PART 2	Health Care that Works Our vision calls us to ensure that service is committed to the health and well-being of our communities and that it responds to the needs of individuals throughout their lives Healthcare that Works includes establishing a trusted relationship between each patient and their health care professionals so that they receive the care they need, including preventative care, when they need it and in a manner that meets their service expectations We expect our patients to be actively involved in their own health care - participating in informed decisions that will strive to make them healthier Health care that works assumes that the care provided is person-centered and based on the best available medical evidence, reliably delivered Becoming truly person-centered requires shifts in focus from traditional models of health care to build an effective and trusted relationship with each patient over their lifetime across the continuum of care - emphasizing prevention and wellness, disease management, and a medical home that promotes a spiritually-centered, holistic approach to supporting a person's health and well-being Health care that works strives to make sure the value of the care received is exceptional but at an acceptable economic cost - both to the individual and to society Health Care that is Safe St John is striving to become a "high reliability" organization High reliability means that we will be exceptionally consistent in accomplishing goals and avoiding catastrophic errors in everything we do in providing health care services This means reducing medical errors by providing our clinicians and our patients with decision support tools to ensure the care provided is consistently based on sound scientific evidence of effectiveness Physicians and nurses are leading our quality efforts Among our clinical areas of focus for improvement are goals to reduce hospital acquired conditions and hospital readmissions Some specific areas of clinical focus include reducing - Adverse Drug Events (ADE), - Catheter Urinary Tract Infections (CAUTI), - Central Line Blood Stream Infections (CLABSI), - Surgical Site Infections (SSI), - Ventilator Associated Pneumonia (VAP), - Injuries from Falls and Immobility, - Obstetrical Adverse Events, - Pressure Ulcers, and - Venous Thromboembolism (VTE) Healthcare that Leaves No One Behind We will continue to advocate for state and federal public policy that recognizes the inherent value of all members of society and provides support systems and adequate funding sources to ensure all of those among us have access to the health care they need This includes providing affordable access to health care for everyone in the United States in a financially sustainable way Our Enabling Strengths We will use our enabling strengths to achieve our mission and vision Those strengths include a model community of inspired people working to provide our services and achieve our mission, empowering knowledge - clinical and business information systems that provide our associates actionable, timely data and information upon which they can make informed decisions, the creation of trusted partnerships with external partners to expand our capabilities, complEment our service offerings and fulfill our mission, and achieve vital presence in the communities we serve This vital presence contemplates creation and continuation of important safety net services, world-class centers of clinical excellence and creation of medical homes that promote each individual's participation in their own health and well-being and which create and sustain the infrastructure for promoting healthy communities

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Schedule H, Part II DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY - PART 3	Our Point of View Health care delivery and financing in the United States must change The cost of the current system relative to the value that communities and individuals are receiving is not sustainable In order to meet the health care needs and contribute to economic vitality of communities, with special attention to the poor and vulnerable, health care providers must fundamentally reconfigure delivery systems, care processes and cost structures Delivering safe, high-quality care that is low cost with an exceptional patient experience will increasingly require providers to have a strong regional presence, integrated physician relationships and capabilities across the care continuum Sustaining the St John mission into the future will require a more continuous, dynamic relationship with those we serve and the ability to share risk with healthcare purchasers, as opportunities for inpatient growth or commercial rate increases will be limited The movement to manage health of defined populations demands massive transformational change This requires rapid assessment, assembly and deployment of the necessary capabilities We believe the St John System is well positioned to lead this transformation Community Needs Assessment The St John System and each Hospital have completed a Community Health Needs Assessment (CHNA) in 2016 to help us identify the priorities for the limited resources we have to address community need We partnered with the local health departments and other public and private health care, and educational and community service organizations throughout the service area to complete the assessments, and we are now working to enhance our response to the identified needs A previous CHNA for each hospital and community served and Implementation Strategy to address identified community health needs were also completed in 2013 Community Benefit The community benefit provided by the St John System includes uncompensated care for the poor, support for the education of medical professionals, provision of subsidized health services, support for other community organizations, initiatives to improve community health, and medical research to be some of the key areas of focus for providing community benefit The St John System does not include amounts recorded as bad debt, shortfalls in the difference between payment for and cost of service to Medicare beneficiaries, payment of property, sales, use, income, payroll, and other taxes OR, considerable economic value provided to the local communities in which we operate as components of community benefit Care for the Poor "Care for the Poor" (which includes the estimated cost of services provided to patients who qualify for financial assistance (charity) and the uncompensated cost of care provided to Medicaid beneficiaries) is the largest financial category of community benefit Support for graduate and allied health medical education is the second largest St John provides discounts of at least 40% to all uninsured patients and additional discounts of at least 15% to uninsured patients who make the agreed upon timely payments for services they receive All uninsured individuals living in households with incomes at or below 300% of the federal poverty limit qualify for free care for medically necessary services Insured patients and others who are faced with financially catastrophic medical bills are also eligible for and encouraged to seek financial assistance Consistent with our mission and values, St John has created programs to seek out better ways to serve the uninsured and the vulnerable members of our society With generous financial support from donors, including the Chapman trusts and with guidance and counsel from many partners in our community, St John has created the Medical Access Program ("MAP") to try to increase and improve access to medical care for segments of the uninsured population Beginning more than five years ago, MAP continues to grow and expand each year MAP has brought together a network of primary care providers that provides free clinics and other services to uninsured and low income individuals throughout Tulsa

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Schedule H, Part II DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY - PART 4	Key elements of MAP include - Expansion of free primary care by providing direct financial support to other organizations in the community providing access to free primary care, - Operation of Rockford Medical Clinic The Rockford Clinic is a free primary care medical home for a segment of the uninsured population that meet certain criteria for participation, - Provision of free diagnostic imaging, including CT, MRI, ultrasound, mammography and basic x-ray for patients who meet criteria, - Access to free specialty services through a network of participating clinics and physician partners and through the facilities and physicians of the St John System, and - Access to free or reduced cost prescription medications MAP has limited resources but continues to expand the scope of its services each year, routinely spending at least $5 million per year in donated and St John funds Support for Medical Education St John Medical Center, Inc is a primary teaching hospital for The University of Oklahoma's Tulsa College of Community Medicine residency programs for internal medicine and general surgery and is the primary teaching hospital for the "In His Image" ("IHI") family medicine residency program St John works as a founding member of the Tulsa Medical Education Foundation providing financial support for The University of Oklahoma ("OU") residency programs St John also provides additional direct support to both OU and IHI residency programs and also provides direct support for a number of nursing education and allied health professional education programs Other Community Benefit St John provides subsidized health services focused on certain emergency services and on post-acute senior services Each St John Hospital provides vital emergency medical services in its community St John Medical Center, Inc services as one of only three trauma centers in Oklahoma, Oklahoma's first and only certified comprehensive stroke center, and a tertiary referral center for the entire state of Oklahoma and portions of Missouri, Arkansas, Kansas and Texas The associates, physicians and facilities of the St John System provide services to thousands of patients every day Among the services provided annually are - MORE THAN 60,000 ANNUAL HOSPITAL ADMISSIONS, INCLUDING 19,000 "OBSERVATION" PATIENTS -MORE THAN 35,000 ANNUAL SURGERIES PERFORMED IN ST JOHN HOSPITALS ST JOHN ALSO IS A MINORITY OWNER IN TWO AMBULATORY SURGERY CENTERS THAT PERFORM MORE THAN 28,000 ANNUAL OUTPATIENT SURGERIES -MORE THAN 3,600 ANNUAL BIRTHS AT ST JOHN HOSPITALS -MORE THAN 160,000 ANNUAL PATIENT VISITS TO ST JOHN HOSPITAL EMERGENCY DEPARTMENTS -MORE THAN 60,000 ANNUAL URGENT CARE URGENT CARE VISITS -NEARLY 500,000 ANNUAL PATIENT VISITS TO PHYSICIAN OFFICE VISITS -MORE THAN 9 MILLION ANNUAL LABORATORY TESTS Summary The thousands of associates, physicians and volunteers that make up St John Health System, Inc touch the lives of thousands of patients every day and millions of patients every year As we seek to transform health care in Oklahoma and the UNITED STATES, St John is challenged by many factors including lack of public resources in Oklahoma that are devoted to both care for the poor, health care infrastructure and medical education, competition from investor-owned health care facilities that do not share St John's mission of service and emphasis on service to the poor and powerless but which seek to gain market share in commercially insured patients, poor economic and health care demographic factors contributing to generally poor health status and high rates of poverty and uninsured in Oklahoma, and payment for values

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Schedule H, Part I, Line 5a Community Input - Part 1	SOURCES OF COMMUNITY INPUT FOR THIS ASSESSMENT WERE AS FOLLOWS -TULSA COUNTY COMMUNITY MEMBERS WHO PARTICIPATED IN THE 2015-2016 TULSA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SURVEY AND FOCUS GROUPS - COMMUNITY LEADERS AND REPRESENTATIVES -LOCAL PUBLIC HEALTH WORKFORCE AND COALITIONS/PARTNERSHIPS -MEMBERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY, AT-RISK, AND OTHERWISE VULNERABLE POPULATIONS -HEALTH SYSTEM CHNA ADVISORY GROUP AND LEADERSHIP COMMUNITY STAKEHOLDERS WHO PROVIDED COMMUNITY INPUT REPRESENTED A VARIETY OF COMMUNITY SECTORS INCLUDING COMMUNITY MEMBERS, HEALTHCARE PROVIDERS AND SERVICES, EDUCATION AND ACADEMIA, NON-PROFIT AGENCIES, COMMUNITY-BASED ORGANIZATIONS, PRIVATE BUSINESSES, COMMUNITY DEVELOPERS, FAITH COMMUNITIES AND FAITH-BASED ORGANIZATIONS, GOVERNMENT REPRESENTATIVES, SAFETY NET SERVICE PROVIDERS, ECONOMIC AND WORKFORCE DEVELOPMENT, MENTAL HEALTH/BEHAVIORAL HEALTH SERVICES, LAW ENFORCEMENT AND FIRST RESPONDERS, PUBLIC HEALTH WORKFORCE, AND OTHER INTEREST GROUPS WORKING WITH AT-RISK AND VULNERABLE POPULATIONS THIS ASSESSMENT ESPECIALLY FOCUSED ON COMMUNITY INPUT FROM THOSE WITH SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH AS WELL AS MEMBERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW INCOME, MINORITY, OR OTHERWISE VULNERABLE POPULATIONS EACH OFFERED CRITICAL STRENGTHS AND INSIGHTS ON THE HEALTH NEEDS AND ASSETS OF THE COMMUNITY

