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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

C Name of organization
St John Broken Arrow Inc

Doing business as

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

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

D Employer identification number
38-3833117

E Telephone number
(314) 733-8000

G Gross receipts $ 64,207,241

F Name and address of principal officer
David Phillips
1923 South Utica Avenue
Tulsa, OK 741046502

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ HTTP //WWW STJOHNHEALTHSYSTEM COM/broken-arrow

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

L Year of formation 2011

M State of legal domicile OK

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To improve the health and well-being of all people in the communities we serve

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	270
6	Total number of volunteers (estimate if necessary)	**6**	90
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)	2,978	0
9	Program service revenue (Part VIII, line 2g)	66,275,467	63,140,271
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,632	-42,851
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,053,954	1,066,716
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,347,031	64,164,136
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,890,492	14,892,823
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)	43,254,204	39,936,975
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	58,144,696	54,829,798
19	Revenue less expenses Subtract line 18 from line 12	9,202,335	9,334,338

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	101,385,390	95,104,714
21	Total liabilities (Part X, line 26)	111,072,066	23,578,534
22	Net assets or fund balances Subtract line 21 from line 20	-9,686,676	71,526,180

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

****** 2019-05-13
Signature of officer Date

Tonya Mershon Tax Officer
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

Our Mission as part of a Catholic health care system is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve

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 $ 40,709,214 including grants of $ 0) (Revenue $ 63,135,586)

See Additional Data

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** ▶ 40,709,214

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	55		
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**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	270		
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**		Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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 ▶SARA OBRIEN 11775 BORMAN DRIVE MARYLAND HEIGHTS, MO 63146 (314) 733-8070

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM BERRY CHAIR	1 0 2 0	X		X				0	0	0
(2) ALECIA SIEGFRIED VICE CHAIR	1 0 2 0	X		X				0	0	0
(3) DAVID L PHILLIPS SECRETARY/HOSPITAL PRESIDENT SJBA (EX-OFFICIO)	5 0 45 0	X		X				0	317,239	37,840
(4) SUSAN KIMBALL DIRECTOR	1 0 2 0	X						0	0	0
(5) STAN SALLEE DIRECTOR	1 0 2 0	X						0	0	0
(6) TIMOTHY HEPNER MD DIRECTOR	1 0 2 0	X						0	0	0
(7) STEVE MOWERY DIRECTOR	1 0 2 0	X						0	0	0
(8) BARBARA BENEDICT DIRECTOR	1 0 2 0	X						0	0	0
(9) CHARLES GEBETSBERGER MD DIRECTOR	1 0 2 0	X						0	0	0
(10) WES STOTLER DO DIRECTOR	1 0 2 0	X						0	0	0
(11) LEX ANDERSON EXEC VP & CFO SJHS (END 10/2017)	5 0 45 0			X				0	410,957	29,719
(12) RONALD JAMES BRASEL VP FINANCE	5 0 45 0			X				0	152,007	30,666
(13) MICHAEL MCCULLOUGH SECRETARY	1 0 49 0			X				0	272,112	15,877
(14) WILLIAM E WEEKS COO - MINISTRY MKT TULSA	10 0 40 0			X				0	917,476	38,346
(15) KEVIN B STECK VP INTEGRITY & COMPLIANCE	9 0 41 0				X			0	278,300	16,444
(16) CHRISTOPHER J LEPAK CHIEF MEDICAL OFFICER	5 0 45 0				X			0	564,551	40,144
(17) DWAN R BORENS CHIEF NURSING OFFICER	50 0 0				X			128,870	0	26,916

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			
(18) ROBERT O CATHER REGIONAL PHARMACY MANAGER	50.00					X		153,468	0	28,747
(19) JARED WILEMAN PHARMACIST - NE	50.00					X		130,168	0	24,681
(20) TERI L FORD PHARMACIST - NE	50.00					X		121,124	0	20,798
(21) ANDREW T SMITH RN DIRECTOR SURGICAL SERVICES	50.00					X		108,566	0	11,376
(22) WANDA E ACKERMANN RN REGIONAL HOUSE SUPERVISOR	50.00					X		107,229	0	11,544
(23) SAMUEL C ANDERSON FORMER OFFICER (END 6/2014)	0.00 0.00						X	0	254,463	1,910
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								749,425	3,167,105	335,008

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 ▶ 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BROKEN ARROW LITHOTRIPSY LLC 800 W BOISE CIR STE 210 BROKEN ARROW, OK 740124932	MEDICAL SERVICES	189,900
ADVANCED NUMED TECHNOLOGIES LTD 6303 E 102ND ST TULSA, OK 741377041	MEDICAL SERVICES	111,353

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			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶	0			

Program Service Revenue	Business Code				
2a NET PATIENT REVENUE	621990	63,070,325	63,070,325		
b Rental Income from Affiliates	531120	58,373	58,373		
c State Program Revenue	900099	11,573	11,573		
d					
e					
f All other program service revenue		0	0	0	0
g **Total.** Add lines 2a–2f . . . . ▶		63,140,271			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		254			254
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real / (ii) Personal				
6a Gross rents	370,617				
b Less rental expenses	0				
c Rental income or (loss)	370,617 / 0				
d Net rental income or (loss) . . . . . ▶		370,617			370,617
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	0				
b Less cost or other basis and sales expenses	43,105				
c Gain or (loss)	0 / -43,105				
d Net gain or (loss) . . . . . ▶		-43,105			-43,105
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities See Part IV, line 19 . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . . a					
b Less cost of goods sold . . b					
c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code				
11a Cafeteria/Vending Revenue	722514	326,241			326,241
b Medical Records Fees	900099	9,856			9,856
c Education Revenue	611430	-4,685	-4,685		
d All other revenue		364,687	0	0	364,687
e **Total.** Add lines 11a–11d . . . . . ▶		696,099			
12 **Total revenue.** See Instructions . . . . . ▶		64,164,136	63,135,586	0	1,028,550

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	155,786	144,881	10,905	
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	12,362,999	11,497,480	865,519	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	438,505	407,806	30,699	
9 Other employee benefits	1,032,899	960,587	72,312	
10 Payroll taxes	902,634	839,442	63,192	
11 Fees for services (non-employees)				
a Management	57,230	57,230		
b Legal				
c Accounting	49,781		49,781	
d Lobbying	6,458		6,458	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	189,944	170,831	19,113	0
12 Advertising and promotion	28,445	2,105	26,340	
13 Office expenses	318,618	31,153	287,465	
14 Information technology	15,889	15,889		
15 Royalties . .				
16 Occupancy	597,207		597,207	
17 Travel	2,857	1,872	985	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	10,537	10,307	230	
20 Interest	379,542		379,542	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	5,862,401	1,823,946	4,038,455	
23 Insurance . . .	191,895		191,895	
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 Medical Supplies	15,170,338	14,819,856	350,482	
b Purchased Services	7,014,833	1,876,486	5,138,347	
c Physician Fees to Affiliate	4,236,916	3,629,919	606,997	
d Provider Tax	2,037,786	2,037,786		
e All other expenses	3,766,298	2,381,638	1,384,660	0
25 **Total functional expenses.** Add lines 1 through 24e	54,829,798	40,709,214	14,120,584	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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	22,012	1	1,400
	2	Savings and temporary cash investments	0	2	37,349
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	8,711,916	4	6,854,472
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,369,208	8	1,216,859
	9	Prepaid expenses and deferred charges	32,663	9	1,233
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 114,034,597			
	b	Less accumulated depreciation — 10b: 28,064,804	90,338,005	10c	85,969,793
	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	0	13	
	14	Intangible assets	598,037	14	22,917
	15	Other assets See Part IV, line 11	313,549	15	1,000,691
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	101,385,390	16	95,104,714
Liabilities	17	Accounts payable and accrued expenses	2,956,199	17	2,292,357
	18	Grants payable		18	
	19	Deferred revenue	21,265	19	0
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	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	108,094,602	25	21,286,177
	26	**Total liabilities.** Add lines 17 through 25	111,072,066	26	23,578,534
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	-9,686,676	27	71,526,180
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		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	-9,686,676	33	71,526,180
	34	Total liabilities and net assets/fund balances	101,385,390	34	95,104,714

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	64,164,136
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,829,798
3	Revenue less expenses Subtract line 2 from line 1	3	9,334,338
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-9,686,676
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	71,878,518
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	71,526,180

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: 17005876
Software Version: 2017v2.2
EIN: 38-3833117
Name: St John Broken Arrow Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

St John Broken Arrow, Inc is a 37-bed hospital campus providing services without regard to patient race, creed, national origin, economic status, or ability to pay During fiscal year 2018, St John Broken Arrow, Inc treated 2,297 adults and children for a total of 5,026 patient days of service The hospital also provided services for 71,767 outpatient visits, which included 2,248 outpatient surgeries and 21,975 Emergency Room Visits See Schedule H for a non-exhaustive list of community benefit programs and descriptions

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133074779

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

2017

Open to Public Inspection

Name of the organization
St John Broken Arrow Inc

Employer identification number
38-3833117

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 (explain in Part VI) **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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 38-3833117
Name: St John Broken Arrow Inc

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

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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

2017

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
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) 2014	(b) 2015	(c) 2016	(d) 2017	(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		6,458
j	Total Add lines 1c through 1i			6,458
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
St John Broken Arrow Inc

Employer identification number
38-3833117

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,230,000		3,230,000
b Buildings		95,874,587	19,281,116	76,593,471
c Leasehold improvements				
d Equipment		14,382,898	8,699,408	5,683,490
e Other		547,112	84,280	462,832
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				85,969,793

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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
(1) Federal income taxes	
MiscELLANEOUS Liabilities	1,378
Due to Affiliates	3,656,664
Estimated 3rd Party Payor Settlement	-22,000
Recovery Tail Liability	314,385
Accrued Tax Liability	128,450
Debt with Ascension Health Alliance	17,207,300
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	21,286,177

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 38-3833117
Name: St John Broken Arrow Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRE SHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A T AX 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, 2018

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
St John Broken Arrow Inc

Employer identification number
38-3833117

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 25000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,064,555	482,103	3,582,452	6 53 %
b Medicaid (from Worksheet 3, column a)			6,681,348	3,745,316	2,936,032	5 35 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	10,745,903	4,227,419	6,518,484	11 89 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)					0	0 %
f Health professions education (from Worksheet 5)					0	0 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)					0	0 %
j **Total.** Other Benefits	0	0	0	0	0	0 %
k **Total.** Add lines 7d and 7j	0	0	10,745,903	4,227,419	6,518,484	11 89 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 1,049,835		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	20,823,862
6	Enter Medicare allowable costs of care relating to payments on line 5	6	20,823,862
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	0
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

St John Broken Arrow Inc

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) www stjohnhealthsystem com/about/payment-for-services			
b	☑ The FAP application form was widely available on a website (list url) www stjohnhealthsystem com/about/payment-for-services			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www stjohnhealthsystem com/about/payment-for-services			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

St John Broken Arrow Inc

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

St John Broken Arrow Inc

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health Part B	PART B (CONTINUED FROM PART A) THE "MEDICAL ACCESS PROGRAM" ("MAP") CONSISTENT WITH OUR MISSION AND VALUES, THE ST JOHN SYSTEM HAS CREATED PROGRAMS TO SEEK OUT BETTER WAYS TO SE RVE THE UNINSURED AND VULNERABLE THE ST JOHN SYSTEM AND HOSPITAL HAVE CONTINUED WORK ON AN OUTREACH PROJECT TO IMPROVE ACCESS TO MEDICAL CARE TO THE POOR THAT IS REFERRED TO AS T HE "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 ACRO SS 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 S UPPORT FOR NEW AND EXISTING COMMUNITY OUTREACH ACTIVITIES KEY ELEMENTS OF THE PROGRAM INC LUDE - EXPANDED ACCESS TO FREE PRIMARY CARE CLINIC VISITS PROVIDED PRIMARILY THROUGH DIRE CT FUNDING TO THE UNIVERSITY OF OKLAHOMA'S FREE CLINICS AND GOOD SAMARITAN MOBILE CLINICS - INCLUDING THE ABOVE TWO FREE ACCESS POINTS TO PRIMARY CARE, THE MAP PROGRAM SUPPORTS A TOTAL OF 8 FREE AND 2 SLIDING SCALE CLINICS THROUGH THE "VOUCHER" PROGRAM, WHICH PROVIDES PATIENTS OF THE PRIMARY CARE PROVIDERS FREE ACCESS TO - DIAGNOSTIC AND SPECIALTY TESTING, - DIAGNOSTIC IMAGING SERVICES, INCLUDING BASIC X-RAY, CT, ULTRASOUND AND MRI, - 23 SPECIA LTY MEDICAL SERVICES AVAILABLE THRU ST JOHN EMPLOYED PROVIDERS, UNIVERSITY OF OKLAHOMA PR OVIDERS, AND OTHER SPECIALTY MEDICAL SERVICE PROVIDERS IN THE COMMUNITY, - THE DELIVERY OF SPECIALIZED CARE IN BOTH AN OUTPATIENT AND INPATIENT SETTING, I E , ALL EXPENSES RELATING TO THAT EPISODE OF CARE IS FREE TO THE PATIENT THE SPECIALIST FEE, FACILITY CHARGES, LAB , RADIOLOGY, ANESTHESIOLOGY, UNTIL THE PATIENT IS DISCHARGED FROM THE SPECIALIST BACK TO T HE PATIENT'S PRIMARY CARE PROVIDER AT THEIR MEDICAL HOME, -EXPANSION OF ACCESS TO FREE PRE SCRIPTIONS AND OTHER MEDICATIONS IN COLLABORATION WITH THE DISPENSARY OF HOPE (DOH) PHARMA CY OPERATED BY ST JOHN MEDICAL CENTER IT IS HOPED THAT MAP CAN CONTINUE TO GROW AND SERV E AS A MODEL FOR COLLABORATION AND OUTREACH THAN CANNOT ONLY BE USED TO PROVIDE MORE EFFEC TIVE 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 MEDI CAL SOCIETY TO PROVIDE FREE SURGICAL SERVICES TO CERTAIN PATIENTS SUPPORT FOR MEDICAL EDU CATION THE HOSPITALS CONTINUE TO INVEST IN MEDICAL EDUCATION TO SUPPORT THE EXPANSION OF PHYSICIANS, NURSES AND ALLIED HEALTH PROFESSIONALS THAT WILL SERVE THE CURRENT AND FUTURE GENERATIONS OF PATIENTS IN THE SERVICE AREA THE HOSPITALS PARTICIPATE IN ST JOHN SYSTEM' S COORDINATED EFFORT TO ASSESS COMMUNITY NEED COLLABORATIVELY WITH OTHER INTERESTED PARTIE S IN THE COMMUNITY AND TO ALLOCATE CAPITAL AND HUMAN RESOURCES TO ADDRESS THE NEEDS OF THE ENTIRE SERVICE AREA OTHER PROMOTION OF COMMUNITY HEALTH EACH ST JOHN SYSTEM HOSPITAL P ROVIDES SUBSIDIZED VITAL EMERGENCY SERVICES IN ITS COMMUNITY THE ST JOHN SYSTEM IS ATTEM PTING TO PROMOTE COMMUNITY HEALTH IN SEVERAL ADDITIONAL WAYS MOST OF THE AFFILIATED PRIMA RY CARE PHYSICIANS HAVE OR ARE ESTABLISHING ADVANCED PRIMARY CARE MODELS OF CARE THAT ARE ATTEMPTING TO IMPROVE HEALTH STATUS OF THEIR PATIENTS BY BETTER EMPHASIZING PREVENTIVE CAR E AND HEALTH SCREENING AND BY BETTER MANAGEMENT OF CHRONIC DISEASE THIS INCLUDES PARTICIP ATION IN THE MEDICARE COMPREHENSIVE PRIMARY CARE PLUS MODEL AND OKLAHOMA'S FIRST MEDICARE SHARED SAVINGS PROGRAM ACCOUNTABLE CARE ORGANIZATION (ACO) THE AFFILIATED PRIMARY CARE PH YSICIANS UTILIZE A SOPHISTICATED ELECTRONIC MEDICAL RECORD THAT HELPS PROVIDE REAL TIME IN FORMATION TO MAKE IT EASIER TO MANAGE PATIENTS' CARE THE HOSPITALS AND THE OTHER HOSPITAL S IN THE SYSTEM HAVE INVESTED HEAVILY IN CLINICAL INFORMATION SYSTEMS AND ELECTRONIC MEDIC AL RECORDS AS TO BETTER MANAGE PATIENT CARE DURING EACH EPISODE OF ACUTE CARE THE ST JOH N SYSTEM SUPPORTS AND PARTICIPATES IN A REGIONAL HEALTH INFORMATION EXCHANGE WHICH FURTHER PROMOTES THE EXCHANGE OF HEALTH DATA IN AN EFFORT TO IMPROVE QUALITY AND REDUCE COST OF C ARE FOR THE COMMUNITY ST JOHN IS INVESTING IN NEW SYSTEMS OF CARE TO PROVIDE BETTER COOR DINATION OF CARE BETWEEN ALL THE DIFFERENT PROVIDERS RESPONSIBLE FOR PORTIONS OF EACH PATI ENT'S CARE WITH AN EMPHASIS ON PREVENTION, SCREENING AND COORDINATION OF CHRONIC CARE THE HOSPITALS AND THE ST JOHN HEALTH SYSTEM HAVE INVESTED IN TERTIARY SERVICES THAT ARE NEED ED BY THE COMMUNITY EXAMPLES OF WHICH INCLUDE DEVELOPMENT OF OKLAHOMA'S ONLY ACS LEVEL II TRAUMA CENTER (THE HIGHEST ACCREDITED CENTER IN TULSA), NORTHEASTERN OKLAHOMA'S ONLY JOIN T COMMISSION ACCREDITED STROKE CENTER, NEONATAL INTENSIVE CARE, SOPHISTICATED MEDICAL TECH NOLOGY INCLUDING ALL-DIGITAL DIAGNOSTIC RADIOLOGY, CYBERKNIFE, AND OTHER FORMS OF RADIATIO N THERAPY, A KIDNEY TRANSPLANT CENTER, DAVINCI ROB

