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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 Health System 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 74104

D Employer identification number
73-1215174

E Telephone number
(918) 744-2740

G Gross receipts $ 209,103,966

F Name and address of principal officer
David Pynn
1923 South Utica Avenue
Tulsa, OK 74104

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.stjohnhealthsystem.com

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

L Year of formation 1982

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**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	902
6	Total number of volunteers (estimate if necessary)	**6**	12
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)	0	232,664
9	Program service revenue (Part VIII, line 2g)	55,412,082	49,728,989
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,650,494	1,196,559
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138,635,943	157,945,754
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	225,698,519	209,103,966
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	738,833	1,998,530
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)	49,023,929	49,499,894
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)	209,672,512	225,604,059
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	259,435,274	277,102,483
19	Revenue less expenses Subtract line 18 from line 12	-33,736,755	-67,998,517

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	796,335,081	656,340,923
21	Total liabilities (Part X, line 26)	586,918,172	569,221,508
22	Net assets or fund balances Subtract line 21 from line 20	209,416,909	87,119,415

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 $ 196,435,540 including grants of $ 1,998,530) (Revenue $ 207,674,743)

ST JOHN HEALTH SYSTEM, INC ("ST JOHN"), IS A WHOLLY OWNED SUBSIDIARY OF NON-PROFIT ASCENSION HEALTH ST JOHN AND AFFILIATES OWN AND OPERATE A COMPREHENSIVE TERTIARY HEALTH CARE DELIVERY SYSTEM WHICH PROVIDES A FULL SPECTRUM OF HEALTH-RELATED SERVICES THROUGHOUT NORTHEASTERN OKLAHOMA ST JOHN, HEADQUARTERED IN TULSA, OKLAHOMA, CONDUCTS ITS OPERATIONS THROUGH SEVERAL WHOLLY-OWNED OR WHOLLY-CONTROLLED SUBSIDIARIES, INCLUDING ST JOHN MEDICAL CENTER, INC (THE "MEDICAL CENTER"), ST JOHN SAPULPA, INC ("ST JOHN SAPULPA"), JANE PHILLIPS MEMORIAL MEDICAL CENTER ("JANE PHILLIPS"), UTICA SERVICES, INC ("UTICA"), ST JOHN VILLAS, INC ("ST JOHN VILLAS"), OWASSO MEDICAL FACILITY, INC ("ST JOHN OWASSO"), ST JOHN HEALTH SYSTEM FOUNDATION, INC ("ST JOHN FOUNDATION"), ST JOHN BUILDING CORPORATION ("SJBC"), ST JOHN BROKEN ARROW, INC ("ST JOHN BROKEN ARROW"), AND JANE PHILLIPS NOWATA HOSPITAL, INC ("JP NOWATA") ST JOHN, THESE SUBSIDIARIES, AND ALL OTHER SUBSIDIARIES UNDER ST JOHN'S DIRECT OR INDIRECT CONTROL OR OWNERSHIP ARE REFERRED TO HEREIN AS (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 ▶** 196,435,540

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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	902		
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	13		
	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	12		
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	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Lex Anderson 1923 South Utica Avenue Tulsa, OK 741046502 (918) 744-2740

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								9,288,441	482,528	524,179

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 ▶ 54

			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**	Yes	

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
ACCENTURE LLP 161 N CLARK ST CHICAGO, ID 60601	CONSULTING SERVICES	2,833,634
DELOITTE & TOUCHE LLP PO BOX 2079 CAROL STREAM, ID 601322079	CONSULTING SERVICES	207,709

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 ▶ 2

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 232,664				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	232,664			
Program Service Revenue		Business Code				
	2a	Affiliate Service Revenue	900099	52,478,108	52,478,108	
	b	Net Patient Revenue	900099	-2,951,828	-2,951,828	
	c	Research Revenue	900099	202,709	202,709	
	d					
	e					
	f	All other program service revenue		0	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		49,728,989		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,196,559		1,196,559
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss) 0 / 0				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss) 0 / 0				
	d	Net gain or (loss) . . . . . ▶				
	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	Capitation Revenue 900099		158,300,310	158,300,310	
	b	RECYCLING REVENUE 900099		7,773	7,773	
	c	Income/(loss) from Unconsolidated Entities 900099		-374,866	-374,866	
	d	All other revenue		12,537	12,537	0
	e	**Total.** Add lines 11a–11d . . . . . ▶		157,945,754		
	12	**Total revenue.** See Instructions . . . . . ▶		209,103,966	207,674,743	0

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	1,998,530	1,998,530		
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	8,685,661	5,775,964	2,909,697	
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	31,214,601	17,723,460	13,491,141	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,959,176	-677,678	2,636,854	
9 Other employee benefits	5,936,183	5,574,359	361,824	
10 Payroll taxes	1,704,273	997,834	706,439	
11 Fees for services (non-employees)				
a Management	1,833,716		1,833,716	
b Legal	431,575		431,575	
c Accounting	1,620,514		1,620,514	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	88,011		88,011	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,320,261	24,478,942	29,841,319	0
12 Advertising and promotion	1,568,256	951,722	616,534	
13 Office expenses	1,770,923	1,328,192	442,731	
14 Information technology	954,546	629,477	325,069	
15 Royalties				
16 Occupancy	3,141,496	1,388,141	1,753,355	
17 Travel	133,945	94,857	39,088	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	247,878	223,264	24,614	
20 Interest	1,207,463	-71,104	1,278,567	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,345,018	9,894,019	3,450,999	
23 Insurance	1,126,064	377,795	748,269	
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	1,850,124	1,025,367	824,757	
b Capitation Expense	123,386,522	123,386,522		
c Restructuring Expense	10,929,321		10,929,321	
d Smyphony Conversion	3,097,401		3,097,401	
e All other expenses	4,551,025	1,335,877	3,215,148	0
25 **Total functional expenses.** Add lines 1 through 24e	277,102,483	196,435,540	80,666,943	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		10,857,573	1	135,853
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			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			7	
	8	Inventories for sale or use		0	8	
	9	Prepaid expenses and deferred charges		3,503,306	9	258,580
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 8,229,017			
	b	Less accumulated depreciation	10b 3,162,819	2,525,611	10c	5,066,198
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		0	12	
	13	Investments—program-related See Part IV, line 11		8,049,712	13	4,203,600
	14	Intangible assets		45,807,170	14	37,088,877
	15	Other assets See Part IV, line 11		725,591,709	15	609,587,815
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		796,335,081	16	656,340,923
Liabilities	17	Accounts payable and accrued expenses		28,327,752	17	14,275,919
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		415,211,917	20	403,131,647
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		143,378,503	25	151,813,942
	26	**Total liabilities.** Add lines 17 through 25		586,918,172	26	569,221,508
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		209,416,909	27	87,119,415
	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			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		209,416,909	33	87,119,415
	34	Total liabilities and net assets/fund balances		796,335,081	34	656,340,923

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	209,103,966
2	Total expenses (must equal Part IX, column (A), line 25)	2	277,102,483
3	Revenue less expenses Subtract line 2 from line 1	3	-67,998,517
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	209,416,909
5	Net unrealized gains (losses) on investments	5	-15,815,193
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	-38,483,784
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	87,119,415

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		

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 73-1215174
Name: St John Health System Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
DAVID J PYNN PRESIDENT/CEO SJHS/SVP AH OKTUL	46 2 0 6	X		X				2,240,967	0	37,120
STEVEN R ANDERSON DIRECTOR	2 3 0	X						0	0	0
SHARON BELL DIRECTOR	0 9 0	X						0	0	0
SR MARY BERNARD DIRECTOR (END 8/31/15)	0 1 0	X						0	0	0
C T DOLAN MD DIRECTOR (END 8/31/15)	1 4 1 4	X						0	0	0
ROBERT FARRIS DIRECTOR	1 8 1 8	X						0	0	0
SISTER M THERESE GOTTSCHALK DIRECTOR	0 7 5 3	X						0	0	0
SR LORETTA MARIE HALL DIRECTOR (END 8/31/15)	0 5 2 5	X						0	0	0
JONATHAN D HELMERICH VICE CHAIRMAN	1 2 0	X						0	0	0
STEVE HEYMAN DIRECTOR	0 9 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employe Compensated Employees, and Independent Contractors

