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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

C Name of organization
St John Medical Center Inc

Doing business as
Ascension St John Hospital Ascension RX 1601

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
C/O TAX DEPARTMENT PO BOX 45998

City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 631455998

F Name and address of principal officer:
Michael McBride
C/O TAX DEPARTMENT PO BOX 45998
ST LOUIS, MO 631455998

D Employer identification number
73-0579286

E Telephone number
(314) 733-8000

G Gross receipts \$ 598,466,897

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

J Website: ▶ <https://healthcare.ascension.org/locations/oklahoma/oktul/tulsa-ascension-st-john-medical-center>

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1953

M State of legal domicile: OK

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
To 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)38

4 Number of independent voting members of the governing body (Part VI, line 1b)46

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)54,984

6 Total number of volunteers (estimate if necessary)6141

7a Total unrelated business revenue from Part VIII, column (C), line 127a914,991

b Net unrelated business taxable income from Form 990-T, line 397b700

Revenue

8 Contributions and grants (Part VIII, line 1h)8

9 Program service revenue (Part VIII, line 2g)9535,903,853

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)1094,283

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)114,813,294

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)12556,900,559

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)130

14 Benefits paid to or for members (Part IX, column (A), line 4)140

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)15180,039,730

16a Professional fundraising fees (Part IX, column (A), line 11e)16a0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)17345,094,135

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)18525,133,865

19 Revenue less expenses. Subtract line 18 from line 121931,766,694

Net Assets or Fund Balances

20 Total assets (Part X, line 16)20304,400,525

21 Total liabilities (Part X, line 26)21263,357,544

22 Net assets or fund balances. Subtract line 21 from line 202241,042,981

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II

Signature Block

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

Sign Here

Signature of officer

2022-05-16
Date

Tonya Mershon Vice President, Tax
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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 446,415,211 including grants of \$ 1,148,871) (Revenue \$ 571,105,877)
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 **▶** 446,415,211

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	259
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

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2020)

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	8	
	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	6	
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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		No
b	Other officers or key employees of the organization		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?		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?		

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-A 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 4600 EDMUNDSON ROAD ST LOUIS, MO 631343806 (314) 733-8000

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.
- See instructions for the order in which to list the persons above.

☐ 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) HASTINGS SIEGFRIED CHAIR	1.0 0	X		X				0	0	0
(2) JOSEPH P MORAN III DIRECTOR	1.0 0	X		X				0	0	0
(3) MICHAEL J MCBRIDE EX-OFFICIO/PRESIDENT & COO/SECRETARY	0.0 50.0	X		X				0	649,861	37,439
(4) C T DOLAN MD DIRECTOR	1.0 0	X						0	0	0
(5) SAM COMBS DIRECTOR (START 8/2020)	1.0 0	X						0	0	0
(6) SHAUN GREWAL MD DIRECTOR	1.0 0	X						0	0	0
(7) SISTER LORETTA MARIE HALL DIRECTOR	1.0 0	X						0	0	0
(8) WILLIS H THOMPSON JR DIRECTOR	1.0 0	X						0	0	0
(9) MICHAEL MCCULLOUGH TREASURER/CFO, MINISTRY MARKET (END 11/2020)	0.0 50.0			X				0	734,544	35,244
(10) REBECCA A TUCKER TREASURER/CFO, MINISTRY MARKET (START 11/2020)	0.0 50.0			X				0	50,003	893
(11) ELIZABETH A MEDINA RN CNO, MINISTRY MARKET	50.0 0.0				X			359,195	0	43,169
(12) JOHN B FORREST MD CMO	50.0 0				X			570,901	0	39,101
(13) TAMMY BARK RN VP/CNO	50.0 0				X			254,886	0	24,966
(14) BAT SHUNATONA VP	50.0 0					X		418,192	0	32,216
(15) DAVID L PHILLIPS PRESIDENT, BROKEN ARROW AND SAPULPA	50.0 0.0					X		341,755	0	39,160
(16) FRED M KEEHN VP, PHARMACY	50.0 0					X		253,713	0	18,056
(17) LORIN F LAMONS VP, ADVOCACY	50.0 0.0					X		270,918	0	16,855

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) NORMAN O GAYLE VP, CLINICAL SERVICE LINE	50.00....					X		251,114	0	38,902
(19) JEFFREY D NOWLIN FORMER OFFICER (END 10/2019)	0.050.0						X	0	1,012,952	46,713
(20) RONNIE L HOFFMAN FORMER OFFICER (END 6/2018)	50.00.0						X	242,041	0	40,045
(21) WILLIAM E WEEKS FORMER OFFICER (END 6/2018)	0.050.0						X	0	725,496	0

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	2,962,715	3,172,856	412,759

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 ▶ 235

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BOARD OF REGENTS OF THE UNIVERSTY OF OKLAHOMA 4502 E 41ST STREET ROOM 2B02 TULSA, OK 74135	EDUCATIONAL/MEDICAL SERVICES	7,490,876
ORTHOPEDIC & TRAUMA SERVICE OF OK PC 5110 S YALE AVE STE 525 TULSA, OK 741357485	MEDICAL SERVICES	1,108,175
OB HOSPITALIST GROUP LLC 777 LOWNDES HILLS RD - BLDG 1 GREENVILLE, SC 29607	PHYSICIAN SERVICES	1,070,446
LINEN KING LLC 1521 W 36TH PL TULSA, OH 741075639	LAUNDRY SERVICES	962,850
OKLAHOMA CANCER SPECIAL AND RESEARCH LLC 12697 E 51ST ST S TULSA, OK 741462302	MEDICAL SERVICES	902,140

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 ▶ 23

Form 990 (2020)		Page 9			
Part VIII		Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>					
		(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	4,793,171		
	e Government grants (contributions)	1e	16,772,576		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,020,397		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f ▶		23,586,144		
Program Service Revenue	Business Code				
	2a Net Patient Service Revenue	621990	567,734,810	567,734,810	
	b State Program Revenue	900099	1,883,555	1,883,555	
	c Rental Income from Affiliates	531120	744,411	744,411	
	d Pharmacy Revenue	446110	506,465	506,465	
	e Interest Income from Patient Accounts	900099	77,330	77,330	
	f All other program service revenue.		117,848	117,848	0 0
g Total. Add lines 2a-2f. ▶		571,064,419			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶				
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
	(i) Real (ii) Personal				
	6a Gross rents	6a 67,847 1,819			
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c 67,847 1,819			
	d Net rental income or (loss) ▶		69,666	1,819	67,847
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a 22,000			
	b Less: cost or other basis and sales expenses	7b 545,719			
	c Gain or (loss)	7c 0 -523,719			
	d Net gain or (loss) ▶		-523,719		-523,719
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a		
	b Less: direct expenses		8b		
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19		9a		
b Less: direct expenses		9b			
c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances		10a			
b Less: cost of goods sold		10b			
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue Business Code					
11a Cafeteria/Vending Revenue		722514	2,333,553	2,333,553	
b Fitness Club Revenue		713940	1,035,315	913,172 122,143	
c Telephone Revenues		517919	121,399	121,399	
d All other revenue			234,401 41,458 0	192,943	
e Total. Add lines 11a-11d ▶		3,724,668			
12 Total revenue. See instructions ▶		597,921,178	571,105,877	914,991 2,314,166	

Form 990 (2020)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,148,871	1,148,871		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,292,218	279,852	1,012,366	
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	154,076,495	145,169,009	8,907,486	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,920,307	5,578,042	342,265	
9 Other employee benefits	17,106,854	16,117,871	988,983	
10 Payroll taxes	11,791,732	11,044,592	747,140	
11 Fees for services (non-employees):				
a Management	310	310		
b Legal	95,204		95,204	
c Accounting	12,500		12,500	
d Lobbying	29,527		29,527	
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)	26,369,360	23,218,876	3,150,484	0
12 Advertising and promotion	39,549	38,800	749	
13 Office expenses	1,477,349	519,472	957,877	
14 Information technology	130,416	130,416		
15 Royalties				
16 Occupancy	5,906,229	5,532,002	374,227	
17 Travel	44,607	35,373	9,234	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	174,142	168,622	5,520	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,423,600	22,876,087	1,547,513	
23 Insurance	49,643		49,643	
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	122,958,588	122,139,661	818,927	
b Purchased Services	68,202,795	33,122,853	35,079,942	
c Management Fee to Affiliate	43,411,244		43,411,244	
d Physician Fees to Affiliate	31,419,152	31,419,152		
e All other expenses	34,325,552	27,875,350	6,450,202	0
25 Total functional expenses. Add lines 1 through 24e	550,406,244	446,415,211	103,991,033	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		10,605	1	10,656	
	2	Savings and temporary cash investments		339,250	2	200,290	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		64,428,520	4	66,992,131	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		14,058,091	8	12,993,937	
	9	Prepaid expenses and deferred charges		2,360	9	0	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	352,748,560			
	b	Less: accumulated depreciation	10b	164,243,334	193,934,368	10c	188,505,226
	11	Investments—publicly traded securities		0	11	0	
	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		4,243,096	14	2,930,170	
	15	Other assets. See Part IV, line 11		27,384,235	15	215,234,272	
16	Total assets. Add lines 1 through 15 (must equal line 33)		304,400,525	16	486,866,682		
Liabilities	17	Accounts payable and accrued expenses		34,248,965	17	38,055,244	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	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		229,108,579	25	490,654,959	
	26	Total liabilities. Add lines 17 through 25		263,357,544	26	528,710,203	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		41,042,981	27	-41,843,521	
	28	Net assets with donor restrictions		0	28	0	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund		0	30	0	
	31	Retained earnings, endowment, accumulated income, or other funds		0	31	0	
	32	Total net assets or fund balances		41,042,981	32	-41,843,521	
33	Total liabilities and net assets/fund balances		304,400,525	33	486,866,682		

Part XI Reconciliation of Net AssetsCheck 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	597,921,178
2	Total expenses (must equal Part IX, column (A), line 25)	2	550,406,244
3	Revenue less expenses. Subtract line 2 from line 1	3	47,514,934
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,042,981
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	-130,401,436
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-41,843,521

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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.	Yes	

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 73-0579286
Name: St John Medical Center Inc

Form 990 (2020)

Form 990, Part III, Line 4a:

St. John Medical Center, Inc. is a 503-bed hospital campus providing services without regard to patient race, creed, national origin, economic status, or ability to pay. During fiscal year 2021, St. John Medical Center, Inc. treated 27,558 adults and children for a total of 158,286 patient days of service. The hospital also provided services for 204,888 outpatient visits, which included 9,895 outpatient surgeries and 52,206 Emergency Room Visits. See Schedule H for a non-exhaustive list of community benefit programs and descriptions. As part of the Ascension Catholic health ministry, the filing organization served in support of Ascension's commitment to both care for patients and communities and support caregivers and other associates through the challenges of the COVID-19 global pandemic in FY20 and FY21.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

St John Medical Center Inc

Employer identification number

73-0579286

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2019 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2020. 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 ► <input type="checkbox"/>	
b	33 1/3% support test—2019. 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 ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2020. 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 ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2019. 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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

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

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

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

Part I-A

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C

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

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		29,527
j	Total. Add lines 1c through 1i			29,527
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 state hospital associations that is specifically allocable to lobbying. ANY OTHER LOBBYING UNDERTAKEN IN FURTHERANCE OF THE HEALTHCARE MISSION OF THE FILING ORGANIZATION THAT IS CONDUCTED BY A RELATED ORGANIZATION IS PROPERLY REPORTED ON THAT RELATED ORGANIZATION'S SCHEDULE C, PART II-B. St. John Medical Center, Inc. does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
St John Medical Center Inc

Employer identification number
73-0579286

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.

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

2a

2b

2c

2d

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a

Revenue included on Form 990, Part VIII, line 1 ► \$

b

Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2020

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" 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	12,181,580	11,324,545	11,364,103	11,291,195	11,278,730
b Contributions	866,028	584,761	1,250	6,349	-6,859
c Net investment earnings, gains, and losses	483,978	923,471	-14,267	96,587	117,266
d Grants or scholarships	1,361,603	13,763	18,924	30,028	36,234
e Other expenditures for facilities and programs	1,320	633,574	0	0	61,708
f Administrative expenses	6,211	3,860	7,617	0	0
g End of year balance	12,162,452	12,181,580	11,324,545	11,364,103	11,291,195

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 88.39 %

c

Term endowment ▶ 11.61 %

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:

(i) Unrelated organizations

3a(i)

Yes

No

(ii) Related organizations

3a(ii)

Yes

b

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

3b

Yes

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		10,082,018		10,082,018
b Buildings		197,670,612	74,193,016	123,477,596
c Leasehold improvements		612,514	489,528	122,986
d Equipment		131,474,345	89,153,789	42,320,556
e Other		12,909,071	407,001	12,502,070
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				188,505,226

Schedule D (Form 990) 2020

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) Due from Affiliates	200,465,476
(2) Other Receivables	2,885,312
(3) Estimated 3rd Party Payor Settlements	2,231,656
(4) Other Misc Assets	2,250,000
(5) Right of Use Operating Lease	6,157,728
(6) Lease Receivables	1,244,100
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	215,234,272

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	490,654,959
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 <input checked="" type="checkbox"/>	

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: 20011424
Software Version: 2020v4.0
EIN: 73-0579286
Name: St John Medical Center Inc

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

1. (a) Description of Liability	(b) Book Value
Due to Affiliates	404,138,904
Estimated 3rd Party Payor Settlement	2,662,485
Recovery Tail Liability	2,255,166
Long Term Lease Liability	6,180,451
Accrued Excise Tax	287
Accrued Real Estate Tax	24,600
Accrued Sales Use Tax	484,020
Other Misc Liabilities	
Medicare Advance Payments	74,909,046

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The "Chapman Fund for Uncompensated Care" endowment was created to underwrite medical services for the uninsured and underinsured residents of the Tulsa Metropolitan Area. Funds are held and administered by St. John Health System Foundation, Inc. on behalf of St. John Medical Center, Inc.

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 THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2021.

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

1. (a) Description of Liability	(b) Book Value
Due to Affiliates	404,138,904
Estimated 3rd Party Payor Settlement	2,662,485
Recovery Tail Liability	2,255,166
Long Term Lease Liability	6,180,451
Accrued Excise Tax	287
Accrued Real Estate Tax	24,600
Accrued Sales Use Tax	484,020
Other Misc Liabilities	
Medicare Advance Payments	74,909,046

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
St John Medical Center Inc

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number
73-0579286

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> 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.	3a	Yes
		3b	Yes
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	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
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)			31,804,351	0	31,804,351	5.78 %
b Medicaid (from Worksheet 3, column a)			58,943,853	64,266,380	0	0 %
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	90,748,204	64,266,380	31,804,351	5.78 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	21	3,407	2,864,809	9,165	2,855,644	0.52 %
f Health professions education (from Worksheet 5)	5	441	11,155,149	0	11,155,149	2.03 %
g Subsidized health services (from Worksheet 6)	0	0	0	0	0	0 %
h Research (from Worksheet 7)	0	0	0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4	4,802	3,490,149	0	3,490,149	0.63 %
j Total. Other Benefits	30	8,650	17,510,107	9,165	17,500,942	3.18 %
k Total. Add lines 7d and 7j	30	8,650	108,258,311	64,275,545	49,305,293	8.96 %

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	0	0	0	0 %
2 Economic development	1	0	1,538	0	1,538	0 %
3 Community support	0	0	0	0	0	0 %
4 Environmental improvements	0	0	0	0	0	0 %
5 Leadership development and training for community members	1	0	768	0	768	0 %
6 Coalition building	0	0	0	0	0	0 %
7 Community health improvement advocacy	0	0	0	0	0	0 %
8 Workforce development	0	0	0	0	0	0 %
9 Other	0	0	0	0	0	0 %
10 Total	2	0	2,306	0	2,306	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	13,646,252	
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	213,729,048
6 Enter Medicare allowable costs of care relating to payments on line 5	6	208,652,064
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	5,076,984
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:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
St John Medical Center**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://healthcare.ascension.org/chna</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://healthcare.ascension.org/chna</u>	10	Yes
a		
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 Medical Center

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? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? 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):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>https://healthcare.ascension.org/Financial-Assistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://healthcare.ascension.org/Financial-Assistance</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>https://healthcare.ascension.org/Financial-Assistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

St John Medical Center

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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

St John Medical Center

Name of hospital facility or letter of facility reporting group _____

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?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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, 20a, 20b, 20c, 20d, 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.

[illegible]