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health Part B	OTIC SURGERY, AN ENDOVASCULAR OPERATING SUITE, ORTHOPEDIC AND NEUROSURGICAL CENTERS OF EXC ELLENCE, SOPHISTICATED CARDIOVASCULAR CARE THAT EMPHASIZES RAPID AND EFFECTIVE INTERVENTIO N FOR HEART ATTACK VICTIMS AND PREVENTIVE CARE FOR THOSE WITH CHRONIC HEART CONDITIONS TH E ST JOHN SYSTEM IS ALSO ACCREDITED AS A PARTICIPANT IN THE MD ANDERSON CANCER NETWORK BR INGING EXPERTISE IN SUB-SPECIALTY CANCER CARE TO RESIDENTS OF OUR COMMUNITY THE HOSPITALS HAVE AN OPEN MEDICAL STAFF AND HAVE COMMUNITY, RELIGIOUS AND PHYSICIAN REPRESENTATIVES SE RVING ON ITS BOARD THE MEDICARE SHARED SAVINGS PROGRAM ACCOUNTABLE CARE ORGANIZATION INCL UDES COMMUNITY REPRESENTATIVES ON THE BOARD AND A HEALTH DEPARTMENT REPRESENTATIVE ON AN A CTIVE COMMITTEE THE ST JOHN SYSTEM HAS CREATED AND IS CONTINUING TO CREATE SYSTEMS AND P OLICIES TO PROMOTE BETTER COORDINATION OF CARE AND ALLOCATION OF RESOURCES THROUGHOUT THE SYSTEM THE HOSPITALS PARTICIPATE IN MANY COMMUNITY-WIDE HEALTH SCREENING AND HEALTH EDUCA TION EVENTS AS WELL AS HOSTING MANY SUCH EVENTS THAT ARE OPEN TO THE PUBLIC DURING THIS F ISCAL YEAR, THE ORGANIZATION PARTICIPATED IN OVER 100 DOCUMENTED EVENTS SYSTEM-WIDE SUMMA RY THE THOUSANDS OF ASSOCIATES, PHYSICIANS AND VOLUNTEERS THAT MAKE UP ST JOHN HEALTH SY STEM, INC TOUCH THE LIVES OF THOUSANDS OF PATIENTS EVERY DAY AND MILLIONS OF PATIENTS EVE RY YEAR AS WE SEEK TO TRANSFORM HEALTH CARE IN OKLAHOMA AND THE U S , ST JOHN IS CHALLEN GED BY MANY FACTORS INCLUDING LACK OF PUBLIC RESOURCES IN OKLAHOMA THAT ARE DEVOTED TO BO TH CARE FOR THE POOR, REDUCTIONS IN REIMBURSEMENT DUE TO A STRUGGLING OIL INDUSTRY, HEALTH CARE INFRASTRUCTURE, AND MEDICAL EDUCATION, COMPETITION FROM INVESTOR-OWNED HEALTH CARE F ACILITIES THAT DO NOT SHARE ST JOHN'S MISSION OF SERVICE AND EMPHASIS ON SERVICE TO THE P OOR AND POWERLESS BUT WHICH SEEK TO GAIN MARKET SHARE IN COMMERCIALLY INSURED PATIENTS, PO OR ECONOMIC AND HEALTH CARE DEMOGRAPHIC FACTORS CONTRIBUTING TO GENERALLY POOR HEALTH STAT US AND HIGH RATES OF POVERTY AND UNINSURED IN OKLAHOMA, AND THE CHALLENGE OF TRANSITION TO PAYMENT FOR VALUE FINALLY, AS ONE OF ONLY TWO MAJOR TAX-EXEMPT HEALTH SYSTEMS IN OUR SER VICE AREA, THE ST JOHN SYSTEM REINVESTS PROFITS GENERATED INTO NEW OR EXPANDED SERVICES F OR THE COMMUNITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means-tested government programs, and other community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay) The best available data was used to calculate the amounts reported in the table For the information in the table, a cost-to-charge ratio was calculated and applied

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2018 was $4,564,500 at charges, ($1,049,835 at cost)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	The provision for doubtful accounts is based upon management's assessment of expected net collections considering historical experience, economic conditions, trends in healthcare coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The organization is part of the Ascension Health Alliance's consolidated audit in which the footnote that discusses the bad debt expense is located on page 21

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	FOLLOWING THE 2016 CHNA, THE ST JOHN SYSTEM AND HOSPITAL HAVE CONTINUED DIALOGUE WITH THE COMMUNITY AND PARTICIPATE IN ADDITIONAL ONGOING COMMUNITY-BASED NEEDS ASSESSMENTS THE ST JOHN SYSTEM AND THE HOSPITAL HAVE JOINED WITH MORE THAN 65+ COMMUNITY PARTNERS, LED BY THE TULSA HEALTH DEPARTMENT AND PATHWAYS TO HEALTH, TO WORK TOGETHER TO CREATE THE 2017-2019 COMMUNITY HEALTH IMPROVEMENT PLAN FOR TULSA COUNTY (CHIP) THE OVERALL GOAL OF THE PLAN IS TO IMPROVE THE HEALTH AND WELL-BEING OF TULSA COUNTY RESIDENTS TO BECOME THE HEALTHIEST COUNTY IN THE STATE THE CHIP IS DIVIDED INTO TWO PRIORITY AREAS TO ADDRESS ACCESS TO HEALTH RESOURCES AND HEALTH EDUCATION AND EDUCATION SYSTEMS THIS PLAN ALIGNS WITH GOALS IN THE FISCAL YEAR 2017-2019 IMPLEMENTATION STRATEGY DEVELOPED FOR ST JOHN HEALTH SYSTEM AND ITS HOSPITALS ST JOHN SYSTEM AND THE HOSPITAL PARTICIPATE IN THE TULSA AREA FREE CLINIC COALITION WHICH ASSESSES, PROMOTES, AND SUPPORTS THE PROVISION OF COMPASSIONATE HEALTH ARE THE MEDICALLY UNDERSERVED IN THE TULSA AREA, WITH MANY OF THE PARTICIPANTS PROVIDING ACCESS TO CARE IN ADDITION, ST JOHN SYSTEM AND THE HOSPITAL PARTICIPATE IN THE INDIGENT CARE EXPANSION GROUP WHICH CONSISTS OF SEVERAL KEY SAFETY NET SERVICE STAKEHOLDERS AND FUNDERS WHO REGULARLY MEET TO DISCUSS CURRENT RESOURCES AND UNMET NEEDS FOR THE MEDICALLY UNDERSERVED TO ACCESS CARE IN THE TULSA AREA THE CANCER COMMITTEE WORKS YEAR-ROUND TO UPHOLD QUALITY STANDARDS ESTABLISHED AND EVALUATED BY THE COMMISSION ON CANCER, A PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS THROUGH THESE EFFORTS, THE CANCER COMMITTEE PROMOTES AND IMPROVES CANCER PREVENTION, TREATMENT, RESEARCH AND EDUCATION THROUGH VARIOUS PROGRAMS AND ACTIVITIES AT BOTH ST JOHN MEDICAL CENTER, INC AND OKLAHOMA CANCER SPECIALISTS AND RESEARCH INSTITUTE (OCSRI), ST JOHN SYSTEM'S PARTNER IN CANCER CARE PROGRAMS AND ACTIVITIES ARE CONCERNED WITH THE FULL CONTINUUM OF CANCER, FROM PREVENTION TO SURVIVORSHIP AND END-OF-LIFE CARE A COMMUNITY NEEDS ASSESSMENT IS CONDUCTED EVERY THREE YEARS BY THE CANCER COMMITTEE TO DRIVE A PATIENT NAVIGATION PROCESS, AS WELL AS DECISIONS FOR ANNUAL PREVENTION, SCREENING AND COMMUNITY OUTREACH PROGRAMS THE ASSESSMENT HELPS ENSURE THAT PROGRAMS AND ACTIVITIES OF THE COMMITTEE ARE WORKING TO ADDRESS HEALTH CARE DISPARITIES AND BARRIERS TO CANCER CARE, ESPECIALLY AT THE ST JOHN SYSTEM AND OCSRI IN ADDITION TO THE ABOVE, THE MEDICAL ACCESS PROGRAM ("MAP") WAS CREATED THROUGH JOINT ENDEAVORS OF CERTAIN CHAPMAN TRUSTS AND THE ST JOHN SYSTEM THIS PROGRAM SUPPORTS AND ENHANCES ACCESS TO HEALTH CARE SERVICES TO THE MOST VULNERABLE MEMBERS OF THE TULSA COMMUNITY ST JOHN SYSTEM HOSPITALS, INCLUDING ST JOHN SAPULPA, INC , ST JOHN BROKEN ARROW, INC , OWASSO MEDICAL FACILITY, INC , AND ST JOHN MEDICAL CENTER, INC PARTICIPATE IN THIS INITIATIVE THIS INDIGENT CARE PROGRAM IS OVERSEEN BY REPRESENTATIVES OF ST JOHN AND, TRUSTEES OF THE CHAPMAN TRUSTS INPUT IS ALSO SOLICITED FROM THE UNIVERSITY OF OKLAHOMA SCHOOL OF COMMUNITY MEDICINE IN TULSA THE MAP PROGRAM INCLUDES PARTICIPATION OF OTHER HEALTH CARE PROVIDERS INCLUDING GOOD SAMARITAN CLINICS, DAY CENTER FOR THE HOMELESS, COMMUNITY HEALTH CONNECTION FQHC, MORTON HEALTH FQHC, TULSA DREAM CENTER, ARUBAH CLINIC, AND A NETWORK OF VOLUNTEER PHYSICIAN PROVIDERS AND OTHER ORGANIZATIONS THE MAP PROGRAM REGULARLY RECEIVES INPUT FROM ALL THESE ORGANIZATIONS ON NEEDED SERVICES IN THE COMMUNITY WHICH HELPS TO PRIORITIZE THE LIMITED RESOURCES AVAILABLE TO ADDRESS COMMUNITY NEEDS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	THE ST JOHN SYSTEM IS COMMITTED TO DELIVERING EFFECTIVE, SAFE, PERSON-CENTRIC, HEALTH CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY AS A NONPROFIT HOSPITAL (OR HEALTH SYSTEM), IT IS OUR MISSION AND PRIVILEGE TO PLAY THIS IMPORTANT ROLE IN OUR COMMUNITY STAFF SCREEN UNINSURED PATIENTS AND IF FOUND POTENTIALLY ELIGIBLE FOR A GOVERNMENT FUNDING SOURCE, PROVIDE ASSISTANCE AND/OR RESOURCES TO THE PATIENT AND THEIR FAMILY IF A PATIENT IS NOT ELIGIBLE FOR A PAYMENT SOURCE, THE ST JOHN SYSTEM'S FINANCIAL ASSISTANCE POLICY COVERS PATIENTS WHO LACK THE FINANCIAL RESOURCES TO PAY FOR ALL OR PART OF THEIR BILLS ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED UPON THE ANNUAL FEDERAL POVERTY GUIDELINES, THE ST JOHN SYSTEM PROVIDES FINANCIAL ASSISTANCE FOR THOSE WHO EARN UP TO 400% OF THE FEDERAL POVERTY LEVEL THE ST JOHN SYSTEM WIDELY PUBLICIZES ITS - FINANCIAL ASSISTANCE POLICY - FINANCIAL ASSISTANCE APPLICATION - FINANCIAL ASSISTANCE POLICY SUMMARY - LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY VIA THE HOSPITAL FACILITY'S WEBSITE - https //www stjohnhealthsystem com/about/payment-for-services THE ST JOHN SYSTEM MAKES PAPER COPIES OF THE - FINANCIAL ASSISTANCE POLICY - FINANCIAL ASSISTANCE APPLICATION - FINANCIAL ASSISTANCE POLICY SUMMARY - LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY - AMOUNT GENERALLY BILLED CALCULATION THE PAPER COPIES ARE MADE READILY AVAILABLE AS PART OF THE INTAKE, DISCHARGE AND CUSTOMER SERVICE PROCESSES UPON REQUEST, PAPER COPIES CAN ALSO BE OBTAINED BY MAIL THE ST JOHN SYSTEM INFORMS ITS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA A NOTICE ON PATIENT BILLING STATEMENTS, INCLUDING THE PHONE NUMBER AND WEB ADDRESS WHERE MORE INFORMATION MAY BE FOUND THE ST JOHN SYSTEM INFORMS ITS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA SIGNAGE DISPLAYED IN THE EMERGENCY ROOM AND ADMISSIONS AREAS