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 SIGNIFICANT NEEDS IDENTIFIED BY CHNA - PART I	- PROCESS OUTCOMES ARE MEASURED FOR MENTAL HEALTH AND TOBACCO USE SCREENING THROUGH BOTH T HE COMPREHENSIVE PRIMARY CARE PROGRAM AND THE MEDICARE SHARED SAVINGS PROGRAM IN WHICH ST JOHN HOSPITALS AND EMPLOYED ST JOHN PHYSICIANS PARTICIPATE THROUGH THESE PROGRAMS, WE A RE NOW ABLE TO TRACK THE VOLUME OF PATIENTS WHO RECEIVE COUNSELING AND REFERRALS - EACH H OSPITAL MAINTAINS ONGOING PATIENT EDUCATION RELATED TO SMOKING, MATERIALS ARE PROVIDED TO PATIENTS AND REFERRALS ARE MADE TO THE OKLAHOMA TOBACCO HELPLINE AT 1-800-QUITNOW AND OKHE LPLINE COM FOR TOBACCO CESSATION - THROUGH A HOSPITAL OUTPATIENT DEPARTMENT AT ST JOHN BR OKEN ARROW, INC , MENTAL HEALTH AND DRUG AND ALCOHOL COUNSELING ARE PROVIDED PATIENTS FRO M ANY OF OUR HOSPITALS AND CLINICS MAY BE REFERRED TO THIS SERVICE WHICH HAS A CONVENIENT, ACCESSIBLE LOCATION THERE ARE CURRENTLY FOUR EMBEDDED OUTPATIENT BEHAVIORAL HEALTH THERA PISTS THAT ARE SHARED ACROSS 12 SITES REFERRALS ARE ALSO MADE TO AREA AGENCIES 3 CHRONI C DISEASE MANAGEMENT - ST JOHN BROKEN ARROW, INC PARTICIPATES AS AN ACCOUNTABLE CARE ORG ANIZATION (ACO) PARTICIPANT IN THE MEDICARE SHARED SAVINGS PROGRAM, WHICH ESTABLISHES SEVE RAL QUALITY AND PROCESS OUTCOME MEASURES THAT PERTAIN TO CHRONIC DISEASE MANAGEMENT SUCH A S DIABETES, HYPERTENSION, CORONARY ARTERY DISEASE, AND COPD - EMPLOYED PHYSICIANS OF THE HEALTH SYSTEM ALSO PARTICIPATE IN COMPREHENSIVE PRIMARY CARE WHICH FOCUSES ON A MEDICAL HO ME MODEL IN CARE FOR HIGH RISK PATIENTS WITH CHRONIC CONDITIONS 4 ACCESS TO CARE ACCESS TO SERVICES IN OKLAHOMA IS A SIGNIFICANT CHALLENGE DUE TO THE LIMITED AVAILABILITY OF PRIM ARY CARE PHYSICIANS AND STRESS ON HOSPITAL EMERGENCY ROOM ACCESS AND INPATIENT BEDS DUE TO A GROWING NUMBER OF TRANSFERS FROM UNDERSERVED RURAL AREAS IN OKLAHOMA - THE HEALTH INSU RANCE MARKETPLACE, A PART OF THE AFFORDABLE CARE ACT (ACA), WAS LAUNCHED IN OCTOBER 2013, GIVING AMERICANS A VARIETY OF NEW OPTIONS FOR HEALTH COVERAGE SINCE THEN, ST JOHN HEALTH SYSTEM HAS EXPENDED CONSIDERABLE EFFORT ENCOURAGING INDIVIDUALS TO SIGN UP FOR COVERAGE T HROUGH THE HEALTH INSURANCE MARKETPLACE THOUGH WE STILL HAVE A LONG WAY TO GO, OUR EFFORT S BRING OUR COMMUNITIES CLOSER TO ASCENSION'S GOAL OF 100% ACCESS AND 100% COVERAGE ST J OHN HEALTH SYSTEM PARTNERS WITH THE MIDLAND GROUP TO HELP CONNECT CONSUMERS WITH A CERTIFI ED APPLICATION COUNSELOR (CAC) FOR ENROLLMENT ASSISTANCE CACS MINIMIZE CONFUSION ABOUT MA RKETPLACE OPTIONS AND ENSURE DESIRED PROVIDERS AND BENEFITS ARE INCLUDED IN THE SELECTED P LAN THEY CAN ALSO ASSIST WITH DETAILED QUESTIONS ABOUT THE MARKETPLACE DURING THE OPEN E NROLLMENT PERIOD, ST JOHN'S CAC IS AVAILABLE ON AN APPOINTMENT-ONLY BASIS AT ST JOHN BRO KEN ARROW IN TULSA AND JANE PHILLIPS MEDICAL CENTER IN BARTLESVILLE TO PROVIDE FREE ENROLL MENT ASSISTANCE MIDLAND'S ON-SITE PUBLIC BENEFITS SCREENERS ALSO WORK TO EDUCATE SELF-PAY PATIENTS WITHIN OUR HOSPITALS ABOUT THE MARKETPLACE AND HAND OUT INFORMATION FOR FURTHER ASSISTANCE WITH NAVIGATIONS ST JOHN HEALTH SYSTEM'S HEALTH INSURANCE MARKETPLACE AMBASSA DOR PROGRAM (OFTEN ABBREVIATED AS HIX AMBASSADOR PROGRAM) WAS ESTABLISHED IN OCTOBER 2013 PRIOR TO THE FIRST MARKETPLACE OPEN ENROLLMENT PERIOD ST JOHN HEALTH SYSTEM ASSOCIATES A PPLY TO PARTICIPATE IN THIS PROGRAM AS PAID VOLUNTEERS AND ARE KNOWN AS HEALTH INSURANCE M ARKETPLACE (HIX) AMBASSADORS THESE AMBASSADORS RECEIVE IN-DEPTH TRAINING ON THE MARKETPLA CE AND SERVE TO PROMOTE THE MARKETPLACE THROUGH OUTREACH, EDUCATION, AND AWARENESS EFFORTS THESE EFFORTS INCLUDE 1) VOLUNTEERING AT ON-SITE AND COMMUNITY EVENTS AND ACTIVITIES TO PROMOTE THE MARKETPLACE, 2) ENCOURAGING ENROLLMENT IN THE PLANS THAT INCLUDE THE ST JOHN HEALTH SYSTEM NETWORK BY REFERRING TO THE MIDLAND GROUP FOR ENROLLMENT ASSISTANCE WITH A CERTIFIED APPLICATION COUNSELOR (CAC), 3) EDUCATING INDIVIDUALS ON OUR FINANCIAL ASSISTANC E PROGRAMS, 4) PROVIDING BASIC HEALTH EDUCATION AND SCREENINGS AT EVENTS DURING THE FISCA L YEAR ENDING IN JUNE 30, 2016, ST JOHN HEALTH SYSTEM ADDITIONALLY PROVIDED A MULTITUDE O F RESOURCES TO PATIENTS AND MEMBERS OF THE COMMUNITY REGARDING MARKETPLACE ENROLLMENT INCL UDING THE FOLLOWING 1) SIGNAGE, EDUCATIONAL HANDOUTS, AND MARKETING MATERIALS POSTED THR OUGHOUT THE HEALTH SYSTEM, AT EVENT BOOTHS, AND KEY LOCATIONS IN THE COMMUNITY ST JOHN HE ALTH SYSTEM PRODUCED AND DISTRIBUTED EDUCATIONAL SIGNAGE, FLIERS, AND CARDS TO 119 LOCATIO NS WITHIN THE HEALTH SYSTEM (INCLUDED SPECIALTY CLINICS ST JOHN CLINIC, SOME NURSING FLOO RS, PATIENT ADMISSIONS AND FINANCIAL COUNSELING AT ALL HOSPITALS, INPATIENT AND OUTPATIENT SPECIALTY DEPARTMENTS AT ALL HOSPITALS, HOSPITAL EMERGENCY DEPARTMENTS, MAIN LOBBIES, AND HIGH TRAFFIC AREAS WITHIN ALL HOSPITALS) 2) A DEDICATED ENROLLMENT ASSISTANCE PHONE LIN E WITH PHONE PROMPT THAT LINKED CONSUMERS AND PATIENTS TO THE MIDLAND GROUP FOR OVER THE P HONE ASSISTANCE AND TO SCHEDULE APPOINTMENTS FOR IN-PERSON ENROLLMENT ASSISTANCE WAS MADE AVAILABLE 3) A DEDICATED HEALTH INSURANCE MARKETP

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Schedule H, Part V, Section B, Line 11 SIGNIFICANT NEEDS IDENTIFIED BY CHNA - PART I	LACE PAGE WITH INFORMATION ABOUT THE MARKETPLACE AND ENROLLMENT ASSISTANCE WAS MADE AVAILA BLE ON THE ST JOHN HEALTH SYSTEM WEBSITE 4) AN INTERNAL WEB PAGE WITH INFORMATION, RESO URCES, AND UPDATES ON THE HEALTH INSURANCE MARKETPLACE FOR HEALTH SYSTEM ASSOCIATES WAS MA DE AVAILABLE 5) ADDITIONAL EFFORTS WERE MADE TO EDUCATE ASSOCIATES ABOUT THE MARKETPLACE VIA PRESENTATIONS, SIGNAGE, AND EDUCATIONAL HANDOUTS SINCE 2014, ST JOHN HEALTH SYSTEM HAS PARTICIPATED IN A COMMUNITY COALITION, CLAIM YOUR COVERAGE, WHICH CONVENES MULTIPLE ST AKEHOLDERS IN THE TULSA COUNTY COMMUNITY TOGETHER TO EDUCATE OUR COMMUNITY ABOUT THE MARKE TPLACE AND TO PROMOTE ENROLLMENT STAKEHOLDERS PARTICIPATING IN THIS COALITION INCLUDE LOC AL HOSPITALS AND HEALTH SYSTEMS, THE TULSA CITY-COUNTY LIBRARY SYSTEM, THE TULSA CITY-COUN TY HEALTH DEPARTMENT, INSURANCE COMPANIES, LICENSED HEALTH INSURANCE AGENTS AND BROKERS, C ERTIFIED APPLICATION COUNSELOR AND NAVIGATOR ORGANIZATIONS, TWO FHQCS, LOCAL PHILANTHROPY GROUPS, THE COMMUNITY SERVICE COUNCIL, AND THE INDIAN HEALTH SYSTEM THE COALITION ALSO WO RKS TO IMPROVE HEALTH INSURANCE LITERACY WITHIN OUR COMMUNITY ST JOHN HEALTH SYSTEM IS H ONORED TO BE RECOGNIZED AS A CHAMPION FOR COVERAGE BY U S DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) AS A CHAMPION, WE HAVE VOLUNTEERED TO HELP UNINSURED AMERICANS LEARN MORE ABOUT THE HEALTH INSURANCE MARKETPLACE AS A CHAMPION FOR COVERAGE, WE LEVERAGE PUBLICLY A VAILABLE MARKETPLACE MATERIALS - BOTH DIGITAL AND IN PRINT - TO HELP MEMBERS OF OUR COMMUN ITY UNDERSTAND THEIR NEW OPTIONS THROUGH THE MARKETPLACE -FROM SEPTEMBER 2015 AND JANUARY 2016, ST JOHN HEALTH SYSTEM ENGAGED A TOTAL OF 345 INDIVIDUALS IN DISCUSSION ABOUT THE H EALTH INSURANCE MARKETPLACE AND REFERRED THEM TO ENROLLMENT ASSISTANCE AVAILABLE THROUGH O UR HEALTH SYSTEM OF THOSE 772 INDIVIDUALS, 145 WERE ENGAGED IN DISCUSSION ABOUT THE ENROL LMENT PROCESS DURING ONE OF OUR 9 COMMUNITY OUTREACH EVENTS HELD BETWEEN SEPTEMBER 2015 AN D DECEMBER 2015 THE REMAINING 200 CONSUMERS WHO WERE SEEKING INFORMATION ABOUT THE MARKET PLACE SPOKE TO OUR CONTRACTED CERTIFIED APPLICATION COUNSELORS (CACS) WITH THE MIDLAND GRO UP OVER THE PHONE ABOUT THE ENROLLMENT PROCESS IF THE CALLER DID NOT SCHEDULE AN ENROLLME NT ASSISTANCE APPOINTMENT, THEY WERE EITHER INQUIRING ABOUT WHAT PLANS ST JOHN HEALTH SYS TEM TAKES, WHETHER THEY QUALIFIED FOR A TAX CREDIT, OR ASKED GENERAL INFORMATION, BUT DID NOT WANT TO SET UP AN APPOINTMENT AT THAT TIME (145 INDIVIDUALS OUT OF 200 TOTAL CONSUMERS) ST JOHN HEALTH SYSTEM'S CONTRACTED CACS WITH THE MIDLAND GROUP ASSISTED 71 CONSUMERS W ITH NAVIGATION ACTIVITIES DURING THE ENROLLMENT PERIOD - LACK OF TRANSPORTATION PREVENTS CERTAIN PATIENTS FROM RECEIVING PREVENTATIVE CARE AND CONTINUING AN ESTABLISHED COURSE OF TREATMENT RECOGNIZING THIS BARRIER TO ACCESSING HEALTH CARE, ST JOHN HEALTH SYSTEM AND T HE HOSPITAL NEGOTIATED A TRANSPORTATION SERVICES AGREEMENT WITH MORTON COMPREHENSIVE HEALT H SERVICES INC (MORTON) MORTON, A 501(C)(3) NON-PROFIT CORPORATION, IS ONE OF OKLAHOMA'S LARGEST COMMUNITY HEALTH AND FEDERALLY QUALIFIED HEALTH CENTERS IN THE STATE OF OKLAHOMA THROUGH THE AGREEMENT WITH MORTON COMPREHENSIVE COMMUNITY HEALTH CENTER FOR THEIR BUS SE RVICES, THE HEALTH SYSTEM IS ABLE TO PROVIDE TRANSPORTATION TO THOSE IN NEED IN THE COMMUN ITY WHO MEET SPECIFIC CRITERIA (ESTIMATED OVER $120,000 IN 12 MONTHS, 1,083 RIDES PROVIDED IN FY 16)