(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			
KEN LACKEY CHAIRMAN	1 2 0	X						0	0	0
ROBERT J LAFORTUNE DIRECTOR (END 8/31/15)	0 1 0 2	X						0	0	0
REV DANIEL MUEGGENBORG MSGR DIRECTOR	1 2 0	X						0	0	0
MILANN SIEGFRIED DIRECTOR	1 8 5 4	X						0	0	0
DAVID SIGMON DIRECTOR	1 4 2 8	X						0	0	0
R J SULLIVAN JR DIRECTOR	1 4 0	X						0	0	0
W H THOMPSON JR DIRECTOR (END 8/31/15)	1 8 0	X						0	0	0
STEPHEN BRUNS MD DIRECTOR	1 2 0	X						0	0	0
LEX ANDERSON TREASURER/EXEC VP SJHS CFO/VP AH CFO OKTUL	50 1 0 9			X				707,600	0	25,770
JOHN P BACHMAN CORPORATE VP HR	40 0 0			X				420,503	0	32,595

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
DEWEY W DAVIS VICE PRESIDENT (END 6/30/15)	40 0 0 0			X				251,577	0	13,137
RANDY H HAMIL CORPORATE VP REVENUE CYCLE	50 0 0			X				311,422	0	12,169
ROBERT S KENAGY SR VP ST JOHN HEALTH NETWORK	40 0 0			X				576,263	0	38,571
MICHAEL B REEVES CORP VP CIO (ENDS 12/19/15)	40 0 0			X				569,569	0	18,648
WILLIAM E WEEKS PRESIDENT CEO UTICA SERVICES/VP AH COO OKTUL	40 2 0 3			X				807,332	0	29,694
TIMOTHY R YOUNG SR VP CHIEF QUALITY OFFICER	40 0 0			X				578,949	0	25,008
BRIAN GUENTHER EXEC DIR PROPERTY FACILITY	40 0 0 1			X				201,672	0	20,577
RON L HOFFMAN VP INTEGRATION	51 9 0 4				X			227,221	0	25,463
ROBERT O LANGLAND CORPORATE VP FINANCE ACCT OFFICER	41 5 0				X			386,926	0	33,647
ELIZABETH MEDINA VP QUALITY AND SAFETY	46 2 0				X			214,837	0	21,873

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Compensated Employees, and Independent Contractors

(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			
ANN PAUL VP	46 2 0				X			339,723	0	33,21
GLENDA SISSON EXEC DIR INVEST/TREAS	40 0 0				X			160,547	0	10,98
KEVIN STECK SECRETARY (END 8/31/15)/VP INTEGRITY & COMPLIANCE	46 2 0 6				X			299,211	0	12,87
DIANE S HAYES DIRECTOR BUSINESS SYSTEMS	40 0 0					X		190,986	0	14,51
JENNIFER D WORKMAN DIRECTOR HUMAN RESOURCES	40 0 0					X		180,391	0	22,84
WILLIAM R NELSON DIRECTOR INFRASTRUCTURE DELIVERY	40 0 0					X		165,175	0	26,47
CHEENA R PAZZO VP COMMUNICATIONS/VP AH CHIEF COMM & MKTG OKTUL	40 0 0					X		212,951	0	16,94
MARK ROSS BUS DEV & SPEC PROJ CONSULT SEV THRU 04/02/16	40 0 0					X		244,617	0	32,35
SAMUEL C ANDERSON FORMER OFFICER (END 6/14)	0 0 0 0						X	0	482,528	19,71

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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 Health System Inc

Employer identification number
73-1215174

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 **1 8**

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)
See Additional Data Table						
Total18					0	

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		No
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	Yes	
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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		No
b	A family member of a person described in (a) above?	11b		No
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		No

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	Yes	
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	Yes	

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
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	St John Health System IS ORGANIZED AND AT ALL TIMES SHALL BE OPERATED EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL IN THE UNITED STATES, 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-AMERICAN PROVINCE, AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE BY AND THROUGH ASCENSION HEALTH MINISTRIES (ASCENSION SPONSOR), AND, PURSUANT TO THE ORGANIZATION'S GOVERNING DOCUMENTS, THE AFFILIATED ORGANIZATIONS PROVIDED THAT SUCH ORGANIZATIONS ARE DESCRIBED UNDER SECTION 501(C)(3) OF THE CODE AND ARE CLASSIFIED AS PUBLIC CHARITIES UNDER SECTIONS 509(A)(1) AND 509(A)(2) OF THE CODE SUCH SUPPORTED ORGANIZATIONS ARE LISTED AT PART I THE ORGANIZATION ALSO SUPPORTS ASCENSION SPONSOR, THE CANONICAL SPONSOR WHICH WAS FORMED BY THE FOUNDING SPONSORS AND WHICH HAS BEEN CONFERRED PUBLIC JURIDIC PERSONALITY BY DECREE OF THE CONGREGATION FOR INSTITUTES OF CONSECRATED LIFE AND SOCIETIES OF APOSTOLIC LIFE OF THE ROMAN CATHOLIC CHURCH
Schedule A, Part IV, Section A, Line 2 Supported Org Without IRS Status 509(a)1 or (2)	SUPPORTED ORGANIZATIONS NOT REQUIRED TO OBTAIN A SEPARATE IRS DETERMINATION OF STATUS ARE EITHER CONSIDERED AN INSTRUMENTALITY OF THE CATHOLIC CHURCH OR ARE INCLUDED IN THE OFFICIAL CATHOLIC DIRECTORY AND HAVE BEEN VERIFIED TO BE DESCRIBED IN EITHER 509(A)(1) OR 509(A)(2) ACCORDING TO THEIR MOST RECENT FORM 990 FILING
Schedule A, Part IV, Section B, Line 2 Benefit Of Supp Org Other Than The One Operating The Org	In addition to supporting Ascension Sponsor which controls St John Health System, the filing organization also supports the 509(a)(1) and 509(a)(2) organizations listed on Part I, Line 11g

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 73-1215174
Name: St John Health System Inc

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL IN THE UNITED STATES ST LOUI SE PROVINCE	430653298			No	0	0
(A) THE CONGREGATION OF ST JOSEPH	830481134			No	0	0
(B) THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET	431296364			No	0	0
(C) THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE - AMERICAN PROVINCE	362976619			No	0	0
(D) THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASS ISI - USCARIBBEAN PROVINCE	731419335			No	0	0
(E) BARTLETT HOMES INC	731301822			No	0	0
(F) BETHEL MANOR INC	731216617			No	0	0
(G) JANE PHILLIPS HEALTH CARE FOUNDATION	731250611			No	0	0
(H) JANE PHILLIPS MEMORIAL MEDICAL CENTER	730606129			No	0	0
(I) JANE PHILLIPS NOWATA HOSPITAL INC	731440267			No	0	0
(J) OWASSO MEDICAL FACILITY INC	203700131			No	0	0
(K) ST JOHN AUXILIARY INC	730999759			No	0	0
(L) ST JOHN BROKEN ARROW INC	383833117			No	0	0
(M) ST JOHN HEALTH SYSTEM FOUNDATION INC	731133139			No	0	0
(N) ST JOHN MEDICAL CENTER INC	730579286			No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(P) ST JOHN SAPULPA INC	730662663			No	0	0
(A) ST JOHN VILLAS INC	731077367			No	0	0
(B) ST TERESA OF AVILA VILLA INC	204791422			No	0	0

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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 Health System Inc	73-1215174

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		45,066
j	Total Add lines 1c through 1i			45,066
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 Health System, 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 Health System, 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 Health System Inc

Employer identification number
73-1215174

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		45,240		45,240
b Buildings		1,787,690	44,413	1,743,277
c Leasehold improvements		796,504	246,451	550,053
d Equipment		5,380,463	2,871,955	2,508,508
e Other		219,120		219,120
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				5,066,198

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) Deferred Compensation Asset	3,943,392
(2) Notes and Other Receivables	7,249,651
(3) Other Receivables	52,578,386
(4) Other Miscellaneous Assets	
(5) Interest in Investment Held by Ascension Health Alliance	282,346,864
(6) Due From Affiliates	258,682,064
(7) Investment in Unconsolidated entities	1,036,241
(8) Investment in PPE	3,751,217
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	609,587,815