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 6 Description of Affiliated Group - PART II	<p>PART 2: -COVERS THE COST OF PRIMARY AND SPECIALTY CARE PROVIDED AT ASCENSION ST. JOHN RIVE RSIDE CLINIC FOR WOMEN IN SUPPORTIVE PROGRAMS SUCH AS WOMEN IN RECOVERY AND DVIS. -COVERS THE COST OF LAB WORK DONE BY RML FOR ANY PATIENT SEEN AT ONE OF FOUR FREE CLINIC PARTNERS. -FULLY FUNDS THE TULSA HEALTHCARE COVERAGE PROJECT, WHICH SCREENS PATIENTS FOR HEALTH COV ERAGE ELIGIBILITY, ASSISTS IN ENROLLMENT, AND PROVIDE EDUCATION TO CLIENTS ABOUT HOW TO US E THEIR COVERAGE. SOCIAL AND ENVIRONMENTAL IMPROVEMENT ACTIVITIES PROGRAMS AND ACTIVITIES AS WELL AS FINANCIAL AND COLLABORATIVE SUPPORT THAT IMPROVE THE HEALTH OF PERSONS IN THE C OMMUNITY BY ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH, WHICH INCLUDE THE SOCIAL, ECONOM IC AND PHYSICAL ENVIRONMENT. ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO: -INCORPORATING EA RLY LITERACY INTO PEDIATRIC CARE, SUPPORT OF ORGANIZATIONS PROMOTING WORKFORCE DEVELOPMENT , PROMOTION OF SAFE BUILT ENVIRONMENT AND PHYSICAL ACTIVITY, AND SUPPORT OF ORGANIZATIONS AND PROGRAMS THAT PROMOTE HEALTHY FOOD ACCESS. -ONE SIGNIFICANT INITIATIVE IN WHICH ST. JO HN SYSTEM AND THE HOSPITAL HAVE BEEN ACTIVELY ENGAGED IS THE ACCOUNTABLE HEALTH COMMUNITIE S (AHC) MODEL. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES SELECTED OKLAHOMA'S ROUTE 66 COALITION TO RECEIVE A \$4.5 MILLION GRANT TO CREATE AN ACCOUNTABLE HEALTH COMMUNITY, WHIC H WILL ADDRESS THE INTERSECTION OF SOCIAL AND MEDICAL ISSUES FACING COMMUNITIES. LED BY OK LAHOMA'S NON-PROFIT HEALTH INFORMATION NETWORK, MYHEALTH ACCESS NETWORK, THE ROUTE 66 COAL ITION ALSO INCLUDES THE OKLAHOMA CITY-COUNTY AND TULSA CITY-COUNTY HEALTH DEPARTMENTS, AND MORE THAN 200 OTHER HEALTH CARE AND SOCIAL SERVICE ORGANIZATIONS IN OKLAHOMA.THE PROGRAM WILL OFFER SOCIAL DETERMINANTS OF HEALTH SCREENINGS TO ASSESS NEEDS OF PATIENTS IN THE EME RGENCY DEPARTMENTS AND CLINICS AS WELL AS OFFER LINKAGE TO SUPPORT SERVICES AND RESOURCES IN THE COMMUNITY. SINCE ITS INCEPTION, AHC HAS EXTENDED OVER 2.3M OFFERS FOR ASSISTANCE AN D RESPONDED TO OVER 120,000 INDIVIDUAL NEEDS. ST JOHN HEALTH SYSTEM HOSPITALS AND EMPLOYED PHYSICIAN AFFILIATES HAVE ACTIVELY PARTICIPATED IN THIS PROGRAM. -THE ST. JOHN HUMAN TRAF FICKING EDUCATION AND RESPONSE PROGRAM - THE PROGRAM WAS FULLY IMPLEMENTED IN 2018 AND IS DESIGNED TO INTRODUCE STANDARD TRAINING AND RESOURCES TO ASSIST OUR HEALTHCARE ASSOCIATES TO IDENTIFY AND RESPOND TO THE NEEDS OF VICTIMS OF LABOR AND SEX TRAFFICKING IN A TRAUMA-I NFORMED MANNER, INCLUDING ASSISTANCE WITH REFERRALS TO RESOURCES AS NEEDED. USING THIS SYS TEM-WIDE APPROACH, ST. JOHN FORMED A HUMAN TRAFFICKING RESPONSE TEAM AS A COMPONENT OF THI S PROGRAM, DESIGNATING HUMAN TRAFFICKING RESPONSE COVERAGE FOR ALL ST. JOHN HOSPITAL FACIL ITIES AND CLINICS. THIS TEAM CONSISTS OF SELECT ASSOCIATES WHO HAVE RECEIVED IN-DEPTH TRAI NING TO RESPOND TO AND ASSIST PATIENTS WHO ARE SUSPECTED TO BE TRAFFICKING VICTIMS IN A TR AUMA-INFORMED MANNER. A CENTRAL CALL CENTER FOR ASSOCIATES IS AVAILABLE REPORT SUSPECTED C ASES AND DISPATCH RESPONSE TEAM MEMBERS FOR ASSISTANCE. AS OF THE END OF TAX YEAR 2020, TH E PROGRAM PROVIDED TRAUMA-INFORMED CARE TO 144 SUSPECTED VICTIMS, OF WHICH 67 HAVE ASKED F OR SOME FORM OF TRAFFICKING-RELATED ASSISTANCE. ASSISTANCE HAS INCLUDED COMPLIMENTARY BUS TRANSPORTATION TO OUT-OF-STATE SHELTERS FOR SUSPECTED VICTIMS, FUNDING SUPPORT TO COVER ME DICATION COSTS, FOOD AND CLOTHING, AND REFERRAL ASSISTANCE FOR DRUG AND ALCOHOL TREATMENT AS WELL AS PSYCHIATRIC CARE. COMMUNITY BENEFIT OPERATIONS: HOSPITAL STAFF DEDICATE SIGNIFI CANT TIME AND COSTS TO LEAD AND MANAGE COMMUNITY BENEFIT PROGRAMS AND ACTIVITIES, WHICH IN CLUDE INTERNAL TRACKING AND REPORTING OF COMMUNITY BENEFIT AS WELL AS OVERSIGHT OF COMMUNI TY ENGAGEMENT. FUNDS ARE ALLOCATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AND DEVE LOP AN IMPLEMENTATION STRATEGY. HEALTH PROFESSIONS EDUCATION: THE HOSPITAL IS COMMITTED TO HELPING ENSURE THE NEXT GENERATION OF HEALTHCARE PROFESSIONALS BY PROVIDING EDUCATION THR OUGH HANDS ON TRAINING TO STUDENTS WHO ARE WORKING TOWARDS A WIDE RANGE OF HEALTHCARE DEGR EES AND CERTIFICATES. THESE CATEGORIES INCLUDE MEDICAL RESIDENTS, NURSING STUDENTS AND OTH ER HEALTH PROFESSIONS. CASH AND IN-KIND CONTRIBUTIONS: THE HOSPITAL MAKES CASH AND IN-KIND CONTRIBUTIONS TO A VARIETY OF ORGANIZATIONS FOCUSED ON IMPROVING THE HEALTH STATUS IN THE COMMUNITY. EXAMPLES INCLUDE CASH DONATIONS TO NONPROFITS IN RESPONSE TO NATURAL DISASTERS , EVENT SPONSORSHIPS AND DONATIONS FOCUSED ON ADDRESSING AN IDENTIFIED COMMUNITY HEALTH NE ED, DONATION OF ROOMS AND SPACE TO COMMUNITY ORGANIZATIONS AND COALITIONS, DONATION OF EMP LOYEE TIME/SERVICES TO OUTSIDE ORGANIZATIONS, AND THE REPRESENTATION OF THE HOSPITAL ON CO MMUNITY BOARDS AND COMMITTEES. IN TAX YEAR 2020, ST. JOHN PARTNERED WITH MORE THAN 50 LOCA L ORGANIZATIONS THROUGH DONATIONS, SPONSORSHIPS AND COMMUNITY HEALTH IMPROVEMENT PROGRAMMI NG AND INITIATIVES, IN ALIGNMENT WITH HEALTH NEEDS AND SOCIAL DETERMINANTS OF HEALTH AS ID ENTIFIED IN ITS SIX HOSPITAL COMMUNITY HEALTH NEED</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Description of Affiliated Group - PART II	S ASSESSMENTS. A TOTAL OF \$1,186,251 WAS PROVIDED IN RESTRICTED DONATIONS TO NONPROFIT PARTNERS, HELPING TO MEET ST. JOHN PRIORITY HEALTH NEEDS IN THE COMMUNITIES WE SERVE: ACCESS TO CARE, BEHAVIORAL HEALTH, HEALTHY LIFESTYLES AND ADVERSE CHILDHOOD EXPERIENCES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Factors Other than FPG	<p>A patient with income greater than 400% of the FPL may be eligible for financial assistance under a "Means Test" for some discount of Patient's charges for services from the Organization based on a Patient's total medical debt. A Patient will be eligible for financial assistance pursuant to the Means Test if the Patient has excessive total medical debt, which includes medical debt to Ascension and any other health care provider, for emergency and other medically necessary care, that is equal to or greater than such Patient's household's gross income. The level of financial assistance provided pursuant to the Means Test is the same as is granted to a patient with income at 400% of the FPL under the sliding scale discount, if such patient submits an Application on or prior to the 240th day after the Patient's first discharge bill and the Application is approved by the Organization. Patient will be eligible for the means test discount financial assistance if such Patient submits the Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges. ST. JOHN MEDICAL CENTER, INC. ALSO USES ASSET LEVEL, INSURANCE STATUS AND RESIDENCY AS FACTORS IN DETERMINING ELIGIBILITY FOR FREE AND DISCOUNTED CARE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	ST. JOHN MEDICAL CENTER, INC. REPORTS COMMUNITY BENEFIT INFORMATION AS PART OF THE FOLLOWING RELATED ORGANIZATION'S ANNUAL COMMUNITY BENEFIT REPORT: St. John Health System EIN 73-1215174

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 II Community Building Activities	<p>RESEARCH SHOWS THE SOCIAL DETERMINANTS OF HEALTH AND QUALITY OF LIFE PLAY A MAJOR ROLE IN THE HEALTH STATUS OF INDIVIDUALS AND COMMUNITIES. COMMUNITY BUILDING ACTIVITIES, WHICH FOCUS ON IMPROVING THE SOCIAL DETERMINANTS OF HEALTH AND QUALITY OF LIFE WITHIN A COMMUNITY, ULTIMATELY INFLUENCE AND IMPROVE HEALTH STATUS. ST. JOHN MEDICAL CENTER, INC. SUPPORTED THE FOLLOWING COMMUNITY BUILDING ACTIVITIES: - ECONOMIC DEVELOPMENT: LONG-TERM IMPROVEMENTS IN HEALTH HAVE BEEN TIED TO ECONOMIC GROWTH AND EQUAL ECONOMIC OPPORTUNITIES IN COMMUNITIES. FOR EXAMPLE, STUDIES DEMONSTRATE CITIZENS OF NATIONS WITH HIGHER AVERAGE INCOMES TEND TO LIVE LONGER AND, DESPITE THAT, EXPERIENCE FEWER YEARS OF DISABILITY. ST. JOHN MEDICAL CENTER, INC. SUPPORTED ECONOMIC DEVELOPMENT IN THE COMMUNITY BY PROVIDING A HEALTHCARE PERSPECTIVE IN DISCUSSIONS ON ECONOMIC RECOVERY AND OTHER ECONOMIC ISSUES IN TULSA REGIONAL CHAMBER BOARD AND COMMITTEE MEETINGS. - LEADERSHIP DEVELOPMENT: LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS CAN HELP BRIDGE GAPS IN KNOWLEDGE, BUILD AND MATURE THE CAPACITY OF INDIVIDUALS, AND PREPARE THE NEXT GENERATION OF DIVERSE LEADERS IN A COMMUNITY. COMMUNITY LEADERS ARE CAPABLE OF LEADING AND EMPOWERING CHANGE AT DIFFERENT LEVELS, STRENGTHENING SOCIAL NETWORKS, SUPPORTING SHARED VISION AND DECISION, AND ULTIMATELY PROMOTING COMMUNITY HEALTH AND SOCIOECONOMIC WELL-BEING. ST. JOHN MEDICAL CENTER, INC. SUPPORTED LEADERSHIP DEVELOPMENT IN THE COMMUNITY BY FACILITATING A LEADERSHIP TRAINING SESSION AND LEADING DISCUSSION ON PLANS FOR EDUCATIONAL PROGRAMS FOR HEALTHCARE LEADERS FOR THE OKLAHOMA CHAPTER OF THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION OFFICERS, BOARD, AND COMMITTEE CHAIRS.</p>

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 2021 was \$52,485,584 at charges, (\$13,646,252 at cost).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	ST. JOHN MEDICAL CENTER, INC. HAS A VERY ROBUST FINANCIAL ASSISTANCE PROGRAM; THEREFORE, NO ESTIMATE IS MADE FOR BAD DEBT ATTRIBUTED TO FINANCIAL ASSISTANCE ELIGIBLE PATIENTS.

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 THE OF THE ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT (IMPLICIT PRICE CONCESSIONS) EXPENSE IS LOCATED IN FOOTNOTE #2, PAGES 14-17.

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	ST. JOHN MEDICAL CENTER, INC. FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE. A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE. ONCE QUALIFYING DOCUMENTATION IS RECEIVED THE PATIENT'S ACCOUNT IS ADJUSTED. PATIENT ACCOUNTS FOR THE QUALIFYING PATIENT IN THE PREVIOUS SIX MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE. ONCE A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- St. John Medical Center: Line 16a URL: https://healthcare.ascension.org/Financial-Assistance;

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- St. John Medical Center: Line 16b URL: https://healthcare.ascension.org/Financial-Assistance;

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- St. John Medical Center: Line 16c URL: https://healthcare.ascension.org/Financial-Assistance ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>ST. JOHN MEDICAL CENTER, INC. USES RELIABLE, THIRD PARTY REPORTS, INCLUDING DATA FROM GOVERNMENT SOURCES TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES. THESE REPORTS PROVIDE INFORMATION ABOUT KEY HEALTH, SOCIOECONOMIC, AND DEMOGRAPHIC INDICATORS THAT POINT TO AREAS OF NEED AND INCLUDE BUT ARE NOT LIMITED TO REPORTS FROM: - LOCAL DEPARTMENTS OF HEALTH - OKLAHOMA STATE DEPARTMENT OF HEALTH - LOCAL GOVERNMENT PLANNING DEPARTMENTS - LOCAL UNIVERSITIES - US CENSUS BUREAU - ECONOMIC IMPACT STUDIES - OKLAHOMA HOSPITAL ASSOCIATION - COMMUNITY SERVICE COUNCIL OF GREATER TULSA - CENTERS FOR MEDICARE & MEDICAID SERVICES - AMERICAN COMMUNITY SURVEY - AMERICAN LUNG ASSOCIATION - ANNIE E. CASEY FOUNDATION - CENTERS FOR DISEASE CONTROL AND PREVENTION - COUNTY HEALTH RANKINGS - FEEDING AMERICA - NATIONAL CANCER INSTITUTE - NATIONAL CENTER FOR EDUCATION STATISTICS - OKLAHOMA STATE BUREAU OF INVESTIGATION - SMALL AREA HEALTH INSURANCE ESTIMATES - THE DARTMOUTH ATLAS OF HEALTHCARE - U.S. BUREAU OF LABOR STATISTICS - U.S. DEPARTMENT OF AGRICULTURE - FOOD ENVIRONMENT ATLAS - U.S. ENVIRONMENTAL PROTECTION AGENCY - ST. JOHN MEDICAL ACCESS PROGRAM AND SAFETY-NET CLINIC PARTNERS - COMMUNITY PARTNER AGENCIES ST. JOHN MEDICAL CENTER, INC. UTILIZES INFORMATION FROM THESE SECONDARY SOURCES TO DEVELOP PROGRAMS AND PROVIDE SERVICES THROUGHOUT THE REGION. IN ADDITION, ST. JOHN MEDICAL CENTER, INC CONSIDERS THE HEALTH CARE NEEDS OF THE OVERALL COMMUNITY WHEN EVALUATING INTERNAL FINANCIAL AND OPERATIONAL DECISIONS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>ST. JOHN MEDICAL CENTER, INC. IS COMMITTED TO DELIVERING EFFECTIVE, SAFE, PERSON-CENTRIC, HEALTH CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. AS A NONPROFIT HOSPITAL, 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, ST. JOHN MEDICAL CENTER INC.'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; ST. JOHN MEDICAL CENTER INC. PROVIDES FINANCIAL ASSISTANCE FOR THOSE WHO EARN ABOVE 250% OF THE FEDERAL POVERTY LEVEL BUT DOES NOT EXCEED 400% OF THE FEDERAL POVERTY LEVEL. ST. JOHN MEDICAL CENTER, INC. 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://HEALTHCARE.ASCENSION.ORG/FINANCIAL-ASSISTANCE/OKLAHOMA ST. JOHN MEDICAL CENTER, INC. 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. ST. JOHN MEDICAL CENTER, INC. 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. ST. JOHN MEDICAL CENTER, INC. INFORMS ITS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA SIGNAGE DISPLAYED IN THE EMERGENCY ROOM AND ADMISSIONS AREAS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>ST. JOHN MEDICAL CENTER, INC. IS A REGIONAL TERTIARY REFERRAL AND TRAUMA CENTER SERVING THE ENTIRE NORTHEASTERN OKLAHOMA REGION, AS WELL AS PARTS OF KANSAS AND ARKANSAS. THE PRIMARY SERVICE AREA IS TULSA COUNTY, OKLA., AND THE SURROUNDING COUNTIES. HOWEVER, ST. JOHN MEDICAL CENTER, INC. SERVES PATIENTS WHO LIVE THROUGHOUT THE NORTHEASTERN OKLAHOMA REGION AND BEYOND. FOR THE PURPOSES OF THIS ASSESSMENT, THE COMMUNITY SERVED IS DEFINED AS TULSA COUNTY. THE DECISION TO FOCUS ON THE GEOPOLITICAL DEFINITION OF TULSA COUNTY WAS LARGELY INFLUENCED BY THE FACT THAT A SIGNIFICANT NUMBER OF PATIENTS WHO UTILIZE ST. JOHN MEDICAL CENTER, INC. SERVICES RESIDE IN TULSA COUNTY. TULSA COUNTY HAS AN ESTIMATED POPULATION OF 672,858 (JULY 2021). ACCORDING TO THE 2021 COUNTY HEALTH RANKINGS, TULSA COUNTY RANKS 16TH OUT OF 77 OKLAHOMA COUNTIES IN OVERALL HEALTH OUTCOMES (UP FROM 18TH IN 2020) AND 16TH OUT OF 77 OKLAHOMA COUNTIES IN OVERALL HEALTH FACTORS (UP FROM 22ND). ROUGHLY 13.3% OF THE POPULATION IN TULSA COUNTY IS HISPANIC/LATINO, 6.9% NATIVE AMERICAN, 10.8% BLACK/AFRICAN AMERICAN, AND 61.2% WHITE/CAUCASIAN. THE MEDIAN HOUSEHOLD INCOME IS HIGHER COMPARED TO THE STATE OF OKLAHOMA AT ABOUT \$53,902 ANNUALLY; UNEMPLOYMENT RATE IS 5.9% IN TULSA COUNTY WHICH IS SLIGHTLY HIGHER THAN THE STATE, BUT LOWER THAN THE U.S.; AND ROUGHLY 14.1% OF TULSA COUNTY FAMILIES ARE LIVING IN POVERTY, WHICH IS LOWER THAN THE STATE, BUT HIGHER THAN THE U.S. TULSA COUNTY'S UNINSURED RATE IS 15.7% WHICH IS ON PAR WITH THE STATE'S RATE, BUT HIGHER THAN THE U.S. TULSA COUNTY IS REPORTED TO HAVE 16 GENERAL MEDICAL/SURGICAL HOSPITALS, 6 FEDERALLY QUALIFIED HEALTH CENTER SITES, 19 FREE CLINICS, 1 INDIAN HEALTH SERVICES PROVIDER (FEDERAL), 3 VETERAN'S AFFAIRS FACILITIES AND 22 URGENT CARE CENTERS. ACCORDING TO THE 2018 US HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) DATA WAREHOUSE REPORT, THERE ARE FIVE AREAS DESIGNATED AS MEDICALLY UNDERSERVED AREAS IN TULSA COUNTY. TULSA COUNTY IS CONSIDERED A PARTIAL MEDICALLY UNDERSERVED AREA.</p>