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Schedule H, Part V, Section B, Line 11 SIGNIFICANT NEEDS IDENTIFIED BY CHNA - PART II	THE FOLLOWING COMMUNITY HEALTH NEEDS WERE SELECTED AS THE TOP FOUR PRIORITIES IN THE MOST RECENT CHNA FOR THE HOSPITAL FACILITY TO ADDRESS 1) ACCESS TO CARE, 2) BEHAVIORAL HEALTH, 3) WELLNESS AND CHRONIC DISEASE PREVENTION, AND 4) HEALTH LITERACY THE HOSPITAL AND HEAL TH SYSTEM ARE ADDRESSING ACCESS TO CARE THROUGH THE FOLLOWING GOALS AS OUTLINED GOAL 1) W ORK TO IMPROVE ACCESS AS NEEDED FOR HEALTHCARE SERVICES IN SOLIDARITY WITH THOSE LIVING IN POVERTY AND/OR DEEMED OTHERWISE VULNERABLE, AND GOAL 2) IMPROVE ACCESS AS NEEDED TO HEALT HCARE PROVIDERS AND AN ONGOING SOURCE CARE IN NORTHEASTERN OKLAHOMA AND SOUTHERN KANSAS, A ND GOAL 3) IMPROVE ACCESS AS NEEDED FOR HEALTHCARE SERVICES IN SOLIDARITY WITH THOSE LIVIN G IN POVERTY AND/OR DEEMED OTHERWISE VULNERABLE THROUGH THE MEDIAL ACCESS PROGRAM (MAP) T HE FOLLOWING ARE STRATEGIES BEING UNDERTAKEN BY THE HOSPITAL AND HEALTH SYSTEM IN FISCAL Y EAR 2017-2019 TO MEET THE ACCESS TO CARE GOAL 1 -INCREASE THE NUMBER OF UNINSURED, LOW-IN COME, AND UNDERSERVED PERSONS WHO HAVE ACCESS TO PRIMARY CARE THROUGH EFFORTS TO IMPROVE A CCESS TO PRIMARY CARE SERVICES THROUGH THE TULSA DAY CENTER FOR THE HOMELESS CLINIC -INCR EASE ACCESS TO AN ONGOING SOURCE OF PRIMARY CARE AND PREVENTIVE SERVICES FOR PERSONS WHO A RE UNINSURED, UNDERINSURED, AND/OR LIVING IN POVERTY THROUGH SERVICES OFFERED AT THE ST J OHN MEDICAL ACCESS CLINIC (MAC) -IMPROVE FOLLOW-UP CARE AND ENSURE A SAFE TRANSITION HOME FOR PATIENTS DISCHARGING FROM ST JOHN MEDICAL CENTER AND JANE PHILLIPS MEDICAL CENTER WH O DO NOT HAVE A PRIMARY CARE PROVIDER OR WHO CANNOT GET AN APPOINTMENT WITH THEIR PROVIDER THROUGH SERVICES PROVIDED BY THE FACILITIES' TRANSITIONAL CARE CLINICS -PROMOTE ACCESS T O AFFORDABLE HEALTH INSURANCE COVERAGE THROUGH STATE LEGISLATIVE ADVOCACY -INCREASE THE P ROPORTION OF PERSONS WHO CAN OBTAIN OR NOT DELAY IN OBTAINING NECESSARY PRESCRIPTION MEDIC INES THROUGH THE DISPENSARY OF HOPE PROGRAM -IMPROVE ACCESS TO HEALTHCARE SERVICES BY PRO VIDING TRANSPORTATION ASSISTANCE TO COMMUNITY-DWELLING PERSONS SERVED BY ST JOHN HEALTH S YSTEM WHO ARE LIVING IN POVERTY AND/OR ARE OTHERWISE DEEMED VULNERABLE THROUGH AN AGREEME NT WITH MORTON COMPREHENSIVE COMMUNITY HEALTH CENTER (FQHC) FOR THEIR BUS SERVICES, ST JO HN CAN PROVIDE TRANSPORTATION TO THOSE IN NEED IN THE COMMUNITY WHO MEET SPECIFIC CRITERIA (ESTIMATED OVER $120,000 IN 12 MONTHS) SERVICES WILL ALSO BE PROVIDED THROUGH THE ASCENS ION/LYFT AGREEMENT ONCE A LOCAL CONTRACT IS IN PLACE THE FOLLOWING ARE STRATEGIES BEING U NDERTAKEN BY THE HOSPITAL AND HEALTH SYSTEM IN FISCAL YEAR 2017-2019 TO MEET THE ACCESS TO CARE GOAL 2 -INCREASE RECRUITMENT AND HIRING OF PROVIDERS TO IMPROVE ACCESS TO PRIMARY C ARE AND SPECIALTY SERVICES IN THE COMMUNITIES SERVED BY ST JOHN HEALTH SYSTEM THIS STRAT EGY INCLUDES THE EXPLORATION OF METHODS TO EXTEND HOURS AMONG ST JOHN CLINIC PRIMARY CARE PROVIDERS AND ADOPT PLANS TO UTILIZE VARIOUS METHODS (E G OPENING EARLY, STATING OPEN LA TE, ON DEMAND E-VISITS, ETC) TO EXTEND HOURS IN PRIMARY CARE CLINICS MANY COMMUNITIES SE RVED BY ST JOHN HEALTH SYSTEM INCLUDE PARTIAL OR TOTAL IDENTIFIED HEALTHCARE SHORTAGE ARE AS IMPROVING ACCESS TO CARE THROUGH PROVIDER RECRUITMENT ADDRESSES THESE SHORTAGE AREAS, REDUCES HEALTH DISPARITIES, AND PROMOTES HEALTH EQUITY AMONG PERSONS DEEMED VULNERABLE TH E FOLLOWING ARE STRATEGIES BEING UNDERTAKEN BY THE HOSPITAL AND HEALTH SYSTEM IN FISCAL YE AR 2017-2019 TO MEET THE ACCESS TO CARE GOAL 3 -IMPROVE ACCESS AS NEEDED FOR HEALTHCARE S ERVICES IN SOLIDARITY WITH THOSE LIVING IN POVERTY AND/OR DEEMED OTHERWISE VULNERABLE THRO UGH THE MEDIAL ACCESS PROGRAM (MAP) THE MAP PROGRAM PROACTIVELY SEEKS AND SERVES UNINSURE D PATIENTS IT CONSISTS OF THE OPERATION OF A ST JOHN-OWNED PRIMARY CARE CLINIC THAT OPER ATES AS A MEDICAL HOME FOR ABOUT 1,000 UNINSURED PATIENTS WITH CHRONIC HEALTH PROBLEMS, DO NATIONS TO OTHER ORGANIZATIONS THAT OPERATE FREE CLINICS, AND A VOUCHER PROGRAM IN WHICH T HE FREE CLINIC PARTNERS CAN REFER PATIENTS FOR SPECIALTY AND DIAGNOSTIC CARE FOR EXTENDED OUTREACH IN THE COMMUNITY, ST JOHN PARTNERS WITH SEVERAL LOCAL HEALTH AND COMMUNITY SERV ICE AGENCIES TO IDENTIFY PATIENTS WHO QUALIFY FOR THE PROGRAM THE HOSPITAL AND HEALTH SYS TEM ARE ADDRESSING BEHAVIORAL HEALTH THROUGH THE FOLLOWING GOALS AS OUTLINED GOAL 1) IMPR OVE ACCESS TO BEHAVIORAL HEALTH SERVICES, AND GOAL 2) IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES AND HAVE AN IMPACT ON THE REDUCTION OF SUICIDE RATES IN TULSA COUNTY AND SURROUND ING AREAS THE FOLLOWING ARE STRATEGIES BEING UNDERTAKEN BY THE HOSPITAL AND HEALTH SYSTEM IN FISCAL YEAR 2017-2019 TO MEET THE BEHAVIORAL HEALTH GOAL 1 - INCREASE ACCESS TO BEHAV IORAL HEALTH SERVICES FOR AT-RISK POPULATIONS THROUGH EARLY IDENTIFICATION AND INTERVENTIO N VIA AN INTEGRATED MODEL OF BEHAVIORAL HEALTH IN PRIMARY CARE THIS STRATEGY EMPHASIZES T HE USE OF PHQ9 SCREENINGS, FULL SUICIDE RISK ASSESSMENTS FOR HIGH /POSITIVE SCORE ON PHQ9, AND EMBEDDED BEHAVIORAL HEALTH THERAPISTS IN CLIN

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 SIGNIFICANT NEEDS IDENTIFIED BY CHNA - PART II	ICS - PROMOTE ACCESS TO BEHAVIORAL HEALTH SERVICES THROUGH STATE LEGISLATIVE ADVOCACY - INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES FOR COMMUNITY-DWELLING PERSONS IN NEED OF OU TPATIENT PSYCHIATRY SERVICES IN WASHINGTON COUNTY THE FOLLOWING ARE STRATEGIES BEING UNDE RTAKEN BY THE HOSPITAL AND HEALTH SYSTEM IN FISCAL YEAR 2017-2019 TO MEET THE BEHAVIORAL H EALTH GOAL 2 - IMPROVE CAPACITY FOR HUMANIZED BEHAVIORAL HEALTH CRISIS AND ACUTE CARE THR OUGH INCREASED ACCESS TO BEHAVIORAL HEALTH PROFESSIONALS AND SERVICES AS WELL AS INCREASED ASSESSMENT AND RECOGNITION OF SUICIDE RISKS AT THE COMMUNITY LEVEL THIS STRATEGY EMPHASI ZES COLLABORATION ON A COMMUNITY LEVEL RESPONSE PROGRAM PILOT BASED ON A MODEL FROM COLORA DO SPRINGS, CO WITH THE MENTAL HEALTH ASSOCIATION OF OKLAHOMA, THE TULSA FIRE DEPARTMENT, AND SEVERAL OTHER COMMUNITY PARTNERS THERE IS ADDITIONAL EMPHASIS ON VOLUNTARY QPR SUICID E ASSESSMENT TRAINING FOR ASSOCIATES AND COMMUNITY MEMBERS AS WELL AS THE IMPLEMENTATION O F A SYSTEMATIC APPROACH IN HEALTH SYSTEM TO SUPPORT EFFORTS TO HUMANIZE CRISIS AND ACUTE C ARE AT A COMMUNITY LEVEL AS WELL AS TO INCREASE ASSESSMENT AND RECOGNITION FOR POTENTIAL O F SUICIDE THE HOSPITAL AND HEALTH SYSTEM ARE ADDRESSING THROUGH THE FOLLOWING WELLNESS AN D CHRONIC DISEASE PREVENTION GOALS AS OUTLINED GOAL 1) IMPROVE HEALTH OUTCOMES AND REDUCE PREVENTABLE CONGESTIVE HEART FAILURE (CHF) READMISSIONS AMONG DIVERSE POPULATIONS DIAGNOS ED WITH CHF, GOAL 2) PROMOTE EQUITABLE AND PATIENT-CENTERED PRE-DIABETIC AND DIABETIC CARE IN SOLIDARITY WITH THOSE LIVING IN POVERTY AND/OR WHO MAY BE OTHERWISE DEEMED VULNERABLE, AND GOAL 3) IMPROVE HEALTH OUTCOMES FOR INDIVIDUALS WHO ARE IN A PRE-CONDITION STATE OR W HO HAVE BEEN DIAGNOSED WITH A CHRONIC DISEASE THE FOLLOWING ARE STRATEGIES BEING UNDERTAK EN BY THE HOSPITAL AND HEALTH SYSTEM IN FISCAL YEAR 2017-2019 TO MEET THE WELLNESS AND CHR ONIC DISEASE PREVENTION GOAL 1 - MANAGE ALL PATIENTS DIAGNOSED WITH CONGESTIVE HEART FAIL URE (CHF) ACROSS THE CONTINUUM OF CARE THROUGH STRUCTURED TRANSITION AND AN EXPANDED FOLLO W-UP APPROACH AS FACILITATED BY THE ST JOHN MEDICAL CENTER HEART FAILURE INITIATIVE THE FOLLOWING ARE STRATEGIES BEING UNDERTAKEN BY THE HOSPITAL AND HEALTH SYSTEM IN FISCAL YEAR 2017-2019 TO MEET THE WELLNESS AND CHRONIC DISEASE PREVENTION GOAL 2 -IMPLEMENT AN INITI ATIVE TO SUPPORT DIABETIC AND PRE-DIABETIC PATIENTS DISCHARGING FROM THE HOSPITAL WHO LACK PRIMARY CARE FOLLOW-UP THROUGH PATIENT CENTERED TRANSITION OF CARE, EDUCATION, AND DISEAS E MANAGEMENT SUPPORT SERVICES THE FOLLOWING ARE STRATEGIES BEING UNDERTAKEN BY THE HOSPIT AL AND HEALTH SYSTEM IN FISCAL YEAR 2017-2019 TO MEET THE WELLNESS AND CHRONIC DISEASE PRE VENTION GOAL 3 -PROMOTE HEALTHY DIET, PHYSICAL ACTIVITY, AND PREVENTION ORIENTED WELLNESS THROUGH HEALTH SYSTEM SUPPORT OF COMMUNITY-BASED INITIATIVES IN PARTNERSHIP WITH LOCAL HE ALTH DEPARTMENTS, COALITIONS, COMMUNITY-BASED ORGANIZATIONS, AND SCHOOLS, PARTICIPATION IN LOCAL ACTIVITIES, EDUCATION CLASSES, EVENTS, AND HEALTH FAIRS, AND CHRONIC DISEASE MANAGE MENT SUPPORT THE HOSPITAL AND HEALTH SYSTEM ARE ADDRESSING HEALTH LITERACY THROUGH THE FO LLOWING GOAL AS OUTLINED GOAL 1) HELP PERSONS OF DIVERSE BACKGROUNDS NAVIGATE HEALTH SERV ICES AND GAIN EMPOWERMENT IN TAKING CHARGE OF THEIR OWN HEALTH IMPROVEMENT THE FOLLOWING ARE STRATEGIES BEING UNDERTAKEN BY THE HOSPITAL AND HEALTH SYSTEM IN FISCAL YEAR 2017-2019 TO MEET THE HEALTH LITERACY GOAL 1 -ASSESS HEALTH LITERACY NEEDS AMONG PATIENTS OF DIVER SE BACKGROUNDS TO WORK TOWARDS ASSISTING PATIENTS IN UNDERSTANDING HOW TO NAVIGATE HEALTH SERVICES AND GAIN EMPOWERMENT IN TAKING CHARGE OF THEIR OWN HEALTH IMPROVEMENT WITH THE ST JOHN MEDICAL CENTER TRANSITIONAL CARE CLINIC AS THE PILOT SITE FOR THIS EFFORT