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	
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	151,813,942

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 Health System, 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

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 73-1215174
Name: St John Health System Inc

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
(1) Deferred Compensation Asset	3,943,392
(2) Notes and Other Receivables	7,249,651
(3) Other Receivables	52,578,386
(4) Other Miscellaneous Assets	
(5) Interest in Investment Held by Ascension Health Alliance	282,346,864
(6) Due From Affiliates	258,682,064
(7) Investment in Unconsolidated entities	1,036,241
(8) Investment in PPE	3,751,217

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Book Value
Centralized Debt Management System	48,057,337
Long Term Debt	7,900,000
MISCELLANEOUS LIABILITIES	920,796
Pension Plans	68,978,734
Estimated settlement to third party payor	
Self insurance liability	10,061,801
Physician Guarantees	110,000
Interest Rate Swap	336,188
Valuation Allowance	1,715,252
Deferred Compensation	3,943,392
Savings Plan Liability	3,520,684
Capitation Claims	6,269,758

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
St John Health System Inc

Employer identification number
73-1215174

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 14

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

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	St John Health System, Inc provides funds to various organizations to support their operations St John Health System, Inc determines the amount of the funds provided on an annual basis We have dedicated staff who meet with grant recipients and who monitor use of funds for intended purposes

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 73-1215174
Name: St John Health System Inc

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Porta Caeli House PO Box 580460 Tulsa,OK 74158	46-5544538	N/A	333,333		Fair Market Value		End of Life Care Support
Cascia Hall Preparatory School 2520 S Yorktown Avenue Tulsa,OK 741142803	73-1328398	501(c)(3)	93,000		Fair Marke Value		Athletic Trainer Program
University of Tulsa 4502 E 41st Street Tulsa,OH 74135	73-6017987	Gov't Entity	1,075,000		Fair Market Value		Medical Assistance

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Tulsa Zoo Management Inc 6421 E 36th Street North Tulsa,OH 74170	73-0930870	501(c)(3)	300,000		Fair Market Value		Sponsorship
Tulsa Health Department 5051 S 129th E Avenue Tulsa,OH 74134	73-6006419	Gov't Entity	50,000		Fair Market Value		Community Needs Assessment Work
Tulsa Area United Way 1430 S Boulder Tulsa,OH 74119	73-0580283	501(c)(3)	34,197		Fair Market Value		Community Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Heart Association Inc PO Box 50040 Prescott,AZ 86304	13-5613797	501(c)(3)	30,000		Fair Market Value		Sponsorship
University of Tulsa 800 S Tucker Drive Tulsa,OH 74104	73-0579298	Gov't Entity	14,000		Fair Market Value		Sponsorship
Trinity Villa Center for Women & Children PO Box 14323 Tulsa,OH 74159	47-0980363	501(c)(3)	12,000		Fair Market Value		Contribution

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Cancer Society Inc 4110 S 100th E Avenue Suite 101 Tulsa,OH 74146	13-1788491	501(c)(3)	11,500		Fair Market Value		Sponsorship
Osteopathic Founders Foundation 8801 S Yale Avenue Suite 400 Tulsa,OH 74137	73-0583936	501(c)(3)	8,000		Fair Market Value		Sponsorship
Reach Out and Read Inc 89 South Street Suite 201 Boston,MA 02111	04-3481253	501(c)(3)	8,000		Fair Market Value		Sponsorship

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Folds of Honor Foundation 5800 N Patriot Drive Owasso,OH 74055	75-3240683	501(c)(3)	5,000		Fair Market Value		Sponsorship
Pathways to Health Community Partnership Inc 5051 S 129th E Avenue Tulsa,OH 74134	47-2305605	501(c)(3)	5,000		Fair Market Value		Sponsorship
Tulsa Chairty Flight Night Inc PO Box 21228 Dept 10 Tulsa,OH 74121	73-1425307	501(c)(3)	5,000		Fair Market Value		Contribution

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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 Health System Inc

Employer identification number
73-1215174

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 indemnification 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 Arrangement used to establish the top management official's compensation	Ascension Health, a related organization of St John Health System, Inc , uses the following methods to establish the compensation of the Organization's President and CEO -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 any benefit under the program Any amount ultimately paid under the program to the executives is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid No payments were made to listed persons in Part VII under the various non-qualified deferred compensation plans during the year
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 entirely 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: 73-1215174
Name: St John Health System 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 J PYNN PRESIDENT/CEO SJHS/SVP AH OKTUL	(I)	805,290	1,414,556	21,120	8,468	28,652	2,278,087	0
	(II)	0	0	0	0	0	0	0
2 LEX ANDERSON TREASURER/EXEC VP SJHS CFO/VP AH CFO OKTUL	(I)	508,699	182,481	16,420	7,324	18,446	733,370	0
	(II)	0	0	0	0	0	0	0
3 JOHN P BACHMAN CORPORATE VP HR	(I)	332,876	86,615	1,012	12,731	19,865	453,099	0
	(II)	0	0	0	0	0	0	0
4 DEWEY W DAVIS VICE PRESIDENT (END 6/30/15)	(I)	191,131	57,542	2,903	3,469	9,668	264,714	0
	(II)	0	0	0	0	0	0	0
5 RANDY H HAMIL CORPORATE VP REVENUE CYCLE	(I)	242,515	67,704	1,203	9,847	2,323	323,591	0
	(II)	0	0	0	0	0	0	0
6 ROBERT S KENAGY SR VP ST JOHN HEALTH NETWORK	(I)	439,248	132,660	4,355	15,855	22,716	614,834	0
	(II)	0	0	0	0	0	0	0
7 MICHAEL B REEVES CORP VP CIO (ENDS 12/19/15)	(I)	431,422	110,052	28,095	8,539	10,109	588,217	0
	(II)	0	0	0	0	0	0	0
8 WILLIAM E WEEKS PRESIDENT CEO UTICA SERVICES/VP AH COO OKTUL	(I)	586,473	213,335	7,524	13,361	16,333	837,026	0
	(II)	0	0	0	0	0	0	0
9 TIMOTHY R YOUNG SR VP CHIEF QUALITY OFFICER	(I)	440,199	132,097	6,653	7,888	17,120	603,957	0
	(II)	0	0	0	0	0	0	0
10 BRIAN GUENTHER EXEC DIR PROPERTY FACILITY	(I)	186,212	13,685	1,776	4,078	16,499	222,250	0
	(II)	0	0	0	0	0	0	0
11 RON L HOFFMAN VP INTEGRATION	(I)	173,773	48,784	4,664	5,615	19,847	252,684	0
	(II)	0	0	0	0	0	0	0
12 ROBERT O LANGLAND CORPORATE VP FINANCE ACCT OFFICER	(I)	287,428	81,600	17,898	12,676	20,971	420,574	0
	(II)	0	0	0	0	0	0	0
13 ELIZABETH MEDINA VP QUALITY AND SAFETY	(I)	167,870	46,438	529	5,227	16,646	236,709	0
	(II)	0	0	0	0	0	0	0
14 ANN PAUL VP	(I)	258,798	77,085	3,839	12,006	21,207	372,935	0
	(II)	0	0	0	0	0	0	0
15 GLENDA SISSON EXEC DIR INVEST/TREAS	(I)	140,625	12,726	7,197	2,987	7,996	171,531	0
	(II)	0	0	0	0	0	0	0
16 KEVIN STECK SECRETARY (END 8/31/15)/VP INTEGRITY & COMPLIANCE	(I)	232,265	64,804	2,141	10,631	2,241	312,083	0
	(II)	0	0	0	0	0	0	0
17 DIANE S HAYES DIRECTOR BUSINESS SYSTEMS	(I)	177,029	12,176	1,782	8,026	6,484	205,496	0
	(II)	0	0	0	0	0	0	0
18 JENNIFER D WORKMAN DIRECTOR HUMAN RESOURCES	(I)	166,510	13,563	318	5,156	17,688	203,236	0
	(II)	0	0	0	0	0	0	0
19 WILLIAM R NELSON DIRECTOR INFRASTRUCTURE DELIVERY	(I)	154,303	10,654	218	3,783	22,687	191,645	0
	(II)	0	0	0	0	0	0	0