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	ST. JOHN MEDICAL CENTER, INC.'S GOVERNING BODY IS COMPRISED OF PERSONS REPRESENTING DIVERSE ASPECTS AND INTERESTS OF THE COMMUNITY. MANY MEMBERS OF ST. JOHN MEDICAL CENTER, INC GOVERNING BODY RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA; WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF. THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALTIES. ST. JOHN MEDICAL CENTER, INC. APPLIES SURPLUS FUNDS TO FUND IMPROVEMENTS IN COMMUNITY HEALTH AND WELLNESS, MEDICAL ACCESS, PATIENT CARE, MEDICAL EDUCATION AND RESEARCH BY DONATIONS TO OR PARTNERING WITH NON-PROFIT AGENCIES, COMMUNITY ORGANIZATIONS AND UNIVERSITIES. IN FY21, A STRATEGIC PLAN WAS CREATED FOR BUILDING HEALTH EQUITY IN THE COMMUNITY THROUGH COLLABORATION WITH COMMUNITY PARTNERS. FUNDING OF PROGRAMS WILL BEGIN IN FY22.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>PART 1: ST. JOHN MEDICAL CENTER, INC. IS AN AFFILIATE OF ST. JOHN HEALTH SYSTEM AND ASCENSION HEALTH. ST. JOHN HEALTH SYSTEM AFFILIATES ARE LARGE MULTI-FACETED, INTEGRATED, NOT-FOR -PROFIT MINISTRIES INCLUDING HOSPITAL AND NON-HOSPITAL MINISTRIES (PHYSICIAN GROUP PRACTICES, HOSPITAL ORGANIZATIONS, EMERGENCY ROOMS AND URGENT CARE, HOME HEALTH, REGIONAL MEDICAL LABORATORY (RML). AND PARTNERSHIPS AND VENTURES THAT INCLUDE A HEALTH INSURANCE COMPANY, SEVERAL AMBULATORY SURGERY CENTERS, AND OTHER HEALTHCARE ACTIVITIES). THESE MINISTRIES WORK TOGETHER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF SERVING AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS ESPECIALLY THOSE WHO ARE VULNERABLE. THIS COMMUNITY BENEFIT HAPPENS THROUGH ITS FOCUS ON PATIENT CARE, EDUCATION, FUNDING AND COLLABORATIVE SUPPORT OF NON-PROFIT COMMUNITY ORGANIZATIONS AND RESEARCH. THE ORGANIZATIONS WORK TOGETHER TO SERVE THEIR COMMUNITIES AT THE LOCAL, REGIONAL, STATE AND NATIONAL LEVEL. 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 19 OF THE UNITED 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. ST. JOHN HEALTH SYSTEM AND THE HOSPITAL ARE DEDICATED TO IMPROVING THE HEALTH STATUS AND QUALITY OF LIFE FOR THE COMMUNITIES WE SERVE. WHILE DESIGNATED ASSOCIATES AT ST. JOHN HEALTH SYSTEM DEVOTE TIME TO LEADING AND ADMINISTERING LOCAL COMMUNITY-BASED PROGRAMS AND PARTNERSHIPS, ASSOCIATES THROUGHOUT THE ORGANIZATION ARE ACTIVE PARTICIPANTS IN COMMUNITY OUTREACH AND ENGAGEMENT. THEY ARE ASSISTED AND SUPPORTED BY DESIGNATED ST. JOHN COMMUNITY BENEFIT ASSOCIATES AND OTHER SUPPORT STAFF WHO WORK WITH EACH OF ITS HEALTHCARE FACILITIES TO ADVOCATE FOR AND PROVIDE TECHNICAL ASSISTANCE FOR COMMUNITY OUTREACH AND ENGAGEMENT, NEEDS ASSESSMENTS AND PARTNERSHIPS AS WELL AS TO SUPPORT REGIONAL AND STATE-WIDE PROGRAMS, COMMUNITY PROGRAMS SPONSORED BY ST. JOHN HEALTH SYSTEM IN WHICH ST. JOHN MEDICAL CENTER, INC. PARTICIPATES. ST. JOHN HEALTH SYSTEM AND THE HOSPITAL CREATE STRONG PARTNERSHIPS WITH BUSINESSES, COMMUNITY-BASED ORGANIZATIONS, SCHOOLS, UNIVERSITIES, AND LOCAL, STATE AND FEDERAL GOVERNMENT. WORKING WITH PARTNERS AND UTILIZING THE COMMUNITY HEALTH NEEDS ASSESSMENT COMPLETED EVERY THREE YEARS, ST. JOHN HEALTH SYSTEM AND THE HOSPITAL ARE COMMITTED TO ADDRESSING COMMUNITY HEALTH NEEDS AND DEVELOPING AND EXECUTING AN IMPLEMENTATION STRATEGY TO MEET IDENTIFIED NEEDS TO IMPROVE HEALTH OUTCOMES AND ADDRESS DISPARITIES WITHIN THE COMMUNITY. COMMUNITY BENEFIT IS NOT THE WORK OF A SINGLE DEPARTMENT OR GROUP WITHIN ST. JOHN HEALTH SYSTEM AND THE HOSPITAL,, BUT IS PART OF THE ST. JOHN MISSION AND CULTURAL FABRIC. THE HOSPITAL LEADERSHIP TEAM PROVIDES DIRECTION AND RESOURCES IN DEVELOPING AND EXECUTING THE IMPLEMENTATION STRATEGY IN CONJUNCTION WITH THE ST. JOHN COMMUNITY BENEFIT DEPARTMENT, BUT ASSOCIATES AT ALL LEVELS OF THE ORGANIZATION CONTRIBUTE TO COMMUNITY BENEFIT AND HEALTH IMPROVEMENT. COMMUNITY HEALTH IMPROVEMENT EFFORTS MUST TAKE A COMPREHENSIVE APPROACH AND UTILIZE DIVERSE METHODS TO REACH INTENDED AUDIENCES. AS A SYSTEM, ST. JOHN HEALTH SYSTEM AND THE HOSPITAL WORK TO IMPROVE THE HEALTH OF COMMUNITIES THROUGH A VARIETY OF APPROACHES, INCLUDING COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, GENERALIZABLE RESEARCH, AND CASH AND IN-KIND CONTRIBUTIONS AND COLLABORATIVE SUPPORT. DURING TAX YEAR 2020, ST. JOHN HEALTH SYSTEM AND THE HOSPITAL SUPPORTED THE COMMUNITY IN THE FOLLOWING WAYS: COMMUNITY HEALTH EDUCATION: ST. JOHN HEALTH SYSTEM AND THE HOSPITAL PROVIDE HEALTH EDUCATION ON SEVERAL TOPICS AND ISSUES FACING THE LOCAL COMMUNITY THROUGHOUT THE YEAR. THE INFORMATION IS OFFERED TO THE COMMUNITY THROUGH A VARIETY OF METHODS, WHICH INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING: HEALTH FAIRS, HEALTH PROMOTION AND WELLNESS PROGRAMS, LECTURES, SCHOOL HEALTH EDUCATION PROGRAMS, AND SUPPORT GROUPS. COMMUNITY-BASED CLINICAL SERVICES: TO REACH INDIVIDUALS WHO ARE UNINSURED AND UNDERINSURED, ST. JOHN HEALTH SYSTEM AND THE HOSPITAL OFFER SCREENINGS, ONE-TIME CLINICS WHICH INCLUDE BLOOD PRESSURE, CHOLESTEROL SCREENING, AND/OR IMMUNIZATION CLINICS, AND CO</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>MMUNITY-BASED CLINICS WHICH PROVIDED FREE AND/OR LOW-COST HEALTHCARE. ACCESS TO CARE AND O THER HEALTH CARE SUPPORT SERVICES: TO INCREASE ACCESS TO AND IMPROVE THE QUALITY OF HEALTH CARE AVAILABLE TO THE COMMUNITY, ESPECIALLY PERSONS LIVING IN POVERTY OR DEEMED VULNERABLE , ST. JOHN HEALTH SYSTEM AND THE HOSPITAL PROVIDE SERVICES SUCH AS TRANSPORTATION ASSISTAN CE AND CHRONIC DISEASE MANAGEMENT. IN ADDITION, ST. JOHN HEALTH SYSTEM AND THE HOSPITAL PR OVIDE THE FOLLOWING: -TREATMENT TO ALL PEOPLE WHO COME IN NEEDING ASSISTANCE, REGARDLESS O F THEIR ABILITY TO PAY. HOWEVER, ONCE IN THE DOOR, AN ASSOCIATE WILL WORK WITH EACH PATIEN T TO SEE IF THEY QUALIFY FOR TRADITIONAL CHARITY CARE AND/OR A GOVERNMENT PROGRAM. IF THEY DO, THE PATIENT IS SIGNED UP STRONGLY ENCOURAGED TO FIND A MEDICAL HOME IF THEY DO NOT CU RRENTLY HAVE ONE. IN ADDITION, LOCAL HOSPITAL, ST JOHN SYSTEM AND ASCENSION LEADERSHIP AND ADVOCACY, WERE STRONG PROPONENTS FOR THE EXPANSION OF MEDICAID IN OKLAHOMA IN TAX YEAR 20 20. 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 CHARITY CARE TO THE POOR, TAKES CARE OF THOSE WHO ARE RECIPIENTS OF MEDICAID AND MEDICARE KNOWING THAT THE GOVERNMENT WILL NOT BE PAYING THE FULL COST OF THAT CARE. - ACCESS TO CARE FOR T HOSE EXPERIENCING HOMELESSNESS - THE TULSA DAY CENTER FOR THE HOMELESS ("DAY CENTER") HOUS ES A MEDICAL CLINIC PARTIALLY FUNDED BY ST. JOHN HEALTH SYSTEM THAT WORKS TO REDUCE BARRIE RS TO HEALTH CARE FOR INDIVIDUALS EXPERIENCING HOMELESSNESS. - TRANSITIONAL CARE CLINIC - FOLLOW-UP CARE AND SAFE TRANSITION HOME FOR PATIENTS DISCHARGING FROM THE ST. JOHN SYSTEM WHO DO NOT HAVE A PRIMARY CARE PROVIDER OR WHO CANNOT GET AN APPOINTMENT WITH THEIR PROVID ER THROUGH SERVICES PROVIDED BY ST. JOHN SYSTEM' S TWO TRANSITIONAL CARE CLINICS AT THIS H OSPITAL AND JANE PHILLIPS MEMORIAL MEDICAL CENTER, INC. - PRESCRIPTION ASSISTANCE - ST. JO HN HEALTH SYSTEM AND THE HOSPITAL SUPPORT EFFORTS TO INCREASE THE PROPORTION OF PERSONS WH O CAN OBTAIN OR NOT DELAY IN OBTAINING NECESSARY PRESCRIPTION MEDICINES THROUGH THE DISPEN SARY OF HOPE (DOH) PROGRAM. THE DOH CONNECTS SURPLUS MEDICATIONS FROM MANUFACTURERS, DISTR IBUTORS, AND PROVIDERS TO CLINICS AND PHARMACIES SERVING THE POOR AND UNINSURED. PHARMACY AND CLINIC PARTNERS PROVIDE DOH MEDICATIONS TO PATIENTS FREE OF CHARGE, TRACK AND SEGREGAT E DOH INVENTORY, AND QUALIFY PATIENTS (LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY L EVEL). THE PROGRAM SERVES SAFETY NET CLINICS IN THE GREATER TULSA AREA INCLUDING THE GOOD SAMARITAN MOBILE HEALTH CLINICS. - THE ST. JOHN MEDICAL ACCESS PROGRAM (MAP) WAS CREATED I N 2008 TO ADDRESS GAPS IN THE HEALTHCARE SYSTEM THAT LEFT UNINSURED LOW-INCOME PATIENTS WI THOUT SERVICES OUTSIDE OF THE EMERGENCY ROOM. THE PROGRAM EXPERIMENTED WITH VARIOUS SOLUTI ONS IN ITS EARLY YEARS, BUT BY 2014 HAD LARGELY TAKEN THE SHAPE IT CONTINUES TO HAVE TODAY . TODAY, THE MODEL HELPS PATIENTS IN NEED IN TULSA AND SURROUNDING AREAS ADDRESS ACUTE HEA LTH ISSUES THEY MIGHT NOT OTHERWISE BE ABLE TO ADDRESS BY IMPROVING ACCESS TO PRIMARY CARE , DIAGNOSTIC TESTING, SPECIALTY CARE, AND PHARMACEUTICALS FOR LOW-INCOME UNINSURED ADULTS. MAP HAS A SMALL STAFF THAT USES PHILANTHROPIC DOLLARS TO ACCOMPLISH THE FOLLOWING: -PROVI DE FINANCIAL SUPPORT TO 3 ORGANIZATIONS OPERATING CLINICS THROUGHOUT TULSA THAT PROVIDE PR IMARY CARE SERVICES FREE OF CHARGE TO NEEDY PATIENTS. IN 2019 THESE PARTNERS SERVED 8,800 PATIENTS WITH \$1.3 MILLION IN SUPPORT FROM MAP. -BUILD AND MAINTAIN A NETWORK OF SPECIALIS TS WHO WILL PROVIDE DIAGNOSTIC AND INTENSIVE SPECIALTY SERVICES FOR ELIGIBLE PATIENTS AT N O COST TO THE PATIENT. IN 2020 MAP SPENT APPROXIMATELY \$1.8 MILLION TO PROVIDE SERVICES TO NEARLY 2,075 PATIENTS. (CONTINUED)</p>

Additional Data

Software ID: 20011424

Software Version: 2020v4.0

EIN: 73-0579286

Name: St John Medical Center 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		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 Medical Center 1923 South Utica Avenue Tulsa, OK 74104 https://healthcare.ascension.org/locations/oklahoma/oktul/tulsa-ascension-st-john-medical-center 2265	X	X		X			X			

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	<p>IN ST. JOHN MEDICAL CENTER'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), SIGNIFI CANT HEALTH NEEDS OF THE COMMUNITY WERE IDENTIFIED AND PRIORITIZED AFTER ANALYZING SECONDA RY DATA AND COMMUNITY INPUT. THE FOLLOWING IS A DESCRIPTION OF THE PROCESS/METHODOLOGY USE D FOR IDENTIFYING SIGNIFICANT NEEDS: DATA INCLUDED IN THIS ASSESSMENT WERE OBTAINED THROUG H MULTIPLE SOURCES AND METHODS, INCLUDING THE FOLLOWING: - COMPREHENSIVE REVIEW OF SECONDA RY DATA - THREE COMMUNITY HEALTH FORUMS WITH MORE THAN 80 COMMUNITY LEADERS AND SIX HEALTH SYSTEM LEADERS IN TULSA COUNTY - TWENTY-TWO FOCUS GROUPS WITH 233 COMMUNITY MEMBERS (18 F OCUS GROUPS WITH 193 COMMUNITY MEMBERS IN TULSA COUNTY) - ONLINE SURVEY OF 801 COMMUNITY M EMBERS (682 IN TULSA COUNTY) - INPUT FROM THE PUBLIC HEALTH WORKFORCE AND LOCAL COALITIONS /PARTNERSHIPS - INPUT FROM THE HEALTH SYSTEM'S COMMUNITY BENEFIT AND ENGAGEMENT COMMITTEE A COMPREHENSIVE REVIEW OF SECONDARY DATA SOURCES SERVED AS THE FOUNDATION FOR ASSESSING TH E COMMUNITY. SECONDARY DATA IS DATA THAT HAS ALREADY BEEN COLLECTED AND PUBLISHED BY ANOTH ER PARTY. BOTH GOVERNMENTAL AND NON-GOVERNMENTAL AGENCIES ROUTINELY COLLECT SECONDARY DATA REFLECTIVE OF THE HEALTH STATUS OF THE POPULATION AT THE STATE AND COUNTY LEVELS THROUGH SURVEYS AND SURVEILLANCE SYSTEMS. SECONDARY DATA WAS COMPILED FROM VARIOUS SOURCES THAT AR E REPUTABLE AND RELIABLE. HEALTH INDICATORS IN THE FOLLOWING CATEGORIES WERE REVIEWED: - H EALTH OUTCOMES - SOCIAL AND ECONOMIC FACTORS THAT IMPACT HEALTH - HEALTH BEHAVIORS - ACCES S TO HEALTHCARE - DISPARITIES RECOGNIZING ITS VITAL IMPORTANCE IN UNDERSTANDING THE HEALTH NEEDS AND ASSETS OF THE COMMUNITY, ST. JOHN MEDICAL CENTER CONSULTED WITH A RANGE OF PUBL IC HEALTH AND SOCIAL SERVICE PROVIDERS THAT REPRESENT THE BROAD INTERESTS OF TULSA COUNTY. A CONCERTED EFFORT WAS MADE TO ENSURE THAT THE INDIVIDUALS AND ORGANIZATIONS REPRESENTED THE NEEDS AND PERSPECTIVES OF: 1) PUBLIC HEALTH PRACTICE AND RESEARCH; 2) INDIVIDUALS WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, OR CONSIDERED AMONG THE MINORITY POPULATIONS SERVED BY THE HOSPITAL; AND 3) THE BROADER COMMUNITY AT LARGE AND THOSE WHO REPRESENT THE BROAD INTERESTS AND NEEDS OF THE COMMUNITY SERVED. MULTIPLE METHODS WERE USED TO GATHER COMMUNIT Y INPUT, INCLUDING KEY STAKEHOLDER COMMUNITY FORUMS, COMMUNITY FOCUS GROUPS, AND A COMMUNI TY SURVEY. THESE METHODS PROVIDED ADDITIONAL PERSPECTIVES ON HOW TO SELECT AND ADDRESS TOP HEALTH ISSUES FACING TULSA COUNTY. THE FOLLOWING IS A DESCRIPTION OF THE PROCESS/METHODOL OGY USED FOR PRIORITIZING SIGNIFICANT NEEDS: ST. JOHN MEDICAL CENTER, WITH CONTRACTED ASSI STANCE FROM THE UNIVERSITY OF OKLAHOMA ANNE AND HENRY ZARROW SCHOOL OF SOCIAL WORK, THE TU LSA HEALTH DEPARTMENT, AND CONDUENT HEALTHY COMMUNITIES CORP., ANALYZED SECONDARY DATA IND ICATORS AND GATHERED COMMUNITY INPUT THROUGH KEY STAKEHOLDER COMMUNITY FORUMS, COMMUNITY F OCUS GROUPS, AND A COMMUNITY SURVEY TO IDENTIFY THE NEEDS IN TULSA COUNTY. IN COLLABORATIO N WITH COMMUNITY PARTNERS, ST.</p>

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	<p>JOHN MEDICAL CENTER USED A PHASED PRIORITIZATION APPROACH TO IDENTIFY THE NEEDS. THE FIRST STEP WAS TO DETERMINE THE BROADER SET OF IDENTIFIED NEEDS. "IDENTIFIED NEEDS" ARE DEFINED AS THE HEALTH OUTCOMES OR RELATED CONDITIONS (E.G., SOCIAL DETERMINANTS OF HEALTH) IMPACTING THE HEALTH STATUS OF TULSA COUNTY. THE IDENTIFIED NEEDS WERE CATEGORIZED INTO GROUPS SUCH AS HEALTH BEHAVIORS, SOCIAL DETERMINANTS OF HEALTH, LENGTH OF LIFE, QUALITY OF LIFE, CLINICAL CARE, AND SYSTEMIC ISSUES IN ORDER TO BETTER DEVELOP MEASURES AND EVIDENCE-BASED INTERVENTIONS THAT RESPOND TO THE DETERMINED CONDITION. IDENTIFIED NEEDS WERE THEN NARROWED TO A SET OF SIGNIFICANT NEEDS THAT WERE DETERMINED TO BE MOST CRUCIAL FOR THE HOSPITAL AND COMMUNITY STAKEHOLDERS TO ADDRESS. "SIGNIFICANT NEEDS" ARE DEFINED AS THE IDENTIFIED NEEDS THAT HAVE BEEN DEEMED MOST SIGNIFICANT TO ADDRESS BASED ON ESTABLISHED CRITERIA AND PRIORITIZATION METHODS. THIRTEEN MEMBERS OF THE HEALTH SYSTEM'S COMMUNITY BENEFIT AND ENGAGEMENT COMMITTEE (CBEC) CAME TOGETHER TO PARTICIPATE IN AN INDIVIDUAL ASSESSMENT EXERCISE AND GROUP DISCUSSION TO HELP PRIORITIZE THE MOST SIGNIFICANT COMMUNITY HEALTH NEEDS. FIRST, PARTICIPANTS REVIEWED A SIGNIFICANT NEEDS SYNTHESIS CHART. THE CHART VISUALLY DISPLAYED THE MOST SIGNIFICANT HEALTH NEEDS THAT AROSE FROM THE FINDINGS OF THE CHNA SECONDARY DATA AND COMMUNITY INPUT ANALYSIS. ALSO INCLUDED FOR CONSIDERATION WERE THE FINAL SOCIAL DETERMINANTS OF HEALTH SCORES FOR THE COUNTY, PROVIDED BY DATA CONSULTANT CONDUENT HEALTHY COMMUNITIES CORP. FROM THERE, PARTICIPANTS UTILIZED A PRIORITIZATION TOOLKIT TO EXAMINE HOW WELL EACH OF THE PRELIMINARY HEALTH NEEDS ALIGNED WITH CRITERIA SPECIFIC TO THE HEALTH SYSTEM, HOSPITAL, COMMUNITY AND LEVEL OF IMPACT. THE PARTICIPANTS SCORED EACH HEALTH NEED BASED ON FIVE CRITERIA ON A SCALE FROM 1-3, WITH 1 MEANING IT DOES NOT MEET THE CRITERION, 2 MEANING IT SOMEWHAT MEETS THE CRITERION, AND 3 MEANING IT MEETS THE CRITERION. THE CRITERIA FOR PRIORITIZATION WERE AS FOLLOWS: - ALIGNMENT WITH HOSPITAL/HEALTH SYSTEM MISSION, STRATEGIES AND PRIORITIES - ALIGNMENT WITH COMMUNITY STRATEGIES AND PRIORITIES - EXISTING PROGRAMS AND RESOURCES IN HOSPITAL AND MARKET - OPPORTUNITIES FOR COMMUNITY PARTNERSHIP - LEVEL/SIGNIFICANCE OF IMPACT</p> <p>COMPLETION OF THIS EXERCISE ALLOWED PARTICIPANTS TO ARRIVE AT A TOTAL SCORE FOR EACH HEALTH NEED THAT CORRELATED WITH HOW WELL IT MET THE CRITERIA FOR PRIORITIZATION. PARTICIPANTS THEN RANKED THE HEALTH NEEDS ACCORDING TO THOSE SCORES, WITH THE HIGHEST-SCORING HEALTH NEED RECEIVING THE HIGHEST RANKING. THEY WERE ENCOURAGED TO USE THEIR OWN JUDGMENT IN THE EVENT OF A TIED SCORE. AFTERWARD, PARTICIPANTS SHARED ANSWERS AND ENGAGED IN A GROUP DISCUSSION ON REASONING BEHIND SCORING AND RANKING. THIS EXERCISE WAS MODELED AFTER A SIMILAR EXERCISE PREVIOUSLY PERFORMED BY CONDUENT. THE RANKINGS WERE LATER SUBMITTED INTO AN ONLINE SURVEY PLATFORM, SURVEY MONKEY, THAT COLLATED THE RESPONSES, RESULTING IN AN AGGREGATE RANKING OF THE</p>