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 SIGNIFICANT NEEDS IDENTIFIED BY CHNA - PART III	THE COMMUNITY HEALTH NEEDS ASSESSMENT INEVITABLY IDENTIFIED MORE SIGNIFICANT HEALTH NEEDS THAN THE HOSPITALS, HEALTH SYSTEM, AND COMMUNITY PARTNERS CAN OR SHOULD ADDRESS AS PRIORITY HEALTH NEEDS IT WOULD NOT BE PRUDENT TO SPREAD HOSPITAL AND COMMUNITY RESOURCES ACROSS TOO MANY INITIATIVES ACCORDINGLY, THE HOSPITALS, HEALTH SYSTEM, AND COMMUNITY PARTNERS INSTEAD DECIDED TO FOCUS ATTENTION ON PRIORITY AREAS TO HELP ENSURE SUFFICIENT RESOURCES ARE AVAILABLE SOME REASONS FOR NOT ADDRESSING CERTAIN NEEDS INCLUDE NEED BEING ADDRESSED BY OTHERS, INSUFFICIENT RESOURCES (FINANCIAL AND PERSONNEL) TO ADDRESS THE NEED, ISSUE IS NOT A PRIORITY FOR COMMUNITY MEMBERS AND THEREFORE APPROACH IS UNLIKELY TO SUCCEED, LACK OF EVIDENCE-BASED APPROACH FOR ADDRESSING THE PROBLEM,NEED IS NOT AS PRESSING AS OTHER PROBLEMS, NEED IS NOT AS LIKELY TO BE RESOLVED AS OTHER PROBLEMS, AND THE HOSPITAL AND/OR HEALTH SYSTEM DOES NOT HAVE EXPERTISE TO EFFECTIVELY ADDRESS THE NEED THE FOLLOWING SIGNIFICANT HEALTH NEED WAS IDENTIFIED, BUT WILL NOT BE ADDRESSED DIRECTLY BY THE HEALTH SYSTEM AS A PRIORITY HEALTH NEED TOBACCO USE AND CESSATION THE COMMUNITY IDENTIFIED THIS NEED AS ONE THAT WAS ALREADY BEING SUFFICIENTLY ADDRESSED AT THE TIME AND DID NOT FEEL ISSUE WAS AS PRESSING OTHER NEEDS IDENTIFIED (THIS WAS A CHANGE IN PERSPECTIVE FROM OUR PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IN 2013 WHEN THE NEED WAS IDENTIFIED AS A PRIORITY NEED) IT IS IMPORTANT THAT NOTE THAT, ALTHOUGH NOT A PRIORITY HEALTH NEED FOR THE PURPOSES OF THIS PROCESS, THE HOSPITALS AND HEALTH SYSTEM WILL CONTINUE EXISTING ACTIVITIES REGARDING TOBACCO USE AND CESSATION WHILE NOT NECESSARILY NOTED AS ONE OF OUR FOUR PRIORITY HEALTH NEEDS, THE REMAINDER OF SIGNIFICANT COMMUNITY HEALTH NEEDS WERE CLOSELY INTER-RELATED WITH THE PRIORITY NEEDS SO, WHILE, THEY MAY NOT BE EXPLICITLY LISTED AS A PRIORITY HEALTH NEED, THE HOSPITALS AND HEALTH SYSTEM DO FEEL CONFIDENT THAT THE NEEDS ARE BEING ADDRESSED BY ADDRESSING THE FOUR SELECTED PRIORITY HEALTH NEEDS

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

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	COMMUNITY BENEFIT REPORT ST JOHN HEALTH SYSTEM, INC 'S (THE "ST JOHN SYSTEM" OR "ST JOHN") MISSION IS TO IMPROVE THE HEALTH STATUS OF THE INDIVIDUALS WHO LIVE IN THE COMMUNITIES WE SERVE WITH A SPECIAL EMPHASIS ON THE POOR AND VULNERABLE AMONG US, FAITHFUL TO THE TEACHING OF JESUS CHRIST AND THE VALUES OF OUR SPONSORS AND THE CATHOLIC CHURCH OUR PROMISE TO OUR PATIENTS AND TO OUR COMMUNITIES IS TO PROVIDE MEDICAL EXCELLENCE AND COMPASSIONATE CARE WE STRIVE TO PROVIDE HEALTHCARE THAT WORKS, HEALTHCARE THAT IS SAFE AND HEALTHCARE THAT LEAVES NO ONE BEHIND TO MEET THIS MISSION, THE ST JOHN SYSTEM HAS OPERATED SINCE THE 1920'S, GROWING FROM A FLEDGLING COMMUNITY HOSPITAL, IN WHAT WAS THEN THE SOUTHERN EDGE OF TULSA, OKLAHOMA, TO AN INTEGRATED HEALTH CARE DELIVERY SYSTEM SERVING NORTHEASTERN OKLAHOMA AND SURROUNDING STATES THE ST JOHN SYSTEM INCLUDES THOUSANDS OF ASSOCIATES, EMPLOYED PHYSICIANS AND ADVANCED PRACTICE PROVIDERS, HUNDREDS MORE INDEPENDENT PHYSICIANS AND DOZENS OF VOLUNTEERS THEY SERVE PATIENTS IN SIX OWNED HOSPITALS OPERATING NEARLY 800 BEDS, SEVERAL SENIOR NURSING AND HOUSING FACILITIES, DOZENS OF PHYSICIAN OFFICES, CLINICS AND URGENT CARE CENTERS, A REFERENCE LABORATORY, AND PARTNERSHIPS AND VENTURES THAT INCLUDE A HEALTH INSURANCE COMPANY, SEVERAL AMBULATORY SURGERY CENTERS AND OTHER HEALTH CARE ACTIVITIES TOGETHER, OUR ASSOCIATES, PHYSICIANS AND VOLUNTEERS TOUCH THE LIVES OF THOUSANDS OF PATIENTS EVERY DAY, INCLUDING THE POOR AND THE VULNERABLE THE ST JOHN SYSTEM IS COMMITTED TO CONTINUE THE LEGACY OF HEALTH CARE EXCELLENCE AND SERVICE STARTED BY OUR ORIGINAL FOUNDERS AND SPONSORS, THE SISTERS OF THE SORROWFUL MOTHER, BY CONTINUING TO PROVIDE VITAL SERVICES TO THE COMMUNITIES WITH CONTINUED EMPHASIS ON SERVICE TO THE POOR AND POWERLESS OUR MISSION AND VALUES OUR MISSION OF SERVICE AND OUR CATHOLIC VALUES COMPEL US TO FULFILL OUR PROMISE OF MEDICAL EXCELLENCE AND COMPASSIONATE CARE TO ALL WHO NEED OUR SERVICES, WITH A SPECIAL EMPHASIS ON SERVICE TO THE POOR AND THE POWERLESS WE WILL DO THIS BY PROVIDING HEALTH CARE THAT WORKS, HEALTH CARE THAT IS SAFE, AND HEALTH CARE THAT LEAVES NO ONE BEHIND WE WILL ENDEAVOR TO ESTABLISH TRUSTED RELATIONSHIPS WITH OUR PATIENTS OVER THEIR ENTIRE LIVES SEEKING TO IMPROVE THEIR HEALTH AND WORKING TO HEAL THEIR MINDS AND BODIES WHEN AFFLICTED BY INJURY OR ILLNESS SEE SUPPLEMENTAL INFORMATION (SCHEDULE H, PART VI)

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies After applying the cost-to-charge ratio, the share of the bad debt expense is recorded at cost

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

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

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	A cost to charge ratio is applied to the organization's Medicare Expense to determine the Medicare allowable costs reported in the organization's Medicare Cost Report Ascension Health and its related health ministries follow the Catholic Health Association (CHA) guidelines for determining community benefit CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- St John Broken Arrow, Inc Line 16a URL http //www stjohnhealthsystem com/about/payment-for-services,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- St John Broken Arrow, Inc Line 16b URL http //www stjohnhealthsystem com/about/payment-for-services,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	The Hospital conducted a Community Health Needs Assessment jointly with its parent entity - St John Health System, Inc ("SJHS") SJHS participates in ongoing community-based needs assessments Some of the most significant recent activity includes conducting a Community Health Needs Assessment (CHNA) for hospital and the communities we serve as well as developing an Implementation Strategy Plan for addressing priority community health needs identified in each assessment The most recent CHNAs and Implementation Strategy for each hospital were completed in 2016 Both the most recent CHNA in 2016 and the previous CHNA from 2013 as well as Implementation Strategy Plans are posted to the Hospital and Health System websites http //www stjohnhealthsystem com/about/community-health-needs-assessment Many local health departments, public health entities, and community organizations participated in the CHNAs and Implementation Strategy In addition to the above, SJHS through its subsidiary, St John Medical Center, Inc , has established a Medical Access Program ("MAP") that is attempting to improve and expand access to health care services to the most vulnerable members of the Tulsa community All SJHS Tulsa Hospitals including St John Medical Center, Inc (Tulsa), Owasso Medical Facility, Inc , St John Sapulpa, Inc , and St John Broken Arrow, Inc participate in this initiative This program is overseen by representatives of St John, the George Kaiser Family Foundation, trustees of the Chapman trusts and The University of Oklahoma Tulsa School of Community Medicine The MAP program includes participation of other health care providers including Good Samaritan clinics, Day Center for the Homeless, Community Health Connections FQHC, Morton Health FQHC, and a network of volunteer physician providers and other organizations The MAP program regularly receives input from all of these organizations on needed services in the community which helps to prioritize the limited resources available to address community needs

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	As described above the Hospital is part of St John Health System, Inc ("SJHS") Although SJHS provides a full spectrum of health related services throughout Northeastern Oklahoma, its tertiary operations and a large part of its other services are concentrated in the Tulsa Metropolitan Statistical Area (the "Tulsa MSA") According to the 2010 Census, the State of Oklahoma had a resident population of 3,751,351 persons compared to 3,450,654 persons in 2000 This is an 8 7% increase The U S Census Bureau estimated that in 2009, 13 5% of the Oklahoma resident population was eligible for Medicare, compared to 14 7% in 2000 Tulsa County, Oklahoma and the counties that make up the Tulsa MSA, according to the 2010 Census, had populations of 603,403 and 1,006,460, respectively This compares to populations of 563,299 and 803,235 persons, respectively in 2000, and represents population growth of 7 1% and 25 5%, respectively The data shows that the counties in the Tulsa MSA that surround Tulsa County grew much faster from 2000 to 2010 At the same time, the population within Tulsa County shifted away from the city of Tulsa and to suburbs such as Owasso and Broken Arrow The cities of Broken Arrow and Owasso were two of the fastest growing communities in Oklahoma between 2000 and 2010 The population of the city of Owasso grew 56% to 28,915 from 2000 to 2010 and the population of the city of Broken Arrow grew 32% to 98,850 from 2000 to 2010 Wagoner County (southeast of Tulsa) and Rogers County (northeast of Tulsa) showed the two highest population growth rates from 2000 to 2010 Every county in the 8 county Tulsa MSA except Pawnee County grew in population from 2000 to 2010 Washington County, directly north of Tulsa County, which includes the city of Bartlesville (and Jane Phillips Memorial Medical Center), also grew in population from 2000 to 2010 When the population of Washington County is added to the population of Tulsa County, the 2010 combined population was 1,059,436 There is significant disparity in the general health of populations within the service area depending upon where an individual lives and to what socioeconomic and ethnic group they belong Citizens who reside in "North" Tulsa and in some areas of "East" and "West" Tulsa generally have poorer health and shorter life spans than individuals who live in "South" Tulsa Members of minority groups (many of whom reside in the geographic areas described above) share these same health characteristics It has been demonstrated that these individuals have less access to regular health care services, including specialty care, and many seek even their primary care in hospital emergency rooms, including all of the SJHS Hospitals Some significant minority groups in the Hospital's and SJHS's principal service area include Native Americans, Hispanics and African Americans Each of these groups share common socioeconomic challenges making them more likely to be poor and be uninsured for health care Each of these groups has unique ethnic health risk factors that contribute to health status that is generally poorer than their White counterparts However, even among the White population in the Hospital's service area, there is a significant adverse health care status In general, Oklahoma (including the Hospital's service area) ranks near the bottom in many if not most measures of health status in the UNITED STATES There are high rates of smoking, diabetes, obesity, upper respiratory illness, chronic heart conditions and many other factors There are high rates of uninsured and underinsured individuals and families in the communities and geographies served by the Hospital, which create many challenges in meeting the demand for basic services and in improving the health status of the population