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	AS DESCRIBED ABOVE, THE HOSPITAL IS PART OF ST JOHN HEALTH SYSTEM, INC ("ST JOHN SYSTEM ") ALTHOUGH THE ST JOHN SYSTEM PROVIDES A FULL SPECTRUM OF HEALTH-RELATED SERVICES THROU GHOUT EASTERN OKLAHOMA AND SOUTHEASTERN KANSAS, ITS TERTIARY OPERATIONS AND A LARGE PART O F ITS OTHER SERVICES ARE CONCENTRATED IN THE TULSA METROPOLITAN STATISTICAL AREA (THE "TUL SA MSA") ACCORDING TO THE 2010 CENSUS, THE STATE OF OKLAHOMA HAD A RESIDENT POPULATION OF 3,751,351 PERSONS COMPARED TO 3,450,654 PERSONS IN 2000 THIS IS AN 8 7% INCREASE IT HAD AN ESTIMATED RESIDENT POPULATION OF 3,923,561 PERSONS IN 2016, 4 6% INCREASE FROM 2010 T HE U S CENSUS BUREAU ESTIMATED THAT IN 2009 13 5% OF THE OKLAHOMA RESIDENT POPULATION WAS ELIGIBLE FOR MEDICARE, COMPARED TO 14 7% IN 2000 (17% IN 2015) TULSA COUNTY, OKLAHOMA AN D THE COUNTIES THAT MAKE UP THE TULSA MSA, ACCORDING TO THE 2010 CENSUS, HAD POPULATIONS O F 603,403 AND 1,008,460, RESPECTIVELY THIS COMPARES TO POPULATIONS OF 563,299 AND 803,235 PERSONS, RESPECTIVELY IN 2000 AND REPRESENTS POPULATION GROWTH OF 7 1% AND 25 5%, RESPECT IVELY THE DATA SHOWS THAT THE COUNTIES IN THE TULSA MSA THAT SURROUND TULSA COUNTY GREW M UCH FASTER FROM 2000 TO 2010 AT THE SAME TIME, THE POPULATION WITHIN TULSA COUNTY SHIFTED AWAY FROM THE CITY OF TULSA AND TO SUBURBS SUCH AS OWASSO AND BROKEN ARROW THE CITIES OF BROKEN ARROW AND OWASSO ARE SERVED BY ST JOHN BROKEN ARROW INC AND OWASSO MEDICAL FACIL ITY INC RESPECTIVELY AND WERE TWO OF THE FASTEST GROWING COMMUNITIES IN OKLAHOMA BETWEEN 2000 AND 2010 THE POPULATION OF THE CITY OF OWASSO GREW 56% TO 28,915 FROM 2000 TO 2010 A ND THE POPULATION OF THE CITY OF BROKEN ARROW GREW 32% TO 98,850 FROM 2000 TO 2010 THE 20 10 COMBINED POPULATION OF PRIMARY SERVED BY THE ST JOHN SYSTEM, INC COUNTIES (WASHINGTON , NOWATA, CREEK, AND TULSA COUNTIES) WAS 1,139,939 THE AREA SERVED APPEARS TO BE FOLLOWIN G THE STATE AND NATIONAL TREND OF A DECLINING SHARE OF YOUNG PEOPLE (LOSS OF 8% OF THE POP ULATION SHARE IN TULSA COUNTY) AND A GROWING PROPORTION OF THE OLDER POPULATION (GAIN OF 4 % IN TULSA COUNTY) THIS EVOLVING POPULATION AGE COMPOSITION PRESENTS NEW CHALLENGES AND O PPORTUNITIES FOR THE COMMUNITY AS A WHOLE THE ESTIMATED MEDIAN HOUSEHOLD INCOME FOR TULSA COUNTY IN 2013 WAS $48,181 THE ESTIMATED PER CAPITA INCOME FOR WASHINGTON COUNTY IN 2013 WAS $27,513 THE ESTIMATED PER CAPITA INCOME FOR NOWATA COUNTY IN 2013 WAS $20,523 THE E STIMATED PER CAPITA INCOME FOR CREEK COUNTY IN 2013 WAS $22,736 THERE WAS CLEAR RACIAL IN EQUALITY AMONG MEDIAN HOUSEHOLD INCOMES ADDITIONALLY, MEDIAN HOUSEHOLD INCOMES INCREASED WITH AGE UNTIL THE 65 AND OLDER AGE GROUP THIS IS MOST LIKELY ATTRIBUTABLE TO LOWER INCOM ES AFTER RETIREMENT ESTIMATES FOR 2013 STATED THAT THE POVERTY RATE (BELOW 100%) FOR TULS A COUNTY WAS 15 9 PERCENT ACCORDING TO THE OKLAHOMA STATE DEPARTMENT OF HEALTH'S 2014 STA TE OF THE STATE'S HEALTH REPORT, ONE IN SIX PEOPLE IN CREEK COUNTY, NOWATA COUNTY, AND WAS HINGTON COUNTY LIVED IN POVERTY AND ONE IN SEVEN PEOPLE IN TULSA COUNTY LIVED IN POVERTY RACIAL AND AGE DISPARITY AMONG THOSE LIVING IN POVERTY IS EVIDENT IN THE AREA SERVED SINC E 2013, OKLAHOMA IS PARTICIPATING IN THE FEDERALLY-FACILITATED HEALTH INSURANCE MARKETPLAC E IN 2013, BEFORE THE FIRST OPEN ENROLLMENT PERIOD FOR THE HEALTH INSURANCE MARKETPLACE, OKLAHOMA'S UNINSURED RATE OF 20 5 PERCENT AND WAS 4 1 PERCENT GREATER THAN THE NATIONAL UN INSURED RATE IN 2015, OKLAHOMA'S UNINSURED RATE IMPROVED AS IT DECREASED TO 15 4% THE 20 15 OKLAHOMA UNINSURED RATE IS A 5 1 PERCENT DECREASE SINCE 2013 PRIOR TO THE FIRST OPEN EN ROLLMENT PERIOD OKLAHOMA'S RATE OF UNINSURED WAS 4 7 PERCENT GREATER THAN THE NATIONAL RA TE THE 2015 RATE OF UNINSURED WAS 13 PERCENT FOR TULSA COUNTY DESPITE SOME RECENT ATTENT ION TO MEDICAID EXPANSION IN STATE LEGISLATURE IN 2016 AFTER YEARS OF NO TRACTION, AS OF 2 017 OKLAHOMA HAS NOT EXPANDED MEDICAID COVERAGE TO LOW-INCOME ADULTS TULSA COUNTY HAD 157 ,240 UNDUPLICATED MEDICAID ENROLLEES DURING 2013 WHICH REPRESENTS 25 8 PERCENT OF THE TOTA L POPULATION THERE IS SIGNIFICANT DISPARITY IN THE GENERAL HEALTH OF POPULATIONS WITHIN T HE SERVICE AREA DEPENDING UPON WHERE AN INDIVIDUAL LIVES AND TO WHAT SOCIOECONOMIC AND ETH NIC GROUP THEY BELONG FOR EXAMPLE, CITIZENS WHO RESIDE IN "NORTH" TULSA AND IN SOME AREAS OF "EAST" AND "WEST" TULSA GENERALLY HAVE POORER HEALTH AND SHORTER LIFE SPANS THAN INDIV IDUALS WHO LIVE IN "SOUTH" TULSA GEOGRAPHIC HEALTH DISPARITIES SUCH AS THIS EXIST ACROSS THE AREA SERVED MEMBERS OF MINORITY GROUPS (MANY OF WHOM RESIDE IN THE GEOGRAPHIC AREAS D ESCRIBED ABOVE) SHARE THESE SAME HEALTH CHARACTERISTICS IT HAS BEEN DEMONSTRATED THAT THE SE INDIVIDUALS HAVE LESS ACCESS TO REGULAR HEALTH CARE SERVICES, INCLUDING SPECIALTY CARE AND MANY SEEK EVEN THEIR PRIMARY CARE IN HOSPITAL EMERGENCY ROOMS, INCLUDING ALL OF THE ST JOHN HEALTH SYSTEM, INC HOSPITALS SOME SIGNIFICANT MINORITY GROUPS IN THE HOSPITAL AND ST JOHN HEALTH SYSTEM, INC 'S PRINCIPAL SERVICE

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	AREA INCLUDES NATIVE AMERICANS, HISPANICS AND AFRICAN AMERICANS EACH OF THESE GROUPS SHAR ES COMMON SOCIOECONOMIC CHALLENGES MAKING THEM MORE LIKELY TO EXPERIENCE HEALTH DISPARITIE S EACH OF THESE GROUPS HAS UNIQUE ETHNIC HEALTH RISK FACTORS THAT CONTRIBUTE TO HEALTH ST ATUS THAT IS GENERALLY POORER THAN THEIR WHITE COUNTERPARTS HOWEVER, EVEN AMONG THE WHITE POPULATION IN THE HOSPITALS SERVICE AREA, THERE IS SIGNIFICANT ADVERSE HEALTH CARE STATUS OKLAHOMA (INCLUDING THE HOSPITAL SERVICE AREA) RANKS NEAR THE BOTTOM IN MANY IF NOT MOST MEASURES OF HEALTH STATUS IN THE U S THE ST JOHN HEALTH SYSTEM AND HOSPITALS SERVE A DI VERSE REPRESENTATION OF HEALTH DISPARITIES IN ONE OF THE LOWEST RANKED STATES IN THE UNITE D STATES FOR HEALTH STATUS (46TH IN 2016) WITHIN THE STATE OF OKLAHOMA, COUNTIES SERVED B Y THE HEALTH SYSTEM RANK FROM 16TH OUT OF 77 TO 63RD OUT OF 77 TULSA COUNTY RANKED 15 OUT OF 77 THIS RANKING IS BASED ON EACH STATE'S PERFORMANCE ON THE CORE MEASURES WHICH INCLU DE BEHAVIORS, COMMUNITY AND ENVIRONMENTAL FACTORS, HEALTH POLICY, CLINICAL CARE, AND OUTCO MES AMONG HEALTH DETERMINANTS, OKLAHOMA RANKS NUMBER 47, AND AMONG HEALTH OUTCOMES, NUMBE R 44 AMONG SENIORS, OKLAHOMA RANKS NUMBER 49, AND AMONG WOMEN AND CHILDREN, NUMBER 46 OK LAHOMA'S MOST EXTREME CHALLENGES INCLUDE RISKY HEALTH BEHAVIORS SUCH AS HIGH LEVELS OF SMO KING, HIGH LEVELS OF UNINSURED, HIGH LEVELS OF POVERTY, LIMITED ACCESS TO PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES, INADEQUATE PRENATAL CARE, AND HIGH RATES OF PREMATURE DEATH THERE ARE HIGH RATES OF INFANT MORTALITY, DEATHS BY SUICIDE AND DRUG OVERDOSE, DIABETES, O BESITY, UPPER RESPIRATORY ILLNESS, CHRONIC HEART CONDITIONS, AND MANY OTHER FACTORS ACCES S TO SERVICES IN OKLAHOMA IS A SIGNIFICANT CHALLENGE DUE TO THE LIMITED AVAILABILITY OF PR IMARY 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 INA ADDITION, T HERE ARE FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS PRESENT IN THE COMMUNITY THESE FACTORS AMONG INDIVIDUALS AND FAMILIES IN THE COMMUNITIES AND GEOGRAPHIES SERVED BY THE HO SPITAL WHICH CREATE MANY CHALLENGES IN MEETING THE DEMAND FOR BASIC SERVICES AND IN IMPROV ING THE HEALTH STATUS OF THE POPULATION