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				
21 CHEENA R PAZZO	(I)	164,846	47,161	945	10,285	6,662	229,899	0
VP COMMUNICATIONS/VP AH	(II)	0	0	0	0	0	0	0
CHIEF COMM & MKTG OKTUL								
1 MARK ROSS	(I)	186,115	0	58,502	9,262	23,091	276,971	0
BUS DEV & SPEC PROJ	(II)	0	0	0	0	0	0	0
CONSULT SEV THRU 04/02/16								

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (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 Health System Inc

Employer identification number
73-1215174

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	The Oklahoma Development Finance Authority	73-1083741	678908E75	05-10-2007	254,582,328	See Part VI	X			X		X
B	The Oklahoma Development Finance Authority	73-1083741	678908N59	06-01-2012	192,912,992	See Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	22,975,000	14,110,000		
2	Amount of bonds legally defeased	7,325,000	0		
3	Total proceeds of issue	255,774,455	192,918,115		
4	Gross proceeds in reserve funds	7,646,524	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	2,054,093	2,962,871		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	51,890,106	156,158,296		
11	Other spent proceeds	201,830,257	33,796,948		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2008	2012		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?	X			X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 03 %		0 28 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %				
6	Total of lines 4 and 5		0 03 %		0 28 %				
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		2 8 %						
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X							
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
b	Exception to rebate?		X		X				
c	No rebate due?	X			X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part I Schedule K, Part I	Bond Issues - All debt listed below is secured by the revenue of the members of the Obligated Group consisting of St John Health System, Inc , St John Medical Center, Inc , Jane Phillips Memorial Medical Center, St John Broken Arrow, Inc , Owasso Medical Facility, Inc , and St John Sapulpa, Inc The members of the Obligated Group are jointly and severally liable for the entire debt

Return Reference	Explanation
Schedule K, Part IV, Line 6 Column A	This question is being answered without regard to a yield-restricted advance refunding escrow financed with proceeds of the bonds

Return Reference	Explanation
Schedule K, Part I, Column (f) Description of Purpose Issuer Name	The Oklahoma Development Finance Authority St John Health System, Inc Revenue and Refunding Bonds, Series 2007, CUSIP #678908E75 The bonds are being issued to fund a loan to St John Health System, Inc and St John Medical Center, Inc to finance capital improvements to and equipment for health care facilities owned and operated by St John Health System, Inc , St John Medical Center, Inc , and other subsidiaries of St John Health System, Inc The bonds are also being issued to refund portions of three previous tax-exempt bond issues that were issued 3/20/1996, 10/20/1999, and 7/27/2004 Differences between the issue price (Part I) and total proceeds (Part II, Line 3) are due to investment earnings

Return Reference	Explanation
Schedule K, Part I, Column (f) Description of Purpose Issuer Name	The Oklahoma Development Finance Authority St John Health System, Inc Revenue and Refunding Bonds, Series 2012, CUSIP #678908N59 The bonds are being issued to fund a loan to St John Health System, Inc to finance capital improvements to and equipment for health care facilities owned and operated by St John Health System, Inc , St John Medical Center, Inc , and other subsidiaries of St John Health System, Inc The bonds are also being issued to refund portions of a previous tax-exempt bond issued 9/29/1999 Differences between the issue price (Part I) and total proceeds (Part II, Line 3) are due to investment earnings

Return Reference	Explanation
Schedule K, Part II, Line 4 Gross Proceeds in Reserve Funds	The amount shown is held in a defeasance escrow for the purpose of retiring the defeased portion of the bonds reported on Line 2

Return Reference	Explanation
Schedule K, Part III, Line 8c Supplemental Information	All dispositions reflected in this percentage were subject to a proper and timely remediation and/or VCAP

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name The Oklahoma Development Finance Authority The calculation for computing no rebate due was performed on 03/09/2012

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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	Employer identification number
St John Health System Inc	73-1215174

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 1	"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 AS THE PARENT COMPANY OF THE ST JOHN SYSTEM, ST JOHN SUPPORTS THE ACTIVITIES OF THE ENTIRE HEALTH SYSTEM BY PROVIDING EXECUTIVE LEADERSHIP, CENTRALIZED SUPPORT, AND MANAGERIAL FUNCTIONS PARENT-LEVEL ACTIVITIES IN SUPPORT OF THE ST JOHN SYSTEM INCLUDE STRATEGIC PLANNING, CAPITAL AND OPERATIONAL BUDGETING, HUMAN RESOURCES ADMINISTRATION, CENTRALIZED CASH MANAGEMENT AND TREASURY FUNCTIONS, ACCOUNTING AND FINANCIAL REPORTING, INFORMATION TECHNOLOGY DEVELOPMENT AND SUPPORT, BUSINESS OFFICE DECISION SUPPORT, AND OTHER SUPPORT AND MANAGEMENT FUNCTIONS SOME OF THESE FUNCTIONS HAVE RECENTLY BEEN OUTSOURCED TO RELATED ENTITIES THAT ARE PART OF, OR AFFILIATED WITH, ASCENSION HEALTH IN FISCAL YEAR 2016, THE ST JOHN SYSTEM PROVIDED HOSPITAL-BASED SERVICES THROUGH THE MEDICAL CENTER, JANE PHILLIPS, JP NOWATA, ST JOHN SAPULPA, ST JOHN BROKEN ARROW, AND ST JOHN OWASSO THESE SERVICES INCLUDE A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES SERVING THE POPULATION OF NORTHEASTERN OKLAHOMA AT THE SIX OWNED HOSPITAL CAMPUSES, AS WELL AS OTHER LOCATIONS IN OKLAHOMA AND KANSAS, WITH A COMBINED TOTAL OF APPROXIMATELY 800 HOSPITAL BEDS IN OPERATION ST JOHN'S PRINCIPAL FOR-PROFIT SUBSIDIARY, UTICA, ENGAGES IN A VARIETY OF HEALTH CARE ACTIVITIES INCLUDING PART OWNERSHIP OF A HEALTH INSURANCE PLAN UTICA OWNS, OPERATES, OR MANAGES A COMPREHENSIVE CLINICAL AND ANATOMICAL LABORATORY, A MEDICAL MANAGEMENT SERVICE ORGANIZATION, SEVERAL URGENT CARE CENTERS, A PHARMACY, AND VARIOUS OTHER MEDICAL PRACTICE FACILITIES, AND EMPLOYS MORE THAN 500 PHYSICIANS AND "MID-LEVEL PROVIDERS" ST JOHN, THROUGH UTICA AND OTHER ENTITIES, IS ALSO AN INVESTOR IN SEVERAL JOINT VENTURES, INCLUDING TWO AMBULATORY SURGERY CENTERS ST JOHN'S FUNDRAISING ACTIVITIES ARE CONDUCTED THROUGH ST JOHN HEALTH SYSTEM FOUNDATION, A CHARITABLE FOUNDATION WHICH SEEKS GIFTS, BEQUESTS, AND ENDOWMENTS, ALL OF WHICH ARE USED IN FURTHERANCE OF ST JOHN'S CHARITABLE ACTIVITIES ST JOHN SPONSORS CERTAIN, LONG-TERM CARE ACTIVITIES IN NORTHEASTERN OKLAHOMA THROUGH ST JOHN VILLAS, PRIMARILY IN THE FORM OF RESIDENTIAL HOUSING FACILITIES FOR LOW INCOME AND PHYSICALLY CHALLENGED ADULTS THAT HAVE RECEIVED "HUD" FINANCING MISSION AND VALUES AS A CATHOLIC HEALTHCARE ORGANIZATION, ST JOHN CARRIES ON THE MISSION OF ITS SPONSORS, THROUGH ASCENSION HEALTH, OF CONTINUING THE HEALING MINISTRY OF JESUS CHRIST IT ASPIRES TO PROVIDE HEALTH CARE THAT WORKS, HEALTH CARE THAT IS SAFE, AND HEALTH CARE THAT LEAVES NO ONE BEHIND, WITH A PROMISE TO OUR PATIENTS AND THE COMMUNITIES WE SERVE OF PROVIDING MEDICAL EXCELLENCE AND COMPASSIONATE CARE IT OPERATES IN CONFORMANCE WITH "THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH FACILITIES " FAITHFUL TO THE SPONSORSHIP MISSION, PHILOSOPHY AND VALUES, ST JOHN'S MISSION IS TO PROVIDE HEALTHCARE AND RELATED MINISTRIES FOR THE PEOPLE SERVED, ESPECIALLY THE SICK, THE POOR AND THE POWERLESS THE BOARD OF DIRECTORS, MANAGEMENT AND EMPLOYEES OF ST JOHN ARE GUIDED IN THEIR DAY-TO-DAY ACTIONS AND INTERACTIONS WITH THOSE WHO SERVE AND WHO ARE SERVED BY THE VALUES OF SERVICE TO THE POOR, WISDOM, REVERENCE, CREATIVITY, DEDICATION AND INTEGRITY ST JOHN COLLABORATES WITH OTHER INDIVIDUALS AND INSTITUTIONS IN THE VARIOUS COMMUNITIES IT SERVES TO ASCERTAIN COMMUNITY NEEDS AND PROVIDES A BROAD RANGE OF SERVICES ALONG THE HEALTHCARE CONTINUUM TO HELP MEET THOSE NEEDS PROGRAMS AND SERVICES INCLUDE PREVENTIVE, DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE PROGRAMS, INCLUDING AN EMPHASIS ON HEALTH PROMOTION AND DISEASE PREVENTION ST JOHN ALSO ADVOCATES FOR PUBLIC POLICIES WHICH ADVANCE A HEALTHY AND JUST SOCIETY ST JOHN WORKS WITH LOCAL, STATE AND NATIONAL LEADERS AND ORGANIZATIONS TO BRING ABOUT A HEALTHCARE DELIVERY SYSTEM THAT PROVIDES DIGNIFIED ACCESS TO AND AFFORDABLE, HIGH QUALITY HEALTHCARE FOR ALL PERSONS