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	<p>HEALTH NEEDS. THE TOP HEALTH NEEDS, WHICH WOULD BE CONSIDERED FOR THE HOSPITAL PRIORITIES AND SUBSEQUENT IMPLEMENTATION STRATEGY PLANNING, WERE: - BEHAVIORAL HEALTH - ACCESS TO CARE - PREVENTION / HEALTH BEHAVIORS - EXERCISE, NUTRITION AND WEIGHT - CHRONIC DISEASE (ESP. CANCER) - SUBSTANCE ABUSE TO CAPTURE MULTIPLE HIGH-RANKING HEALTH NEED CATEGORIES IN THE ANALYSIS, IT WAS DECIDED THAT SUBSTANCE ABUSE WOULD BE A COMPONENT OF THE BEHAVIORAL HEALTH CATEGORY. THE AREAS OF PREVENTION / HEALTH BEHAVIORS AND EXERCISE, NUTRITION AND WEIGHT WERE COMBINED TO BECOME HEALTHY LIFESTYLES, WITH FOOD SECURITY/ACCESS AND CHRONIC DISEASE AS COMPONENTS OF THIS CATEGORY. FOLLOWING THE COMPLETION OF THE CHNA, ST. JOHN MEDICAL CENTER IN COLLABORATION WITH COMMUNITY PARTNERS SELECTED THE PRIORITIZED NEEDS OUTLINED BELOW FOR ITS MOST RECENT CHNA IMPLEMENTATION STRATEGY. "PRIORITIZED NEEDS" ARE DEFINED AS THE SIGNIFICANT NEEDS THAT HAVE BEEN PRIORITIZED BY THE HOSPITAL TO ADDRESS THROUGH THE THREE-YEAR CHNA IMPLEMENTATION STRATEGY: - ACCESS TO CARE - BEHAVIORAL HEALTH - HEALTHY LIFESTYLES - ADVERSE CHILDHOOD EXPERIENCES (ACES) SOCIAL DETERMINANTS OF HEALTH WERE DEEMED AN UNDERLYING CURRENT OF ALL PRIORITIES. IT WAS ALSO IMPORTANT THAT THE FOUR CHOSEN PRIORITIES CORRELATED STRONGLY WITH THE ST. JOHN HEALTH SYSTEM, INC. MISSION TO SERVE ALL PEOPLE, WITH SPECIAL ATTENTION TO THOSE WHO ARE MOST VULNERABLE. 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.</p>

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 Medical Center. IN ST. JOHN MEDICAL CENTER'S MOST RECENT CHNA, COM MUNITY INPUT WAS OBTAINED THROUGH THE FOLLOWING METHODS: - A COMMUNITY SURVEY WAS CONDUCTE D FROM FEB. 8 TO MARCH 11, 2019, USING A SURVEY ADMINISTERED ELECTRONICALLY TO GAIN BROAD PUBLIC INPUT FROM 801 COMMUNITY MEMBERS (682 IN TULSA COUNTY). THE SURVEY WAS CONDUCTED IN COLLABORATION WITH THE UNIVERSITY OF OKLAHOMA (OU) ANNE AND HENRY ZARROW SCHOOL OF SOCIAL WORK AND TULSA HEALTH DEPARTMENT. SURVEY METHODOLOGY, SURVEY INSTRUMENT DESIGN, AND RESUL TS ARE INCLUDED IN THE CHNA, WHICH IS AVAILABLE ON THE HOSPITAL'S WEBSITE AT HTTPS://HEALT HCARE.ASCENSION.ORG/CHNA . - TWENTY-TWO COMMUNITY FOCUS GROUPS WERE CONDUCTED FROM JAN. 5 T O MARCH 9, 2019, WITH COMMUNITY MEMBERS IN THE SERVICE AREA. THE FOCUS GROUPS WERE CONDUCT ED IN COLLABORATION WITH THE OU ANNE AND HENRY ZARROW SCHOOL OF SOCIAL WORK AND TULSA HEAL TH DEPARTMENT AND WERE FACILITATED BY THE OU ANNE AND HENRY ZARROW SCHOOL OF SOCIAL WORK. EIGHTEEN FOCUS GROUPS WITH 193 COMMUNITY MEMBERS IN TULSA COUNTY WERE CONDUCTED FOR ST. JO HN MEDICAL CENTER TO BETTER UNDERSTAND THE HEALTH NEEDS OF THE COMMUNITY SERVED WITH SPECI AL ATTENTION TO MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN THE MOST VU LNERABLE COMMUNITIES IDENTIFIED IN THE ASSESSMENT. EFFORTS WERE MADE TO IDENTIFY AND INVIT E INDIVIDUALS TO PARTICIPATE IN FOCUS GROUPS BASED ON HOW REPRESENTATIVE THEY WERE OF THE COMMUNITY IN WHICH THEY LIVED. THE CHNA FOCUS GROUP STUDY INCORPORATED A NON-RANDOMIZED DE SIGN. THE DEMOGRAPHIC VARIABLES ARE UNLIKELY TO PERFECTLY MATCH THE DEMOGRAPHIC MAKEUP OF TULSA COUNTY. TO ACCOUNT FOR THIS GAP, RESPONDENT REQUIREMENTS INCLUDED A MIX OF GENDER, A GE, RACE/ETHNICITY, HOUSEHOLD INCOME LEVEL AND HEALTH INSURANCE STATUS. A SPECIALLY DESIGN ED DATABASE WAS UTILIZED TO OBTAIN AN EVEN MIX OF RESPONDENTS TO APPROPRIATELY REPRESENT T HE SERVICE AREA AS A WHOLE. A COPY OF THE FOCUS GROUP DISCUSSION GUIDE IS INCLUDED AS APPE NDX 4 OF THE CHNA, WHICH IS AVAILABLE ON THE HOSPITAL'S WEBSITE AT HTTPS://HEALTHCARE.ASC ENSION.ORG/CHNA . TULSA COUNTY WAS DIVIDED INTO EIGHT GEOGRAPHICAL REGIONS BASED ON ZIP COD ES AND ASSOCIATED COMMUNITIES: DOWNTOWN TULSA; EAST TULSA; JENKS, BIXBY AND GLENPOOL; MIDT OWN TULSA; NORTH TULSA; OWASSO, SPERRY, COLLINSVILLE AND SKIATOOK; SAND SPRINGS AND WEST T ULSA; AND SOUTH TULSA AND BROKEN ARROW. ALL ZIP CODES EITHER FULLY OR PARTIALLY WITHIN TUL SA COUNTY WERE ASSIGNED REGIONS, ALTHOUGH ONLY TULSA COUNTY RESIDENTS WERE ABLE TO PARTICI PATE IN THE FOCUS GROUPS. IN ADDITION TO REGIONAL FOCUS GROUPS, TWO SPECIAL GROUPS WERE CO NDUCTED WITH VULNERABLE POPULATIONS: INDIVIDUALS EXPERIENCING HOMELESSNESS AND INDIVIDUALS FROM THE LGBTQ+ COMMUNITY. COMMUNITY PARTNERS IN THOSE AREAS OF SERVICE RECRUITED INDIVID UALS REPRESENTATIVE OF THESE POPULATIONS. - COMMUNITY HEALTH FORUMS WERE CONDUCTED FROM JU LY TO AUGUST 2018, WITH MORE THAN 80 COMMUNITY LEADERS AT THE ASCENSION ST. JOHN HOSPITALS IN TULSA COUNTY: ST. JOHN MED

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	ICAL CENTER, OWASSO MEDICAL FACILITY, INC., AND ST. JOHN BROKEN ARROW, INC. THE PURPOSE OF THESE FORUMS WAS TO SOLICIT INPUT FROM VARIOUS REPRESENTATIVES FROM THE COMMUNITY ON HEALTH NEEDS OF THE COMMUNITY AND TO FOSTER A DIALOGUE ON SOCIAL DETERMINANTS AND OTHER FACTORS THAT MAY IMPACT HEALTH AND WELLNESS. THESE FORUMS WERE INTENDED TO OBTAIN INPUT SPECIFIC TO THE REGION SURROUNDING ITS RESPECTIVE HOSPITAL (TULSA COUNTY). THE COMMUNITY HEALTH FORUM AT ST. JOHN MEDICAL CENTER TOOK PLACE ON JULY 26, 2018, AND HAD MORE THAN 40 COMMUNITY LEADERS AND TWO HOSPITAL LEADERS PARTICIPATE. THE COMMUNITY STAKEHOLDER CONSTITUENCY WAS DIVERSE AND INCLUDED THOSE WITH PROFESSIONAL EXPERIENCE AND/OR THE ABILITY TO REPRESENT POPULATIONS THAT ARE MEDICALLY UNDERSERVED, LOW-INCOME, AND/OR MINORITY POPULATIONS. COMMUNITY REPRESENTATIVES AND LEADERS ALSO INCLUDED THOSE WITH SPECIAL KNOWLEDGE OF AND/OR EXPERTISE IN PUBLIC HEALTH. PARTICIPANTS REPRESENTED AREAS OF HEALTHCARE, SAFETY-NET SERVICES, LAW ENFORCEMENT, EDUCATION, GOVERNMENT, ECONOMIC AND WORKFORCE DEVELOPMENT, HOUSING AND HOMELESSNESS, NONPROFIT AND OTHER GROUPS THAT WORK WITH VULNERABLE POPULATIONS. ORGANIZATIONS THAT ASSISTED IN PROVIDING INPUT INCLUDED: AMERICAN CANCER SOCIETY, AMERICAN DIABETES ASSOCIATION, AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION, THE CENTER FOR INDIVIDUALS WITH PHYSICAL CHALLENGES, CHILD ABUSE NETWORK, CITY OF TULSA, DOMESTIC VIOLENCE INTERVENTION SERVICES INC., EDUCARE, FAMILY & CHILDREN'S SERVICES/WOMEN IN RECOVERY SELF-SUFFICIENCY PROGRAM, GOOD SAMARITAN HEALTH SERVICES, GROWING TOGETHER, IN HIS IMAGE FAMILY MEDICINE RESIDENCY AND MEDICAL MISSIONS, INCOG: AREA AGENCY ON AGING, INDIAN HEALTH CARE RESOURCE CENTER, JEWISH FEDERATION OF TULSA, MENTAL HEALTH ASSOCIATION OKLAHOMA, MORTON COMPREHENSIVE HEALTH SERVICES, OKLAHOMA CANCER SPECIALISTS AND RESEARCH INSTITUTE, OKLAHOMA PROJECT WOMAN, OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES, OKLAHOMANS FOR EQUALITY, OU-TU SCHOOL OF COMMUNITY MEDICINE, TULSA HEALTHCARE COVERAGE PROGRAM, THE PARENT CHILD CENTER OF TULSA, RETIRED SENIOR VOLUNTEER PROGRAM OF TULSA INC., TULSA COUNTY JUVENILE BUREAU, TULSA COUNTY MEDICAL SOCIETY, TULSA COUNTY SOCIAL SERVICES, TULSA DREAM CENTER, TULSA HEALTH DEPARTMENT, TULSA POLICE DEPARTMENT, TULSA'S YOUNG PROFESSIONALS, AND YOUTH SERVICES OF TULSA. THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS REPRESENTED THROUGH THESE METHODS AND/OR ORGANIZATIONS INCLUDE: RACIAL AND ETHNIC MINORITY POPULATIONS, CHILDREN, WOMEN, OLDER ADULTS, INDIVIDUALS WHO ARE SOCIOECONOMICALLY DISADVANTAGED, UNDERINSURED OR UNINSURED POPULATIONS, THOSE WITH CERTAIN MEDICAL OR BEHAVIORAL HEALTH CONDITIONS, IMMIGRANTS AND REFUGEES, OTHER-ABLED POPULATIONS, INDIVIDUALS EXPERIENCING HOMELESSNESS OR AT RISK OF HOMELESSNESS, LGBTQ+ COMMUNITY, NATIVE AMERICAN POPULATIONS, NON-ENGLISH SPEAKERS, JUSTICE-INVOLVED INDIVIDUALS, AND INDIVIDUALS EXPERIENCING DOMESTIC VIOLENCE, ABUSE AND/OR NEGLECT, OR HUMAN TRAFFICKING

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	NG.

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 Medical Center. THE OTHER HOSPITAL FACILITIES, WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA, INCLUDE: - ST. JOHN BROKEN ARROW, INC. - ST. JOHN SAPULPA, INC. - JANE PHILLIPS MEMORIAL MEDICAL CENTER, INC. - JANE PHILLIPS NOWATA HOSPITAL, INC. - OWASSO MEDICAL FACILITY, 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 MEDICAL CENTER. THE OTHER ORGANIZATIONS, WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA, INCLUDE: - THE UNIVERSITY OF OKLAHOMA ANNE AND HENRY ZARROW SCHOOL OF SOCIAL WORK - TULSA HEALTH DEPARTMENT

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 Medical Center - 1. ST. JOHN MEDICAL CENTER'S TAX YEAR 2018 COMMUN ITY HEALTH NEEDS ASSESSMENT (CHNA) FINDINGS WERE DRAWN FROM A COMPREHENSIVE REVIEW AND ANA LYSIS OF SECONDARY DATA AND PRIMARY DATA, OTHERWISE KNOWN AS COMMUNITY INPUT. THROUGH THE ANALYSIS OF SIGNIFICANT HEALTH NEEDS, THE HOSPITAL DETERMINED IT WOULD FOCUS ON THE FOLLOW ING MOST PRESSING, OR PRIORITY, HEALTH NEEDS: - ACCESS TO CARE - BEHAVIORAL HEALTH - HEALT HY LIFESTYLES - ADVERSE CHILDHOOD EXPERIENCES (ACES) THE SUMMARIZED ACTION PLANS AND PROGR ESS BELOW REFLECT HOW ST. JOHN MEDICAL CENTER WORKED TO ADDRESS THE PRIORITY HEALTH NEEDS IN TAX YEAR 2020 AS IDENTIFIED BY THE TAX YEAR 2018 COMMUNITY HEALTH NEEDS ASSESSMENT. THE FULL VERSION OF THE FISCAL YEAR 2020-2022 IMPLEMENTATION STRATEGY IS AVAILABLE ON THE HOS PITAL'S WEBSITE AT HTTPS://HEALTHCARE.ASCENSION.ORG/CHNA . PRIORITIZED NEED 1: ACCESS TO CA RE GOAL 1: REMOVE BARRIERS OF ACCESS TO HEALTHCARE FOR THOSE LIVING IN POVERTY AND/OR OTHE RWISE DEEMED VULNERABLE WITHIN OUR SERVICE AREA. STRATEGY 1: WORK TO EXPAND MEDICAID TO TH E POINT THAT IT INCREASES COVERAGE FOR THOSE MOST VULNERABLE IN OKLAHOMA (MEDICAID EXPANSI ON). ANTICIPATED IMPACT: - PARTICIPATE AS A COLLABORATING PARTNER WITH THE YES ON 802 CAMP AIGN TO HELP ATTAIN 178,000 SIGNATURES TO PUT A QUESTION ON THE 2020 BALLOT TO EXPAND MEDI CAID COVERAGE TO ELIGIBLE RESIDENTS WITH AN INCOME OF UP TO 133 PERCENT OF THE FEDERAL POV ERTY LIMIT (FPL). - ADVOCATE FOR VOTERS IN THE STATE OF OKLAHOMA TO ADOPT A BALLOT INITIAT IVE TO EXPAND MEDICAID COVERAGE TO ELIGIBLE RESIDENTS WITH AN INCOME OF UP TO 133 PERCENT OF THE FPL. - IF INITIATIVE IS ADOPTED, HELP HEALTHCARE COMMUNITY PREPARE FOR MEDICAID EXP ANSION. BY JULY 2021, SOONERCARE WOULD BEGIN OFFERING COVERAGE SERVICES TO NEW RECIPIENTS DUE TO EXPANSION OF MEDICAID COVERAGE WITH AS LIMITED RESTRICTIONS TO ELIGIBILITY AS POSSI BLE. PROGRESS: - REVIEW BY ST. JOHN HEALTH SYSTEM, INC.'S STATE ADVOCACY OFFICER AND FOUND ATION PRESIDENT, OF STATE QUESTION 802 IN TULSA HOSPITAL COUNCIL MEETING ON 08/07/20. - ST . JOHN HEALTH SYSTEM, INC. CEO'S PARTICIPATION IN MEDICAID EXPANSION DISCUSSION AT OKLAHOM A HOSPITAL ASSOCIATION (OHA) BOARD RETREAT ON 09/24/20. - CONTINUATION OF WORK BY STATE AD VOCACY OFFICER AND FOUNDATION PRESIDENT, HEALTH SYSTEM CEO, AND OTHER ADMINISTRATORS THROU GH TAX YEAR 2020 WITH OHA AND OTHER PARTNERSHIPS TO ENSURE NO OTHER LEGISLATION INTRODUCED TO CONTRADICT ORIGINAL LEGISLATION. - HOSPITAL AND CLINICS INCREASED PHYSICIAN COVERAGE T O PREPARE FOR MEDICAID EXPANSION IN CONCERTED EFFORT TO ASSIST PATIENTS WITH ENROLLMENT. - OBJECTIVE TO "HELP HEALTHCARE COMMUNITY PREPARE FOR MEDICAID EXPANSION" COMPLETED. STRATE GY 2: CREATE A WELCOMING ENVIRONMENT BY DEVELOPING AND IMPLEMENTING A PLAN TO ASSIST THOSE LIVING IN POVERTY AND/OR POPULATIONS OTHERWISE DEEMED VULNERABLE AS WELL AS THEIR CAREGIV ERS WITH NAVIGATING OUR HEALTHCARE FACILITIES. ANTICIPATED IMPACT: - BY THE END OF EACH FI SCAL YEAR (2020-2022), ASSESS

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	IMPROVED TRENDS IN RELATED PATIENT EXPERIENCE MEASURE OUTCOMES FOR FISCAL YEARS 2020-2022, USING TAX YEAR 2018 AS BASELINE. PROGRESS: - ASSESSMENT OF IMPROVED TRENDS IN PATIENT EXP ERIENCE MEASURE OUTCOMES COMPLETED FOR TAX YEAR 2019. - DIRECTOR OF PATIENT EXPERIENCE WOR KED WITH HOSPITAL TO IMPLEMENT SPECIFIC PLANS TO IMPROVE TRENDS. - OBJECTIVE TO "ASSESS RE SULTS OF INTERNAL TRAININGS ON SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI), INCLUDING NU MBER OF PARTICIPANTS AND THEIR SCORES, TO ENSURE THE MINISTRY CONTINUES TO ADDRESS DISENFR ANCHISEMENT AMONG THE LGBTQ+ COMMUNITY AND INCREASE CULTURAL AWARENESS AMONG ASSOCIATES" E XCUSED DUE TO SOGI TRAINING NOT OCCURRING IN TAX YEAR 2020 DUE TO COVID-19; INFORMATION ON TAX YEAR 2019 TRAININGS WAS UNABLE TO BE LOCATED. - OBJECTIVE TO "ASSESS APPLICABLE BIAS REPORTING SUBMITTED THROUGH VARIANCE PROCESS TO QUALITY/RISK MANAGEMENT WITH TAX YEAR 2018 AS BASELINE" EXCUSED DUE TO COVID-19 AND THE ACKNOWLEDGEMENT OF ALTERNATIVE, MORE COMMUNI TY-ORIENTED OBJECTIVES TO BE CONSIDERED. - OBJECTIVES ADDED IN RESPONSE TO ACUTE COMMUNITY CONCERNS NOTED UNDER ANTICIPATED IMPACT. - EXPLORED OPPORTUNITIES TO PARTICIPATE IN A SUB GROUP OF THE NORTH TULSA COMMUNITY COALITION THAT IS WORKING ON MATERNAL/CHILD HEALTH OUTC OMES IN NORTH TULSA. - THE COMMUNITY BENEFIT TEAM AND LOCAL ABIDE COMMITTEE WORKED WITH TH E 1921 TULSA RACE MASSACRE CENTENNIAL COMMISSION ON VARIOUS PARTNERSHIP OPPORTUNITIES. THE ORGANIZATION APPLIED FOR GRANT FUNDING THROUGH THE COMMUNITY BENEFIT & ENGAGEMENT COMMITTEE AND WERE APPROVED FOR \$20,000 TO SUPPORT THE EDUCATOR INSTITUTE. SENIOR LEADERSHIP TEAM READ HANNIBAL B. JOHNSON'S BOOK "BLACK WALL STREET 100." (CONTINUED)