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	ST JOHN HEALTH SYSTEM, INC , HEADQUARTERED IN TULSA, OKLAHOMA, AND WITH FACILITIES LOCATED THROUGHOUT NORTHEASTERN OKLAHOMA, IS AN OKLAHOMA NONPROFIT HEALTH SYSTEM IT OWNS AND OPERATES AN INTEGRATED TERTIARY HEALTH CARE DELIVERY SYSTEM THAT PROVIDES SERVICES PRIMARILY IN NORTHEASTERN OKLAHOMA ST JOHN HEALTH SYSTEM, INC AND ITS SUBSIDIARIES, AFFILIATES, AND EMPLOYED AND AFFILIATED PHYSICIANS, PROVIDE HEALTH CARE SERVICES FOR PATIENTS OF ALL AGES ACROSS A BROAD CONTINUUM OF CARE, FROM PHYSICIAN PRIMARY CARE AND SPECIALTY SERVICES TO AMBULATORY AND INPATIENT ACUTE AND POST-ACUTE SERVICES, AND INCLUDING SENIOR NURSING AND SENIOR LIVING SERVICES THE HEALTH MINISTRY IS RELATED TO ASCENSION HEALTH'S OTHER SPONSORED ORGANIZATIONS THROUGH COMMON CONTROL SUBSTANTIALLY ALL EXPENSES OF THE HEALTH MINISTRY ARE RELATED TO PROVIDING HEALTH CARE SERVICES ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011 ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 23 STATES AND THE DISTRICT OF COLUMBIA ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON THE PARTICIPATING ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, ST LOUISE PROVINCE, THE CONGREGATION OF ST JOSEPH, THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET, THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC - AMERICAN PROVINCE, AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE MISSION THE SYSTEM DIRECTS ITS GOVERNANCE AND MANAGEMENT ACTIVITIES TOWARD STRONG, VIBRANT, CATHOLIC HEALTH MINISTRIES UNITED IN SERVICE AND HEALING, AND DEDICATES ITS RESOURCES TO SPIRITUALLY CENTERED CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES IT SERVES IN ACCORDANCE WITH THE SYSTEM'S MISSION OF SERVICE TO THOSE PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS, EACH HEALTH MINISTRY ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY THE SYSTEM USES FOUR CATEGORIES TO IDENTIFY THE RESOURCES UTILIZED FOR THE CARE OF PERSONS LIVING IN POVERTY AND COMMUNITY BENEFIT PROGRAMS - TRADITIONAL CHARITY CARE INCLUDES THE COST OF SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED - UNPAID COST OF PUBLIC PROGRAMS, EXCLUDING MEDICARE, REPRESENTS THE UNPAID COST OF SERVICES PROVIDED TO PERSONS COVERED BY PUBLIC PROGRAMS FOR PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS - COST OF OTHER PROGRAMS FOR PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS INCLUDES UNREIMBURSED COSTS OF PROGRAMS INTENTIONALLY DESIGNED TO SERVE THE PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS OF THE COMMUNITY, INCLUDING SUBSTANCE ABUSERS, THE HOMELESS, VICTIMS OF CHILD ABUSE, AND PERSONS WITH ACQUIRED IMMUNE DEFICIENCY SYNDROME - COMMUNITY BENEFIT CONSISTS OF THE UNREIMBURSED COSTS OF COMMUNITY BENEFIT PROGRAMS AND SERVICES FOR THE GENERAL COMMUNITY, NOT SOLELY FOR THE PERSONS LIVING IN POVERTY, INCLUDING HEALTH PROMOTION AND EDUCATION, HEALTH CLINICS AND SCREENINGS, AND MEDICAL RESEARCH DISCOUNTS ARE PROVIDED TO ALL UNINSURED PATIENTS, INCLUDING THOSE WITH THE MEANS TO PAY DISCOUNTS PROVIDED TO THOSE PATIENTS WHO DID NOT QUALIFY FOR ASSISTANCE UNDER CHARITY CARE GUIDELINES ARE NOT INCLUDED IN THE COST OF PROVIDING CARE OF PERSONS LIVING IN POVERTY AND OTHER COMMUNITY BENEFIT PROGRAMS THE COST OF PROVIDING CARE TO PERSONS LIVING IN POVERTY AND OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED BY REDUCING CHARGES FORGONE BY A FACTOR DERIVED FROM THE RATIO OF EACH ENTITY'S TOTAL OPERATING EXPENSES TO THE ENTITY'S BILLED CHARGES FOR PATIENT CARE CERTAIN COSTS SUCH AS GRADUATE MEDICAL EDUCATION AND CERTAIN OTHER ACTIVITIES ARE EXCLUDED FROM TOTAL OPERATING EXPENSES FOR PURPOSES OF THIS COMPUTATION

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	OK

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 38-3833117
Name: St John Broken Arrow Inc

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	St John Broken Arrow Inc 1000 West Boise Circle Broken Arrow, OK 741024900 www stjohnhealthsystem com 2380	X	X					X			

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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" on 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

2015

Open to Public Inspection

Name of the organization
St John Broken Arrow Inc

Employer identification number
38-3833117

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 on 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**	Yes	
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 on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 COMPENSATION	ST JOHN HEALTH SYSTEM, INC , A RELATED ORGANIZATION OF ST JOHN BROKEN ARROW, INC , USES THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT -COMPENSATION COMMITTEE -INDEPENDENT COMPENSATION CONSULTANT -COMPENSATION SURVEY OR STUDY -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following former officer received severance payments from the organization or a related organization during calendar year 2015 Samuel C Anderson - 430,776
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 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
Schedule J, Part I, Line 7 Non-fixed payments	St John Health System, Inc is the controlling member organization of an integrated healthcare system ("System") The System has established an executive accountability and financial incentive plan that encourages the executives' participation in the significant improvements of the quality, financial, growth, and human resource related operations of the Organization Eligibility is triggered when the System meets certain earnings targets, however, payments received under the plan are not based on the earnings of the Organization Executives receive points under a plan scoring system for meeting their predetermined goals The points are then entered into the plan formula to determine the executives' incentive compensation Maximum payments under the financial incentive plan are 30% percent of base pay for most executives

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 38-3833117
Name: St John Broken Arrow Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SAMUEL C ANDERSON FORMER OFFICER (END 6/14)	(I)	0	0	0	0	0	0	0
	(II)	41,246	2,730	438,551	0	-19,713	-502,240	0
1 DAVID L PHILLIPS PRESIDENT & COO	(I)	0	0	0	0	0	0	0
	(II)	262,190	118,728	3,833	7,950	-20,277	-412,979	0
2 WILLIAM E WEEKS VICE CHAIR (END 8/31/15)/PRES CEO UTICA SVCS/VP AH COO OKTUL	(I)	0	0	0	0	0	0	0
	(II)	586,473	213,335	7,524	13,361	-16,333	-837,026	0
3 JEFFREY D NOWLIN DIRECTOR (END 8/31/15)/PRESIDENT & COO SJMC	(I)	0	0	0	0	0	0	0
	(II)	441,656	136,635	1,519	14,799	-20,208	-614,817	0
4 DAVID J PYNN FORMER OFFICER (END 6/13)/CEO SJHS/SVP AH OKTUL	(I)	0	0	0	0	0	0	0
	(II)	805,290	1,414,556	21,120	8,468	-28,652	-2,278,087	0
5 LEX ANDERSON TREASURER/ EXEC VP, SJHS CFO	(I)	0	0	0	0	0	0	0
	(II)	508,699	182,481	16,420	7,324	-18,446	-733,370	0
6 KEVIN STECK SECRETARY/VP INTEGRITY & COMPLIANCE	(I)	0	0	0	0	0	0	0
	(II)	232,265	64,804	2,141	10,631	-2,241	-312,083	0
7 ROBERT O CATHER REGIONAL PHARMACY MANAGER	(I)	156,306	1,556	1,906	4,877	16,419	181,064	0
	(II)	0	0	0	0	-0	-0	0
8 MICHAEL R NEVINS DIRECTOR CFO	(I)	69,396	11,678	4,984	4,054	14,548	104,660	0
	(II)	57,372	0	0	0	-0	-57,372	0
9 DWAN R BORENS CHIEF NURSING OFFICER SJBA	(I)	119,172	9,022	239	5,570	17,503	151,504	0
	(II)	0	0	0	0	-0	-0	0

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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