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 2	COMMUNITY NEEDS ASSESSMENT EACH OWNED HOSPITAL IN THE ST JOHN SYSTEM HAS COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) 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 USING THE COMMUNITY HEALTH NEEDS ASSSESSMENTS COMPLETED IN 2013 FOR EACH HOSPTIAL AND THE COMMUNITIES WE SERVE, 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 HEALTH NEEDS ASSESSMENTS (CHNAS) EACH ASSESSMENT WAS CONDUCTED IN COLLABORATION WITH LOCAL HEALTH DEPARTMENTS, AND INDIVIDUALS REPRESENTING INTERESTS OF THE COMMUNITY AND/OR IN SUPPORT OF COMMUNITY BASED PROGRAMS INPUT FROM COMMUNITY MEMBERS, COMMUNITY LEADERS AND REPRESENTATIVES, LOCAL PUBLIC HEALTH ENTITIES, AS WELL AS ST JOHN SYSTEM'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ADVISORY GROUP AND LEADERSHIP WAS OBTAINED TO EXPAND UPON INFORMATION GLEANED FROM SECONDARY DATA REVIEW A CONCERTED EFFORT WAS MADE TO OBTAIN COMMUNITY INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING THOSE WITH SPECIAL KNOWLEDGE AND EXPERTISE OF PUBLIC HEALTH ISSUES AND POPULATIONS DEEMED VULNERABLE UPON COMPLETION OF THE ASSESSMENT WITH INPUT FROM LOCAL PUBLIC HEALTH OFFICIALS AND OTHER LEADERS, THE ST JOHN SYSTEM IDENTIFIED AND HAS CONTINUED TO COLLABORATIVELY WORK TOWARD ADDRESSING THE FOLLOWING PRIORITY NEEDS AS AN ORGANIZATION AND THROUGH SUPPORTING THE NEEDS IDENTIFIED FOR A COMMUNITY-WIDE PLAN 1 DIET, INACTIVITY, AND OBESITY - ACTIVE PARTICIPATON BY SEVERAL ASSOCIATES IN THE COMMUNITY WIDE COALITION, PATHWAYS TO HEALTH (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 SEVERAL 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 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 SYSTEM PARTICIPATED IN 269 COMMUNITY EVENTS, MANY FOCUSED-ON HEALTH PROMOTION AND WELLNESS IN PARTICULAR, ST JOHN SYSTEM SPONSORED AND PARTICIPATED IN SEVERAL LOCAL HEALTH PROMOTION WALKS AND RUNS DURING THIS TIME 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 ST JOHN SYSTEM OFFERED ASSOCIATES FREE OR DISCOUNTED REGISTRATION FEES FOR MANY THESE LOCAL RUNS AND WALKS THE ST JOHN 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 ST JOHN SYSTEM AND HOSPITALS 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 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 PARTICIPATION IN ASCENSION HEALTH'S SMART HEALTH WELLNESS PROGRAM INITIATIVES - FIRST FOCUSING ON OUR OWN ASSOCIATES AND SUBSEQUENTLY TAKING LESSONS LEARNED TO THE BROADER COMMUNITY 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, ST JOHN SYSTEM 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 ST JOHN SYSTEM IS EXPLORING HOW VIRTUAL TECHNOLOGY MIGHT BE USED TO SUPPORT HOSPITALS IN PROVIDING BETTER ACCESS TO PATIENTS FOR MENTAL HEALTH SERVICES -ST JOHN SYSTEM AND ST JOHN MEDICAL CENTER, INC CONTINUE 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 -ST JOHN SYSTEM'S HOSPITALS AND OTHER FACILITIES 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 - 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 SYSTEM 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

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 3	- 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 DEPARTMENTS, 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 SYSTEM AND HOSPTIALS 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 ST JOHN 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 SERVICES ACCESS TO SERVICES IN OKLAHOMA IS A SIGNIFICANT CHALLENGE DUE TO THE LIMITED AVAILABILITY OF PRIMARY CARE PHYSICIANS AND STRESS ON HOSPITAL EMERGENCY ROOM ACCESS AND INPATIENT BEDS DUE TO A GROWING NUMBER OF TRANSFERS FROM UNDERSERVED RURAL AREAS IN OKLAHOMA BARRIERS TO ACCESSING SERVICES ALSO INCLUDE LACK OF HEALTH INSURANCE COVERAGE AND TRANSPORTATION RESOURCES - 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 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 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 MEDICAL CENTER, INC 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 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 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 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 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 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 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 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 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 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 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 SYSTEM AND ST JOHN MEDICAL CENTER, INC 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 can 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) - VETERANS ARE NOW ABLE TO RECEIVE CARE FROM ST JOHN HEALTH SYSTEM DOCTORS THROUGH THE VETERANS CHOICE PROGRAM, GIVING VETERANS THE CHOICE TO RECEIVE CARE AT ST JOHN LOCATIONS THROUGHOUT OKLAHOMA AND SOUTHEAST KANSAS AS PART OF ASCENSION, THE NATION'S LARGEST NONPROFIT HEALTHCARE SYSTEM AND THE WORLD'S LARGEST CATHOLIC HEALTH SYSTEM, ST JOHN JOINS 23 OTHER STATES AND THE DISTRICT OF COLUMBIA IN SUSTAINING AND IMPROVING THE HEALTH OF INDIVIDUALS AND OUR COMMUNITIES BY SERVING AS AN OFFICIAL PROVIDER OF VETERAN CARE OUTSIDE THE DEPARTMENT OF VETERANS AFFAIRS (VA)