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	PART A THE ST JOHN SYSTEM IS A GROWING INTEGRATED DELIVERY SYSTEM THAT SERVES EASTERN OK LAHOMA, SOUTHEASTERN KANSAS, AND THE SURROUNDING AREA IT HAS GROWN SIGNIFICANTLY IN RECEN T YEARS, WITH INCREASING REVENUES FROM OUTPATIENT AND PHYSICIAN PROFESSIONAL SERVICES AS W ELL AS OTHER POST-ACUTE SERVICES ACUTE CARE SERVICES ARE PROVIDED ON SIX HOSPITAL CAMPUSE S THAT ARE OWNED BY THE ST JOHN SYSTEM THE OWNED HOSPITALS ARE ST JOHN MEDICAL CENTER, INC (THE TERTIARY CENTER IN TULSA, OKLAHOMA), JANE PHILLIPS MEMORIAL MEDICAL CENTER INC IN BARTLESVILLE, OWASSO MEDICAL FACILITY, INC IN OWASSO, OKLAHOMA, ST JOHN BROKEN ARROW, INC IN BROKEN ARROW, OKLAHOMA, AND ST JOHN NOWATA HOSPITAL, INC , A CRITICAL ACCESS HOS PITAL IN NOWATA, OKLAHOMA, AND ST JOHN SAPULPA, INC , A CRITICAL ACCESS HOSPITAL IN SAPUL PA, OKLAHOMA ACUTE CARE SERVICES ARE ALSO PROVIDED AT AN ADDITIONAL RURAL CRITICAL ACCESS HOSPITAL WHICH IS OWNED OR MANAGED BY JANE PHILLIPS DIAGNOSTIC SERVICES AND CERTAIN ACUT E CARE SERVICES ARE ALSO PROVIDED IN A VARIETY OF FREE-STANDING (INCLUDING HOSPITAL-BASED) SETTINGS SERVING OKLAHOMA FOR MORE THAN 90 YEARS, THE ST JOHN SYSTEM NOW INCLUDES OVER 500 EMPLOYED PHYSICIANS AND "MID-LEVEL PROVIDERS", AND SEVERAL URGENT CARE CLINICS COMMUN ITY BENEFIT REPORT ST JOHN HEALTH SYSTEM, INC 'S (THE "ST JOHN SYSTEM" OR "ST JOHN") M ISSION IS TO IMPROVE THE HEALTH STATUS OF THE INDIVIDUALS WHO LIVE IN THE COMMUNITIES WE S ERVE WITH A SPECIAL EMPHASIS ON THOSE LIVING IN POVERTY AND THOSE WHO ARE VULNERABLE AMONG US, FAITHFUL TO THE TEACHING OF JESUS CHRIST AND THE VALUES OF OUR SPONSORS AND THE CATHO LIC CHURCH OUR PROMISE TO OUR PATIENTS AND TO OUR COMMUNITIES IS TO PROVIDE MEDICAL EXCEL LENCE AND COMPASSIONATE CARE WE STRIVE TO PROVIDE HEALTHCARE THAT WORKS, HEALTHCARE THAT IS SAFE, AND HEALTHCARE THAT LEAVES NO ONE BEHIND TO MEET THIS MISSION THE ST JOHN SYSTE M HAS OPERATED SINCE THE 1920'S, GROWING FROM A FLEDGLING COMMUNITY HOSPITAL IN WHAT WAS T HEN THE SOUTHERN EDGE OF TULSA, OKLAHOMA TO AN INTEGRATED HEALTH CARE DELIVERY SYSTEM SERV ING NORTHEASTERN OKLAHOMA AND SURROUNDING STATES THE ST JOHN SYSTEM INCLUDES THOUSANDS OF ASSOCIATES (8,000 IN FY 2017), EMPLOYED PHYSICIANS, AND ADVANCED PRACTICE PROVIDERS, HU NDREDS MORE INDEPENDENT PHYSICIANS, AND DOZENS OF VOLUNTEERS THEY SERVE PATIENTS IN THE S IX OWNED HOSPITALS OPERATING NEARLY 800 BEDS, DOZENS OF PHYSICIAN OFFICES, CLINICS, AND UR GENT CARE CENTERS, A REFERENCE LABORATORY, AND PARTNERSHIPS AND VENTURES THAT INCLUDE A HE ALTH INSURANCE COMPANY, SEVERAL AMBULATORY SURGERY CENTERS, AND OTHER HEALTHCARE ACTIVITIE S TOGETHER OUR ASSOCIATES, PHYSICIANS, AND VOLUNTEERS TOUCH THE LIVES OF THOUSANDS OF PAT IENTS EVERY DAY, INCLUDING THOSE LIVING IN POVERTY AND/OR DEEMED OTHERWISE VULNERABLE THE ST JOHN SYSTEM IS COMMITTED TO CONTINUE THE LEGACY OF HEALTH CARE EXCELLENCE AND SERVICE STARTED BY OUR ORIGINAL FOUNDERS AND SPONSORS THE SISTERS OF THE SORROWFUL MOTHER BY CONT INUING TO PROVIDE VITAL SERVICES TO THE COMMUNITIES WITH CONTINUED EMPHASIS ON SERVICE TO THE THOSE LIVING IN POVERTY AND/OR WHO MAY OTHERWISE BE DEEMED VULNERABLE OR POWERLESS WE ENDEAVOR TO ESTABLISH TRUSTED RELATIONSHIPS WITH OUR PATIENTS OVER THEIR ENTIRE LIVES SE EKING TO IMPROVE THEIR HEALTH AND WORKING TO HEALTH THEIR MINDS AND BODIES WHEN AFFLICTED BY INJURY OR ILLNESS OUR ENABLING STRENGTHS WE USE OUR ENABLING STRENGTHS TO ACHIEVE OUR MISSION AND VISION THOSE STRENGTHS INCLUDE A MODEL COMMUNITY OF INSPIRED PEOPLE WORKING TO PROVIDE OUR SERVICES AND ACHIEVE OUR MISSION, EMPOWERING KNOWLEDGE - CLINICAL AND BUSI NESS INFORMATION SYSTEMS THAT PROVIDE OUR ASSOCIATES ACTIONABLE, TIMELY DATA AND INFORMATI ON UPON WHICH THEY CAN MAKE INFORMED DECISIONS, THE CREATION OF TRUSTED PARTNERSHIPS WITH EXTERNAL PARTNERS TO EXPAND OUR CAPABILITIES, COMPLEMENT OUR SERVICE OFFERINGS AND FULFILL OUR MISSION, AND ACHIEVING VITAL PRESENCE IN THE COMMUNITIES WE SERVE THIS VITAL PRESENC E CONTEMPLATES CREATION AND CONTINUATION OF IMPORTANT SAFETY NET SERVICES, WORLD-CLASS CEN TERS OF CLINICAL EXCELLENCE AND CREATION OF MEDICAL HOMES THAT PROMOTE EACH INDIVIDUAL'S P ARTICIPATION IN THEIR OWN HEALTH AND WELL-BEING AND WHICH CREATE AND SUSTAIN THE INFRASTRU CTURE FOR PROMOTING HEALTH COMMUNITIES OUR POINT OF VIEW HEALTH CARE DELIVERY AND FINANC ING IN THE U S MUST CHANGE THE COST OF THE CURRENT SYSTEM RELATIVE TO THE VALUE THAT COM MUNITIES AND INDIVIDUALS ARE RECEIVING IS NOT SUSTAINABLE IN ORDER TO MEET THE HEALTH CAR E NEEDS AND CONTRIBUTE TO ECONOMIC VITALITY OF COMMUNITIES, WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE, HEALTH CARE PROVIDERS MUST FUNDAMENTALLY RECONFIGURE DELIVERY SYSTEMS , CARE PROCESSES AND COST STRUCTURES DELIVERING SAFE, HIGH-QUALITY CARE THAT IS LOW COST WITH AN EXCEPTIONAL PATIENT EXPERIENCE WILL INCREASINGLY REQUIRE PROVIDERS TO HAVE A STRON G REGIONAL PRESENCE, INTEGRATED PHYSICIAN RELATIONSHIPS AND CAPABILITIES ACROSS THE CARE C ONTINUUM SUSTAINING THE ST JOHN MISSION INTO THE

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	FUTURE WILL REQUIRE A MORE CONTINUOUS, DYNAMIC RELATIONSHIP WITH THOSE WE SERVE AND THE A BILITY TO SHARE RISK WITH HEALTHCARE PURCHASERS, AS OPPORTUNITIES FOR INPATIENT GROWTH OR COMMERCIAL RATE INCREASES WILL BE LIMITED THE MOVEMENT TO MANAGING HEALTH OF DEFINED POPU LATIONS DEMANDS MASSIVE TRANSFORMATIONAL CHANGE THIS REQUIRES RAPID ASSESSMENT, ASSEMBLY AND DEPLOYMENT OF THE NECESSARY CAPABILITIES WE BELIEVE THE ST JOHN SYSTEM IS WELL POSIT IONED TO LEAD THIS TRANSFORMATION COMMUNITY BENEFIT THE COMMUNITY BENEFIT PROVIDED BY TH E ST JOHN SYSTEM INCLUDES UNCOMPENSATED CARE FOR THE POOR, SUPPORT FOR THE EDUCATION OF MEDICAL PROFESSIONALS, PROVISION OF SUBSIDIZED HEALTH SERVICES, SUPPORT FOR OTHER COMMUNIT Y ORGANIZATIONS, INITIATIVES TO IMPROVE COMMUNITY HEALTH, AND MEDICAL RESEARCH TO BE SOME OF THE KEY AREAS OF FOCUS FOR PROVIDING COMMUNITY BENEFIT THE ST JOHN SYSTEM DOES NOT IN CLUDE AMOUNTS RECORDED AS BAD DEBT, PAYMENT OF PROPERTY, SALES, USE, INCOME, PAYROLL, AND OTHER TAXES, CONSIDERABLE ECONOMIC VALUE PROVIDED TO THE LOCAL COMMUNITIES IN WHICH WE OPE RATE AS COMPONENTS OF COMMUNITY BENEFIT THE ST JOHN SYSTEM DOES INCLUDE MEDICARE SHORTFA LLS CARE FOR THE POOR "CARE FOR THE POOR" (WHICH INCLUDES THE ESTIMATED COST OF SERVICES PROVIDED TO PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE (CHARITY) AND THE UNCOMPENSATED COST OF CARE PROVIDED TO MEDICAID BENEFICIARIES) IS THE LARGEST FINANCIAL CATEGORY OF COM MUNITY BENEFIT SUPPORT FOR GRADUATE AND ALLIED HEALTH MEDICAL EDUCATION IS THE SECOND LAR GEST ST JOHN PROVIDES DISCOUNTS OF AT LEAST 50% TO ALL UNINSURED PATIENTS AND ADDITIONAL DISCOUNTS OF AT LEAST 10% TO UNINSURED PATIENTS WHO MAKE THE AGREED UPON TIMELY PAYMENTS FOR SERVICES THEY RECEIVE ALL UNINSURED INDIVIDUALS LIVING IN HOUSEHOLDS WITH INCOMES AT OR BELOW 400% OF THE FEDERAL POVERTY LIMIT QUALIFY FOR FREE CARE FOR MEDICALLY NECESSARY S ERVICES INSURED PATIENTS AND OTHERS WHO ARE FACED WITH FINANCIALLY CATASTROPHIC MEDICAL B ILLS ARE ALSO ELIGIBLE FOR AND ENCOURAGED TO SEEK FINANCIAL ASSISTANCE (CONTINUED IN PART B)

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 38-3833117
Name: St John Broken Arrow Inc

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	St John Broken Arrow Inc 1000 West Boise Circle Broken Arrow, OK 741024900 HTTP //WWW STJOHNHEALTHSYSTEM COM/broken-arrow 2380	X	X					X			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	To better target community resources on the service area's most pressing health needs, the hospital participated in a group discussion with organizational decision makers and community leaders to prioritize the significant community health needs while considering several criteria alignment with Ascension Health strategies of healthcare that leaves no one behind, care for the poor and vulnerable, opportunities for partnership, availability of existing programs and resources, addressing disparities of subgroups, availability of evidence-based practices, and community input The significant health needs are a prioritized description of the significant health needs of the community as identified through the CHNA See Schedule H, Part V, Line 7 for the link to the CHNA and Schedule H, Part V, Line 11 for how those needs are being addressed

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - St John Broken Arrow, Inc (PART A) COMMUNITY INPUT IS A PRIMARY FOCUS OF THE MOST RECENT CHNA THAT WAS ADOPTED AND APPROVED BEFORE 6-30-2016 FOR THE FISCAL YEAR 2 017-2019 ACCORDINGLY, INPUT FROM COMMUNITY MEMBERS, COMMUNITY LEADERS AND REPRESENTATIVES , AS WELL AS THE ST JOHN SYSTEM'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ADVISORY GROUP AND LEADERSHIP WAS OBTAINED TO EXPAND UPON INFORMATION GLEANED FROM THE SECONDARY DATA RE VIEW 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 KNO WLEDGE AND EXPERTISE OF PUBLIC HEALTH ISSUES AND POPULATIONS DEEMED VULNERABLE THIS ASSES SMENT ALSO TOOK IN TO ACCOUNT THE IMPORTANCE OF ENGAGING COMMUNITIES ON AN ONGOING BASIS A ND THE PROMOTION OF A CONTINUAL DIALOGUE THIS INCLUDES DISSEMINATING THE RESULTS OF THE A SSESSMENT WITHIN THE COMMUNITY AND ENGAGING THE COMMUNITY IN MUTUALLY REINFORCING AND COMM UNITY-DRIVEN ACTIVITIES TO IMPROVE THE COMMUNITY HEALTH AND WELL-BEING THIS ASSESSMENT EM PLOYED SEVERAL METHODS OF COMMUNITY INPUT TO YIELD THE DESIRED RESULTS FOR THE PURPOSES O F THIS ASSESSMENT, COMMUNITY INPUT WAS OBTAINED THROUGH THE FOLLOWING METHODS 1) SURVEY O F 2,428 TULSA COUNTY RESIDENTS, 2) SIXTEEN FOCUS GROUPS WITH 119 COMMUNITY MEMBERS CONDUCT ED FOR EACH OF THE EIGHT CHNA REGIONS, 3) THREE TULSA COUNTY HOSPITAL COMMUNITY INPUT MEET INGS WITH 55 COMMUNITY LEADERS AND REPRESENTATIVES, 4) INPUT FROM THE PUBLIC HEALTH WORKFO RCE AND LOCAL COALITIONS/PARTNERSHIPS, AND 5) INPUT FROM THE HEALTH'S SYSTEM'S COMMUNITY H EALTH NEEDS ASSESSMENT (CHNA) ADVISORY GROUP AND LEADERSHIP ST JOHN HEALTH SYSTEM AND TH E HOSPITAL PARTNERED WITH THE TULSA-CITY COUNTY HEALTH DEPARTMENT AND MANY OTHER COMMUNITY -BASED ORGANIZATIONS TO CONDUCT A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THIS WORK WAS LED AND PRIMARILY PERFORMED BY THE TULSA CITY- COUNTY HEALTH DEPARTMENT CEN TRAL TO THIS COMMUNITY ASSESSMENT ARE A SURVEY AND FOCUS GROUPS CONDUCTED BY THE TULSA CIT Y-COUNTY HEALTH DEPARTMENT, THE OKLAHOMA STATE UNIVERSITY- COLLEGE OF PUBLIC HEALTH, AND S AXUM TO OBTAIN DIRECT INPUT FROM COMMUNITY MEMBERS THE SURVEY AND FOCUS GROUPS ARE COLLEC TIVELY REFERRED TO AS THE 2015-2016 TULSA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THE INFORMATION GAINED FROM THIS ASSESSMENT ALLOWS THE COMMUNITY TO IDENTIFY THE AREAS OF GREATEST CONCERN AND DEVELOP STRATEGIES TO EFFECTIVELY TARGET THESE AREAS TO HAVE THE BES T POSSIBLE COMMUNITY HEALTH OUTCOMES THIS COLLABORATIVE ASSESSMENT WAS SPONSORED BY ST J OHN HEALTH SYSTEM, SAINT FRANCIS HEALTH SYSTEM, MORNINGCREST HEALTHCARE FOUNDATION, AND TH E TULSA CITY-COUNTY HEALTH DEPARTMENT THE DEVELOPMENT OF THE PLAN FOR THE ASSESSMENT WAS A COLLABORATIVE EFFORT OF THE PARTNERS AS WELL AS THE COLLEGE OF PUBLIC HEALTH AT THE UNIV ERSITY OF OKLAHOMA-TULSA, PATHWAYS TO HEALTH, AND OTHER COMMUNITY PARTNERS THE STUDY AREA FOR THE SURVEY INCLUDES ALL O