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 Medical Center - 2. - SECURED FUNDS THROUGH FOUNDATION TO SUPPORT SOCIAL WORKERS FOR THE TULSA CARES AND MENTAL HEALTH ASSOCIATION OKLAHOMA MOBILE MEDICAL I NTERVENTION PROGRAMS, AS WELL AS A SOCIAL WORK NAVIGATOR DEDICATED TO HELPING DISCHARGE HO SPITAL PATIENTS WITH A PRIMARY DIAGNOSIS OF A PSYCHIATRIC CONDITION OR SUBSTANCE ABUSE. - OBJECTIVES RELATED TO THE DEVELOPMENT OF TELEMEDICINE SERVICES FOR COMMUNITIES IDENTIFIED AS EXPERIENCING HEALTH DISPARITIES AND POOR HEALTH OUTCOMES WERE DELAYED DUE TO COVID-19. AS A RESULT OF SOCIAL NEEDS EXACERBATED BY COVID-19, ALTERNATIVE PLANS GEARED TOWARD IN-PA TIENT AND TELEMEDICINE VISITS FOR INDIVIDUALS WHO ARE HOMELESS/UNSHELTERED WERE INVESTIGAT ED. - FROM AHC PROGRAM LAUNCH IN AUGUST 2019 THROUGH THE END OF TAX YEAR 2020, 507,301 TEX TS WERE SENT WITH A DELIVERY RATE OF 86% (436,348 TEXTS). THERE HAVE BEEN MORE THAN 106,00 0 RESPONSES IDENTIFYING 20,899 SOCIAL NEEDS. THE ST. JOHN HEALTH SYSTEM, INC. RESPONSE RAT E IS 24.4% COMPARED WITH A STATE AVERAGE OF 18.9%, AND THE NEED RATE IS 19.6%, WHICH IS AL MOST IN LINE WITH THE 20.6% FOR THE STATE. FACILITIES AND PROVIDERS HAVE HAD STAGGERED IMP LEMENTATION DATES, BUT ALL EDS NOW PARTICIPATING IN ADDITION TO MOST PRIMARY CARE AND URGE NT CARE CLINICS. FOOD INSECURITY HAS BEEN IDENTIFIED AS THE GREATEST NEED. HOUSING IS A GR OWING NEED WITH A SIGNIFICANT INCREASE IN RECENT MONTHS. GOAL 2: REDUCE REGIONAL INEQUITY IN ACCESSING HEALTHCARE PROVIDERS, SERVICES AND RESOURCES. STRATEGY 1: TARGET SPECIFIC ZIP CODES IN THE COMMUNITIES WE SERVE IDENTIFIED AS EXPERIENCING HEALTH DISPARITIES AND POOR HEALTH OUTCOMES FOR POSSIBLE DEVELOPMENT OF TELEMEDICINE SERVICES. ANTICIPATED IMPACT: - I IDENTIFY UP TO FIVE ZIP CODES IN TULSA COUNTY BY THE END OF TAX YEAR 2019. - COMPLETE RESEA RCH ON OTHER TELEMEDICINE PROGRAMS BY THE END OF TAX YEAR 2019. - DEVELOP A PLAN FOR REACH ING PATIENTS, THE SERVICES TO BE DELIVERED, AND THE PROVIDERS OF THE SERVICES BY THE END O F TAX YEAR 2019. - MAKE THE GO / NO GO DECISION BY THE END OF THE FIRST QUARTER OF TAX YEA R 2020 (09/30/21). - DEVELOP THE PILOT IMPLEMENTATION PLAN OR THE ALTERNATIVE PLAN BY THE END OF FY 2022. PROGRESS: - MEETING ON 09/03/20 BETWEEN PHYSICIAN RELATIONS, HOSPITAL ADMI NISTRATION AND COMMUNITY BENEFIT WITH NORMAN REGIONAL HEALTH SYSTEM TO LEARN ABOUT SCHOOL- BASED TELEHEALTH PROGRAM TO POTENTIALLY MIRROR IN COMMUNITIES SERVED BY THE HEALTH SYSTEM. - MEETING ON 09/28/20 WITH DIRECTOR OF COMMUNITY HEALTH AT SOUTHEAST MI COMMUNITY HEALTH FOR INSIGHT AND SHARED RESOURCES FROM DEVELOPED SCHOOL-BASED TELEHEALTH PROGRAM IN ASCENSI ON MICHIGAN MARKET. - NOTE: PLAN DEVELOPMENT DELAYED DUE TO SUMMER 2021 SURGE IN COVID-19. - AS OF 04/06/21, THE ST. JOHN MEDICAL CENTER BEHAVIORAL ASSESSMENT TEAM (BAT) IS PROVIDI NG CONSULTS AS NEEDED AND AS THE TEAM IS AVAILABLE TO THE OWASSO MEDICAL FACILITY, INC. EM ERGENCY DEPARTMENT. HOWEVER, BAT IS STILL FINALIZING POLICIES AND PROCEDURES. THE GOAL IS TO EXPAND THE PROGRAM TO THE R

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	EST OF THE COMMUNITY HOSPITALS. - ADDITIONAL RELATED ACTIVITIES: - MTG W/ SENDARIDE ON 10/ 14/20 TO DISCUSS OPPORTUNITY TO UTILIZE SERVICE FOR ADD'L PATIENT TRANSPORTATION NEEDS. - INVESTIGATING IN-PATIENT AND TELEMEDICINE VISITS FOR UNSHELTERED HOMELESS INDIVIDUALS, POT ENTIALY USING TRANSITION CARE CLINIC. STRATEGY 2: PROMOTE AWARENESS OF, AND ACCESS TO, HE ALTHCARE FOR UNDERSERVED POPULATIONS WITHIN COMMUNITIES WE SERVE THROUGH MEDICAL MISSION A T HOME (MM@H) EVENTS AND OTHER OPPORTUNITIES TO REACH THOSE IN NEED. ANTICIPATED IMPACT: - PLAN AND HOST AT LEAST THREE MEDICAL MISSION AT HOME (MM@H) EVENT TO ADDRESS HEALTHCARE N EEDS OF VULNERABLE COMMUNITIES, AS IDENTIFIED IN THE CHNAS, BY THE END OF TAX YEAR 2019. - OBTAIN SURVEY FEEDBACK FROM AT LEAST 25 PERCENT OF PATIENTS AND VOLUNTEERS TO DETERMINE E FFECTIVENESS OF SERVICES OFFERED BY END OF TAX YEAR 2019. - SUBMIT A LIST OF ACTIVITIES PE RFORMED WITHIN THE HEALTH SYSTEM TO PROMOTE ACCESS TO CARE TO THE ASCENSION VP OF MISSION INTEGRATION AND CBISA TASK FORCE BY THE END OF EACH FISCAL YEAR. - ENTER FY TAX YEAR 2019 MM@H SURVEY DATA INTO SPREADSHEET FOR EVALUATION BY MM@H STEERING COMMITTEE; PLAN AND IMPL EMENT MM@H BY END OF TAX YEAR 2020. - ENTER TAX YEAR 2020 MM@H SURVEY DATA INTO SPREADSHEE T FOR EVALUATION BY MM@H STEERING COMMITTEE; PLAN AND IMPLEMENT MM@H BY END OF FY TAX YEAR 2021. PROGRESS: - A SERIES OF POP-UP FLU VACCINE CLINICS WERE HELD IN LIEU OF CANCELED ME DICAL MISSION AT HOME EVENTS DUE TO THE COVID-19 PANDEMIC; IN TULSA COUNTY, THEY TOOK PLAC E 09/29/20 IN TULSA, 10/08/20 IN TULSA, 10/10/20 IN SAND SPRINGS, AND 10/24/20 IN TULSA AN D FEATURED A DRIVE-THROUGH, SOCIALLY DISTANCED WAY FOR COMMUNITY MEMBERS IN NEED TO RECEIV E A FREE FLU VACCINE, AS WELL AS FOOD ASSISTANCE AT CERTAIN LOCATIONS. - FOOD DISTRIBUTION S ON HOSPITAL CAMPUS IN PARTNERSHIP WITH 180 DISASTER RELIEF AS PART OF THE CORONAVIRUS FO OD ASSISTANCE PROGRAM UNDER THE U.S. DEPARTMENT OF AGRICULTURE. - VOLUNTEER FEEDBACK FROM ALL POP-UP FLU VACCINE CLINICS WAS COLLECTED VIA GOOGLE FORMS FOLLOWING THE SERIES AND INC LUDED OPEN-ENDED QUESTIONS "WHAT WORKED WELL AT THE EVENT?" AND "WHAT COULD BE IMPROVED?" TO ASSIST WITH FUTURE VACCINE CLINICS. PRIORITIZED NEED 2: BEHAVIORAL HEALTH AS THE PANDEM IC WEARS ON, IT IS LIKELY THE MENTAL HEALTH BURDEN WILL INCREASE AS MEASURES TAKEN TO SLOW THE SPREAD OF THE VIRUS, SUCH AS SOCIAL DISTANCING, BUSINESS AND SCHOOL CLOSURES, AND SHE LTER-IN-PLACE ORDERS, LEAD TO GREATER ISOLATION AND POTENTIAL FINANCIAL DISTRESS. AND, EXP ERIENCING OR WITNESSING A SEVERE OR FATAL CASE OF COVID-19 IMPACTS EVERYONE DIFFERENTLY. I N SOME CASES, IT MAY LEAD TO CLINICALLY SIGNIFICANT DISTRESS OR IMPAIRMENT. DURING THIS AC UTE COMMUNITY CONCERN, IT IS CRITICAL THAT WE RECOGNIZE WHAT MENTAL HEALTH ISSUES LOOK LIK E AND TAKE STEPS TO COPE AND BUILD RESILIENCE. COMMUNITY-BASED ORGANIZATIONS ARE REPORTING AN INCREASED DEMAND FOR TREATMENT SERVICES, WHILE FUNDING AND OTHER RESOURCES TO MEET THE NEED CONTINUE TO DWINDLE. GOA

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	<p>L 1: ADVANCE ST. JOHN HEALTH SYSTEM, INC. AND HOSPITAL ENGAGEMENT IN COMMUNITY COALITIONS AND COLLABORATIVES TO PROMOTE BEHAVIORAL HEALTH WELLNESS IN THE COMMUNITIES WE SERVE. STRATEGY 1: IDENTIFY COMMUNITY COALITIONS AND OTHER COLLABORATIVES WITH PARTNERSHIP OPPORTUNITIES TO PROMOTE BEHAVIORAL HEALTH WELLNESS; ENCOURAGE HEALTH SYSTEM AND HOSPITAL REPRESENTATION/INVOLVEMENT BY ASSOCIATES AS DEEMED APPROPRIATE. ANTICIPATED IMPACT: - BY END OF TAX YEAR 2019 ENSURE ONE ASSOCIATE PER CHNA-DEFINED COUNTY IS ENGAGED WITH A COMMUNITY COALITION OR COLLABORATIVE. - INCREASE OVERALL ST. JOHN HEALTH SYSTEM, INC. AND HOSPITAL ASSOCIATE PARTICIPATION BY 5% WITH BEHAVIORAL HEALTH COALITIONS AND COLLABORATIVES IN THE COMMUNITIES WE SERVE, AND WHICH ST. JOHN HEALTH SYSTEM, INC. AND THE HOSPITAL ARE NOT CURRENTLY IN PARTNERSHIP BY THE END OF FY 2022. PROGRESS: - SECURED FUNDS THROUGH FOUNDATION TO SUPPORT SOCIAL WORKERS FOR THE TULSA CARES AND MENTAL HEALTH ASSOCIATION OKLAHOMA MOBILE MEDICAL INTERVENTION PROGRAMS, AS WELL AS A SOCIAL WORK NAVIGATOR DEDICATED TO HELPING DISCHARGE HOSPITAL PATIENTS WITH A PRIMARY DIAGNOSIS OF A PSYCHIATRIC CONDITION OR SUBSTANCE ABUSE. - MEETING WITH PARKSIDE ON 11/17/20 TO DISCUSS PARTNERSHIP OPPORTUNITIES (INCLUDING NEXT CYCLE OF CHNAs). - HUMAN TRAFFICKING PROGRAM ESTABLISHED NEW PARTNERSHIP W/ DAYSpring COMMUNITY SERVICES TO REFER SUSPECTED HT VICTIMS FOR BEHAVIORAL HEALTH SERVICES. PRIORITIZED NEED 3: HEALTHY LIFESTYLES A MAJOR COMPONENT OF HEALTHY LIFESTYLES IS FOOD SECURITY, WHICH IS NOT JUST A HEALTH ISSUE; IT'S A MATTER OF SOCIAL JUSTICE. THE COVID-19 PANDEMIC HAS INEVITABLY INCREASED THE NUMBER OF PEOPLE EXPERIENCING FOOD INSECURITY AND DEEPEMED THE CRISIS FOR THOSE WHO WERE ALREADY FOOD INSECURE. COMMUNITY RESOURCES, INCLUDING FOOD BANKS, ARE RESPONDING TO THE CRISIS AS IT UNFOLDS AND ARE REPORTING INCREASED DEMAND FOR ASSISTANCE, WHILE FUNDING AND OTHER RESOURCES TO MEET THE NEED CONTINUE TO DWINDLE. OLDER ADULTS AND THOSE WITH CHRONIC CONDITIONS, SUCH AS DIABETES, HEART DISEASE AND HYPERTENSION, WHO RELY ON DIET FOR PREVENTION AND MANAGEMENT, ARE DISPROPORTIONATELY REPRESENTED AMONG THOSE WHO ARE FOOD INSECURE AND MORE LIKELY TO SUFFER POOR OUTCOMES FOLLOWING A COVID-19 DIAGNOSIS. GOAL 1: ADDRESS FOOD INSECURITY THROUGH COMMUNITY COLLABORATION AND STRENGTHENING OF COMMUNITY RESOURCES. STRATEGY 1: EXPLORE COLLABORATIVE OPPORTUNITIES TO DEVELOP AN INITIATIVE(S) TO ADDRESS FOOD INSECURITY IN COMMUNITIES WE SERVE IN NORTHEASTERN OKLAHOMA. IF VIABLE, DEVELOP AND IMPLEMENT INITIATIVE(S). (CONTINUED)</p>

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 Medical Center - 3. PART 3: ANTICIPATED IMPACT: - MEET WITH 5-10 P OTENTIAL COMMUNITY PARTNERS (ENCOMPASSES COMMUNITIES SURROUNDING ALL SIX ST. JOHN HEALTH S YSTEM, INC. HOSPITALS) BY 12/31/19. - DEVELOP ASSESSMENT PLAN TO OUTLINE RESEARCH ON EVIDE NCE-BASED PROGRAMS AND TRACK PARTNERSHIP OPPORTUNITIES BY THE END OF TAX YEAR 2019. - IF D EEMED VIABLE, DEVELOP AND IMPLEMENT INITIATIVE(S) FOR IDENTIFIED OPPORTUNITIES ON A PILOT BASIS DURING TAX YEAR 2020. - DURING TAX YEAR 2021, PERFORM ASSESSMENT OF PILOT AND DEVELO P PLAN TO EXPAND THROUGHOUT THE ST. JOHN HEALTH SYSTEM, INC. IF VIABLE. PROGRESS: - BEGINN ING AUGUST 2020, ST. JOHN HEALTH SYSTEM, INC. LAUNCHED AN ASSOCIATE FOOD VOUCHER PROGRAM A S AN INTERNAL PILOT INITIATIVE TO HELP ADDRESS FOOD INSECURITY DURING THE PANDEMIC. PARTNE RING W/ COMMUNITY FOOD BANK OF EASTERN OKLAHOMA TO PROVIDE BOXES OF FRESH FOOD BASED ON HO USEHOLD SIZE. A COMMUNITY FOOD RESOURCES DOCUMENT WAS ALSO DEVELOPED TO DISTRIBUTE TO ALL PROGRAM APPLICANTS. - RECONNECTED WITH TULSA CITY-COUNTY LIBRARY IN SEPTEMBER OF TAX YEAR 2020 TO DISCUSS VIRTUAL OPTIONS FOR HEALTH PROGRAMMING AND CONNECT TCCL WITH FRESH RX PROG RAM ADVISORY COMMITTEE, WHICH PROVED TO BE A VIABLE PARTNERSHIP. - DISCUSSION WITH MEALS O N WHEELS OF METRO TULSA EVOLVED IN TAX YEAR 2020 TO INCLUDE MEDICAL ACCESS PROGRAM AND EME RGENCY DEPARTMENT TO SEE WHETHER/HOW PROVIDERS CAN REFER PATIENTS IN NEED WHO MAY MEET ELI GIBILITY REQUIREMENTS FOR MOW. IN FEBRUARY 2021, A PILOT REFERRAL PROGRAM BEGAN WITH 100 P ATIENTS AS THE CONTROL GROUP (FOUNDATION BOARD APPROVED FUNDS IN APRIL 2021). PATIENTS MUS T SCREEN FOR FOOD INSECURITY AS WELL AS EITHER DIABETES OR HEART FAILURE. - MISSION INTEGR ATION INVITED FOOD PANTRIES TO PARTICIPATE IN POP-UP FLU CLINICS (IN LIEU OF MEDICAL MISSI ON AT HOME EVENTS) TO PROVIDE FOOD ASSISTANCE. PARTNERED W/ COMMUNITY FOOD BANK OF EASTERN OKLAHOMA, FOOD ON THE MOVE, AND CATHOLIC CHARITIES OF EASTERN OKLAHOMA FOR TULSA COUNTY E VENTS. THE POP-UP FLU CLINICS TOOK PLACE AT OSU-TULSA ON 09/29/20, CATHOLIC CHARITIES ON 1 0/08/20, CHURCH THAT MATTERS ON 10/10/20, ST. FRANCIS XAVIER CATHOLIC CHURCH ON 10/24/20, RIVERSIDE CLINIC ON 12/04/20, AND ST. FRANCIS XAVIER ON 12/05/20. - ATTENDED MULTIPLE MEET INGS ABOUT IMPLEMENTATION OF FRESH RX PROGRAM (FIRST BEING 07/23/20) FOR DIABETES PATIENTS EXPERIENCING FOOD INSECURITY IN COLLABORATION WITH THE TULSA FOOD SECURITY COUNCIL, CROSS OVER COMMUNITY IMPACT AND OTHERS. - COMMUNITY BENEFIT TEAM MEETING W/ FOOD ON THE MOVE TO DISCUSS PROGRAM GRANT FUNDING AND OTHER PARTNERSHIP OPPORTUNITIES. GOAL 2: REDUCE THE HEAL TH IMPACT OF TOBACCO USE IN COMMUNITIES WE SERVE. (ST. JOHN HEALTH SYSTEM, INC. AND HOSPIT AL ACKNOWLEDGE THE TRADITIONAL AND SACRED USE OF TOBACCO AMONG AMERICAN INDIAN PEOPLE LIVI NG IN OKLAHOMA). STRATEGY 1: ASSESS OPPORTUNITIES FOR SYSTEMATIC SCREENING AND INTERVENTIO N FOR PATIENTS IDENTIFIED AS TOBACCO USERS IN AMBULATORY AND INPATIENT SETTINGS IN COMMUNI TIES WE SERVE. ANTICIPATED IMP