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 4	- DURING 2015 THE ST JOHN PHARMACY APPLIED FOR AND WAS CERTIFIED TO BE A DISPENSARY OF HOPE (DOH) ACCESS SITE DOH BEGAN IN MIDDLE TENNESSEE IN 2003 AND BY 2006, HAD ESTABLISHED A DISTRIBUTION SYSTEM WITH THE PURPOSE OF EXPANDING ITS VISION DOH CLINICS IN PHARMACIES ARE CURRENTLY IN 24 STATES AND DOH IS APPROVED IN 44 STATES ACROSS THE NATION THE DOH CONNECTS SURPLUS MEDICATIONS FROM MANUFACTURERS, DISTRIBUTORS, AND PROVIDERS TO CLINICS AND PHARMACIES SERVING THE POOR AND UNINSURED PHARMACY AND CLINIC PARTNERS PROVIDE DOH MEDICATIONS TO PATIENTS FREE OF CHARGE, TRACK AND SEGREGATE DOH INVENTORY, AND QUALIFY PATIENTS (LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY LEVEL) EXPECTED OUTCOMES INCLUDE THE POTENTIAL TO COMPLETE MORE THAN 1500 PRESCRIPTIONS PER MONTH AND THE REDUCTION OF PATIENT RE-ADMISSIONS WITHIN 30 DAYS (MEASURABLE) GOVERNANCE THE ADMINISTRATIVE POWERS OF ST JOHN ARE VESTED IN ITS BOARD OF DIRECTORS, WHICH CONTROLS AND MANAGES THE PROPERTIES, AFFAIRS AND FUNDS OF ST JOHN, SUBJECT TO DIRECTION FROM ASCENSION HEALTH AND RESERVATION OF CERTAIN POWERS BY ASCENSION HEALTH ASCENSION HEALTH HAS RESERVED THE RIGHT TO SET OVERALL STRATEGIC DIRECTION, CHANGE THE BYLAWS OF ST JOHN, APPOINT ITS PRINCIPAL EXECUTIVE OFFICERS, APPROVE CERTAIN BORROWINGS, ANNUAL BUDGETS, AND ACQUISITIONS AND DIVESTITURES OF CERTAIN PROPERTY, APPROVE ST JOHN'S INDEPENDENT ACCOUNTING FIRM, AND ELECT OR APPOINT ITS BOARD OF DIRECTORS THE BOARD GENERALLY MEETS ON A BI-MONTHLY BASIS AND REVIEWS RECOMMENDATIONS OF ITS COMMITTEES, WHICH INCLUDE AN EXECUTIVE COMMITTEE, A FINANCE COMMITTEE, AN EXECUTIVE COMPENSATION COMMITTEE, A PHYSICIAN TRANSACTION REVIEW COMMITTEE, A CORPORATE RESPONSIBILITY COMMITTEE, AND A NOMINATING COMMITTEE THE EXECUTIVE COMMITTEE CONSISTS OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF ST JOHN, AS WELL AS CERTAIN OTHER BOARD MEMBERS, AND MAY EXERCISE THE AUTHORITY OF THE BOARD IN THE ABSENCE OF A REGULAR OR SPECIAL MEETING OF THE BOARD WITH THE EXCEPTION OF THE EXECUTIVE, AUDIT, EXECUTIVE COMPENSATION, CORPORATE RESPONSIBILITY, AND NOMINATING COMMITTEES, WHICH ARE COMPRISED SOLELY OF BOARD MEMBERS, BOARD COMMITTEES ARE GENERALLY COMPRISED OF BOARD MEMBERS of ST JOHN MEDICAL CENTER, INC , ADMINISTRATIVE STAFF, AND COMMUNITY REPRESENTATIVES 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 THE MEDICAL CENTER, LOCATED IN TULSA, OKLAHOMA, IS A FULL-SERVICE TERTIARY HOSPITAL, WHICH PROVIDES A BROAD RANGE OF INPATIENT AND OUTPATIENT HEALTH CARE SERVICES THE MEDICAL CENTER IS A TERTIARY REFERRAL CENTER AND SERVES AS ONE OF TWO PRIMARY TRAUMA REFERRAL CENTERS FOR TULSA AND NORTHEASTERN OKLAHOMA ST JOHN MEDICAL CENTER, INC OPERATES A HIGHLY TECHNICAL PATIENT LOGISTICS CENTER TO FACILITATE THE TRANSFER OF PATIENTS FROM ST JOHN'S COMMUNITY HOSPITALS AND NON-AFFILIATED HOSPITALS, THROUGHOUT THE REGION, TO ST JOHN MEDICAL CENTER, INC FOR MUCH NEEDED TERTIARY CARE FOR PATIENTS, REGARDLESS OF ABILITY TO PAY THE LOGISTICS CENTER WAS ALSO EQUIPPED AS AN EMERGENCY COMMAND CENTER IN THE EVENT OF A PUBLIC HEALTH EMERGENCY ST JOHN MEDICAL CENTER, INC SERVES AS A PRIMARY TULSA TEACHING HOSPITAL FOR THE UNIVERSITY OF OKLAHOMA'S SCHOOL OF COMMUNITY MEDICINE RESIDENCY PROGRAMS FOR INTERNAL MEDICINE AND SURGERY AND HOSTS AN ORTHOPEDIC TRAUMA FELLOWSHIP PROGRAM IT IS ALSO THE PRIMARY TEACHING HOSPITAL FOR THE "IN HIS IMAGE" FAMILY MEDICINE RESIDENCY PROGRAM IT IS ALSO NORTHEASTERN OKLAHOMA'S ONLY "MAGNET" ACCREDITED HOSPITAL, SIGNIFYING EXCELLENCE IN NURSING CARE ST JOHN MEDICAL CENTER, INC IS TULSA'S AND NORTHEASTERN OKLAHOMA'S ONLY ACS VERIFIED LEVEL II TRAUMA CENTER AND ONLY JOINT COMMISSION-ACCREDITED COMPREHENSIVE STROKE CENTER THE MEDICAL CENTER OFFERS ADVANCED SERVICES IN TRAUMA, NEUROLOGICAL AND NEUROSURGICAL (INCLUDING STROKE) CARE, CARDIOLOGY AND CARDIOTHORACIC SURGERY, KIDNEY TRANSPLANT, ADULT, PEDIATRIC AND NEONATAL INTENSIVE CARE, CANCER TREATMENT, JOINT REPLACEMENT, AND MANY OTHER AREAS 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 MEDICAL ACCESS PROGRAM ("MAP") (SUBPART C OF ACCESS TO SERVICES) DURING FY 16, THE MEDICAL CENTER ALSO CONTINUED WORK ON AN OUTREACH PROJECT TO IMPROVE ACCESS TO MEDICAL CARE TO THE POOR THAT IS REFERRED TO AS THE MEDICAL ACCESS PROGRAM ("MAP") SUPPORTED IN PART BY FUNDING FROM THE CHAPMAN TRUSTS, A COLLECTION OF PRIVATE TRUSTS OF WHICH THE MEDICAL CENTER IS ONE OF THE BENEFICIARIES THE PROGRAM IS A COMPREHENSIVE EFFORT TO PROVIDE INCREASED ACCESS TO MEDICAL SERVICES ACROSS A BROAD CONTINUUM OF CARE TO THE POOR AND DISADVANTAGED IN THE TULSA METROPOLITAN AREA THE PROGRAM IS A COLLABORATIVE EFFORT LED BY THE MEDICAL CENTER THAT INCLUDES FINANCIAL SUPPORT FOR NEW AND EXISTING COMMUNITY OUTREACH ACTIVITIES KEY ELEMENTS OF THE PROGRAM INCLUDE - EXPANDED FREE PRIMARY CARE CLINIC VISITS PROVIDED PRIMARILY THROUGH DIRECT FUNDING PROVIDED TO THE UNIVERSITY OF OKLAHOMA'S BEDLAM CLINICS, GOOD SAMARITAN MOBILE CLINICS AND TEN OTHER FREE CLINICS THESE CLINICS HAVE BEEN ABLE TO SIGNIFICANTLY EXPAND THE NUMBER OF PRIMARY AND URGENT CARE PATIENT ENCOUNTERS EACH YEAR WITH THE ADDITIONAL FUNDING PROVIDED THROUGH MAP - PROVISION OF FREE DIAGNOSTIC IMAGING FOR ELIGIBLE PATIENTS TO RECEIVE FREE DIAGNOSTIC IMAGING SERVICES, INCLUDING BASIC X-RAY, CT, ULTRASOUND AND MRI - EXPANSION OF ACCESS TO FREE MEDICAL SERVICES BY REOPENING OR EXPANDING CLINICS REPRESENTING 23 SPECIALTY SERVICES IN COLLABORATION WITH UNIVERSITY OF OKLAHOMA AND OTHER PARTIES AND BY DIRECT REFERRALS FROM THE PRIMARY CARE CLINICS TO PRIVATE PHYSICIANS EXAMPLES WOULD BE TREATMENT OF PATIENTS WITH CANCER DIAGNOSES, AND OTHER LIFE THREATENING ILLNESSES OR INJURIES EXPANSION OF THIS REFERRAL PROGRAM CONTINUES - EXPANSION OF ACCESS TO FREE PRESCRIPTIONS AND OTHER MEDICATIONS IN COLLABORATION WITH THE PRIMARY CARE CLINICS AND OTHER PARTNERS - OPERATION OF A "MEDICAL HOME" CLINIC FOR UNINSURED PATIENTS AS PART OF THE MAP INITIATIVE