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	F TULSA COUNTY, OKLAHOMA TULSA COUNTY WAS DIVIDED INTO EIGHT GEOGRAPHICAL REGIONS BASED O N ZIP CODES AND ASSOCIATED COMMUNITIES DOWNTOWN TULSA, EAST TULSA, JENKS/BIXBY/GLENPOOL/T ULSA HILLS, MIDTOWN TULSA, NORTH CITY OF TULSA (TULSA NORTH), OWASSO/SPERRY/COLLINSVILLE/S KIATOOK, SAND SPRINGS/WEST TULSA, AND SOUTH TULSA/BROKEN ARROW ALL ZIP CODES THAT ARE FUL LY OR PARTIALLY WITHIN TULSA COUNTY WERE ASSIGNED REGIONS, ALTHOUGH ONLY TULSA COUNTY RESI DENTS COULD COMPLETE THE SURVEY SURVEYS WITH 2,428 TULSA COUNTY RESIDENTS WERE CONDUCTED BETWEEN MAY 18, 2015 AND SEPTEMBER 29, 2015 THE CELL PHONE FRAME YIELDED 715 COMPLETED CA LLS, WHILE THE LANDLINE FRAME YIELDED 1,710 COMPLETED SURVEYS ALTHOUGH ALL PARTICIPANTS W ERE INITIALLY CALLED, THEY WERE ALSO GIVEN THE OPTION TO COMPLETE THE SURVEY VIA TEXT OR E MAIL THE BREAKDOWN OF MODE OF COMPLETION WAS 2,273 PHONES (29 CONDUCTED IN SPANISH), 118 EMAILS, AND 37 TEXTS THE ACHIEVED COUNTY-WIDE CONFIDENCE INTERVAL FOR THE SURVEY WAS 95% +/- 2% ONCE THE INTERVIEWS WERE COMPLETED, THEY WERE WEIGHTED IN PROPORTION TO THE ACTUAL POPULATION DISTRIBUTION TO APPROPRIATELY REPRESENT TULSA COUNTY ALL ADMINISTRATION OF TH E SURVEYS AND DATA COLLECTION WAS CONDUCTED BY THE OKLAHOMA STATE UNIVERSITY COLLEGE OF PU BLIC HEALTH DATA ANALYSIS WAS CONDUCTED BY THE TULSA CITY-COUNTY HEALTH DEPARTMENT, HEALT H DATA & EVALUATION DIVISION THE 2015-2016 TULSA COUNTY CHNA FOCUS GROUPS WERE CONDUCTED BY SAXUM, AN AGENCY CONTRACTED BY THE TULSA CITY-COUNTY HEALTH DEPARTMENT COMMUNITY HEALT H CONCERNS IDENTIFIED BY THE 2015-2016 TULSA CHNA SURVEY SERVED AS A FOUNDATION FOR FOCUS GROUP CONTENT AND QUESTIONS THE STUDY AREA WAS THE SAME EIGHT GEOGRAPHICAL REGIONS IN TUL SA COUNTY USED FOR THE SURVEY THE THREE MAIN OBJECTIVES OF THE FOCUS GROUPS WERE AS FOLLO WS 1) DETERMINE TOP COMMUNITY HEALTH CONCERNS, 2) IDENTIFY PERCEPTIONS OF BARRIERS TO ADD RESSING COMMUNITY HEALTH CONCERNS, AND 3) ASSESS AWARENESS OF COMMUNITY RESOURCES AVAILABI LITY THE SAMPLE WAS DRAWN FROM THE NON-INSTITUTIONALIZED ADULT POPULATION RESIDING IN TUL SA COUNTY, OKLAHOMA IN TELEPHONE AND E-MAIL EQUIPPED DWELLINGS RESPONDENTS WERE RECRUITED BY A THIRD-PARTY VENDOR VIA TELEPHONE AND E-MAIL BY ZIP CODE THE CHNA FOCUS GROUP STUDY INCORPORATED A NON-RANDOMIZED DESIGN THE DEMOGRAPHIC VARIABLES (E G , GENDER, AGE, RACE, AND ETHNICITY) ARE UNLIKELY TO PERFECTLY MATCH WITH THE DEMOGRAPHIC MAKEUP OF TULSA COUNTY TO ACCOUNT FOR THIS GAP, RESPONDENT REQUIREMENTS INCLUDED A MIX OF GENDER, AGE, RACE AND ETHNICITY AND HOUSEHOLD INCOME LEVELS A SPECIALLY DESIGNED DATABASE WAS UTILIZED TO OBTA IN AN EVEN MIX OF RESPONDENTS TO APPROPRIATELY REPRESENT TULSA COUNTY SIXTEEN (16) 1 5-HO UR FOCUS GROUP SESSIONS WERE CONDUCTED BETWEEN APRIL 11-28, 2016 TWO FOCUS GROUP SESSIONS WERE CONDUCTED FOR EACH OF THE EIGHT (8) CHNA REGIONS FOR EACH GROUP, 8 RESPONDENTS WERE RECRUITED IN PLANNING FOR 6-8 TO ATTEND EACH SESSION EACH PARTICIPANT WAS PROVIDED A $10 0 VISA GIFT CARD A TOTAL OF 1

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	19 TULSA COUNTY RESIDENTS PARTICIPATED IN THE FOCUS GROUPS DURING THE MONTH OF APRIL 2016 , A TOTAL OF 60 COMMUNITY LEADERS AND REPRESENTATIVES PARTICIPATED IN THREE HOSPITAL COMMU NITY INPUT MEETINGS CONDUCTED AT ST JOHN HEALTH SYSTEM'S TULSA COUNTY HOSPITAL FACILITIES , ST JOHN MEDICAL CENTER, INC , ST JOHN BROKEN ARROW, INC , AND OWASSO MEDICAL FACILITY, INC THE PURPOSE OF THESE MEETINGS WAS TO SOLICIT COMMUNITY INPUT FROM COMMUNITY LEADERS AND REPRESENTATIVES REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THESE MEETINGS WERE INTENDED TO OBTAIN COMMUNITY INPUT SPECIFIC TO EACH HOSPITAL AND THEIR SURROUNDING TULSA COUNTY CHNA REGION A HOSPITAL COMMUNITY INPUT MEETING WITH 14 COMMUNITY LEADERS AND REPRE SENTATIVES WAS HELD AT OWASSO MEDICAL FACILITY, INC ON APRIL 28, 2016 THE MEETING TOOK P LACE OVER A TWO-HOUR PERIOD AND CONSISTED OF FOUR MAIN EXERCISES 1) HOSPITAL ASSESSMENT E XERCISES, 2) NOMINAL GROUP EXERCISE TO VALIDATE AND PRIORITIZE HEALTH NEEDS BASED ON TOP H EALTH NEEDS IDENTIFIED, 3) COMMUNITY PERCEPTION GROUP EXERCISE, AND 4) COMMUNITY CAPACITY ASSESSMENT EXERCISE THE FOLLOWING COMMUNITY AGENCIES AND ORGANIZATIONS PARTICIPATED IN TH E HOSPITAL'S MEETING OWASSO CHAMBER OF COMMERCE, OWASSO COMMUNITY RESOURCES, CITY OF OWAS SO, ARUBAH COMMUNITY CLINIC, CITY OF COLLINSVILLE, FAMILY AND CHILDREN'S SERVICES, TULSA C ITY-COUNTY HEALTH DEPARTMENT, YMCA OF GREATER TULSA, AND THE CITY OF SKIATOOK A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ADVISORY GROUP WAS FORMED IN THE BEGINNING OF THIS ASSESSM ENT PROCESS TO PROVIDE DIRECTION, INPUT, AND GUIDANCE THIS GROUP MET SEVERAL TIMES DURING THE PROCESS BETWEEN FEBRUARY AND MAY 2016 GROUP MEMBERSHIP CONSISTED OF THIRTEEN KEY REP RESENTATIVES FROM HOSPITAL FACILITIES, ST JOHN CLINIC, AND DEPARTMENTS THROUGHOUT THE HEA LTH SYSTEM THESE MEMBERS ASSISTED WITH THE DESIGN AND COORDINATION OF THE HOSPITAL COMMUN ITY HEALTH INPUT MEETINGS AND HELPED TO COMPILE INFORMATION AND DATA RELATED TO OUR EVALUA TION OF IMPACT FROM OUR 2013 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS ADDITIONAL MEMBERS OF HOSPITAL AND HEALTH SYSTEM LEADERSHIP WERE ALSO ENGAGED TO PROVIDE INPUT AND GUIDANCE THROUGHOUT THE PROCESS A SHORT COMMUNITY HEALTH NEEDS PRIORITIZATION SURVEY WAS EMAILED T O CHNA ADVISORY GROUP MEMBERS AND HOSPITAL/HEALTH SYSTEM LEADERSHIP VIA SURVEYMONKEY IN AP RIL 2016 A TOTAL OF FIFTEEN MEMBERS AND LEADERSHIP RESPONDED TO THE SURVEY (CONTINUED TO PART B)

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 2	Facility , 2 - St John Broken Arrow, Inc Part B (Continued from Part A) COMMUNITY INPUT WAS SOLICITED FROM A DIVERSE SET OF COMMUNITY STAKEHOLDERS SUCH AS COMMUNITY MEMBERS, COMMUNITY ORGANIZATIONS, AND THE PUBLIC HEALTH WORKFORCE A VARIETY OF SOURCES ENSURED THAT AS MANY DIFFERENT PERSPECTIVES AS POSSIBLE WERE REPRESENTED WHILE SATISFYING THE BROAD INTERESTS OF THE COMMUNITY SOURCES OF COMMUNITY INPUT FOR THIS ASSESSMENT WERE AS FOLLOWS 1) TULSA COUNTY COMMUNITY MEMBERS WHO PARTICIPATED IN THE 2015-2016 TULSA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SURVEY AND FOCUS GROUPS 2) COMMUNITY LEADERS AND REPRESENTATIVES, 3) LOCAL PUBLIC HEALTH WORKFORCE AND COALITIONS/PARTNERSHIPS, 4) MEMBERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY, AT-RISK, AND OTHERWISE VULNERABLE POPULATIONS, AND 5) HEALTH SYSTEM CHNA ADVISORY GROUP AND LEADERSHIP COMMUNITY STAKEHOLDERS WHO PROVIDED COMMUNITY INPUT REPRESENTED A VARIETY OF COMMUNITY SECTORS INCLUDING COMMUNITY MEMBERS, HEALTHCARE PROVIDERS AND SERVICES, EDUCATION AND ACADEMIA, NON-PROFIT AGENCIES, COMMUNITY-BASED ORGANIZATIONS, PRIVATE BUSINESSES, COMMUNITY DEVELOPERS, FAITH COMMUNITIES AND FAITH-BASED ORGANIZATIONS, GOVERNMENT REPRESENTATIVES, SAFETY NET SERVICE PROVIDERS, ECONOMIC AND WORKFORCE DEVELOPMENT, MENTAL HEALTH/BEHAVIORAL HEALTH SERVICES, LAW ENFORCEMENT AND FIRST RESPONDERS, PUBLIC HEALTH WORKFORCE, AND OTHER INTEREST GROUPS WORKING WITH AT-RISK AND VULNERABLE POPULATIONS THIS ASSESSMENT ESPECIALLY FOCUSED ON COMMUNITY INPUT FROM THOSE WITH SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH AS WELL AS MEMBERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW INCOME, MINORITY, OR OTHERWISE VULNERABLE POPULATIONS EACH OFFERED CRITICAL STRENGTHS AND INSIGHTS ON THE HEALTH NEEDS AND ASSETS OF THE COMMUNITY

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - St John Broken Arrow, Inc THE OTHER HOSPITAL FACILITIES, WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA, INCLUDE - ST JOHN MEDICAL CENTER, INC - ST JOHN BROKEN ARROW, INC - ST JOHN SAPULPA, INC - JANE PHILLIPS MEMORIAL MEDICAL CENTER, INC - JANE PHILLIPS NOWATA HOSPITAL, INC

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - St John Broken Arrow, Inc THE OTHER ORGANIZATIONS, WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA, INCLUDE - TULSA CITY-COUNTY HEALTH DEPARTMENT - PATHWAYS TO HEALTH

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - St John Broken Arrow, Inc Part A How the CHNA needs were met in FY 2018 for the CHNA that was adopted and approved before June 30, 2016 for fiscal year 2017-2019 USING THE CHNA COMPLETED IN 2016, THE ST JOHN SYSTEM DEVELOPED, ADOPTED, AND WORKED ON EXECUTING A FISCAL YEAR 2017-2019 IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY COMMUNIT Y HEALTH NEEDS IDENTIFIED IN THE COMMUNITY-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT INPUT F ROM COMMUNITY MEMBERS, COMMUNITY LEADERS AND REPRESENTATIVES, AS WELL AS THE ST JOHN SYST EM'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ADVISORY GROUP AND LEADERSHIP WAS OBTAINED F OR IDENTIFICATION AND PRIORITIZATION OF NEEDS A CONCERTED EFFORT WAS MADE TO OBTAIN COMMU NITY INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE H OSPITAL, INCLUDING THOSE WITH SPECIAL KNOWLEDGE AND EXPERTISE OF PUBLIC HEALTH ISSUES AND POPULATIONS DEEMED VULNERABLE THE HOSPITAL COLLABORATED WITH THE TULSA HEALTH DEPARTMENT, PATHWAYS TO HEALTH, AND A DIVERSE RANGE OF COMMUNITY STAKEHOLDERS IN TULSA COUNTY ON THIS PROCESS THE FOLLOWING COMMUNITY HEALTH NEEDS WERE SELECTED AS THE TOP FOUR PRIORITIES IN THE 2016 CHNA FOR ST JOHN SYSTEM AND THE HOSPITAL TO ADDRESS IN FISCAL YEAR 2017-2019 1) ACCESS TO CARE, 2) BEHAVIORAL HEALTH, 3) WELLNESS AND CHRONIC DISEASE PREVENTION, AND 4) HEALTH LITERACY IN FISCAL YEAR 2018, THE FOLLOWING INITIATIVES WERE UNDERTAKEN TO ADDRES S THE PRIORITY NEEDS 1) ACCESS TO CARE ACCESS TO SERVICES IN OKLAHOMA IS A SIGNIFICANT C HALLENGE 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 UNDERS ERVED RURAL AREAS IN OKLAHOMA THE ST JOHN SYSTEM AND HOSPITAL WORKED TO IMPROVE ACCESS A S NEEDED FOR HEALTHCARE SERVICES IN SOLIDARITY WITH THOSE LIVING IN POVERTY AND/OR DEEMED OTHERWISE VULNERABLE THROUGH THE FOLLOWING ACTIVITIES -HEALTH INSURANCE COVERAGE THE HOS PITAL AND ST JOHN SYSTEM PROVIDE TREATMENT TO ALL PEOPLE WHO COME IN NEEDING ASSISTANCE, REGARDLESS OF THEIR ABILITY TO PAY HOWEVER, ONCE IN THE DOOR, AN ASSOCIATE WILL WORK WITH EACH PATIENT TO SEE IF THEY QUALIFY FOR TRADITIONAL CHARITY CARE AND/OR A GOVERNMENT PROG RAM IF THEY DO, THE PATIENT IS SIGNED UP STRONGLY ENCOURAGED TO FIND A MEDICAL HOME IF TH EY DO NOT CURRENTLY HAVE ONE IN ADDITION, LOCAL HOSPITAL, ST JOHN SYSTEM AND ASCENSION LE ADERSHIP AND ADVOACY, CONTINUE TO BE STRONG PROPONENTS FOR THE EXPANSION OF MEDICAID IN OK LAHOMA AFFORDABLE HEALTH CARE, IN OUR CATHOLIC TRADITION, SHOULD BE A RIGHT GIVEN TO ALL, BUT ESPECIALLY FOR THOSE WHO ARE POOR AND VULNERABLE THE HOSPITAL CONTINUES TO OFFER CHA RITY CARE TO THE POOR, TAKES CARE OF THOSE WHO ARE RECIPIENTS OF MEDICAID AND MEDICARE KNO WING THAT THE GOVERNMENT WILL NOT BE PAYING THE FULL COST OF THAT CARE - ACCESS TO CARE F OR THOSE EXPERIENCING HOMELESSNESS THE TULSA DAY CENTER FOR THE HOMELESS ("DAY CENTER") H OUSES A MEDICAL CLINIC PARTIAL