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	ACT: - BY END OF TAX YEAR 2019: DEVELOP ASSESSMENT PLAN TO OUTLINE RESEARCH ON EVIDENCE-BA SED TOBACCO SCREENING AND INTERVENTION PROGRAMS. - BY END OF TAX YEAR 2020: ASSESS AND COM PLETE INFORMATICS NEEDED FOR SCREENING AND INTERVENTION SERVICES, IF VIABLE, TO ENAB LE SYS TEMATIC SCREENING AND INTERVENTION FOR TOBACCO USERS IN FACILITIES. - BY END OF TAX YEAR 2 021: IMPLEMENT AND/OR ADVANCE SYSTEMATIC SCREENING AND INTERVENTION IN INPATIENT AND AMBUL ATORY SETTINGS BASED ON YEAR 1 FINDINGS. PROGRESS: - 12-MINUTE TOBACCO CESSATION EDUCATION /TRAINING VIDEO PROVIDED BY HOSPITALS HELPING PATIENTS QUIT (HHPQ) WAS REVIEWED IN JULY 20 20, WITH PLANS TO UPLOAD INTO THE ONLINE TRAINING/EDUCATION PLATFORM FOR ASSOCIATES. - WOR KED ON ADDING HOSPITAL'S SPECIFIC WORKFLOW TO THE HHPQ-PROVIDED PRESENTATION BEFORE SUBMIT TING TO CPD FOR UPLOAD INTO ONLINE TRAINING/EDUCATION PLATFORM FOR ASSOCIATES, AS WELL AS IF/HOW THE EDUCATION WILL BE ASSIGNED. - APPROVED TOBACCO CESSATION MODULE IN TAX YEAR 202 0 Q1 WITH TWO PARTS, ABOUT 60 MINUTES EACH, AVAILABLE IN MYLEARNING; STARTED PLANS FOR DET ERMINING AUDIENCE, ASSIGNING MODULES TO ASSOCIATES AND GETTING APPROVAL FROM EDUCATIONAL O PERATIONS TEAM. - IN ASSESSMENT, NURSING DOCUMENTATION TRANSFORMATION PROJECT DID NOT IMPA CT SOCIAL HISTORY OR TOBACCO HISTORY IN THE NURSING ASSESSMENT. STARTED TICKET IN MARCH TO SEE HOW WE CAN CAPTURE ON OTHER POWER PLANS. - TICKET STARTED IN TAX YEAR 2020 Q4 FOR REQ UESTING A RULE TO FIRE FROM THE TOBACCO CESSATION DOCUMENTATION IN NURSING ASSESSMENT TO T OBACCO CESSATION INSTRUCTION TASK. - ASCENSION TECHNOLOGIES MOVED INSTALLATION OF THE EON SOFTWARE PREVIOUSLY PURCHASED BY ST. JOHN HEALTH SYSTEM, INC. UP TO AN URGENT PRIORITY. ON CE SOFTWARE IS INSTALLED, RADIOLOGY CAN EFFICIENTLY TRACK LUNG NODULE FINDINGS AND A LUNG CANCER SCREENING PROGRAM CAN QUICKLY EXPAND. STRATEGY 2: EXPLORE OPPORTUNITIES TO HELP IDE NTIFY AND WORK WITH OUR ASSOCIATES REQUESTING ASSISTANCE WITH TOBACCO CESSATION. ANTICIPAT ED IMPACT: - BY END OF TAX YEAR 2019: DEVELOP ASSESSMENT PLAN TO OUTLINE RESEARCH ON EVIDE NCE-BASED PROGRAMS. - BY END OF TAX YEAR 2020: IF OPPORTUNITIES AVAILABLE, PRESENT FINDING S TO HEALTH SYSTEM AND HOSPITAL LEADERSHIP TO ADVOCATE FOR PROGRAM IMPLEMENTATION. - IF VI ABLE, IMPLEMENT PROGRAM IN TAX YEAR 2021. PROGRESS: - OBJECTIVES DELAYED DUE TO COVID-19 P ANDEMIC. - TASK FORCE LOOKED INTO COMMUNITYCARE SURVEY RESULTS TO GLEAN INITIAL INFORMATIO N AND FOUND THAT ONLY 10 ASSOCIATES OR FAMILY MEMBERS COMPLETED THE SMOKING CESSATION PROG RAM OUT OF ABOUT 4,000 PLAN MEMBERS. IT WAS ALSO FOUND THAT ALL ASSOCIATES HAVE ACCESS TO THE PLAN EVEN IF THEY ARE NOT BENEFIT ELIGIBLE. - TASK FORCE EXPLORED SMARTHEALTH QUESTION NAIRE TO SEE WHETHER SMOKING HABIT MEASURES WERE INCLUDED (FOUND TO ASK TWO QUESTIONS: 1. HAVE YOU EVER REGULARLY SMOKED OR USED TOBACCO? 2. HOW OFTEN ARE YOU EXPOSED TO OTHER PEOP LE'S SMOKE? INTERVENTION RESOURCES ARE OFFERED THROUGH THE ASCENSION BRIGHTON CENTER FOR R ECOVERY). GOAL 3: ADVANCE HOSP

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	<p>ITAL ENGAGEMENT IN COMMUNITY COALITIONS AND COLLABORATIVES TO PROMOTE HEALTHY LIFESTYLES A ND CHRONIC DISEASE PREVENTION IN THE COMMUNITIES WE SERVE. STRATEGY 1: IDENTIFY COMMUNITY COALITIONS AND COLLABORATIVES WITH PARTNERSHIP OPPORTUNITIES TO PROMOTE HEALTHY LIFESTYLES AND CHRONIC DISEASE PREVENTION. ENCOURAGE ST. JOHN HEALTH SYSTEM, INC. AND HOSPITAL REPRE SENTATION/INVOLVEMENT BY ASSOCIATES AS DEEMED APPROPRIATE. ANTICIPATED IMPACT: - ENSURE AT LEAST ONE ASSOCIATE PER HOSPITAL FACILITY (ENCOMPASSES ALL SIX ST. JOHN HEALTH SYSTEM, IN C. HOSPITALS) IS INVOLVED WITH A COMMUNITY COALITION OR SIMILAR ORGANIZATION IN THE RESPEC TIVE COMMUNITY SERVED BY THE END OF TAX YEAR 2019. - INCREASE OVERALL TRACKED PARTICIPATIO N BY ASSOCIATES WITH COMMUNITY ORGANIZATIONS AND EVENTS BY 5% FROM TAX YEAR 2018 TO TAX YE AR 2019 (ENCOMPASSES ALL SIX ST. JOHN HEALTH SYSTEM, INC. HOSPITALS). - INCREASE OVERALL T RACKED PARTICIPATION BY ASSOCIATES WITH COMMUNITY ORGANIZATIONS AND EVENTS BY ANOTHER 5% F ROM TAX YEAR 2019 TO TAX YEAR 2020 (ENCOMPASSES ALL SIX ST. JOHN HEALTH SYSTEM, INC. HOSPI TALS). PROGRESS: - ALL OBJECTIVES COMPLETED; SEE TAX YEAR 2019 FOR DETAILS. - CONTINUED TO RELAY TO COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) REPORTERS AND SENI OR LEADERSHIP THAT PARTICIPATION OF ASSOCIATES WITH COMMUNITY ORGANIZATIONS, IF ON WORK TI ME AND MEETING COMMUNITY BENEFIT GUIDELINES, SHOULD BE REPORTED. - NOTE: REPORTS FOR CBISA PROGRAM CATEGORY "E3: DONATIONS: IN-KIND: BOARDS/COMMITTEES" SHOWED 281.7 SUCH HOURS (\$17 ,436 IN COMMUNITY BENEFIT) REPORTED FOR TAX YEAR 2019 AND 437.8 SUCH HOURS (\$35,081 IN COM MUNITY BENEFIT) REPORTED FOR TAX YEAR 2020, A 55.41% INCREASE IN HOURS. WHILE YEAR-TO-YEAR ADJUSTMENTS IN CBISA WAGE RATES WERE NOT TAKEN INTO ACCOUNT, THE RESULTS WOULD STILL BE S IGNIFICANT EVEN IF THOSE FACTORS WERE TO MAGNIFY THE INCREASE. PRIORITIZED NEED 4: ADVERSE CHILDHOOD EXPERIENCES (ACES) THE COVID-19 PANDEMIC HAS EXACERBATED INSTANCES OF INTERPERS ONAL VIOLENCE, HUMAN TRAFFICKING, AND CHILD ABUSE AND NEGLECT. FURTHERMORE, JOB LOSS AND I NSTANCES OF HOMELESSNESS INCREASING DUE TO COVID-19 PLACES INDIVIDUALS IN FURTHER RISK OF EXPERIENCING VIOLENCE. UNFORTUNATELY, NOT EVERYONE IS FINDING SAFETY IN THE RESULTING SECL USION OF THE COVID-19 PANDEMIC. ABUSERS OFTEN ISOLATE THEIR VICTIMS AS AN ACT OF CONTROL O R TO REDUCE OPPORTUNITY FOR DISCLOSURE OF ABUSE, AND THE CURRENT SOCIETAL CONDITIONS ARE L IKELY FURTHERING THE IMPACT OF THESE ACTIONS. PERPETRATOR-IMPOSED RESTRICTIONS AND CONTINU ED SURVEILLANCE OF SOCIAL MEDIA AND CELL PHONES MAY ALSO LIMIT THE ABILITY OF VICTIMS TO R EACH OUT FOR HELP ELECTRONICALLY. (CONTINUED)</p>

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 , 4	Facility , 4 - St. John Medical Center - 4. FAMILIES WHO ARE VICTIMIZED BY VIOLENCE OR ABUSE IN THE HOME INDICATE INSTITUTIONS LIKE SCHOOLS, CHURCHES, LIBRARIES AND EMERGENCY SHELTERS OFTEN OFFER CRITICAL EMOTIONAL SUPPORT AND PROVIDE OPPORTUNITY FOR A "REPRIEVE" FROM THEIR ABUSIVE HOME ENVIRONMENT - A REPRIEVE THEY ARE NO LONGER GETTING AT THIS TIME. GOAL 1 : COMBAT HUMAN TRAFFICKING IN THE COMMUNITIES WE SERVE THROUGH EFFORTS TO SUPPORT THE NEEDS OF HUMAN TRAFFICKING VICTIMS OR THOSE AT RISK OF BEING TRAFFICKED IN A TRAUMA-INFORMED MANNER, TAKING INTO CONSIDERATION THE CORRELATION BETWEEN ACES AND HUMAN TRAFFICKING. STRATEGY 1: INCREASE COMMUNITY AWARENESS ON THE CORRELATION BETWEEN HIGH ACE SCORES AND HUMAN TRAFFICKING AS WELL AS THE IMPACT OF ACES ON HEALTH OUTCOMES. ANTICIPATED IMPACT: - BY THE END OF THE SECOND QUARTER OF TAX YEAR 2019, MEET WITH THE OKLAHOMA COALITION AGAINST HUMAN TRAFFICKING TO IDENTIFY EDUCATION NEEDS IN THE COMMUNITY. - CONDUCT EDUCATION ON ACES AND HUMAN TRAFFICKING TO AT LEAST 15 COMMUNITY AGENCIES OR ORGANIZATIONS BY THE END OF FY 2022. PROGRESS: - IN TAX YEAR 2020, EDUCATION CONDUCTED FOR ZARROW MENTAL HEALTH SYMPOSIUM VI A VIRTUAL "BOOTH" (09/30/20), SAFE HAVEN TRAINING (10/13/20), DAYSPRING COMMUNITY SERVICES TRAINING (10/23/20), DHS (02/22/21), HILLCREST MEDICAL CENTER CHAPLAINS (04/21/21), HILLCREST MEDICAL CENTER CHAPLAIN GROUP 2 (04/30/21) AND 28TH STATE CONFERENCE ON CHILD ABUSE AND NEGLECT (06/24/21). - OBJECTIVES COMPLETED. STRATEGY 2: ADVANCE THE ST. JOHN HEALTH SYSTEM, INC. HUMAN TRAFFICKING EDUCATION AND RESPONSE PROGRAM TO SERVE VICTIMS OF HUMAN TRAFFICKING. ANTICIPATED IMPACT: - DEVELOP AT LEAST THREE ADDITIONAL COMMUNITY PARTNERSHIPS TO STRENGTHEN COMMUNITY AWARENESS AND COLLABORATION TO COMBAT HUMAN TRAFFICKING IN THE COMMUNITIES WE SERVE BY THE END OF TAX YEAR 2019. - CONDUCT AT LEAST TWO HUMAN TRAFFICKING EDUCATION/AWARENESS EVENTS FOR EACH OF THE SIX ST. JOHN HEALTH SYSTEM, INC. HOSPITAL FACILITIES AND OUTPATIENT CLINICS BY THE END OF TAX YEAR 2019. - COMPLETE DISSEMINATION OF ASSESSMENT POCKET TOOLS TO KEY ENTRY POINTS AT ST. JOHN HEALTH SYSTEM, INC. HOSPITALS BY THE END OF TAX YEAR 2019. - COMPLETE DISSEMINATION OF ASSESSMENT POCKET TOOLS TO OUTPATIENT CLINICS BY THE END OF FY 2022. PROGRESS: - OBJECTIVE TO "COMPLETE DISSEMINATION OF ASSESSMENT POCKET TOOLS TO CLINICS" WAS DELAYED BY THE COVID-19 PANDEMIC, BUT RESPONSE TEAMS WERE IDENTIFIED AND PRELIMINARY EDUCATION BEGAN IN TAX YEAR 2020; PLANS TO COMPLETE IN TAX YEAR 2021. - OTHER OBJECTIVES COMPLETED IN TAX YEAR 2019. GOAL 2: ADDRESS AND MITIGATE ADVERSE HEALTH OUTCOMES PRENATALLY AND BIRTH TO 18 YEARS OF AGE IN COMMUNITIES WE SERVE. STRATEGY 1: EXP AND THE ST. JOHN HEALTH SYSTEM, INC. AND HOSPITAL SUSPECTED CHILD ABUSE AND NEGLECT (SCAN) COMMITTEE TO INCLUDE COMMUNITY EXPERTS AND/OR LIAISONS, AS WELL AS HOSPITAL REPRESENTATION. ANTICIPATED IMPACT: - EXPLORE OPPORTUNITIES FOR THE EXPANSION OF THE SCAN COMMITTEE, AS EVIDENCED BY COMMITTEE MEETING

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 , 4	<p>G MINUTES BY THE END OF TAX YEAR 2019. - IMPLEMENT OPPORTUNITIES FOR SCAN COMMITTEE IMPROV EMENT, AS IDENTIFIED IN TAX YEAR 2019 AND AS EVIDENCED BY A REVISED SCAN COMMITTEE CHARTER , IF APPROPRIATE, BY THE END OF TAX YEAR 2020. - IF APPROPRIATE, DEFINE A REPORTING STRUCT URE OF THE QUALITY METRICS RELATED TO SCAN BY THE END OF FY 2022. PROGRESS: - ST. JOHN MED ICAL CENTER'S SOCIAL WORKERS NOW FACILITATE MEETINGS WITH PREPARED SUMMARIES OF MONTHLY CA SES THAT ARE REVIEWED BY THE SCAN PEDIATRIC CHAIR, THEN OWASSO MEDICAL FACILITY AND JANE P HILLIPS MEMORIAL MEDICAL CENTER SOCIAL WORKERS AND NURSING MANAGERS VERBALLY REPORT CASES FOR DISCUSSION. - COMMUNITY CHILD ABUSE PEDIATRICIAN FORMALLY INVITED TO REJOIN SCAN COMMI TTEE IN AUGUST 2020; HE ACCEPTED REQUEST AND MADE REQUEST TO INCLUDE UNIVERSITY OF OKLAHOM A PEDIATRICS FELLOWS. - OBJECTIVE TO "IF APPROPRIATE, DEFINE A REPORTING STRUCTURE OF THE QUALITY METRICS RELATED TO SCAN" WAS DELAYED PARTIALLY BECAUSE OF CHANGING CASE MANAGEMENT LEADS; EXPLORING OTHER OPPORTUNITIES FOR FUTURE CHNA CYCLES, IF APPLICABLE. STRATEGY 2: S USTAIN AND/OR EXPAND CURRENT SERVICES AND PARTNERSHIPS TARGETING CARE OF PREGNANT WOMEN AN D CHILDREN BIRTH TO 3 YEARS OF AGE THROUGHOUT ST. JOHN HEALTH SYSTEM, INC. AND HOSPITAL. A NTICIPATED IMPACT: - ASSESS CURRENT PROGRAMS, ACTIVITIES AND COMMUNITY PARTNERSHIPS THROUG HOUT ST. JOHN HEALTH SYSTEM, INC., INCLUDING BUT NOT LIMITED TO CAPACITY, UTILIZATION AND OPPORTUNITY FOR EXPANSION TO OTHER AREAS OF ST. JOHN HEALTH SYSTEM, INC. TO SUPPORT THE CA RE OF PREGNANT WOMEN AND CHILDREN BIRTH TO 3 YEARS OF AGE AND DEVELOP AN ACTION PLAN BY TH E END OF TAX YEAR 2019. - IF VIABLE, IMPLEMENT PILOT AND/OR EXPANSION OF COLLABORATION WIT H COMMUNITY PARTNERS TO SUPPORT THE CARE OF PREGNANT WOMEN AND CHILDREN BIRTH TO 3 YEARS O F AGE BY THE END OF TAX YEAR 2021. PROGRESS: - EXPLORED OPPORTUNITIES TO PARTICIPATE IN A SUBGROUP OF THE NORTH TULSA COMMUNITY COALITION THAT IS WORKING ON MATERNAL/CHILD HEALTH O UTCOMES IN NORTH TULSA. - HOWEVER, FIRST OBJECTIVE EXCUSED DUE TO DIFFICULTIES FROM THE CO VID-19 PANDEMIC ON CLINICAL ASSOCIATES; SIMILAR OBJECTIVES WILL BE CONSIDERED FOR TAX YEAR 2021 AND/OR NEXT CHNA CYCLE IF IDENTIFIED AGAIN AS PRIORITY HEALTH NEED. GOAL 3: STRENGTH EN ST. JOHN HEALTH SYSTEM, INC. AND HOSPITAL ASSOCIATE AWARENESS OF THE ROLE OF ACES IN HE ALTH OUTCOMES, AS WELL AS TO HOW BEST TO RESPOND TO THE NEEDS OF THOSE MOST VULNERABLE. ST RATEGY 1: PARTNER WITH COMMUNITY AGENCIES AND COALITIONS TO INCREASE ST. JOHN HEALTH SYSTE M, INC. ASSOCIATE AWARENESS OF THE ROLE OF ACES IN ADVERSE HEALTH OUTCOMES AND HOMELESSNES S AND HOW BEST TO RESPOND TO THE NEEDS OF INDIVIDUALS EXPERIENCING OR AT RISK FOR HOMELESS NESS THROUGH COLLABORATIVE CARE COORDINATION AND LINKAGE TO COMMUNITY RESOURCES AND SUPPOR T. ANTICIPATED IMPACT: - EXPLORE OPPORTUNITIES FOR COMMUNITY PARTNERSHIP AND COLLABORATION TO ADDRESS ACES IN THE COMMUNITIES SERVED BY ST. JOHN HEALTH SYSTEM, INC. PROGRESS: - ALL ORIGINAL OBJECTIVES UNDER THI</p>