2015

Open to Public Inspection

Name of the organization
St John Broken Arrow Inc

Employer identification number
38-3833117

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 1	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 SUBSIDIARIES UNDER ST JOHN'S DIRECT OR INDIRECT CONTROL OR OWNERSHIP ARE REFERRED TO HEREIN AS "THE ST JOHN SYSTEM" THE ST JOHN SYSTEM SUPPORTS THE PURPOSE AND ACTIVITIES OF ASCENSION HEALTH AND BOTH ST JOHN'S AND ASCENSION HEALTH'S POWERS MUST BE EXERCISED IN ACCORDANCE WITH THE TEACHINGS, TRADITIONS AND CANON LAW OF THE ROMAN CATHOLIC CHURCH AND THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH FACILITIES PROMULGATED BY THE NATIONAL CONFERENCE OF CATHOLIC BISHOPS OF THE UNITED STATES CATHOLIC CONFERENCE MISSION AND VALUES AS A CATHOLIC HEALTHCARE ORGANIZATION, ST JOHN CARRIES ON THE MISSION OF ITS SPONSORS, THROUGH ASCENSION HEALTH, OF CONTINUING THE HEALING MINISTRY OF JESUS CHRIST IT ASPIRES TO PROVIDE HEALTH CARE THAT WORKS, HEALTH CARE THAT IS SAFE, AND HEALTH CARE THAT LEAVES NO ONE BEHIND, WITH A PROMISE TO OUR PATIENTS AND THE COMMUNITIES WE SERVE OF PROVIDING MEDICAL EXCELLENCE AND COMPASSIONATE CARE IT OPERATES IN CONFORMANCE WITH "THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH FACILITIES " FAITHFUL TO THE SPONSORSHIP MISSION, PHILOSOPHY AND VALUES, ST JOHN'S MISSION IS TO PROVIDE HEALTHCARE AND RELATED MINISTRIES FOR THE PEOPLE SERVED, ESPECIALLY THE SICK, THE POOR AND THE POWERLESS THE BOARD OF DIRECTORS, MANAGEMENT AND EMPLOYEES OF ST JOHN ARE GUIDED IN THEIR DAY-TO-DAY ACTIONS AND INTERACTIONS WITH THOSE WHO SERVE AND WHO ARE SERVED BY THE VALUES OF SERVICE TO THE POOR, WISDOM, REVERENCE, CREATIVITY, DEDICATION AND INTEGRITY ST JOHN AND THE HOSPITAL COLLABORATE WITH OTHER INDIVIDUALS AND INSTITUTIONS IN THE VARIOUS COMMUNITIES SERVED TO ASCERTAIN COMMUNITY NEEDS AND PROVIDE A BROAD RANGE OF SERVICES ALONG THE HEALTHCARE CONTINUUM TO HELP MEET THOSE NEEDS PROGRAMS AND SERVICES INCLUDE PREVENTIVE, DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE PROGRAMS, INCLUDING AN EMPHASIS ON HEALTH PROMOTION AND DISEASE PREVENTION ST JOHN ALSO ADVOCATES FOR PUBLIC POLICIES WHICH ADVANCE A HEALTHY AND JUST SOCIETY ST JOHN WORKS WITH LOCAL, STATE AND NATIONAL LEADERS AND ORGANIZATIONS TO BRING ABOUT A HEALTHCARE DELIVERY SYSTEM THAT PROVIDES DIGNIFIED ACCESS TO AND AFFORDABLE, HIGH QUALITY HEALTHCARE FOR ALL PERSONS COMMUNITY NEEDS ASSESSMENT EACH OWNED HOSPITAL IN THE ST JOHN SYSTEM 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 (45TH IN 2015) 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 THE HOSPTIAL ADDITIONALLY COLLABORATED WITH THE TULSA CITY-COUNTY HEALTH DEPARTMENT, PATHWAYS TO HEALTH, AND STAKEHOLDERS IN TULSA COUNTY FOR IDENTIFICATION AND PRIORITIZATION OF NEEDS UPON COMPLETION OF THE ASSESSMENT WITH INPUT FROM LOCAL PUBLIC HEALTH OFFICIALS AND OTHER LEADERS, ST JOHN BROKEN ARROW, INC IDENTIFIED COLLABORATIVELY WORKED TOWARD ADDRESSING THE FOLLOWING PRIORITY NEEDS AS A HOSPITAL WITHIN A LARGER HEALTH SYSTEM AND THROUGH SUPPORTING THE NEEDS IDENTIFIED FOR A COMMUNITY-WIDE PLAN 1 DIET, INACTIVITY, AND OBESITY - ACTIVE PARTICIPATON BY SEVERAL ASSOCIATES IN THE COMMUNITY WIDE COALITION, PATHWAYS TO HEALTH (P2H) P2H SUPPORTS THE TULSA CITY-COUNTY HEALTH DEPARTMENT AND A MULTITUDE OF COMMUNITY PARTNERS P2H WAS FORMED BY THE TULSA CITY-COUNTY HEALTH DEPARTMENT IN 2008 IN RESPONSE TO A CHALLENGE TO DECREASE THE OVERLAP OF HEALTH SERVICES AND IDENTIFY GAPS WHERE LEADERS ARE MISSING VULNERABLE POPULATIONS TODAY, P2H IS AN INCORPORATED NON-PROFIT ENTITY WITH THE GOAL TO CONNECT COMMUNITY HEALTH RESOURCES TO THOSE WHO NEED IT MOST P2H LEVERAGES COMMUNITY-WIDE PARTNERSHIPS WITH MORE THAN 90 LOCAL AGENCIES, ORGANIZATIONS, CORPORATIONS AND HEALTH SYSTEMS TO IMPROVE THE HEALTH AND WELLNESS OF RESIDENTS OF TULSA COUNTY DURING 2015, PATHWAYS TO HEALTH COMMUNITY FOUNDATION SET OBESITY PREVENTION AS ITS PRIMARY FOCUS ST JOHN HEALTH SYSTEM ALSO COLLABORATED WITH P2H ON A NUMBER OF HEALTH AND WELLNESS INITIATIVES, ACTIVITIES, AND EVENTS THROUGHOUT FY 2014-2016 INCLUDING, BUT NOT LIMITED TO -THE 29TH ANNUAL TOUR DE TULSA PRESENTED BY ST JOHN HEALTH SYSTEM -THIS COMMUNITY BIKE RIDE TOOK PLACE ON SATURDAY, MAY 7, 2016 WITH MORE THAN 700 CYCLISTS FROM ACROSS THE STATE AND REGION PARTICIPATING CYCLISTS COMPLETED THEIR CHOICE OF 22, 50, 62, OR 100 MILE ROUTES AND FAMILIES WERE ENCOURAGED TO PARTICIPATE IN A FAMILY FUN RIDE TOUR DE TULSA IS HOSTED ANNUALLY BY THE TULSA CITY-COUNTY HEALTH DEPARTMENT AND THE TULSA BICYCLE CLUB AS A WAY TO PROMOTE HEALTH IN THE COMMUNITY ST JOHN HEALTH SYSTEM WAS PROUD TO BE THE FIRST-EVER PRESENTING SPONSOR OF THE TOUR DE TULSA THIS EVENT PAIRED OUR ONGOING COMMITMENT TO ENCOURAGE PHYSICAL ACTIVITY FOR INDIVIDUALS OF ALL AGES, WHILE SUPPORTING VITAL COMMUNITY PROGRAMS THAT FOCUS ON INITIATIVES TO IMPROVE OVERALL HEALTH OUTCOMES TO AREA RESIDENTS - P2H BLOCK PARTIES- ST JOHN HEALTH SYSTEM ASSOCIATES PARTICIPATED IN A SERIES OF FREE COMMUNITY BLOCK PARTIES THROUGHOUT TULSA COUNTY HOSTED BY P2H IN 2013-2015 THE INTERACTIVE AND FAMILY-FRIENDLY EVENTS INCLUDED ACTIVITIES SUCH AS COOKING DEMONSTRATIONS, FITNESS CLASSES, GAMES, HEALTH SCREENINGS, SNACKS, AND FUN FOR ALL AGES -FOOD ON THE MOVE- ST JOHN HEALTH SYSTEM ASSOCIATES PARTICIPATED IN SIX FOOD ON THE MOVE MOBILE FOOD INITIATIVE EVENTS IN 2015-2016 FOOD ON THE MOVE IS A COLLABORATION OF FOOD AND HEALTH EXPERTS AND COMMUNITY PARTNERS TO MOBILIZE QUALITY FOOD INTO HARD TO REACH ECONOMICALLY CHALLENGED AREAS, HELPING COMBAT HUNGER IN TULSA AND OKLAHOMA IN A NEW WAY HEALTH AND WELLNESS EDUCATION AND SCREENINGS (E G BLOOD PRESSURE, HEALTHY NUTRITION) WERE OFFERED BY NURSES, A DIETICIAN, AND A PHYSICIAN FROM ST JOHN HEALTH SYSTEM AT THESE EVENTS - THE ST JOHN HEALTH SYSTEM PARTICIPATED IN 269 COMMUNITY EVENTS, MANY FOCUSED-ON HEALTH PROMOTION AND WELLNESS IN PARTICULAR, THE HEALTH SYSTEM SPONSORED AND PARTICIPATED IN A NUMBER OF LOCAL HEALTH PROMOTION WALKS AND RUNS DURING THIS TIME PERIOD INCLUDING, BUT NOT LIMITED TO THE AMERICAN CANCER SOCIETY'S RELAY FOR LIFE EVENTS, AMERICAN HEART AND AMERICAN STROKE ASSOCIATIONS' HEART WALK, SUSAN G KOMEN'S RACE FOR THE CURE, PARKINSON FOUNDATION OF OKLAHOMA'S TULSA PARKINSON'S WALK & 5K, AND OKLAHOMA CHAPTER OF THE ALZHEIMER'S ASSOCIATION'S WALK TO END ALZHEIMER'S THE HEALTH SYSTEM AND HOSPITAL OFFERED ASSOCIATES FREE OR DISCOUNTED REGISTRATION FEES FOR MANY THESE LOCAL RUNS AND WALKS THE HEALTH SYSTEM IS THE ANNUAL PRESENTING SPONSOR AND MEDICAL PROVIDER FOR THE ST JOHN TULSA ZOORUN THIS IS A FAMILY-FRIENDLY RACE OFFERING A 5K, 10K, 1-MILE FUNRUN, AND CHILDREN'S ACTIVITIES THROUGH THE ST JOHN KIDS CLUB THE ZOORUN IS THE SECOND OLDEST RUNNING EVENT IN TULSA AND SIXTH LARGEST RACE IN THE STATE IN 2015 ALONE, MORE THAN 70 ST JOHN ASSOCIATES VOLUNTEERED AT THE ZOORUN ST JOHN HEALTH SYSTEM IS ALSO AN ANNUAL SPONSOR AND THE OFFICIAL MEDICAL PROVIDER FOR THE TULSA RUN APPROXIMATELY 60 ST JOHN ASSOCIATES VOLUNTEER TO ASSIST WITH RACE DAY MEDICAL NEEDS FOR RUNNERS EACH YEAR THE TULSA RUN ATTRACTS 10,000 RUNNERS ANNUALLY AND IS THE OLDEST AND ONE OF THE LARGEST RUNS IN OKLAHOMA ST JOHN ASSOCIATES PROMOTED HEALTH AND WELLNESS THROUGH HEALTH SCREENINGS AND PUBLIC EDUCATION AT THESE EVENTS EACH YEAR A BUDGET IS ESTABLISHED FOR THIS PURPOSE AND IS EXCEEDED THROUGH IDENTIFICATION OF ADDITIONAL COMMUNITY REQUESTS THE HEALTH SYSTEM AND HOSPITAL ALSO HOSTED A MULTITUDE OF PUBLIC HEALTH EDUCATION SEMINARS, CLASSES, AND SYMPOSIUMS ON A VARIETY OF WELLNESS TOPICS INCLUDING, BUT NOT LIMITED TO DIABETES, HEART HEALTH, STROKE, SAFETY AND PREVENTION, TRAUMA, MATERNAL AND CHILD HEALTH, JOINT CARE, CANCER CARE, HEALTHY DIET AND NUTRITION, AND THE PROMOTION OF PHYSICAL ACTIVITY -ST JOHN BROKEN ARROW ANNUALLY ENGAGES WITH THE LOCAL SCHOOL DISTRICT IN SUPPORTING VARIOUS EVENTS SUCH AS THE ST JOHN BROKEN ARROW HEALTH FAIR THE ANNUAL HEALTH FAIR IS AVAILABLE TO INDIVIDUALS AND FAMILIES IN THE BROKEN ARROW AND SURROUNDING COMMUNITIES THE EVENT PROVIDES FREE HEALTH SERVICES AND SCREENINGS SUCH BLOOD PRESSURE CHECKS, BONE DENSITY TESTS, AND OXYGEN SATURATION READINGS, HEALTH EDUCATION, AND PHYSICIAN AND NURSE CONSULTATIONS -THE HOSPITAL ALSO COLLABORATES WITH BROKEN ARROW PUBLIC SCHOOLS AND THE BROKEN ARROW POLICE DEPARTMENT TO HOST AN ANNUAL BACK TO SCHOOL BASH EVENT OFFERING IMMUNIZATIONS, EDUCATION, FREE SCHOOL SUPPLIES, ETC FOR CHILDREN RETURNING TO SCHOOL FOR THE YEAR -ST JOHN BROKEN ARROW AND TULSA BONE AND JOINT ASSOCIATES SERVE AS THE OFFICIAL MEDICAL PROVIDER OF SPORTS MEDICINE FOR THE BROKEN ARROW PUBLIC SCHOOLS ALONG WITH ST JOHN OWASSO AND TULSA BONE ASSOCIATES, THE HOSPITAL SPONSORS AND PARTICIPATES THE ANNUAL BATTLE OF THE BATS THIS IS A FACEOFF BETWEEN TWO OF THE STATE'S PREMIER HIGH SCHOOL BASEBALL PROGRAMS, THE OWASSO RAMS AND THE BROKEN ARROW TIGERS THIS EVENT IS PROMOTES HEALTHY LIFESTYLES AND INCLUDES ST JOHN KIDS CLUB AND OTHER HEALTH PROMOTION GIVEAWAYS AS WELL AS HEALTH INFORMATION PROVIDED BY TULSA BONE & JOINT ASSOCIATES - THE HOSPITAL AND HEALTH SYSTEM'S FOOD AND NUTRITION SERVICES CONTINUES TO COLOR CODE HEALTHY MENU ITEMS ON OUR ONLINE MENUS CALORIE CONTENTS OF SELECT MENU ITEMS ARE NOW POSTED ON ELECTRONIC MENU BOARDS IN THE CAFETERIAS - ST JOHN HEALTH SYSTEM AND ITS HOSPITALS BEGAN PARTICIPATED IN ASCENSION HEALTH'S SMART HEALTH WELLNESS PROGRAM INITIATIVES - FIRST FOCUSING ON OUR OWN ASSOCIATES AND SUBSEQUENTLY TAKING LESSONS LEARNED TO THE BROADER COMMUNITY A TOTAL OF 1,538 ASSOCIATES COMPLETED THE 2015 WELLNESS PROGRAM 2 MENTAL HEALTH, SUBSTANCE ABUSE, TOBACCO USE - AS A HEALTHCARE PROVIDER OF EMERGENCY AND ACUTE HOSPITAL AND RELATED SERVICES, THE HOSPITAL SEES THE DIRECT AND OFTEN DEVASTATING EFFECTS OF ALCOHOL AND DRUG ABUSE, AS WELL AS TOBACCO USE, ON A DAILY BASIS MANY, IF NOT MOST, OF THE PATIENTS WHO PRESENT TO THE SYSTEM IN ACUTE CRISIS FROM ALCOHOL AND ABUSE - WHETHER FROM INJURY OR OVERDOSE (OR BOTH) - ALSO HAVE UNDERLYING ACUTE OR CHRONIC MENTAL HEALTH CONDITIONS AND NEEDS THE HEALTH SYSTEM IS EXPLORING HOW VIRTUAL TECHNOLOGY MIGHT BE USED TO SUPPORT HOSPITALS IN PROVIDING BETTER ACCESS TO PATIENTS FOR MENTAL HEALTH SERVICES -ST JOHN HEALTH SYSTEM CONTINUES TO PROVIDE THE DRUG AND ALCOHOL EDUCATION PROGRAM BY CONTRACT TO BISHOP KELLEY STUDENTS ANNUALLY IN TULSA THE PROGRAM IS OPEN TO ANYONE WHO WANTS TO ATTEND -THE HOSPITAL AND HEALTH SYSTEM CONTINUE TO STRIVE TO PROVIDE PATIENTS RECEIVING INPATIENT HOSPITAL CARE AND PATIENTS RECEIVING PRIMARY CARE PATIENTS IN MEDICAL HOMES WITH EDUCATION AND SERVICES TO PROMOTE MENTAL WELL-BEING AS WELL AS THE PREVENT OR REDUCE THE OCCURRENCE SUBSTANCE ABUSE IN OUR MEDICAL ACCESS CLINIC (MAC), FOR INSTANCE, WE HAVE PARTNERED WITH OTHER SAFETY NET PROVIDERS TO EXPAND ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE RESOURCES