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	LY FUNDED BY ST JOHN HEALTH SYSTEM THAT WORKS TO REDUCE BARRIERS TO HEALTH CARE FOR INDIV IDUALS EXPERIENCING HOMELESSNESS THE CLINIC OPERATIONS AT THE DAY CENTER INCLUDE A NURSE PRACTITIONER (NP) WITH SUPPORT STAFF CONSISTING OF BOTH EMPLOYED AND VOLUNTEER NURSES AND MEDICAL ASSISTANTS THIS MAKES THE COST PER ENCOUNTER VERY LOW, BUT ALSO LIMITS SOME OF TH E SERVICES THAT CAN BE PROVIDED IN THIS SETTING ACCORDINGLY, A GOAL WAS ESTABLISHED TO IN CREASE ACCESS FOR PRIMARY CARE SERVICES DUE TO THE LEVEL OF ACUITY NEEDED FOR THIS POPULAT ION METHODS EMPLOYED TO ACHIEVE THIS GOAL INCLUDED INCREASING THE CLINIC HOURS AVAILABLE AND ADDING A PRIMARY CARE PHYSICIAN DURING PART OF THE CLINIC HOURS BASED ON THE NUMBER O F HOURS SCHEDULED AND WORKED BY PRIMARY CARE PROVIDER AT THE TULSA DAY CENTER FOR THE HOME LESS CLINIC, ACCESS TO PRIMARY CARE COVERAGE WAS INCREASED BY MORE THAN 24 HOURS PER WEEK THIS WAS A 4 HOUR (20%) INCREASE FROM YEAR TO DATE FY 16 BASELINE OF 20 HOURS PER WEEK T HIS INCREASE HAS BEEN MAINTAINED FOR FY18 - ACCESS TO CARE FOR THOSE LIVING IN POVERTY/VU LNERABLE POPULATIONS PROMOTION OF ACCESS TO AN ONGOING SOURCE OF PRIMARY CARE, PREVENTIVE SERVICES, SPECIALITY SERVICES, AND PRESCRIPTION ASSISTANCE FOR PERSONS WHO ARE UNINSURED, UNDERINSURED, AND/OR LIVING IN POVERTY THROUGH SERVICES OFFERED AT ST JOHN CLINIC-FAMILI Y MEDICAL CARE SITE THROUGH THE MEDICAL ACCESS PROGRAM THROUGH PARTNERSHIPS ESTABLISHED D URING FY 17 AND FY18, THE CLINIC NOW SERVES AS A PRIMARY MEDICAL HOME FOR VICTIMS OF HUMAN TRAFFICKING AND DOMESTIC VIOLENCE WHO ARE ACCESSING LOCAL SHELTERS AS WELL AS CLIENTS OF WOMEN IN RECOVERY (WIR), AN INTENSIVE OUTPATIENT ALTERNATIVE FOR ELIGIBLE WOMEN FACING LON G PRISON SENTENCES FOR NON-VIOLENT, DRUG-RELATED OFFENSES ACCESS TO SPEICALITY CARE AND P RESCRIPTIONS THROUGH DISPENSARY OF HOPE ARE ALSO OFFERED - PRESCRIPTION ASSISTANCE THE H OSPITAL SUPPORTS EFFORTS TO INCREASE THE PROPORTION OF PERSONS WHO CAN OBTAIN OR NOT DELAY IN OBTAINING NECESSARY PRESCRIPTION MEDICINES THROUGH THE DISPENSARY OF HOPE (DOH) PROGRA M THE DOH CONNECTS SURPLUS MEDICATIONS FROM MANUFACTURERS, DISTRIBUTORS, AND PROVIDERS TO CLINICS AND PHARMACIES SERVING THE POOR AND UNINSURED PHARMACY AND CLINIC PARTNERS PROVI DE DOH MEDICATIONS TO PATIENTS FREE OF CHARGE, TRACK AND SEGREGATE DOH INVENTORY, AND QUAL IFY PATIENTS (LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY LEVEL) THE PROGRAM SERVES SAFETY NET CLINICS IN THE GREATER TULSA AREA INCLUDING THE GOOD SAMARITAN MOBILE HEALTH C LINICS IN 2018, 19,000 THIRTY-DAY PRESCRIPTIONS ($223,000 WORTH) WERE FILLED FOR FREE CLI NIC PARTNERS THE DOH HAS DEMONSTRATED TO BE A POSITIVE FACTOR IN IMPROVING OUTCOMES OF UN INSURED PATIENTS WITH CHRONIC CONDITIONS AND HAS BEEN SHOWN TO DECREASE PREVENTABLE HOSPIT AL ENCOUNTERS IN ADDITION, THE HOSPITAL AND ST JOHN SYSTEM CONTINUE TO LOOK FOR NEW WAYS TO PROCURE MEDICATION DISCOUNTS FOR ALL PATIENTS WHETHER THEY ARE BEING DISCHARGED FROM O NE OF OUR HOSPITALS OR ARE GET

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	TING OUTPATIENT TREATMENT IN ONE OF OUR CLINICS -TRANSPORTATION ASSISTANCE REDUCTION IN BARRIERS TO ACCESSING TO HEALTHCARE SERVICES BY PROVIDING TRANSPORTATION ASSISTANCE TO COM MUNITY-DWELLING PERSONS SERVED BY ST JOHN SYSTEM AND THE HOSPITAL WHO ARE LIVING IN POVER TY AND/OR ARE OTHERWISE DEEMED VULNERABLE THROUGH AN AGREEMENT WITH MORTON COMPREHENSIVE COMMUNITY HEALTH CENTER (FQHC) FOR THEIR BUS SERVICES, ST JOHN SYSTEM PROVIDES TRANSPORTA TION TO THOSE IN NEED IN THE COMMUNITY WHO MEET SPECIFIC CRITERIA IN FY18 2,102 RIDES WER E PROVIDED AND OVER $165,000 WAS PROVIDED IN FUNDING FOR THIS INITIATIVE AN AGREEMENT WIT H LYFT WAS ALSO SECURED TO BEGIN PROVIDING ADDITIONAL TRANSPORTATION ASSISTANCE TO PATIENT S IN NEED IN FY18, 2,006 RIDES WERE PROVIDED AND OVER $31,000 WAS PROVIDED IN FUNDING FOR LYFT ASSISTANCE -INCREASING PRIMARY CARE ACCESS THE ST JOHN SYSTEM AND THE HOSPITAL WO RKED TO INCREASE RECRUITMENT AND HIRING OF PROVIDERS TO IMPROVE ACCESS TO PRIMARY CARE AND SPECIALTY SERVICES IN THE COMMUNITIES SERVED THIS STRATEGY INCLUDED THE EXPLORATION OF M ETHODS TO EXTEND HOURS AMONG ST JOHN CLINIC PRIMARY CARE PROVIDERS AND ADOPT PLANS TO UTI LIZE VARIOUS HOURS IN PRIMARY CARE CLINICS MANY COMMUNITIES SERVED BY ST JOHN SYSTEM AND THE HOSPITAL INCLUDE PARTIAL OR TOTAL IDENTIFIED HEALTHCARE SHORTAGE AREAS IMPROVING ACC ESS TO CARE THROUGH PROVIDER RECRUITMENT ADDRESSES THESE SHORTAGE AREAS, REDUCES HEALTH DI SPARITIES, AND PROMOTES HEALTH EQUITY AMONG PERSONS DEEMED VULNERABLE -SUPPORT OF MEDICAL EDUCATION THE HOSPITAL AND THE ST JOHN SYSTEM CONTINUE TO INVEST IN MEDICAL EDUCATION T O SUPPORT THE EXPANSION OF PHYSICIANS, NURSES AND ALLIED HEALTH PROFESSIONALS THAT WILL SE RVE THE CURRENT AND FUTURE GENERATIONS OF PATIENTS IN THE SERVICE AREA THE HOSPITALS PART ICIPATE IN ST JOHN SYSTEM'S COORDINATED EFFORT TO ASSESS COMMUNITY NEED COLLABORATIVELY W ITH OTHER INTERESTED PARTIES IN THE COMMUNITY AND TO ALLOCATE CAPITAL AND HUMAN RESOURCES TO ADDRESS THE NEEDS OF THE ENTIRE SERVICE AREA -ACCESS TO CARE/HEALTH EDUCATION FOR TEEN PARENTS TEEN PARENTS IN OKLAHOMA FACE A MULTITUDE OF CHALLENGES OKLAHOMA'S TEEN BIRTH R ATE REMAINED SECOND-HIGHEST IN THE NATION FOR THE THIRD YEAR IN A ROW IN 2016 THE STATE'S RATE OF 33 4 BIRTHS PER 1,000 FEMALES AGES 15-19 WAS SECOND ONLY TO ARKANSAS, ACCORDING T O THE OKLAHOMA DEPARTMENT OF HEALTH AND THE NATIONAL CENTER FOR HEALTH STATISTICS ADOLESC ENTS EXPERIENCE GREATER STRUCTURAL AND INTERPERSONAL BARRIERS TO HEALTH CARE COMPARED TO A DULTS FURTHERMORE, PREGNANT TEENS IN THE UNITED STATES ARE AT HIGH RISK FOR NOT OBTAINING PRENATAL CARE AND FOR HAVING LOW-BIRTH WEIGHT DELIVERIES UNPLANNED PREGNANCIES PRESENT C HALLENGES, ESPECIALLY FOR TEENS (CONTINUED TO PART B)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - St John Broken Arrow, Inc (PART B CONTINUED FROM PART A) ACCORDINGLY, T HE ST JOHN SYSTEM AND HOSPITAL ARE PARTNERING WITH THE BROKEN ARROW PUBLIC SCHOOLS MENTOR ING HEALTH PARENTS PROGRAM TO PROVIDER MATERNAL AND CHILD HEALTH EDUCATION AND IMPROVE ACC ESS TO PRE-AND-POST-NATAL CARE AND SERVICES TO FACILITATE HEALTHY BIRTHS AND POSITIVE PARE NTING AND HEALTHY DEVELOPMENT AFTER BIRTH SERVICES PROVIDED THROUGH PARTNERSHIP INCLUDE M ATERNAL AND CHILD HEALTH AND WELLNESS EDUCATION CURRICULUM SUPPORT PROVIDED BY A MATERNAL AND CHILD HEALTH NURSE EVERY 2 WEEKS THE ST JOHN SYSTEM IS ALSO PILOTING CURRICULUM SUPP ORT WITH PHYSICIAN RESIDENTS FROM ST JOHN FAMILY MEDICAL CARE ONCE A MONTH -HUMAN TRAFFI CKING PREVENTION/EDUCATION HUMAN TRAFFICKING IS THE FASTEST-GROWING CRIMINAL INDUSTRY IN THE WORLD TODAY TRAFFICKERS USE FORCE, FRAUD OR COERCION TO ENSLAVE THEIR VICTIMS INTO SI TUATIONS INVOLVING SEXUAL EXPLOITATION OR FORCED LABOR DURING FY18, THIS HOSPITAL AND THE ST JOHN SYSTEM WORKED TO DEVELOP A LOCAL PROGRAM BASED ON A NATIONAL MODEL FOR ASCENSION HEALTH TO ADDRESS HUMAN TRAFFICKING THIS LOCAL HUMAN TRAFFICKING EDUCATION AND RESPONSE PROGRAM WILL SERVE TRAIN ALL ASSOCIATES ON INTERNAL PROTOCOL FOR IDENTIFYING AND RESPONDIN G TO THE NEEDS OF HUMAN TRAFFICKING VICTIMS AND SURVIVORS IN A TRAUMA-INFORMED MANNER, INC LUDING ASSISTANCE WITH REFERRALS TO RESOURCES AS NEEDED THE HOSPITAL AND ST JOHN SYSTEM WORKED TO ENGAGE LAW ENFORCEMENT, SOCIAL SERVICE AGENCIES, AND OTHER ORGANIZATIONS TO COLL ABORATE ON EFFORTS TO SPREAD AWARENESS AND COMBAT HUMAN TRAFFICKING IN OUR COMMUNITY TRAI NING OF KEY ASSOCIATES WAS PILOTED IN FY18 EARLY FY19 WITH PLANS FOR ROLL-OUT OF EDUCATION TO ALL ASSOCIATES LATER IN FY19 2) BEHAVIORAL HEALTH ST JOHN SYSTEM AND THE HOSPITAL A RE ADDRESSING BEHAVIORAL HEALTH THROUGH EFFORTS TO IMPROVE ACCESS TO BEHAVIORAL HEALTH SER VICES TO PROMOTE A REDUCTION OF SUICIDE RATES IN TULSA COUNTY AND SURROUNDING AREAS THROUG HOUT THE FOLLOWING ACTIVITIES EARLY IDENTIFICATION AND INTERVENTION VIA AN INTEGRATED MOD EL OF BEHAVIORAL HEALTH IN PRIMARY CARE THIS WAS ACCOMPLISHED THROUGH THE IMPLEMENTATION OF CLINIC-WIDE PHQ9 DEPRESSION SCREENINGS, FULL SUICIDE RISK ASSESSMENTS FOR HIGH/POSITIVE SCORES ON PHQ9 DEPRESSION SCREENINGS, AND EXPANSION OF THE NUMBER OF BEHAVIORAL HEALTH TH ERAPISTS EMBEDDED IN CLINICS - PROMOTION OF ADDITIONAL CAPACITY FOR HUMANIZED BEHAVIORAL HEALTH CRISIS AND ACUTE CARE THROUGH INCREASED ACCESS TO BEHAVIORAL HEALTH PROFESSIONALS A ND SERVICES AS WELL AS INCREASED ASSESSMENT AND RECOGNITION OF SUICIDE RISKS AT THE COMMUN ITY LEVEL THIS INCLUDES COLLABORATION WITH THE CITY OF TULSA, TULSA FIRE DEPARTMENT, THE MENTAL HEALTH ASSOCIATION OF OKLAHOMA, AND OTHER COMMUNITY PARTNERS ON A MULTIDISCIPLINARY EMERGENCY RESPONSE SYSTEM THAT FOCUSES ON DE-ESCALATING MENTAL HEALTH CRISES OF INDIVIDUA LS WHO FREQUENTLY USE HOSPITAL EMERGENCY DEPARTMENTS AND REDIRECTS THEM TO IMMEDIATE BEHAV IORAL HEALTH SERVICES ADDITIO