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 , 4	<p>S GOAL WERE EXCUSED DUE TO THE COVID-19 PANDEMIC AND BANDWIDTH OF ASSIGNED LEADS. THE OBJE CTIVE STATED ABOVE WAS ADDED IN NOVEMBER 2020 TO REPLACE THE EXCUSED OBJECTIVES AND BETTER ALIGN WITH NEEDS RESULTING FROM THE ACUTE COMMUNITY CONCERN ASSESSMENT. - THE COMMUNITY B ENEFIT TEAM MET WITH REPRESENTATIVES FROM ASEMIO AND OKLAHOMA STATE UNIVERSITY-TULSA IN MA Y 2020 TO LEARN ABOUT A LOCAL ACES SURVEILLANCE SYSTEM. THE PRESENTATION WAS GIVEN TO THE ACES TASK FORCE DURING A JANUARY 2021 MEETING, AND PARTNERSHIP OPPORTUNITIES WERE DISCUSSE D. THIS PROJECT MAY BE CONSIDERED FOR TAX YEAR 2021 AND/OR NEXT CHNA CYCLE IF ACES CONTINU E TO BE A PRIORITY NEED. GOAL 4: IMPLEMENT EDUCATION AND ASSESSMENT TOOLS TO RAISE AWARENE SS OF THE IMPACT OF ACES ON ST. JOHN HEALTH SYSTEM, INC. AND HOSPITAL ASSOCIATES AND THEIR FAMILIES IN SUPPORT THE WHOLE PERSON AND A MODEL COMMUNITY OF ENGAGED ASSOCIATES. STRATEG Y 1: PROVIDE EDUCATION TO ST. JOHN HEALTH SYSTEM, INC. AND HOSPITAL LEADERS ON THE PREVALE NCE OF ACES, THEIR IMPACT ON HEALTH AND OTHER OUTCOMES, AND HOW TO IDENTIFY RISK FACTORS A ND AVAILABLE RESOURCES TO SUPPORT ASSOCIATES WHO EXPERIENCE OR ARE AT RISK OF ADVERSE OUTC OMES AS RESULT OF ACES. ANTICIPATED IMPACT: - PARTICIPATE IN ASCENSION THRIVE PROGRAM DESI GNED TO DEVELOP SOLUTIONS TO ADDRESS GENERAL BENEFIT NEEDS, SOCIAL DETERMINANTS OF HEALTH, AND ECONOMIC ISSUES EXPERIENCED BY ECONOMICALLY VULNERABLE ASSOCIATES, SOME OF WHOM EXPER IENCE OR ARE AT RISK OF ADVERSE OUTCOMES AS A RESULT OF ACES. PROGRESS: - ALL ORIGINAL OBJ ECTIVES UNDER THIS GOAL WERE EXCUSED DUE TO THE COVID-19 PANDEMIC. THE OBJECTIVE STATED AB OVE WAS ADDED TO REPLACE THE EXCUSED OBJECTIVES AND BETTER ALIGN WITH NEEDS RESULTING FROM THE ACUTE COMMUNITY CONCERN ASSESSMENT. NEEDS THAT WILL NOT BE ADDRESSED DIRECTLY: ST. JO HN HEALTH SYSTEM, INC. AND THE HOSPITAL ARE COMMITTED TO IMPROVING COMMUNITY HEALTH BY DIR ECTLY - AND INDIRECTLY - ADDRESSING PRIORITIZED HEALTH NEEDS. THE TAX YEAR 2018 CHNA INEVI TABLY IDENTIFIED MORE SIGNIFICANT HEALTH NEEDS THAN THE HEALTH SYSTEM, HOSPITALS AND COMMU NITY PARTNERS CAN OR SHOULD ADDRESS AS PRIORITY HEALTH NEEDS. IT WOULD NOT BE PRUDENT TO S PREAD HOSPITAL AND COMMUNITY RESOURCES ACROSS TOO MANY INITIATIVES. ACCORDINGLY, ST. JOHN HEALTH SYSTEM, INC. AND THE HOSPITAL AND COMMUNITY PARTNERS INSTEAD DECIDED TO FOCUS ATTEN TION ON PRIORITY AREAS TO HELP ENSURE SUFFICIENT RESOURCES ARE AVAILABLE. (CONTINUED)</p>

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 11 Facility , 5	Facility , 5 - St. John Medical Center - 5. CERTAIN FACTORS IMPACT THE HOSPITAL'S ABILITY TO FULLY ADDRESS ALL PRIORITIES HEALTH NEEDS AND INCLUDE THE FOLLOWING: - NEED BEING ADDRESSED BY OTHERS - INSUFFICIENT RESOURCES (FINANCIAL AND PERSONNEL) TO ADDRESS THE NEED - ISSUE IS NOT A PRIORITY FOR COMMUNITY MEMBERS AND THEREFORE APPROACH IS UNLIKELY TO SUCCEED - LACK OF EVIDENCE-BASED APPROACH FOR ADDRESSING THE PROBLEM - NEED IS NOT AS PRESSING AS OTHER PROBLEMS - NEED IS NOT AS LIKELY TO BE RESOLVED AS OTHER PROBLEMS - HOSPITAL AND/OR HEALTH SYSTEM DOES NOT HAVE EXPERTISE TO EFFECTIVELY ADDRESS THE NEED THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED BUT WILL NOT BE ADDRESSED DIRECTLY BY ST. JOHN HEALTH SYSTEM, INC. OR THE HOSPITAL AS PRIORITY HEALTH NEEDS: - SAFE ENVIRONMENT - SOCIO-ECONOMIC STATUS - IMMUNIZATIONS AND INFECTIOUS DISEASES - HEALTH EDUCATION - MATERNAL, FETAL AND INFANT HEALTH IT WAS DISCUSSED AT LENGTH THAT THESE REMAINING HEALTH TOPICS, WHILE NOT CHOSEN AS PRIORITIES, ARE INTERRELATED TO THE FOUR CHOSEN PRIORITIES AND WILL THEREFORE BE ADDRESSED INDIRECTLY. FURTHERMORE, AND AS AFOREMENTIONED, SOCIAL DETERMINANTS OF HEALTH WERE DEEMED AN UNDERLYING CURRENT OF THE CHOSEN PRIORITIES, WHICH WILL ULTIMATELY CROSS OVER EFFORTS INTO OTHER NEED AREAS. ALL DIRECT AND INDIRECT EFFORTS TO IMPROVE THE COMMUNITY'S HEALTH ARE INTENDED TO UPHOLD THE HEALTH SYSTEM AND HOSPITAL'S MISSION TO SERVE ALL PEOPLE, WITH SPECIAL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE.

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 Medical Center. 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.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
St John Medical Center Inc

Employer identification number

73-0579286

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part II, Line 1(h) PURPOSE OF GRANTS	ALL GRANTS THAT ARE MADE THROUGH THE FILING ORGANIZATION ARE DONE SO TO CARRY OUT THE ACTIVITIES AND PURPOSES OF THE FILING ORGANIZATION.
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	St. John Medical Center, Inc. provides funds to various organizations to support their operations. St. John Medical Center, Inc. determines the amount of the funds provided on an annual basis. We have dedicated staff who meet with grant recipients and who monitor use of funds for intended purposes.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 73-0579286
Name: St John Medical Center Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF OK FOUNDATION 100 Timberdell Road Norman, OK 73019	73-6091755	501(c)(3)	300,009				TO SUPPORT PROGRAMS FOR CHILDREN AT RISK, HEALTHCARE COVERAGE AND FREE CLINICS
TULSA DAY CENTER FOR THE HOMELESS INC 415 West Archer Tulsa, OK 74103	73-1557819	501(c)(3)	150,000				TO SUPPORT SELF-SUFFICIENCY PROGRAMS FOR THE HOMELESS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA PROJECT WOMAN INC 7146 S Braden Ave Suite 300 Tulsa, OK 74136	73-1616817	501(c)(3)	137,540				TO SUPPORT PROGRAMS THAT PROVIDE ACCESS TO BREAST HEALTH CARE
NEIGHBORS ALONG THE LINE INC 5000 Charles Page Boulevard Tulsa, OK 74127	73-1160840	501(c)(3)	25,000				TO SUPPORT PROGRAMS THAT PROVIDE BASIC NEEDS (MEDICAL CLINIC, LITERACY PROGRAM, FOOD PANTRY, ETC.) TO QUALIFIED RESIDENTS RESIDING IN THE TULSA AREA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIV RESOURCE CONSORTIUM INC 3712 E 11th St Tulsa, OK 741123952	73-1388569	501(c)(3)	59,527				TO PROVIDE SUPPORT FOR PROGRAMS THAT DELIVER SOCIAL SERVICES TO PEOPLE AFFECTED BY HIV/AIDS
GOOD SAMARITAN HEALTH SERVICES INC PO Box 1191 Tulsa, OK 74101	73-1559561	501(c)(3)	282,619				TO SUPPORT PROGRAMS THAT PROVIDE QUALITY HEALTHCARE TO UNDERSERVED POPULATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURA FOR THE WORLD FOUNDATION 5503 E 48TH Place Tulsa, OK 74135	81-4348824	501(c)(3)	20,000				TO SUPPORT PROGRAMS THAT PROVIDE HEALTHCARE, HEALTHCARE EDUCATION AND ECONOMIC DEVELOPMENT
COMMUNITY HEALTH CONNECTION INC 2321 E 3rd Tulsa, OK 74104	04-3766364	501(c)(3)	47,500				TO SUPPORT PROGRAMS THAT PROVIDE PRIMARY HEALTH CARE TO PERSONS WHO ARE GENERALLY LOW INCOME AND DO NOT HAVE HEALTH INSURANCE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL BRIDGES INC 2706 MAGNET STREET HOUSTON, TX 77054	76-0548161	501(C)(3)		126,576	BOOK VALUE	INVENTORY	MEDICAL SUPPLIES FOR REDISTRIBUTION

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
St John Medical Center Inc

Employer identification number
73-0579286

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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 on 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.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		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	

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.

[illegible]

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	A RELATED ORGANIZATION OF THE FILING ORGANIZATION, USES ONE OR MORE OF THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE PLEASE REFER TO THE FORM 990, PART VI, LINE 15A DISCLOSURE IN SCHEDULE O FOR ADDITIONAL DETAILS ON HOW COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS ESTABLISHED.
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 during calendar the year 2020: William E Weeks - \$544,093
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 individuals received current year distributions.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 73-0579286
Name: St John Medical Center Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MICHAEL J MCBRIDE EX-OFFICIO/PRESIDENT & COO/SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	514,213	65,900	69,748	14,250	23,189	687,300	0
1RONNIE L HOFFMAN FORMER OFFICER (END 6/2018)	(i)	221,834	19,067	1,140	16,089	23,956	282,086	0
	(ii)	0	0	0	0	0	0	0
2JEFFREY D NOWLIN FORMER OFFICER (END 10/2019)	(i)	0	0	0	0	0	0	0
	(ii)	614,305	314,360	84,287	15,675	31,038	1,059,665	0
3WILLIAM E WEEKS FORMER OFFICER (END 6/2018)	(i)	0	0	0	0	0	0	0
	(ii)	0	173,063	552,433	0	0	725,496	0
4MICHAEL MCCULLOUGH TREASURER/CFO, MINISTRY MARKET (END 11/2020)	(i)	0	0	0	0	0	0	0
	(ii)	424,176	251,972	58,396	14,250	20,994	769,788	0
5TAMMY BARK RN VP/CNO	(i)	233,757	19,933	1,196	5,176	19,790	279,852	0
	(ii)	0	0	0	0	0	0	0
6JOHN B FORREST MD CMO	(i)	470,721	39,486	60,694	15,675	23,426	610,002	0
	(ii)	0	0	0	0	0	0	0
7ELIZABETH A MEDINA RN CNO, MINISTRY MARKET	(i)	309,318	31,600	18,277	18,525	24,644	402,364	0
	(ii)	0	0	0	0	0	0	0
8FRED M KEEHN VP, PHARMACY	(i)	209,133	26,000	18,580	14,659	3,397	271,769	0
	(ii)	0	0	0	0	0	0	0
9LORIN F LAMONS VP, ADVOCACY	(i)	230,798	23,240	16,880	13,390	3,465	287,773	0
	(ii)	0	0	0	0	0	0	0
10DAVID L PHILLIPS PRESIDENT, BROKEN ARROW AND SAPULPA	(i)	287,605	24,311	29,839	18,525	20,635	380,915	0
	(ii)	0	0	0	0	0	0	0
11BAT SHUNATONA VP	(i)	359,197	30,048	28,947	18,525	13,691	450,408	0
	(ii)	0	0	0	0	0	0	0
12NORMAN O GAYLE VP, CLINICAL SERVICE LINE	(i)	220,338	19,121	11,655	11,706	27,196	290,016	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
St John Medical Center Inc

Employer identification number
73-0579286

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Alecia Siegfried	sister-in-law of of Hastings Siegfried, Chair	18,029	Employee Compensation		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
St John Medical Center Inc**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020**Open to Public
Inspection****Employer identification number**

73-0579286

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 24a TAX EXEMPT BONDS	THE FILING ENTITY IS A HEALTH FACILITY THAT IS PART OF ASCENSION HEALTH SYSTEM. ASCENSION HEALTH ALLIANCE IS EITHER THE BORROWER FOR, OR SECURES, TAX EXEMPT HOSPITAL REVENUE BONDS. THE FILING ENTITY MAY HOLD AN INTERCOMPANY NOTE PAYABLE WITH ASCENSION HEALTH ALLIANCE, AND THIS INFORMATION IS REPORTED ON THE BALANCE SHEET.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, AS WELL AS THAT OF ANY OTHER OFFICERS OR SENIOR EXECUTIVES (IF ANY), IS DIRECTED BY A RELATED ORGANIZATION. THE RELATED ORGANIZATION'S BOARD COMMITTEE RESPONSIBLE FOR COMPENSATION OVERSEES THE PROCESS, UTILIZING INDEPENDENT DELEGATES WITHIN THE ORGANIZATION AS APPROPRIATE, DEPENDING ON THE ROLE. IN SOME CASES, THE PROCESS MAY UTILIZE COMPARABILITY DATA AND ANALYSIS FROM A NATIONAL THIRD-PARTY COMPENSATION FIRM; OR, IF MORE APPROPRIATE FOR THE ROLE, IT MAY INSTEAD UTILIZE OTHER APPLICABLE SOURCES OF MARKET COMPARABILITY DATA AS NEEDED TO VERIFY REASONABLENESS. THE PROCESS ALSO INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE ANALYSIS AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. COMPENSATION IS REVIEWED AT LEAST ANNUALLY AND THE PROCESS IS ADMINISTERED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, AS WELL AS THAT OF ANY OTHER OFFICERS OR SENIOR EXECUTIVES (IF ANY), IS DIRECTED BY A RELATED ORGANIZATION. THE RELATED ORGANIZATION'S BOARD COMMITTEE RESPONSIBLE FOR COMPENSATION OVERSEES THE PROCESS, UTILIZING INDEPENDENT DELEGATES WITHIN THE ORGANIZATION AS APPROPRIATE, DEPENDING ON THE ROLE. IN SOME CASES, THE PROCESS MAY UTILIZE COMPARABILITY DATA AND ANALYSIS FROM A NATIONAL THIRD-PARTY COMPENSATION FIRM; OR, IF MORE APPROPRIATE FOR THE ROLE, IT MAY INSTEAD UTILIZE OTHER APPLICABLE SOURCES OF MARKET COMPARABILITY DATA AS NEEDED TO VERIFY REASONABLENESS. THE PROCESS ALSO INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE ANALYSIS AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. COMPENSATION IS REVIEWED AT LEAST ANNUALLY AND THE PROCESS IS ADMINISTERED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Michael J. McBride, Michael McCullough and Jeffrey D. Nowlin - Business relationship, Michael McCullough and Jeffrey D. Nowlin - Business relationship, CT Dolan, MD, Michael J. McBride, Michael McCullough and Jeffrey D. Nowlin - Business relationship

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	St. John Medical Center, Inc. has a single corporate member, St. John Health System, Inc., who has the ability to elect members to the governing body of St. John Medical Center, 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 Medical Center, Inc. financial information or corporation as a whole are subject to approval by its sole corporate member, St. John Health System, Inc.

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 WHICH MAY INCLUDE, AS NEEDED, FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN. A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO DESIGNATED MANAGEMENT TEAM MEMBERS WITH EXPERIENCE IN TAX IN LIEU OF THE FULL BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>The organization regularly and consistently monitors and enforces compliance with the conflict 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, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals 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 powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.</p>

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 VII, Section A RELATED ENTITIES	The organization utilizes an affiliate as the common pay agent. Employees reported in Part VII may have duties that impact multiple related entities. Total average hours worked and compensation and benefits paid are reported. In doing so, if available, a common law employer analysis is used to determine whether the hours and compensation/benefits are reportable as attributable directly to the filing organization or another entity; otherwise, the best available information has been used as the basis for allocations utilized in the reporting.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Services to Affiliates - Total Revenue: 71146, Related or Exempt Function Revenue: 71146, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Program Revenue - Total Revenue: 33625, Related or Exempt Function Revenue: 33625, Unrela ted Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Consu lting Fees - Total Revenue: 13077, Related or Exempt Function Revenue: 13077, Unrelated Bu siness Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Medical Records Fees - Total Revenue: 7798, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 7798; Escalated Revenue - Total Revenue: 75667, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 75667; Late Penalty Fees - Total Revenue: 146, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 146; Miscellaneous Revenue - Total Revenue: 107791, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 107791; Cable TV Revenue - Total Revenue: 1539, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 1539; Recycling/Scrap Income - Total Revenue: 2, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 2; Education Revenue - Total Revenue: 41458, Related or Exempt Function Revenue: 41458, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers with Affiliates - -130401436;

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1 PHYSICAL ADDRESS	THE PHYSICAL ADDRESS FOR THIS ENTITY IS 1923 SOUTH UTICA AVENUE, TULSA, OK 74104-6502. THE ADDRESS ON PAGE 1 IS FOR MAILING PURPOSES ONLY.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493136071752	
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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.			OMB No. 1545-0047
					2020
					Open to Public Inspection
Name of the organization St John Medical Center Inc				Employer identification number 73-0579286	

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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	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.

See Additional Data Table

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

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.

See Additional Data Table

(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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
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	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	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	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

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

See Additional Data Table

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

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Schedule R, Part V, Line 2	Part V, Line 2 includes the net current year amount resulting from continuous activity within the centralized cash management system.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 73-0579286
Name: St John Medical Center Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1568866	HEALTH SYSTEM	IL	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-2847744	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	10	GULF COAST HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4336931	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4251848	Behavioral health hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3045007	Outpatient community mental health services	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4344423	PACE- Comprehensive & Coordinated Community Based Services	IL	501(c)(3)	10	Ascension Health Senior Care	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3260495	Supports the provision of healthcare services for related corporations for which it is a member	IL	501(c)(3)	Type III-FI	Ascension Health	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3276552	Supports the provision of healthcare services for related corporations	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1470362	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-1930457	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2596381	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 81-1110738	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(c)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 94-1530037	Acute care hospital (sold in 1998)	TX	501(c)(3)	Type I	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4484290	Supports the provision of healthcare for related corporations	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
3040 W Salt Creek Ln Arlington Heights, IL 60005 43-1295333	HUD housing	MO	501(c)(3)	10	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1592502	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 80-0710751	Specialty physician practice group	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1351584	CONTINUING CARE RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1136742	CONTINUING CARE RETIREMENT COMMUNITY	TN	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	