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 6	IT IS HOPED THAT MAP CAN CONTINUE TO GROW AND SERVE AS A MODEL FOR COLLABORATION AND OUTREACH THAT CANNOT ONLY BE USED TO PROVIDE MORE EFFECTIVE HEALTH CARE IN TULSA TO ITS MOST NEEDY CITIZENS, BUT ALSO SERVE AS A MODEL FOR OTHER COMMUNITIES ST JOHN HOSPITALS ALSO PARTICIPATED IN A PROGRAM SPONSORED BY THE TULSA MEDICAL SOCIETY TO PROVIDE FREE SURGICAL SERVICES TO CERTAIN PATIENTS MEDICAL EDUCATION (SUBPART D OF ACCESS TO SERVICES) AS DESCRIBED ABOVE, THE MEDICAL CENTER PARTICIPATES IN A CITY-WIDE RESIDENT TRAINING PROGRAM ADMINISTERED BY THE UNIVERSITY OF OKLAHOMA TULSA SCHOOL OF COMMUNITY MEDICINE AND THE TULSA MEDICAL EDUCATION FOUNDATION THE MEDICAL CENTER IS AN ENTITY WHICH HOSTS THE INTERNAL MEDICINE AND SURGICAL RESIDENCY PROGRAMS IT ALSO HOSTS AND PROVIDES FINANCIAL SUPPORT FOR THE "IN HIS IMAGE" FAMILY MEDICINE RESIDENCY PROGRAM THE MEDICAL CENTER PROVIDES ANNUAL FINANCIAL SUPPORT TO THE TULSA MEDICAL EDUCATION FOUNDATION TO FURTHER ITS EDUCATIONAL ACTIVITIES THE MEDICAL CENTER ALSO SUPPORTS THE INITIATIVES OF THE TULSA HOSPITAL COUNCIL TO PROVIDE FINANCIAL SUPPORT TO EXPAND ENROLLMENTS IN AREA ALLIED HEALTH AND NURSING EDUCATION PROGRAMS THE MEDICAL CENTER MAINTAINS AFFILIATIONS WITH A NUMBER OF AREA MEDICAL EDUCATION FACILITIES AND ORGANIZATIONS TO PROMOTE THE OFFERING AND ENHANCEMENT OF BASIC AND CONTINUING MEDICAL, NURSING AND ALLIED HEALTH EDUCATION EDUCATIONAL AFFILIATIONS FOR TRAINING OF NON-PHYSICIAN MEDICAL PERSONNEL INCLUDE THE FOLLOWING INSTITUTIONS UNIVERSITY OF OKLAHOMA, LANGSTON UNIVERSITY, UNIVERSITY OF TULSA, ROGERS STATE COLLEGE, OKLAHOMA STATE UNIVERSITY, AND SEVERAL OTHER INSTITUTIONS THE MEDICAL CENTER MAINTAINS A CONTINUING EDUCATION PROGRAM WHICH IS ACCREDITED TO AWARD CATEGORY I EDUCATION CREDITS TO PARTICIPATING PHYSICIANS JANE PHILLIPS, THROUGH JANE PHILIPS MEMORIAL MEDICAL CENTER, ALSO PARTICIPATES IN MEDICAL EDUCATION ACTIVITIES BY PROVIDING FINANCIAL SUPPORT TO TULSA MEDICAL EDUCATION FOUNDATION, ACCEPTING ROTATIONAL ASSIGNMENTS FOR CERTAIN RESIDENTS, AND BY PROVIDING FINANCIAL SUPPORT TO AREA SCHOOLS TO SUPPORT NURSING EDUCATION OTHER COMMUNITY BENEFIT AND OUTREACH ACTIVITIES THE CRITICAL ACCESS HOSPITALS OPERATED BY THE ST JOHN SYSTEM OPERATES AT OR NEAR A LOSS, THE ST JOHN SYSTEM CONSIDERS THESE SUBSIDIZED ACTIVITIES TO BE ESSENTIAL COMPONENTS OF ITS MISSION OF SERVICE THE ST JOHN SYSTEM PROVIDES OTHER FORMS OF COMMUNITY BENEFIT IN THE FORM OF FREE, OR REDUCED-CHARGE EDUCATIONAL SEMINARS FOR THE GENERAL PUBLIC ON WIDE RANGING TOPICS FROM PRENATAL CARE TO CHRONIC DISEASE MANAGEMENT IT PARTICIPATES IN COMMUNITY-WIDE HEALTH SCREENING EVENTS, BLOOD DONATION DRIVES, AND A NUMBER OF OTHER OUTREACH ACTIVITIES TO IMPROVE THE HEALTH STATUS OF THE RESIDENTS OF NORTHEASTERN OKLAHOMA AND THE SURROUNDING AREA ONGOING COMMUNITY INPUT IN ADDITION TO THE MANY ORGANIZATIONS WITH WHICH ST JOHN HEALTH SYSTEM, INC ENGAGES IN THE COMMUNITY, THE MEDICARE SHARED SAVINGS PROGRAM HAS SOUGHT COMMUNITY FEEDBACK BY INCLUDING TWO PATIENTS WHO ARE MEDICARE BENEFICIARIES ON THE ACCOUNTABLE CARE ORGANIZATION'S BOARD AND MAINTAINS A SEAT DESIGNATED FOR A HEALTH DEPARTMENT REPRESENTATIVE ON ONE OF THE PRIMARY COMMITTEES ST JOHN HEALTH SYSTEM, INC AND SEVERAL ASSOCIATES ACTIVELY ENGAGE 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

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 7	OTHER PROGRAM SERVICE ACCOMPLISHMENTS AS PREVIOUSLY DISCUSSED, THE ST JOHN SYSTEM IS ORGANIZED AND OPERATED TO PROVIDE MEDICAL EXCELLENCE AND COMPASSIONATE CARE TO THE CITIZENS OF NORTHEASTERN OKLAHOMA, WITH A SPECIAL PREFERENCE FOR THE POOR AND DISADVANTAGED SUMMARY THE ST JOHN SYSTEM'S ROLE AS ONE OF THE SIGNIFICANT SAFETY-NET HEALTH CARE PROVIDERS FOR THE REGION CONTINUES TO GROW IN PROMINENCE ST JOHN REINVESTS 100% OF ANY PROFITS DERIVED INTO NEW AND EXPANDED SERVICES TO THE COMMUNITY THE ST JOHN SYSTEM IS VERY PROUD OF ITS HISTORY OF SERVICE TO THE COMMUNITY AND VIEWS ITS RESPONSIBILITY TO CONTINUE TO PROVIDE MEDICAL SERVICES TO EVERYONE, ESPECIALLY THE POOR AND DISADVANTAGED, VERY SERIOUSLY AS THE ST JOHN SYSTEM CONTINUES TO FACE GROWING FINANCIAL CHALLENGES, IT BECOMES INCREASINGLY DIFFICULT TO SUSTAIN OUR MISSION OF SERVICE NEVERTHELESS, WE BELIEVE THAT THE QUANTIFIABLE COMMUNITY BENEFIT, AS WELL AS THE MANY OTHER AREAS OF SERVICE PROVIDED BY THE ST JOHN SYSTEM AND IDENTIFIED IN FY 16, 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.