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	NALLY, THIS INCLUDED SUICIDE RISK ASSESSMENT TRAINING FOR ASSOCIATES AND COMMUNITY MEMBERS AND THE IMPLEMENTATION OF A SYSTEMATIC APPROACH IN HEALTH SYSTEM TO SUPPORT EFFORTS TO HU MANIZE CRISIS AND ACUTE CARE AT A COMMUNITY LEVEL 3) WELLNESS AND CHRONIC DISEASE PREVENT ION ST JOHN SYSTEM AND THE HOSPITAL ADDRESSED WELLNESS AND CHRONIC DISEASE PREVENTION TH ROUGH THE FOLLOWING ACTIVITIES - EFFORTS TO IMPROVE HEALTH OUTCOMES FOR INDIVIDUALS WHO A RE IN A PRE-CONDITION STATE OR WHO HAVE BEEN DIAGNOSED WITH A CHRONIC DISEASE THE ST JOH N SYSTEM AND HOSPITAL HAVE WORKED TO PROMOTE HEALTHY DIET, PHYSICAL ACTIVITY, AND PREVENTI ON-ORIENTED WELLNESS THROUGH HEALTH SYSTEM SUPPORT OF COMMUNITY-BASED INITIATIVES IN PARTN ERSHIP WITH LOCAL HEALTH DEPARTMENTS, COALITIONS, COMMUNITY-BASED ORGANIZATIONS, AND SCHOO LS, PARTICIPATION IN LOCAL ACTIVITIES, EDUCATION CLASSES, LUNCH AND LEARNS, EVENTS, AND HE ALTH FAIRS, AND CHRONIC DISEASE MANAGEMENT SUPPORT - PROMOTION OF EQUITABLE AND PATIENT-C ENTERED PRE-DIABETIC AND DIABETIC CARE IN SOLIDARITY WITH THOSE LIVING IN POVERTY AND/OR W HO MAY BE OTHERWISE DEEMED VULNERABLE ST JOHN SYSTEM AND THE HOSPITAL IMPLEMENTED AN INI TIATIVE TO SUPPORT PATIENTS DIAGNOSED WITH DIABETES OR PRE-DIABETES DISCHARGING FROM THE H OSPITAL WHO LACK PRIMARY CARE FOLLOW-UP THROUGH PATIENT-CENTERED TRANSITION OF CARE, EDUCA TION, AND DISEASE MANAGEMENT SUPPORT SERVICES THROUGH COLLABORATION AMONG THE DIABETES EDU CATORS, TRANSITIONAL CARE CLINIC, AND THE MEDICAL ACCESS PROGRAM DIABETES IS MORE PREVALE NT AMONG PERSONS LIVING IN POVERTY AND MINORITY POPULATIONS, AND/OR POPULATIONS WHO ARE OT HERWISE DEEMED VULNERABLE, THROUGH EQUITABLE PREVENTION AND CARE MANAGEMENT PROGRAMS SUCH AS THIS INITIATIVE, HEALTH DISPARITIES ARE ADDRESSED -DIABETES AWARENESS AND PREVENTION IN FY18, THE HOSPITAL AND ST JOHN SYSTEM ADDRESSED 2 GOALS RELATED TO DIABETES AWARENESS AND PREVENTION 1) TO IMPROVE AWARENESS OF THE RISKS OF TYPE 2 DIABETES IN THE COMMUNITY A ND 2) TO INCREASE PARTICIPANT PARTICIPATION AND RETENTION IN THE DPP THROUGH PARNTERSHIPS IN THE COMMUNITY BOTH GOALS WERE MET SUCCESSFULLY FOR FY18 WITH ALL OUTPUTS EITHER ACHIEV ED AS OUTLINED OR EXCEEDING EXPECTATIONS A TOTAL OF FIVE AWARENESS EVENTS WERE HELD IN CO LLABORATION WITH THE TWO COMMUNITY PARTNERS IDENTIFIED AT THE BEGINNING OF FY18 WHICH EXCE EDED OUR OUTPUT GOAL BY TWO EVENTS DIABETES RISK ASSESSMENTS, PRESENTATIONS, AND AWARENES S EDUCATION WERE OFFERED AT THESE EVENTS THE DIABETES TEAM ALSO ATTENDED SEVEN ADDITIONAL COMMUNITY EVENTS DIABETES RISK ASSESSMENTS, CONDENSED PRESENTATIONS, AND AWARENESS EDUCA TION WERE OFFERED AT THE ADDITIONAL EVENTS -PATHWAYS TO HEALTH THE ST JOHN SYSTEM AND T HE HOSPITAL ALSO ACTIVELY PARTICIPATE IN THE COMMUNITY-WIDE COALITION, PATHWAYS TO HEALTH (P2H), WHICH SUPPORTS THE TULSA HEALTH DEPARTMENT AND A MULTITUDE OF COMMUNITY PARTNERS P 2H WAS FORMED BY THE TULSA HEALTH DEPARTMENT IN 2008 IN RESPONSE TO A CHALLENGE TO DECREAS E THE OVERLAP OF HEALTH SERVIC

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	ES AND IDENTIFY GAPS WHERE LEADERS ARE MISSING VULNERABLE POPULATIONS TODAY, P2H IS AN IN CORPORATED 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 AGENCI ES, ORGANIZATIONS, CORPORATIONS AND HEALTH SYSTEMS TO IMPROVE THE HEALTH AND WELLNESS OF R ESIDENTS OF TULSA COUNTY -TOUR DE TULSA SPONSORSHIP AND PARTICIPATION THE ST JOHN SYSTE M WAS THE PRESENTING SPONSOR FOR THE 31ST ANNUAL TOUR DE TULSA CHARITY BIKE RIDE ON MAY 5T H, 2018 THE EVENT IS COORDINATED BY THE TULSA BIKE CLUB AND TULSA HEALTH DEPARTMENT WITH PROCEEDS BENEFITING PATHWAYS TO HEALTH (P2H), THE NON-PROFIT ARM OF THE TULSA HEALTH DEPAR TMENT EACH YEAR THE SPONSORSHIP FUNDS ARE USED TO GIVE BACK TO THE COMMUNITY AND HELP FUN D COMMUNITY PARTNER'S PROJECTS THAT HAVE THE GRAVEST NEED, REACH THE MOST PEOPLE, USE BEST PRACTICES, AND CAN BE SUSTAINED OVERTIME LAST YEAR THE RIDE NETTED ABOUT $26,000 AND PRO CEEDS WERE DISTRIBUTED TO COMMUNITY AGENCIES TO IMPROVE POPULATION HEALTH IN TULSA COUNTY ST JOHN HEALTH SYSTEM WAS PROUD TO BE THE PRESENTING SPONSOR OF THE TOUR DE TULSA CHARIT Y BIKE RIDE THIS EVENT PAIRED OUR ONGOING COMMITMENT TO ENCOURAGE PHYSICAL ACTIVITY FOR I NDIVIDUALS OF ALL AGES, WHILE SUPPORTING VITAL COMMUNITY PROGRAMS THAT FOCUS ON INITIATIVE S TO IMPROVE OVERALL HEALTH OUTCOMES TO AREA RESIDENTS -HEALTH AND WELLNESS PROMOTION/EDU CATION THE ST JOHN HEALTH SYSTEM AND ITS HOSPITALS SPONSORED AND PARTICIPATED OVER 100 C OMMUNITY EVENTS AND WELLNESS ACTIVITIES THROUGHOUT THE FY 2018 HOSPITAL ASSOCIATES PROMOT ED HEALTH AND WELLNESS THROUGH HEALTH SCREENINGS AND PUBLIC EDUCATION AT THESE EVENTS THE HEALTH SYSTEM AND HOSPITAL ALSO HOSTED A MULTITUDE OF PUBLIC HEALTH EDUCATION SEMINARS, C LASSES, LUNCH AND LEARNS, AND SYMPOSIUMS ON A VARIETY OF WELLNESS TOPICS INCLUDING, BUT NO T 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 PH YSICAL ACTIVITY THE HOSPITAL ANNUALLY HOSTS ON-SITE BLOOD DRIVES IN SUPPORT OF THE AMERIC AN RED CROSS THE ST JOHN SYSTEM AND THE HOSPITAL SPONSORED AND PARTICIPATED IN SEVERAL L OCAL HEALTH PROMOTION WALKS AND RUNS DURING FY 18 INCLUDING, BUT NOT LIMITED TO THE AMERI CAN CANCER SOCIETY'S RELAY FOR LIFE EVENTS, AMERICAN HEART AND AMERICAN STROKE ASSOCIATION S' HEART WALK, SUSAN G KOMEN'S RACE FOR THE CURE, PARKINSON'S FOUNDATION OF OKLAHOMA'S TU LSA PARKINSON'S WALK & 5K, THE OKLAHOMA CHAPTER OF THE ALZHEIMER'S ASSOCIATION'S WALK TO E ND ALZHEIMER'S, THE COLON CANCER COALITION'S GET YOUR REAR IN GEAR TULSA EVENT, THE LEUKEM IA AND LYMPHOMA SOCIETY'S LIGHT THE NIGHT WALK, THE ST JOHN ZOO RUN, MARCH OF DIMES' MARC H FOR BABIES, PATHWAYS TO HEALTH TOUR DE TULSA, AMERICAN DIABETES ASSOCIATION'S TOUR DE CU RE, AND THE ARTHRITIS FOUNDATION'S JINGLE BELL RUN (CONTINUED TO PART C)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 3	Facility , 3 - St John Broken Arrow, Inc (PART C CONTINUED FROM PART B) 4) HEALTH LITE RACY THE ST JOHN SYSTEM AND HOSPITAL ARE ADDRESSING HEALTH LITERACY TO THE HELP PERSONS OF DIVERSE BACKGROUNDS NAVIGATE HEALTH SERVICES AND GAIN EMPOWERMENT IN TAKING CHARGE OF T HEIR OWN HEALTH THROUGH THE FOLLOWING ACTIVITIES -EARLY CHILDHOOD LITERACY/HEALTH LITERAC Y PROMOTION ST JOHN SYSTEM, THE HOSPITAL, AND CLINICS HAVE PARTNERED WITH A NATIONAL NON -PROFIT ORGANIZATION, REACH OUT AND READ, TO INCORPORATE BOOKS WITH PEDIATRIC CARE DURING ROUTINE PEDIATRIC VISITS, HEALTHCARE PROVIDERS GIVE BRAND-NEW BOOKS AND RESOURCES TO FAMI LIES TO PROMOTE HEALTHY CHILDHOOD DEVELOPMENT PROVIDERS ARE ABLE SEE HOW WHETHER CHILDREN INTERACT WITH THE BOOK ON A DEVELOPMENTALLY APPROPRIATE LEVEL AND DISCUSS WITH PARENTS FA MILIES THE IMPORTANCE OF INTERACTING AND READING WITH CHILDREN TO INCREASE LANGUAGE SKILLS , EMOTIONAL RESILIENCE, AND EARLY LITERACY INTERACTIONS BETWEEN PARENTS OR CAREGIVERS AND CHILDREN RIGHT FROM INFANCY AND EARLY LITERACY ARE CRITICALLY IMPORTANT IN THE CHILD'S HE ALTHY DEVELOPMENT ACCORDINGLY, THE AMERICAN ACADEMY OF PEDIATRICS AND THE AMERICAN ACADEM Y OF FAMILY PHYSICIANS HAVE DEVELOPED POLICIES RECOMMENDING EARLY CHILDHOOD LITERACY AS IM PORTANT HEALTHCARE INTERVENTIONS THE ST JOHN SYSTEM AND HOSPITAL DONATED $35,000 FOR NEA RLY 5,000 BOOKS IN ENGLISH AND SPANISH AS PART OF ITS COMMUNITY BENEFIT EFFORTS IN FY18 C OMMUNITY ENGAGEMENT AND COMMUNITY BENEFIT DONATIONS/SPONSORSHIPS IN ADDITION TO THE ABOVE , THE ST JOHN SYSTEM HAS ESTABLISHED A PROCESS FOR SUPPORTING COMMUNITY REQUESTS FOR SPON SORSHIPS THAT ALIGN WITH THE 4 PRIORITY COMMUNITY HEALTH NEEDS AS AFOREMENTIONED EACH YEA R A BUDGET IS ESTABLISHED FOR THIS PURPOSE AND IS EXCEEDED THROUGH IDENTIFICATION OF ADDIT IONAL COMMUNITY REQUESTS A COMMUNITY ENGAGEMENT COMMITTEE CONSISTING OF KEY ST JOHN SYST EM LEADERSHIP HAS BEEN ESTABLISHED TO IMPROVE THE COORDINATION, PROCESS, AND TRACKING FOR THIS CATEGORY OF COMMUNITY BENEFIT SPEND IN FY 18, A TOTAL OF $182,403 WAS PROVIDED TO SU PPORT ACTIVITIES LED COMMUNITY-BASED ORGANIZATIONS TO ADDRESS THE 4 PRIORITY COMMUNITY HEA LTH NEEDS THE ST JOHN SYSTEM DONATED COMMUNITY BENEFIT FUNDING/SPONSORED ACTIVITIES LED BY THE FOLLOWING ORGANIZATIONS IN FY18 TULSA DAY CENTER FOR THE HOMELESS, GOOD SAMARITAN HEALTH SERVICES, TULSA CHARITY FLIGHT NIGHT INC , CREEK COUNTY COMMUNITY PARTNERSHIP, WASH INGTON-NOWATA COUNTY SANE, PREGNANCY RESOURCE CENTER OF OWASSO, ARTHRITIS FOUNDATION, CLAR EHOUSE INC , TULSA ZOO MANAGEMENT INC , REACH OUT AND READ, INC , TULSA AFFILIATE - SUSAN G KOMEN BREAST CANCER FOUNDATION, BISHOP KELLEY HIGH SCHOOL, UNIVERSITY OF TULSA, TRI COU NTY TECH ENDOWMENT FUND INC , ALZHEIMERS ASSOCIATION, SUSAN G KOMEN, PATHWAYS TO HEALTH C OMMUNITY PARTNERSHIP, KENDALL WHITTIER MAIN STREET, INC , OKLAHOMA CENTER FOR COMMUNITY AN D JUSTICE, AMERICAN CANCER SOCIETY INC , THE PARENT CHILD CENTER OF TULSA, INC , COMMUNITY HEALTH CONNECTION, INC , CHIL