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. 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 OKLAHOMA TOBACCO HELPLINE AT 1-800-QUITNOW AND OKHELPLINE.COM FOR TOBACCO CESSATION - THROUGH A HOSPITAL OUTPATIENT DEPARTMENT AT ST JOHN BROKEN ARROW, INC , MENTAL HEALTH AND DRUG AND ALCOHOL COUNSELING ARE PROVIDED PATIENTS FROM ANY OF OUR HOSPITALS AND CLINICS MAY BE REFERRED TO THIS SERVICE WHICH HAS A CONVENIENT, ACCESSIBLE LOCATION THERE ARE CURRENTLY FOUR EMBEDDED OUTPATIENT BEHAVIORAL HEALTH THERAPISTS THAT ARE SHARED ACROSS 12 SITES REFERRALS ARE ALSO MADE TO AREA AGENCIES 3 CHRONIC DISEASE MANAGEMENT - ST JOHN BROKEN ARROW, INC PARTICIPATES AS AN ACCOUNTABLE CARE ORGANIZATION (ACO) PARTICIPANT IN THE MEDICARE SHARED SAVINGS PROGRAM, WHICH ESTABLISHES SEVERAL QUALITY AND PROCESS OUTCOME MEASURES THAT PERTAIN TO CHRONIC DISEASE MANAGEMENT SUCH AS DIABETES, HYPERTENSION, CORONARY ARTERY DISEASE, AND COPD - EMPLOYED PHYSICIANS OF THE HEALTH SYSTEM ALSO PARTICIPATE IN COMPREHENSIVE PRIMARY CARE WHICH FOCUSES ON A MEDICAL HOME MODEL IN CARE FOR HIGH RISK PATIENTS WITH CHRONIC CONDITIONS 4 ACCESS TO CARE ACCESS TO SERVICES IN OKLAHOMA IS A SIGNIFICANT CHALLENGE DUE TO THE LIMITED AVAILABILITY OF PRIMARY CARE PHYSICIANS AND STRESS ON HOSPITAL EMERGENCY ROOM ACCESS AND INPATIENT BEDS DUE TO A GROWING NUMBER OF TRANSFERS FROM UNDERSERVED RURAL AREAS IN OKLAHOMA - THE HEALTH INSURANCE MARKETPLACE, A PART OF THE AFFORDABLE CARE ACT (ACA), WAS LAUNCHED IN OCTOBER 2013, GIVING AMERICANS A VARIETY OF NEW OPTIONS FOR HEALTH COVERAGE SINCE THEN, ST JOHN HEALTH SYSTEM HAS EXPENDED CONSIDERABLE EFFORT ENCOURAGING INDIVIDUALS TO SIGN UP FOR COVERAGE THROUGH THE HEALTH INSURANCE MARKETPLACE. THOUGH WE STILL HAVE A LONG WAY TO GO, OUR EFFORTS BRING OUR COMMUNITIES CLOSER TO ASCENSION'S GOAL OF 100% ACCESS AND 100% COVERAGE. ST JOHN HEALTH SYSTEM PARTNERS WITH THE MIDLAND GROUP TO HELP CONNECT CONSUMERS WITH A CERTIFIED APPLICATION COUNSELOR (CAC) FOR ENROLLMENT ASSISTANCE CACS MINIMIZE CONFUSION ABOUT MARKETPLACE OPTIONS AND ENSURE DESIRED PROVIDERS AND BENEFITS ARE INCLUDED IN THE SELECTED PLAN THEY CAN ALSO ASSIST WITH DETAILED QUESTIONS ABOUT THE MARKETPLACE DURING THE OPEN ENROLLMENT PERIOD, ST JOHN'S CAC IS AVAILABLE ON AN APPOINTMENT-ONLY BASIS AT ST JOHN BROKEN ARROW IN TULSA AND JANE PHILLIPS MEDICAL CENTER IN BARTLESVILLE TO PROVIDE FREE ENROLLMENT ASSISTANCE MIDLAND'S ON-SITE PUBLIC BENEFITS SCREENERS ALSO WORK TO EDUCATE SELF-PAY PATIENTS WITHIN OUR HOSPITALS ABOUT THE MARKETPLACE AND HAND OUT INFORMATION FOR FURTHER ASSISTANCE WITH NAVIGATIONS ST JOHN HEALTH SYSTEM'S HEALTH INSURANCE MARKETPLACE AMBASSADOR PROGRAM (OFTEN ABBREVIATED AS HIX AMBASSADOR PROGRAM) WAS ESTABLISHED IN OCTOBER 2013 PRIOR TO THE FIRST MARKETPLACE OPEN ENROLLMENT PERIOD ST JOHN HEALTH SYSTEM ASSOCIATES APPLY TO PARTICIPATE IN THIS PROGRAM AS PAID VOLUNTEERS AND ARE KNOWN AS HEALTH INSURANCE MARKETPLACE (HIX) AMBASSADORS THESE AMBASSADORS RECEIVE IN-DEPTH TRAINING ON THE MARKETPLACE AND SERVE TO PROMOTE THE MARKETPLACE THROUGH OUTREACH, EDUCATION, AND AWARENESS EFFORTS THESE EFFORTS INCLUDE 1) VOLUNTEERING AT ON-SITE AND COMMUNITY EVENTS AND ACTIVITIES TO PROMOTE THE MARKETPLACE, 2) ENCOURAGING ENROLLMENT IN THE PLANS THAT INCLUDE THE ST JOHN HEALTH SYSTEM NETWORK BY REFERRING TO THE MIDLAND GROUP FOR ENROLLMENT ASSISTANCE WITH A CERTIFIED APPLICATION COUNSELOR (CAC), 3) EDUCATING INDIVIDUALS ON OUR FINANCIAL ASSISTANCE PROGRAMS, 4) PROVIDING BASIC HEALTH EDUCATION AND SCREENINGS AT EVENTS DURING THE FISCAL YEAR ENDING IN JUNE 30, 2016, ST JOHN HEALTH SYSTEM ADDITIONALLY PROVIDED A MULTITUDE OF RESOURCES TO PATIENTS AND MEMBERS OF THE COMMUNITY REGARDING MARKETPLACE ENROLLMENT INCLUDING THE FOLLOWING 1) SIGNAGE, EDUCATIONAL HANDOUTS, AND MARKETING MATERIALS POSTED THROUGHOUT THE HEALTH SYSTEM, AT EVENT BOOTHS, AND KEY LOCATIONS IN THE COMMUNITY ST JOHN HEALTH SYSTEM PRODUCED AND DISTRIBUTED EDUCATIONAL SIGNAGE, FLIERS, AND CARDS TO 119 LOCATIONS WITHIN THE HEALTH SYSTEM (INCLUDED SPECIALTY CLINICS ST JOHN CLINIC, SOME NURSING FLOORS, PATIENT ADMISSIONS AND FINANCIAL COUNSELING AT ALL HOSPITALS, INPATIENT AND OUTPATIENT SPECIALTY DEPARTMENTS AT ALL HOSPITALS, HOSPITAL EMERGENCY DEPARTMENTS, MAIN LOBBIES, AND HIGH TRAFFIC AREAS WITHIN ALL HOSPITALS) 2) A DEDICATED ENROLLMENT ASSISTANCE PHONE LINE WITH PHONE PROMPT THAT LINKED CONSUMERS AND PATIENTS TO THE MIDLAND GROUP FOR OVER THE PHONE ASSISTANCE AND TO SCHEDULE APPOINTMENTS FOR IN-PERSON ENROLLMENT ASSISTANCE WAS MADE AVAILABLE 3) A DEDICATED HEALTH INSURANCE MARKETPLACE PAGE WITH INFORMATION ABOUT THE MARKETPLACE AND ENROLLMENT ASSISTANCE WAS MADE AVAILABLE ON THE ST JOHN HEALTH SYSTEM WEBSITE. 4) AN INTERNAL WEB PAGE WITH INFORMATION, RESOURCES, AND UPDATES ON THE HEALTH INSURANCE MARKETPLACE FOR HEALTH SYSTEM ASSOCIATES WAS MADE AVAILABLE. 5) ADDITIONAL EFFORTS WERE MADE TO EDUCATE ASSOCIATES ABOUT THE MARKETPLACE VIA PRESENTATIONS, SIGNAGE, AND EDUCATIONAL HANDOUTS SINCE 2014, ST JOHN HEALTH SYSTEM HAS PARTICIPATED IN A COMMUNITY COALITION, CLAIM YOUR COVERAGE, WHICH CONVENES MULTIPLE STAKEHOLDERS IN THE TULSA COUNTY COMMUNITY TOGETHER TO EDUCATE OUR COMMUNITY ABOUT THE MARKETPLACE AND TO PROMOTE ENROLLMENT STAKEHOLDERS PARTICIPATING IN THIS COALITION INCLUDE LOCAL HOSPITALS AND HEALTH SYSTEMS, THE TULSA CITY-COUNTY LIBRARY SYSTEM, THE TULSA CITY-COUNTY HEALTH DEPARTMENT, INSURANCE COMPANIES, LICENSED HEALTH INSURANCE AGENTS AND BROKERS, CERTIFIED APPLICATION COUNSELOR AND NAVIGATOR ORGANIZATIONS, TWO FHQCS, LOCAL PHILANTHROPY GROUPS, THE COMMUNITY SERVICE COUNCIL, AND THE INDIAN HEALTH SYSTEM THE COALITION ALSO WORKS TO IMPROVE HEALTH INSURANCE LITERACY WITHIN OUR COMMUNITY ST JOHN HEALTH SYSTEM IS HONORED TO BE RECOGNIZED AS A CHAMPION FOR COVERAGE BY U S DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) AS A CHAMPION, WE HAVE VOLUNTEERED TO HELP UNINSURED AMERICANS LEARN MORE ABOUT THE HEALTH INSURANCE MARKETPLACE AS A CHAMPION FOR COVERAGE, WE LEVERAGE PUBLICLY AVAILABLE MARKETPLACE MATERIALS - BOTH DIGITAL AND IN PRINT - TO HELP MEMBERS OF OUR COMMUNITY UNDERSTAND THEIR NEW OPTIONS THROUGH THE MARKETPLACE -FROM SEPTEMBER 2015 AND JANUARY 2016, ST JOHN HEALTH SYSTEM ENGAGED A TOTAL OF 345 INDIVIDUALS IN DISCUSSION ABOUT THE HEALTH INSURANCE MARKETPLACE AND REFERRED THEM TO ENROLLMENT ASSISTANCE AVAILABLE THROUGH OUR HEALTH SYSTEM OF THOSE 772 INDIVIDUALS, 145 WERE ENGAGED IN DISCUSSION ABOUT THE ENROLLMENT PROCESS DURING ONE OF OUR 9 COMMUNITY OUTREACH EVENTS HELD BETWEEN SEPTEMBER 2015 AND DECEMBER 2015 THE REMAINING 200 CONSUMERS WHO WERE SEEKING INFORMATION ABOUT THE MARKETPLACE SPOKE TO OUR CONTRACTED CERTIFIED APPLICATION COUNSELORS (CACS) WITH THE 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 TAKES, WHETHER THEY QUALIFIED FOR A TAX CREDIT, OR ASKED GENERAL INFORMATION, BUT DID NOT WANT TO SET UP AN APPOINTMENT AT THAT TIME (145 INDIVIDUALS OUT OF 200 TOTAL CONSUMERS) ST JOHN HEALTH SYSTEM'S CONTRACTED CACS WITH THE MIDLAND GROUP ASSISTED 71 CONSUMERS WITH NAVIGATION ACTIVITIES DURING THE ENROLLMENT PERIOD - LACK OF TRANSPORTATION PREVENTS CERTAIN PATIENTS FROM RECEIVING PREVENTATIVE CARE AND CONTINUING AN ESTABLISHED COURSE OF TREATMENT RECOGNIZING THIS BARRIER TO ACCESSING HEALTH CARE, ST JOHN HEALTH SYSTEM AND THE HOSPITAL NEGOTIATED A TRANSPORTATION SERVICES AGREEMENT WITH MORTON COMPREHENSIVE HEALTH SERVICES INC (MORTON) MORTON, A 501(C) (3) NON-PROFIT CORPORATION, IS ONE OF OKLAHOMA'S LARGEST COMMUNITY HEALTH AND FEDERALLY QUALIFIED HEALTH CENTERS IN THE STATE OF OKLAHOMA THROUGH THE AGREEMENT WITH MORTON COMPREHENSIVE COMMUNITY HEALTH CENTER FOR THEIR BUS SERVICES, THE HEALTH SYSTEM IS ABLE TO PROVIDE TRANSPORTATION TO THOSE IN NEED IN THE COMMUNITY WHO MEET SPECIFIC CRITERIA (ESTIMATED OVER $120,000 IN 12 MONTHS, 1,083 RIDES PROVIDED IN FY 16)