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 15a PROCESS TO ESTABLISH COMPENSATION OF CEO	In determining the compensation of the organization's President & CEO, the process, performed by Ascension Health, a related organization of St John Health System, Inc , included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The compensation committee reviewed and approved the compensation In the review of the compensation, the President & CEO was compared to individuals at other organization's in the area who hold the same title During the review and approval of the compensation, documentation was recorded in the compensation committee minutes The individual was not present was his compensation was determined

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

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

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

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

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	At every fiscal year end, St John Health System, Inc (SJHS) distributes a copy of the current Conflict of Interest Policy and Procedure Bulletin, together with an explanation and questionnaire to the members of the Board of Directors, administrative officers and key employees of SJHS, its subsidiaries and affiliates, including St John Health System, 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 15b Process to establish compensation of other employees	Compensation for all other executives in St John Health System, Inc ("SJHS") is analyzed by an independent health care consulting firm The analysis includes a fair market value assessment and establishment of a range for each position based on research of comparable health care systems of similar size The report and recommended compensation levels for each executive management position is reviewed and approved by the Executive Compensation Committee of the SJHS Board of Directors During the review and approval of the compensation, documentation of the decision was recorded in the board minutes

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

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Miscellaneous Revenue - Total Revenue 12537, Related or Exempt Function Revenue 12537, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Purchased Services - Total Expense 49491566, Program Service Expense 22302934, Management and General Expenses 27188632, Fundraising Expenses , Consulting Fees - Total Expense 432374, Program Service Expense 194845, Management and General Expenses 237529, Fundraising Expenses , Physician Fees - Total Expense 113341, Program Service Expense 51076, Management and General Expenses 62265, Fundraising Expenses , Employee Recruitment Fees - Total Expense 183625, Program Service Expense 82749, Management and General Expenses 100876, Fundraising Expenses , Other Professional Fees - Total Expense 4099355, Program Service Expense 1847338, Management and General Expenses 2252017, Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers with Affiliates - -20686881, FAS 158 Pension - -17796903,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135132517

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 Health System Inc

Employer identification number
73-1215174

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**	**Yes**	
e	Loans or loan guarantees by related organization(s)	**1e**		**No**
f	Dividends from related organization(s)	**1f**		**No**
g	Sale of assets to related organization(s)	**1g**		**No**
h	Purchase of assets from related organization(s)	**1h**		**No**
i	Exchange of assets with related organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		**No**
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**	**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**	**Yes**	
o	Sharing of paid employees with related organization(s)	**1o**	**Yes**	
p	Reimbursement paid to related organization(s) for expenses	**1p**	**Yes**	
q	Reimbursement paid by related organization(s) for expenses	**1q**	**Yes**	
r	Other transfer of cash or property to related organization(s)	**1r**		**No**
s	Other transfer of cash or property from related organization(s)	**1s**	**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: 73-1215174
Name: St John Health System 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 631455998 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3	Type I	ASCENSION HEALTH ALLIANCE		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 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 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 BROKEN ARROW INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 38-3833117	HEALTH CARE	OK	501(c)(3	3	ST JOHN HEALTH SYSTEM INC	Yes	
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	
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	
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	

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	2,995,899	FMV OF SERVICES OR CASH
(1)	ST JOHN BUILDING CORPORATION	P	15,904,467	FMV OF SERVICES OR CASH
(2)	ST JOHN BUILDING CORPORATION	Q	7,521,837	FMV OF SERVICES OR CASH
(3)	ST JOHN MEDICAL CENTER	D	229,789,536	FMV OF SERVICES OR CASH
(4)	ST JOHN MEDICAL CENTER	P	699,387,302	FMV OF SERVICES OR CASH
(5)	ST JOHN MEDICAL CENTER	Q	606,871,400	FMV OF SERVICES OR CASH
(6)	ST JOHN MEDICAL CENTER	S	172,304	FMV OF SERVICES OR CASH
(7)	OWASSO MEDICAL FACILITY INC	D	35,745,522	FMV OF SERVICES OR CASH
(8)	OWASSO MEDICAL FACILITY INC	P	36,045,218	FMV OF SERVICES OR CASH
(9)	OWASSO MEDICAL FACILITY INC	Q	24,292,065	FMV OF SERVICES OR CASH
(10)	ST JOHN BROKEN ARROW INC	D	108,945,980	FMV OF SERVICES OR CASH
(11)	ST JOHN BROKEN ARROW INC	P	41,051,446	FMV OF SERVICES OR CASH
(12)	ST JOHN BROKEN ARROW INC	Q	28,927,783	FMV OF SERVICES OR CASH
(13)	ST JOHN SAPULPA INC	D	19,144,341	FMV OF SERVICES OR CASH
(14)	ST JOHN SAPULPA INC	P	14,721,997	FMV OF SERVICES OR CASH
(15)	ST JOHN SAPULPA INC	Q	11,584,757	FMV OF SERVICES OR CASH
(16)	ST JOHN HEALTH SYSTEM FOUNDATION INC	P	1,063,788	FMV OF SERVICES OR CASH
(17)	ST JOHN HEALTH SYSTEM FOUNDATION INC	Q	3,465,473	FMV OF SERVICES OR CASH
(18)	UTICA SERVICES INC	P	25,268,132	FMV OF SERVICES OR CASH
(19)	UTICA SERVICES INC	Q	39,057,474	FMV OF SERVICES OR CASH
(20)	REGIONAL MEDICAL LABORATORIES INC	M	150,176	FMV OF SERVICES OR CASH
(21)	REGIONAL MEDICAL LABORATORIES INC	P	30,714,449	FMV OF SERVICES OR CASH
(22)	REGIONAL MEDICAL LABORATORIES INC	Q	19,640,507	FMV OF SERVICES OR CASH
(23)	SJFI LLC	P	67,149	FMV OF SERVICES OR CASH
(24)	SJFI LLC	Q	634,560	FMV OF SERVICES OR CASH

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	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	ST JOHN PHYSICIANS INC	M	1,468,669	FMV OF SERVICES OR CASH
(1)	ST JOHN PHYSICIANS INC	P	17,307,341	FMV OF SERVICES OR CASH
(2)	ST JOHN PHYSICIANS INC	Q	30,336,264	FMV OF SERVICES OR CASH
(3)	PHYSICIAN SUPPORT SERVICES	M	74,993	FMV OF SERVICES OR CASH
(4)	PHYSICIAN SUPPORT SERVICES	P	44,480,503	FMV OF SERVICES OR CASH
(5)	PHYSICIAN SUPPORT SERVICES	Q	44,520,353	FMV OF SERVICES OR CASH
(6)	OMNI MEDICAL GROUP INC	M	560,504	FMV OF SERVICES OR CASH
(7)	OMNI MEDICAL GROUP INC	P	8,349,345	FMV OF SERVICES OR CASH
(8)	OMNI MEDICAL GROUP INC	Q	846,266	FMV OF SERVICES OR CASH
(9)	ST JOHN URGENT CARE CLINICS INC	L	60,739	FMV OF SERVICES OR CASH
(10)	ST JOHN URGENT CARE CLINICS INC	M	239,916	FMV OF SERVICES OR CASH
(11)	ST JOHN URGENT CARE CLINICS INC	P	2,398,552	FMV OF SERVICES OR CASH
(12)	ST JOHN URGENT CARE CLINICS INC	Q	229,318	FMV OF SERVICES OR CASH
(13)	ST JOHN ANESTHESIA SERVICES INC	P	4,210,237	FMV OF SERVICES OR CASH
(14)	ST JOHN ANESTHESIA SERVICES INC	Q	2,923,520	FMV OF SERVICES OR CASH
(15)	JANE PHILLIPS MEDICAL CENTER	P	42,165,246	FMV OF SERVICES OR CASH
(16)	JANE PHILLIPS MEDICAL CENTER	Q	8,438,497	FMV OF SERVICES OR CASH
(17)	JANE PHILLIPS NOWATA HOSPITAL INC	P	2,860,022	FMV OF SERVICES OR CASH
(18)	GEMINI MEDICAL GROUP INC	M	96,000	FMV OF SERVICES OR CASH
(19)	GEMINI MEDICAL GROUP INC	P	127,788	FMV OF SERVICES OR CASH
(20)	GEMINI MEDICAL GROUP INC	Q	3,223,117	FMV OF SERVICES OR CASH
(21)	CERES MEDICAL PRACTICE INC	Q	81,609	FMV OF SERVICES OR CASH
(22)	SYNERGY HOSPITALIST GROUP INC	P	147,945	FMV OF SERVICES OR CASH
(23)	SYNERGY HOSPITALIST GROUP INC	Q	444,753	FMV OF SERVICES OR CASH
(24)	JANE PHILLIPS SPECIALTY PHYSICIANS INC	M	116,400	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
(51)	JANE PHILLIPS SPECIALTY PHYSICIANS INC	P	570,911	FMV OF SERVICES OR CASH
(1)	JANE PHILLIPS SPECIALTY PHYSICIANS INC	Q	11,170,750	FMV OF SERVICES OR CASH
(2)	ST JOHN VILLAS INC	S	6,943,775	FMV OF SERVICES OR CASH