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 3	D ABUSE NETWORK, INC , MENTAL HEALTH ASSOCIATION OKLAHOMA, HIV RESOURCE CONSORTIUM INC /TU LSA CARES, TULSA COUNTY MEDICAL SOCIETY FOUNDATION, THE FOUNDATION FOR TULSA SCHOOLS, CARI NG COMMUNITY FRIENDS INC , AMERICAN HEART ASSOCIATION, OPERATION AWARE OF OKLAHOMA, DOMEST IC VIOLENCE INTERVENTION SERVICES INC , JUVENILE DIABETES RESEARCH (JDRF), COMMUNITY FOOD BANK OF EASTERN OKLAHOM, COLON CANCER COALITION, AMERICAN DIABETES ASSOCIATION, MUSCULAR D YSTROPHY ASSOCIATION, TULSA HUB, SAND SPRINGS COMMUNITY SERVICES INC , TULSA DREAM CENTER, INC , BRADY CRAFT INC /108 CONTEMPORARY, ABILITY RESOURCES, INC , GOODWILL INDUSTRIES OF TULSA, HOSPITALITY HOUSE OF TULSA, JOY IN THE CAUSE COMPANY, RETIRED SENIOR VOLUNTEER PROG RAM OF TULSA, PARKINSON FOUNDATION OF OKLAHOMA, LIFESHARE FOUNDATION, PORTA CAELI HOUSE CO RPORATION, AND RIVER PARKS AUTHORITY FOUNDATION NEEDS NOT ADDRESSED THE COMMUNITY HEALTH NEEDS ASSESSMENT COMPLETED BY JUNE 30, 2016, INEVITABLY IDENTIFIED MORE SIGNIFICANT HEALT H NEEDS THAN THE HOSPITAL, ST JOHN SYSTEM, AND COMMUNITY PARTNERS CAN OR SHOULD ADDRESS A S PRIORITY HEALTH NEEDS IT WOULD NOT BE PRUDENT TO SPREAD HOSPITAL AND COMMUNITY RESOURCE S ACROSS TOO MANY INITIATIVES ACCORDINGLY, THE HOSPITAL, ST JOHN SYSTEM, AND COMMUNITY P ARTNERS INSTEAD DECIDED TO FOCUS ATTENTION ON PRIORITY AREAS TO HELP ENSURE SUFFICIENT RES OURCES ARE AVAILABLE SOME REASONS FOR NOT ADDRESSING CERTAIN NEEDS INCLUDE 1) NEED BEING ADDRESSED BY OTHERS, 2) INSUFFICIENT RESOURCES (FINANCIAL AND PERSONNEL) TO ADDRESS THE N EED, 3) ISSUE IS NOT A PRIORITY FOR COMMUNITY MEMBERS AND THEREFORE APPROACH IS UNLIKELY T O SUCCEED, 4) LACK OF EVIDENCE-BASED APPROACH FOR ADDRESSING THE PROBLEM, 5) NEED IS NOT A S PRESSING AS OTHER PROBLEMS, 6) NEED IS NOT AS LIKELY TO BE RESOLVED AS OTHER PROBLEMS, A ND 7) HOSPITAL AND/OR HEALTH SYSTEM DOES NOT HAVE EXPERTISE TO EFFECTIVELY ADDRESS THE NEE D THE FOLLOWING SIGNIFICANT HEALTH NEED WAS IDENTIFIED, BUT WILL NOT BE ADDRESSED DIRECTL Y BY THE HOSPITAL AND ST JOHN SYSTEM AS A PRIORITY HEALTH NEED - TOBACCO USE AND CESSATI ON THE COMMUNITY IDENTIFIED THIS NEED AS ONE THAT WAS ALREADY BEING SUFFICIENTLY ADDRESSE D AT THE TIME AND DID NOT FEEL ISSUE WAS AS PRESSING OTHER NEEDS IDENTIFIED (THIS WAS A CH ANGE IN PERSPECTIVE FROM OUR PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IN 2013 WH EN THE NEED WAS IDENTIFIED AS A PRIORITY NEED) IT IS IMPORTANT THAT NOTE THAT, ALTHOUGH N OT A PRIORITY HEALTH NEED FOR THE PURPOSES OF THIS PROCESS, THE HOSPITAL AND ST JOHN SYST EM WILL CONTINUE EXISTING ACTIVITIES REGARDING TOBACCO USE AND CESSATION WHILE NOT NECESS ARILY NOTED AS ONE OF OUR FOUR PRIORITY HEALTH NEEDS, THE REMAINDER OF SIGNIFICANT COMMUNI TY HEALTH NEEDS IDENTIFIED WERE CLOSELY INTER-RELATED WITH THE PRIORITY NEEDS SO, WHILE, THEY MAY NOT BE EXPLICITLY LISTED AS A PRIORITY HEALTH NEED, THE HOSPITAL AND ST JOHN SYS TEM DO FEEL CONFIDENT THAT THE NEEDS ARE BEING ADDRESSED BY ADDRESSING THE FOUR SELECTED P RIORITY HEALTH NEEDS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - St John Broken Arrow, Inc SIGNS ARE POSTED IN WAITING ROOMS AND AT THE ADMISSIONS OFFICES TO NOTIFY PATIENTS THAT THE HOSPITAL HAS A FINANCIAL ASSISTANCE POLICY IN ADDITION, EVERY BILLING STATEMENT, THE HOSPITAL'S WEBSITE, AND ADMISSION PACKETS INCLUDE INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY THE POLICY IS PROVIDED AT THE REQUEST OF THE PATIENT

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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

2017

Open to Public Inspection

Name of the organization
St John Broken Arrow Inc

Employer identification number
38-3833117

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
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 BROKEN ARROW, INC , USES THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT -COMPENSATION COMMITTEE -INDEPENDENT COMPENSATION CONSULTANT -COMPENSATION SURVEY OR STUDY -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individual(s) received severance payments from the organization or a related organization Samuel C Anderson - $74,918
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Eligible executives participate in a program that provides for supplemental retirement benefits The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the Organization Benefits under the program are unfunded and non-vested Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid NO PAYMENTS WERE MADE TO LISTED PERSONS IN PART VII UNDER THE VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS DURING THE YEAR

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 38-3833117
Name: St John Broken Arrow Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DAVID L PHILLIPS	(I)	0	0	0	0	0	0	0
SECRETARY/HOSPITAL PRESIDENT SJBA (EX-OFFICIO)	(II)	267,844	27,832	21,563	17,550	20,290	355,079	0
1SAMUEL C ANDERSON	(I)	0	0	0	0	0	0	0
FORMER OFFICER (END 6/2014)	(II)	0	0	254,463	0	1,910	256,373	0
2LEX ANDERSON	(I)	0	0	0	0	0	0	0
EXEC VP & CFO SJHS (END 10/2017)	(II)	279,255	95,484	36,218	15,400	14,319	440,676	0
3RONALD JAMES BRASEL	(I)	0	0	0	0	0	0	0
VP FINANCE	(II)	146,656	150	5,201	9,254	21,412	182,673	0
4MICHAEL MCCULLOUGH	(I)	0	0	0	0	0	0	0
SECRETARY	(II)	262,455	0	9,657	7,267	8,610	287,989	0
5WILLIAM E WEEKS	(I)	0	0	0	0	0	0	0
COO - MINISTRY MKT TULSA	(II)	515,732	323,280	78,464	16,200	22,146	955,822	0
6KEVIN B STECK	(I)	0	0	0	0	0	0	0
VP INTEGRITY & COMPLIANCE	(II)	237,849	24,212	16,239	13,874	2,570	294,744	0
7CHRISTOPHER J LEPAK	(I)	0	0	0	0	0	0	0
CHIEF MEDICAL OFFICER	(II)	494,992	68,419	1,140	16,200	23,944	604,695	0
8DWAN R BORENS	(I)	125,358	3,129	383	7,397	19,519	155,786	0
CHIEF NURSING OFFICER	(II)	0	0	0	0	0	0	0
9ROBERT O CATHER	(I)	151,393	150	1,925	10,166	18,581	182,215	0
REGIONAL PHARMACY MANAGER	(II)	0	0	0	0	0	0	0
10JARED WILEMAN	(I)	130,040	0	128	6,744	17,937	154,849	0
PHARMACIST - NE	(II)	0	0	0	0	0	0	0

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

2017

Open to Public Inspection

Name of the organization
St John Broken Arrow Inc

Employer identification number
38-3833117

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a COMPENSATION OF CEO	In determining the compensation of the Organization's CEO, the process performed by Ascens ion Health, a related organization of St John Broken Arrow, Inc , included a review and a pproval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The Compensation Committee reviewed and approved the compen sation In the review of the compensation, the CEO was compared to individuals at other or ganizations in the area who hold the same title During the review and approval of the com pensation, documentation of the decision was recorded in the Committee minutes The indivi dual was not present when his compensation was decided

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b COMPENSATION OF OFFICERS	IN DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS, THE PROCESS PERFORMED BY ST J OHN HEALTH SYSTEM, INC , A RELATED ORGANIZATION OF ST JOHN BROKEN ARROW, INC , INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBST ANTIATION OF THE DELIBERATION AND DECISION THE ST JOHN HEALTH SYSTEM, INC EXECUTIVE COM PENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSAT ION, THE OFFICERS' SALARIES WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE ARE A WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATI ON OF THE DECISION WAS RECORDED IN THE MINUTES INDIVIDUALS WERE NOT PRESENT WHEN THEIR CO MPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS INCLUDING FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN UPON COMPLETION, THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S INTERNAL TAX DEPARTMENT WHICH CONSISTS OF ATTORNEYS AND CPAS A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO THE ORGANIZATION'S PRESIDENT, FINANCIAL OFFICER, AND/OR OTHER KEY OFFICERS IN LIEU OF THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The organization regularly and consistently monitors and enforces compliance with the conf lict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, mu st disclose the existence of the financial interest and be given the opportunity to disclo se all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement The remaining indivi duals on the governing board or committee will decide if conflicts of interest exist Each director, principal officer and member of a committee with governing board delegated powe rs annually signs a statement which affirms such person has received a copy of the conflic ts 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 f ederal tax exemption it must engage primarily in activities which accomplish its tax-exemp t purpose

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Miscellaneous Revenue - Total Revenue 364687, Related or Exempt Function Revenue , Unrel ated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 364687 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	NET TRANSFERS WITH AFFILIATES - 128747536, TRANSFERS WITH ALPHA FUND - -56869018,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2b AUDITED FINANCIAL STATEMENTS	The activity of ST JOHN BROKEN ARROW, INC is reported in the consolidated financial stat ements of Ascension Health Alliance No individual audit of ST JOHN BROKEN ARROW, INC is completed Therefore, the attached audited financial statements are of Ascension Health A lliance and Affiliates, which include the activity of ST JOHN BROKEN ARROW, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c AUDIT COMMITTEE	ST JOHN BROKEN ARROW, INC is included in the consolidated financial statements of Ascens ion Health Alliance The Finance and Audit committee of Ascension Health Alliance's Board assumes responsibility for the consolidated organization as a whole

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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

2017

Open to Public Inspection

Name of the organization
St John Broken Arrow Inc

Employer identification number
38-3833117

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

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
(1)UTICA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(2)REGIONAL MEDICAL LABORATORIES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1131608	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(3)PHYSICIAN SUPPORT SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1437252	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(4)OMNI MEDICAL GROUP INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1335536	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(5)ST JOHN URGENT CARE CLINICS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-4990275	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(6)ST JOHN ANESTHESIA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3690446	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(7)ST JOHN PHYSICIANS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1321032	MEDICAL SERVICES	OK	NA	C Corporation				Yes	

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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)

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 38-3833117
Name: St John Broken Arrow Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PO BOX 45998 ST LOUIS, MO 631455998 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
PO BOX 45998 ST LOUIS, MO 631455998 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1215174	SYSTEM PARENT	OK	501(c)(3)	Type I	ASCENSION HEALTH		No
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0662663	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-0606129	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1133139	HEALTH CARE	OK	501(c)(3)	7	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0579286	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3700131	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0999759	HEALTH CARE	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 61-1659782	REAL ESTATE	OK	501(c)(2)		ST JOHN HEALTH SYSTEM INC	Yes	
237 SOUTH LOCUST NOWATA, OK 74048 73-1440267	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
UTICA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
REGIONAL MEDICAL LABORATORIES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1131608	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
PHYSICIAN SUPPORT SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1437252	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
OMNI MEDICAL GROUP INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1335536	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
ST JOHN URGENT CARE CLINICS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-4990275	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
ST JOHN ANESTHESIA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3690446	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
ST JOHN PHYSICIANS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1321032	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
ST JOHN BUILDING CORPORATION	K	60,995	FAIR MARKET VALUE
ST JOHN MEDICAL CENTER INC	L	658,598	FAIR MARKET VALUE
ST JOHN MEDICAL CENTER INC	Q	316,000	FAIR MARKET VALUE
REGIONAL MEDICAL LABORATORIES INC	J	58,373	FAIR MARKET VALUE
REGIONAL MEDICAL LABORATORIES INC	L	1,917,834	FAIR MARKET VALUE
REGIONAL MEDICAL LABORATORIES INC	P	242,331	FAIR MARKET VALUE
REGIONAL MEDICAL LABORATORIES INC	Q	154,569	FAIR MARKET VALUE
ST JOHN PHYSICIANS INC	L	2,370,102	FAIR MARKET VALUE
ST JOHN PHYSICIANS INC	M	60,297	FAIR MARKET VALUE
ST JOHN PHYSICIANS INC	Q	128,924	FAIR MARKET VALUE
ST JOHN ANESTHESIA SERVICES INC	L	1,332,860	FAIR MARKET VALUE
ST JOHN ANESTHESIA SERVICES INC	Q	138,105	FAIR MARKET VALUE
PHYSICIAN SUPPORT SERVICES INC	L	533,954	FAIR MARKET VALUE