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 4	GOVERNANCE THE ADMINISTRATIVE POWERS OF ST JOHN BROKEN ARROW, INC ARE VESTED IN ITS BOARD OF DIRECTORS, WHICH CONTROLS AND MANAGES THE PROPERTIES, AFFAIRS AND FUNDS OF THE HOSPITAL, SUBJECT TO RESERVATION OF CERTAIN POWERS BY ST JOHN THE BOARD MEETS REGULARLY AND IT WORKS IN CONCERT WITH, AND WHEN APPROPRIATE, UNDER THE DIRECTION OF THE ST JOHN HEALTH SYSTEM, INC BOARD THE BOARD REVIEWS AND APPROVES THE COMMUNITY HEALTH NEEDS ASSESSMENT AND RECOMMENDED IMPLEMENTATION INITIATIVES COMMUNITY BENEFIT IN MEASURING AND REPORTING QUANTIFIABLE COMMUNITY BENEFIT, ST JOHN FOLLOWS GUIDELINES PROMULGATED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND ENDORSED BY OTHER ORGANIZATIONS UNCOMPENSATED CARE AND OTHER ELEMENTS OF COMMUNITY BENEFIT ARE MEASURED AT THE UNREIMBURSED ESTIMATED COST OF SERVICES OR RESOURCES PROVIDED 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 ST JOHN BROKEN ARROW, INC , A LEVEL IV EMERGENCY CARE CENTER, PROVIDES MUCH NEEDED SERVICES FOR RESIDENTS OF BROKEN ARROW, OKLAHOMA AND THE SURROUNDING AREAS EACH HOSPITAL IS AN INTEGRAL PART OF THE MISSION OF SERVICE AND THE CONTINUUM OF MEDICAL CARE PROVIDED BY ST JOHN PATIENTS SEEN IN THE ST JOHN SYSTEM FOR THE FISCAL YEAR ENDED JUNE 30, 2016 TOTAL DISCHARGES (EXCLUDING NORMAL NEWBORNS) - 43,290 TOTAL OBSERVATION DAYS - 17,359 COMBINED DISCHARGES AND OBSERVATION DAYS - 60,649 TOTAL PATIENT DAYS (EXCL NORMAL NEWBORN AND OBSERVATIONS) - 196,237 BIRTHS - 3,543 EMERGENCY ROOM VISITS - 158,909 SELECTED OUTPATIENT VISITS (EXCL ER & ONE DAY SURGERIES) - 366,194 INPATIENT SURGICAL CASES - 11,642 OUTPATIENT SURGICAL CASES - 18,480 PHYSICIAN OFFICE PATIENT VISITS - 534,721 URGENT CARE CLINIC PATIENT VISITS - 63,926 COMBINED PHYSICIAN OFFICE AND URGENT CARE VISITS - 598,647 TOTAL LABORATORY PROCEDURES (INCL HOSPITAL & REFERENCE LABS) - 8,466,898

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 AND OTHER FACILITIES PROVIDE SERVICES WITHOUT REGARD TO A PATIENT'S ABILITY TO PAY IN FY 16, THE ST JOHN SYSTEM HOSPITALS PROVIDED A DISCOUNT OF AT LEAST 40% 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 OTHER COMMUNITY BENEFIT AND OUTREACH ACTIVITIES THE ST JOHN SYSTEM AND ST JOHN BROKEN ARROW PROVIDE 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 ST JOHN BROKEN ARROW 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 ST JOHN HEALTH SYSTEM AND SEVERAL ASSOCIATES ACTIVELY PARTICIPATE IN THE COMMUNITY-WIDE COALITION, PATHWAYS TO HEALTH (P2H), WHICH SUPPORTS THE TULSA CITY-COUNTY HEALTH DEPARTMENT AND A MULTITUDE OF COMMUNITY PARTNERS P2H WAS FORMED BY THE TULSA CITY-COUNTY HEALTH DEPARTMENT IN 2008 IN RESPONSE TO A CHALLENGE TO DECREASE THE OVERLAP OF HEALTH SERVICES AND IDENTIFY GAPS WHERE LEADERS ARE MISSING VULNERABLE POPULATIONS TODAY, P2H IS AN INCORPORATED NON-PROFIT ENTITY WITH THE GOAL TO CONNECT COMMUNITY HEALTH RESOURCES TO THOSE WHO NEED IT MOST P2H LEVERAGES COMMUNITY-WIDE PARTNERSHIPS WITH MORE THAN 90 LOCAL AGENCIES, ORGANIZATIONS, CORPORATIONS AND HEALTH SYSTEMS TO IMPROVE THE HEALTH AND WELLNESS OF RESIDENTS OF TULSA COUNTY DURING 2015, THE P2H COMMUNITY FOUNDATION SET OBESITY PREVENTION AS ITS PRIMARY FOCUS

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 6	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 THE HOSPITAL, CONTINUE A SOUND RECORD OF STEWARDSHIP AND A SIGNIFICANT CONTRIBUTION TO THE WELL-BEING OF BOTH THE COLLECTIVE COMMUNITIES AND THE INDIVIDUALS WITHIN THOSE COMMUNITIES WE SERVE THE HOSPITAL IS AN IMPORTANT PART OF ST JOHN HEALTH SYSTEM, INC

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

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 2015 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 2015

Return Reference	Explanation
Form 990, Part VI, Line 15 COMPENSATION	COMPENSATION FOR ALL EXECUTIVES IN ST JOHN HEALTH SYSTEM, INC (SJHS), OF WHICH ST JOHN BROKEN ARROW, 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

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	St John Broken Arrow, 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 Broken Arrow, 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 Broken Arrow, 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 Broken Arrow, 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 & major transactions, governing documents, appointments/removals, evaluations, debt limits, strategic & financial plans, assets, and system policies & procedures These areas are subject to certain levels of approval by Ascension Health per the system authority matrix

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	St John Broken Arrow, Inc (SJBA) is an affiliate of St John Health System, Inc (SJHS) Management and Vice President/Chief Financial Officer and Controller of SJHS works diligently to complete the form 990 and attached schedules in a thorough manner Management presents the form 990 to a designated committee of the board to review and answer any questions Prior to filing the returns, all board members are provided the form 990 and management team members are available to answer any board member questions

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 Broken Arrow, 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 IX, Line 11g Other Fees	Purchased Services - Total Expense 5108261, Program Service Expense 4750683, Management and General Expenses 357578, Fundraising Expenses , Consulting Fees - Total Expense 102676, Program Service Expense 95489, Management and General Expenses 7187, Fundraising Expenses , Physician Fees - Total Expense 542397, Program Service Expense 504429, Management and General Expenses 37968, Fundraising Expenses , Other Professional Fees - Total Expense 2149678, Program Service Expense 1999201, Management and General Expenses 150477, Fundraising Expenses , Contract Labor - Total Expense 865376, Program Service Expense 804800, Management and General Expenses 60576, Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers with Affiliates - 44527,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135133047

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

2015

Open to Public Inspection

Name of the organization
St John Broken Arrow Inc

Employer identification number
38-3833117

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) Oklahoma Cancer Specialists Real Estate Company LLC 12697 E 51st St South TULSA, OK 74146 47-3843491	REAL ESTATE HOLDING	OK	NA	N/A								
(2) SJFI LLC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 46-2713285	ACCOUNTABLE CARE ORGANIZATION	OK	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.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
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		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
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	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
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		No
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	Yes	

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: 15000238
Software Version: 2015v3.0
EIN: 38-3833117
Name: St John Broken Arrow Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 631455998 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3	Type I	NA		No
ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO 63135 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3	Type I	ASCENSION HEALTH ALLIANCE		No
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
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	
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	
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	
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	
ST JOHN HEALTH SYSTEM FOUNDATION INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1133139	HEALTH CARE	OK	501(c)(3	7	ST JOHN HEALTH SYSTEM INC	Yes	
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	
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	
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	
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	

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
(1) UTICA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
REGIONAL MEDICAL LABORATORIES (1) INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1131608	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(2) PHYSICIAN SUPPORT SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1437252	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(3) OMNI MEDICAL GROUP INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1335536	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(4) ST JOHN URGENT CARE CLINICS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-4990275	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(5) ST JOHN ANESTHESIA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3690446	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(6) ST JOHN PHYSICIANS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1321032	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(7) CERES MEDICAL PRACTICE INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1522656	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(8) GEMINI MEDICAL GROUP INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1503529	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(9) JANE PHILLIPS SPECIALTY PHYSICIANS INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 01-0879962	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(10) SYNERGY HOSPITALIST GROUP INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 30-0375404	MEDICAL SERVICES	OK	NA	C Corporation				Yes	

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
(1)	ST JOHN BUILDING CORPORATION	K	57,096	FMV OF SERVICES OR CASH
(1)	ST JOHN BUILDING CORPORATION	P	239,376	FMV OF SERVICES OR CASH
(2)	ST JOHN BUILDING CORPORATION	Q	128,684	FMV OF SERVICES OR CASH
(3)	ST JOHN MEDICAL CENTER INC	P	42,728,297	FMV OF SERVICES OR CASH
(4)	ST JOHN MEDICAL CENTER INC	P	64,178,635	FMV OF SERVICES OR CASH
(5)	OWASSO MEDICAL FACILITY INC	P	576,468	FMV OF SERVICES OR CASH
(6)	OWASSO MEDICAL FACILITY INC	Q	525,661	FMV OF SERVICES OR CASH
(7)	ST JOHN SAPULPA INC	P	185,031	FMV OF SERVICES OR CASH
(8)	ST JOHN SAPULPA INC	Q	166,561	FMV OF SERVICES OR CASH
(9)	ST JOHN HEALTH SYSTEM FOUNDATION INC	P	90,444	FMV OF SERVICES OR CASH
(10)	ST JOHN HEALTH SYSTEM FOUNDATION INC	Q	85,444	FMV OF SERVICES OR CASH
(11)	REGIONAL MEDICAL LABORATORIES INC	L	1,847,478	FMV OF SERVICES OR CASH
(12)	REGIONAL MEDICAL LABORATORIES INC	P	4,339,995	FMV OF SERVICES OR CASH
(13)	REGIONAL MEDICAL LABORATORIES INC	Q	823,090	FMV OF SERVICES OR CASH
(14)	ST JOHN PHYSICIANS INC	L	543,117	FMV OF SERVICES OR CASH
(15)	ST JOHN PHYSICIANS INC	P	8,596,447	FMV OF SERVICES OR CASH
(16)	ST JOHN PHYSICIANS INC	Q	3,813,175	FMV OF SERVICES OR CASH
(17)	ST JOHN URGENT CARE CLINICS INC	P	174,802	FMV OF SERVICES OR CASH
(18)	ST JOHN URGENT CARE CLINICS INC	Q	174,771	FMV OF SERVICES OR CASH
(19)	ST JOHN ANESTHESIA INC	P	1,288,107	FMV OF SERVICES OR CASH
(20)	ST JOHN ANESTHESIA INC	Q	850,894	FMV OF SERVICES OR CASH
(21)	PHYSICIAN SUPPORT SERVICES INC	P	984,709	FMV OF SERVICES OR CASH
(22)	PHYSICIAN SUPPORT SERVICES INC	Q	1,887,512	FMV OF SERVICES OR CASH
(23)	JANE PHILLIPS MEMORIAL MEDICAL CENTER INC	P	574,158	FMV OF SERVICES OR CASH
(24)	SYNERGY HOSPITALIST GROUP INC	P	67,136	FMV OF SERVICES OR CASH

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
(26)	SYNERGY HOSPITALIST GROUP INC	Q	67,136	FMV OF SERVICES OR CASH