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						Yes	No
2434 Interstate Plaza Drive Hammond, IN 46234 20-3238867	HEALTH CARE	IN	501(c)(3)	3	Presence Central & Suburban Hospitals Network AND PRESENCE CHICAGO HOSPITAL S NETWORK	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0952490	SPORTS MEDICINE	AL	501(c)(3)	7	ST VINCENT'S BIRMINGHAM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2841358	RETIREMENT COMMUNITY	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1570877	FOUNDATION	WI	501(c)(3)	7	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1264986	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2802463	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1359180	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5800012	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type I	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 86-0455920	HOSPITAL	AZ	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7222558	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION BORGESS HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2860459	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION BORGESS-LEE HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1576680	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0905385	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-1121862	Health care	MO	501(c)(3)	Type I	Ascension Care Management LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2734755	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0985690	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1958763	HEALTH CARE	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 86-2197504	FOUNDATION	MO	501(c)(3)	Type II	ASCENSION HEALTH ALLIANCE	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3591148	FOUNDATION	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2377821	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1627755	FOUNDATION	WI	501(c)(3)	Type II	ASCENSION GOOD SAMARITAN HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0808503	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 65-1257719	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
RUST C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-7046706	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 65-1205990	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1227406	PARENT COMPANY	MO	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 82-4710412	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3322109	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 83-1617112	HEALTH CARE	MI	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3494637	HEALTH CARE	MI	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3193801	HEALTHCARE SERVICES	MI	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1965593	MEDICAL GROUP	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1791586	MEDICAL GROUP	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2631907	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2601348	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3174701	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0816818	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0807065	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-1109636	HEALTHCARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3526629	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1358212	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2627336	SUPPORTING	MI	501(c)(3)	Type I	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1359247	GENERAL HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3160564	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1390638	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0816857	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-1109643	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2262856	HEALTH CARE	MI	501(c)(3)	3	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 72-1531917	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1256677	FOUNDATION	WI	501(c)(3)	7	AFFINITY HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0907740	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-2961579	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1359063	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 01-0790428	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION ST JOSEPH'S HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1443395	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2246366	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION ST MARY'S HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-0997730	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1657410	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST MICHAEL'S HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0808443	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1671120	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4364243	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3220767	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type II	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0958974	MANAGEMENT COMPANY	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1172107	HEALTH SYSTEM PARENT	KS	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1186704	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0543778	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-1965272	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1172106	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0948571	PROPERTY MANAGEMENT	KS	501(c)(4)		ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1158274	REHABILITATION HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1601369	VEBA	MO	501(c)(9)		ASCENSION HEALTH ALLIANCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1494981	FOUNDATION	WI	501(c)(3)	7	COLUMBIA ST MARY'S INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1701402	LABORATORY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1613624	PHARMACY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1509251	COMMUNITY HEALTH PROMOTION	TN	501(c)(3)	Type I	SAINT THOMAS NETWORK	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1861378	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS WEST HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2971975	OWN OIL AND MINERAL RIGHTS, REAL ESTATE	TX	501(c)(3)	Type III-FI	SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2468823	HOLDING COMPANY	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2555589	SKILLED NURSING FACILITY	MI	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 86-0749574	FOUNDATION	AZ	501(c)(3)	Type I	ASCENSION ARIZONA	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1276738	HEALTH SYSTEM PARENT	MO	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2505427	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
427 GUY PARK AVENUE AMSTERDAM, NY 120101054 81-4769136	MEDICAL GROUP	NY	501(c)(3)	3	ST MARY'S HEALTHCARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 83-2068871	SKILLED NURSING FACILITY	DC	501(c)(3)	10	Ascension Health Senior Care	Yes	
N4642 COUNTY N APPLETON, WI 54914 45-4681563	BEHAVIORAL HEALTH SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2514708	ADULT DAY CARE	MI	501(c)(3)	10	Ascension Health Senior Care	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1869951	FREESTANDING OUTPATIENT CENTER	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-0468031	FUNDRAISING	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1596986	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0806315	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0807063	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1834639	HEALTH SYSTEM	WI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1241079	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2800601	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1357365	NURSING/ASSISTED LIVING SERVICES	WI	501(c)(3)	10	HOWARD YOUNG HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2790703	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type II	ASCENSION ST MARY'S HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2371754	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2317364	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0934712	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-3620346	NURSING HOME	FL	501(c)(3)	10	SACRED HEART HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1499115	HOME OFFICE	WI	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0606129	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1440267	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
18927 HICKORY CREEK DRIVE SUITE 300 MOKENA, IL 60448 36-3438977	LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 91-1528577	FUNDRAISING	WA	501(c)(3)	Type I	OUR LADY OF LOURDES HOSPITAL AT PASCO	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 22-2873637	Rental of Health Care Facilities	NY	501(c)(2)		Our Lady of Lourdes Memorial Hospital Inc	Yes	
425 GUY PARK AVENUE AMSTERDAM, NY 12010 14-1776546	MEDICAL OFFICE BUILDING	NY	501(c)(25)		ST MARY'S HEALTHCARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3495969	HEALTH CARE	IL	501(c)(3)	10	Presence Health Partners Services	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7140261	FOUNDATION	WI	501(c)(3)	10	AFFINITY HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 94-3436893	Medical Group	WI	501(c)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1490371	PARENT CORPORATION	WI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 91-0349750	HEALTHCARE	WA	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 15-0532221	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	

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
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 16-1608735	SKILLED NURSING FACILITY	NY	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-3700131	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4286236	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2709982	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-0483587	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3366652	MGMT SUPPORT	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4195126	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2235165	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2644178	HEALTH CARE	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3330928	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-0483581	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 37-1127787	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7061646	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-8775914	HEALTH CARE	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0914564	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(2)		GULF COAST HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0915493	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	7	GULF COAST HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2683112	SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE	TX	501(c)(3)	Type I	ASCENSION PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2696970	PHYSICIAN PRACTICES	TX	501(c)(3)	3	ASCENSION PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1275583	FUNDRAISING ORGANIZATION	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1275587	PHYSICIAN PRACTICES	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0288861	HOSPITAL	AL	501(c)(3)	3	GULF COAST HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 53-0196636	HOSPITAL	DC	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 61-1759304	SKILLED NURSING FACILITY	TX	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3296367	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-2436597	FOUNDATION	FL	501(c)(3)	7	SACRED HEART HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-0634434	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 57-1183283	INVESTMENT	FL	501(c)(3)	Type I	SACRED HEART HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0902199	REHAB SERVICES	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 41-0693877	HOSPITAL	MN	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0847631	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1716804	SYSTEM PARENT	TN	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1663055	OPERATES FOUNDATION	TN	501(c)(3)	7	SAINT THOMAS NETWORK	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1737573	HOSPITAL	TN	501(c)(3)	3	BAPTIST HEALTH CARE AFFILIATES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1836937	HOME HEALTH CARE	TN	501(c)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1529858	HEALTHCARE PROVIDER	TN	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1869474	ACUTE CARE HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1284994	HEALTH INVESTMENT ENTITY	TN	501(c)(3)	10	SAINT THOMAS HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-4063046	HOSPITALS	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1167917	FOUNDATION	TN	501(c)(3)	Type I	SAINT THOMAS RUTHERFORD HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-0475842	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-0347580	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1948057	MEDICAL EQUIPMENT	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH PARTNERS INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3308965	Owns or leases properties where healthcare services are delivered	IL	501(c)(2)		Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4364681	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-4562522	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-1311790	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2212968	FUNDRAISING	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-2842608	FUNDRAISING	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2820107	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-2498998	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	ASCENSION SETON	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4364813	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-2960726	SKILLED NURSING FACILITY	PA	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-2064992	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0937704	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type II	GULF COAST HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 42-1670843	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7326976	REAL ESTATE	AL	501(c)(2)		ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5330986	FUNDRAISING	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2869762	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 82-0204264	HOSPITAL	ID	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 82-1103087	HEALTHCARE	NY	501(c)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1415083	FUNDRAISING	MD	501(c)(3)	Type I	ST AGNES HEALTHCARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-0591657	HOSPITAL	MD	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4251846	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-1878316	SKILLED NURSING FACILITY	FL	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0999759	HEALTH CARE	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3833117	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 61-1659782	REAL ESTATE	OK	501(c)(2)		ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1133139	FUNDRAISING	OK	501(c)(3)	Type I	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1215174	SYSTEM PARENT	OK	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2244034	PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0662663	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7313206	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST JOSEPH HOSPITAL & HEALTH CENTER INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0992717	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1388461	FUNDRAISING	MO	501(c)(3)	Type I	CARONDELET HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 51-0168321	FUNDRAISING	ID	501(c)(3)	Type I	SJPMC Inc	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1835288	SKILLED NURSING FACILITY	MD	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-0479484	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1899560	DME/HOME CARE	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7248362	REAL ESTATE HOLDING COMPANY	IN	501(c)(2)		ST MARY'S HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7045370	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1679526	INVESTMENT SERVICES	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0869065	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
427 GUY PARK AVENUE AMSTERDAM, NY 120101054 14-1347719	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1918107	FUNDRAISING	MO	501(c)(3)	Type I	CARONDELET HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-1356310	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT MEDICAL GROUP INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3474697	HEALTHCARE	IN	501(c)(3)	Type I	ST MARY'S MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5342518	AMBULANCE SERVICES	IN	501(c)(4)		ST MARY'S HEALTH SERVICES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1343019	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2053693	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-0877261	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-3107055	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2112529	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-2192831	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4243702	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1531734	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT FRANKFORT HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2099320	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2052591	PARENT COMPANY	IN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-1227327	HEALTH AND WELLNESS SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0869066	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-6088862	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Yes	

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						Yes	No
301 HENRY STREET NORTH VERNON, IN 47265 84-1703732	INACTIVE	IN	501(c)(3)	1	ST VINCENT JENNINGS HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1841606	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0876389	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-2039417	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT CARMEL HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 31-1066871	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2133006	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT RANDOLPH HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2103153	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-1289091	RETAIL AMBULATORY SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-0847538	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1712001	LONG TERM CARE HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-3130159	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT WILLIAMSPORT HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0784551	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-2292041	PHYSICIAN PRACTICE	FL	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0288864	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0909073	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 06-1331677	INACTIVE	CT	501(c)(3)	10	STVINCENT'S MEDICAL CENTER	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0578923	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0868066	FUNDRAISING	AL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-2219923	FUND RAISING	FL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0931008	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	

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
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-3650609	PARENT ENTITY	FL	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 06-0646886	HOSPITAL AND SYSTEM PARENT	CT	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 22-2558132	FUNDRAISING	CT	501(c)(3)	7	ST VINCENT'S MEDICAL CENTER	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-0624449	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-1523194	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5002285	REAL ESTATE HOLDING COMPANY	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0873606	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2727509	SPIRITUALITY CENTER	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-4562712	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2855201	TO HOLD TITLE TO REAL PROPERTY	TX	501(c)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0932323	PHYSICIAN GROUP	AL	501(c)(3)	Type II	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4943550	FOUNDATION	KS	501(c)(3)	7	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1236589	PACE (SNF)	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1129325	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-2828680	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1078862	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1247723	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-3070971	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1153337	RETIREMENT COMMUNITY	OK	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	

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
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0559086	MANAGEMENT COMPANY	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 93-0838390	FOUNDATION	WI	501(c)(3)	10	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 72-1526400	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-6068950	AUXILIARY	WI	501(c)(3)	Type III-FI	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1486775	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1568865	PARENT CORPORATION	IL	501(c)(3)	Type I	ASCENSION HEALTH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(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) Disproporionate 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	
AHA HEALTHBRIDGE PARTNERS LLC 9450 MANCHESTER ROAD SUITE 207 ST LOUIS, MO 63119 85-2872693	SPECIALTY HOSPITAL	DE	NA	N/A								
Alexian Rehabilitation Services LLC 935 Beisner Elk Grove Village, IL 60007 30-0221481	Rehabilitation hospital	IL	NA	N/A								
ALLEGAN GENERAL HOSPITAL PAIN ADMINISTRATION SERVICES LLC 555 LINN STREET ALLEGAN, MI 49010 47-3706652	PAIN MANAGEMENT	MI	NA	N/A								
ALVERNO CLINICAL LABORATORIES LLC 2434 INTERSTATE PLAZA DRIVE HAMMOND, IN 46324 20-3240648	MEDICAL SERVICE	IN	NA	N/A								
AMBULATORY SURGERY CENTER LP 818 N Emporia Ste 108 WICHITA, KS 67214 48-1114690	SURGERY CENTER	KS	NA	N/A								
ASCENSION ALABAMA-REGENT ASC JV LLC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 87-1004647	AMBULATORY SURGERY CENTER	DE	NA	N/A								
ASCENSION ALPHA FUND LLC 4600 EDMUNDSON ROAD ST LOUIS, MO 63134 90-0786464	INVESTMENTS	MO	NA	N/A								
ASCENSION ATHO CARRY LP C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 84-4224833	INVESTMENTS	DE	NA	N/A								
ASCENSION BALTIMORE-REGENT ASC JV LLC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 87-1076612	AMBULATORY SURGERY CENTER	DE	NA	N/A								
ASCENSION BINGHAMTON- REGENT ASC JV LLC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 87-1050728	AMBULATORY SURGERY CENTER	DE	NA	N/A								
ASCENSION FLORIDA AND GULF COAST-REGENT ASC JV LLC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 87-1668217	AMBULATORY SURGERY CENTER	DE	NA	N/A								
ASCENSION HEALTH AT HOME LLC 1A BURTON HILLS BOULEVARD NASHVILLE, TN 37215 47-1704527	INVESTMENTS	DE	NA	N/A								
ASCENSION INDIANA-REGENT ASC JV LLC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 87-1028503	AMBULATORY SURGERY CENTER	DE	NA	N/A								
ASCENSION KANSAS-REGENT ASC JV LLC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 87-0954491	AMBULATORY SURGERY CENTER	DE	NA	N/A								
ASCENSION MEDICAL GROUP ST JOHN LLC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 87-2590335	MEDICAL GROUP	OK	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(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) Disproporionate 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	
ASCENSION MICHIGAN-REGENT ASC JV LLC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 87-0879317	AMBULATORY SURGERY CENTER	DE	NA	N/A								
ASCENSION OKLAHOMA-REGENT ASC JV LLC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 87-0934689	AMBULATORY SURGERY CENTER	DE	NA	N/A								
ASCENSION TEXAS-REGENT ASC JV LLC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 87-0898005	AMBULATORY SURGERY CENTER	DE	NA	N/A								
ASCENSION TOWERBROOK HEALTHCARE OPPORTUNITIES LP 65 EAST 55TH STREET 19TH FLOOR NEW YORK, NY 10022 98-1500387	INVESTMENTS	NY	NA	N/A								
ASCENSION VIA CHRISTI IMAGING MANHATTAN LLC 1823 College Avenue MANHATTAN, KS 66502 48-1251984	RADIOLOGY SERVICES	KS	NA	N/A								
ASCENSION WISCONSIN EMERUS JV LLC 8040 EXCELSIOR DRIVE SUITE 400 MADISON, WI 53717 38-4118568	ACUTE CARE HOSPITALS	WI	NA	N/A								
ASCENSION WISCONSIN-REGENT ASC JV LLC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 87-0980162	AMBULATORY SURGERY CENTER	DE	NA	N/A								
AUSTIN CENTER FOR OUTPATIENT SURGERY LP 6818 AUSTIN CENTER BLVD SUITE 100 AUSTIN, TX 787313199 58-2028767	ACUTE CARE HOSPITAL	TX	NA	N/A								
BAPTIST WOMENS HEALTH CENTER LLC 1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203 62-1772195	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	NA	N/A								
BELMONT HARLEM SURGERY CENTER LLC 3101 NORTH HARLEM CHICAGO, IL 60634 41-2237162	MEDICAL SERVICE	IL	NA	N/A								
Bonaventure Medical Foundation LLC 2601 Navistar Drive Lisle, IL 60532 36-3978153	Manages managed care contracts	DE	NA	N/A								
Borgess Health Partners LLC 28000 DeQuindre Warren, MI 48092 38-2648846	MANAGED CARE	MI	NA	N/A								
CARMEL AMBULATORY SURGERY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0014795	AMBULATORY SURGERY CENTER	IN	NA	N/A								
CB-AH PARALLEL FUND II LP 200 CLARENDON STREET 17TH FLOOR BOSTON, MA 02116 04-3585156	INVESTMENTS	MA	NA	N/A								
CEDAR PARK JV PARTNERS LLC 569 Brookwood Village Suite 901 Birmingham, AL 35209 85-3868373	Holding Company for Ambulatory Surgery Center Investment	TX	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(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) Dispropportionate 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	
CENTRAL TEXAS LAUNDRY LLC 4255 PROFIT STREET SAN ANTONIO, TX 78219 36-4778018	LAUNDRY SERVICES	TX	NA	N/A								
CHV II LP 4600 EDMUNDSON ROAD ST LOUIS, MO 63134 26-0534243	INVESTMENTS	MO	NA	N/A								
CHV III LP 4600 EDMUNDSON ROAD ST LOUIS, MO 63134 45-4486925	INVESTMENTS	MO	NA	N/A								
CHV IV LP 4600 EDMUNDSON ROAD ST LOUIS, MO 63134 81-3953953	INVESTMENTS	DE	NA	N/A								
COLLABORATIVE HEALTH VENTURES V LP 4600 EDMUNDSON ROAD ST LOUIS, MO 63134 84-4668723	INVESTMENTS	MO	NA	N/A								
CUMBERLAND BEHAVIORAL HEALTH LLC 6100 Tower Circle Suite 1000 Franklin, TN 37067 32-0530876	behavioral clinic operations	TN	NA	N/A								
ENDOSCOPY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0029881	ENDOSCOPY CENTER	IN	NA	N/A								
HAYS JV PARTNERS LLC 569 Brookwood Village Suite 901 Birmingham, AL 35209 85-2037257	Holding Company for Ambulatory Surgery Center Investment	TX	NA	N/A								
Hospital Consolidated Laboratories LLC 39595 W 10 Mile Rd Novi, MI 48375 38-3318428	LAB SERVICES	MI	NA	N/A								
KANSAS SURGERY AND RECOVERY CENTER LLC 2770 North Webb Road WICHITA, KS 67226 48-1148580	SURGERY CENTER	KS	NA	N/A								
KENOSHA DIGESTIVE HEALTH CENTER 1033 N MAYFAIR ROAD SUITE 101 WAUWATOSA, WI 53226 84-2167873	DIGESTIVE HEALTH	WI	NA	N/A								
Kokomo Center for Outpatient Surgery LLC 4 Westbrook Corporate Center Westcher, IL 60154 87-2032935	SURGERY CENTER	IN	NA	N/A								
Lourdes Health Support LLC 333 Butternut Drive Suite 100 Dewitt, NY 13214 16-1611707	Medical Equipment Provider	NY	NA	N/A								
MIDDLE TENNESSEE IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 01-0570490	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
MURFREESBORO DIAGNOSTIC IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 20-0291952	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(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) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MY HEALTH ASCENSION MANAGEMENT LLC 28000 DEQUINDRE ROAD WARREN, MI 48092 85-1304904	URGENT CARE CENTER	MI	NA	N/A								
NAAB ROAD SURGERY CENTER LLC 8260 NAAB ROAD STE 100 INDIANAPOLIS, IN 46260 35-1991390	AMBULATORY SURGERY CENTER	IN	NA	N/A								
NORTHWEST HILLS JV PARTNERS LLC 569 Brookwood Village Suite 901 Birmingham, AL 35209 85-2065271	Holding Company for Acute Care Hospital	TX	NA	N/A								
Oklahoma Cancer Specialists Real Estate Company LLC 12697 E 51st St South TULSA, OK 74146 61-1774455	REAL ESTATE HOLDING	OK	NA	N/A								
Open MRI of Michigan 411 W 13 MILE ROAD MADISON HEIGHTS, MI 48071 38-3544539	MRI Center	MI	NA	N/A								
ORTHOPEDIC SURGERY CENTER OF THE FOX VALLEY LLC 2223 LIME KILN ROAD SUITE 101 GREEN BAY, WI 54311 84-2016212	SURGERY CENTER	WI	NA	N/A								
PCAC GI JV LLC 2601 Navistar Drive Lisle, IL 60532 85-0878312	AMBULATORY SURGERY CENTER	IL	NA	N/A								
PET LLC 5149 NORTH 9TH AVENUE SUITE 124 PENSACOLA, FL 32504 59-3788701	MEDICAL SERVICES	FL	NA	N/A								
PFC Associates LLC 920 Varnum Street NE Washington, DC 20017 52-2018150	MEDICAL SERVICES	DC	NA	N/A								
PREMIER RADIOLOGY WISCONSIN LLC 500 W BROWN DEER ROAD SUITE 202 BAYSIDE, WI 53217 83-3180104	RADIOLOGY	WI	NA	N/A								
Presence Lakeshore Gastroenterology LLC 150 N River Road Suite 210 Des Plaines, IL 60016 81-1750563	Medical Service	IL	NA	N/A								
PROFESSIONAL CLINICAL LABORATORIES LLC 2434 INTERSTATE PLAZA DR HAMMOND, IN 46324 30-0711211	MEDICAL SERVICES	IN	NA	N/A								
PROVIDENCE VENTURES LLC 26750 PROVIDENCE PKWY SUITE 100 NOVI, MI 48374 16-1704029	INVESTMENT	MI	NA	N/A								
RACINE DIGESTIVE HEALTH CENTER LLC 1033 N MAYFAIR ROAD SUITE 101 WAUWATOSA, WI 53226 84-4211105	DIGESTIVE HEALTH	WI	NA	N/A								
RADS OF AMERICA LLC PO BOX 249 GOODLETTSVILLE, TN 370700249 20-0597581	AMBULATORY SURGERY CENTER	TN	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
REGIONAL MEDICAL LABORATORY OF SOUTHEAST KANSAS LLC PO BOX 470194 TULSA, OK 741470194 52-2328939	LAB SERVICES	KS	NA	N/A								
SAINT THOMAS HOME RECOVERY CARE LLC 49 MUSIC SQUARE WEST SUITE 401 NASHVILLE, TN 37203 84-2100096	MEDICAL AND REHABILITATION SERVICES	TN	NA	N/A								
SAINT THOMAS REHABILITATION HOSPITAL LLC 680 S 4TH STREET LOUISVILLE, KY 40202 81-4303298	REHABILITATION HOSPITAL	KY	NA	N/A								
SOUTH COAST REAL ESTATE VENTURE LLC 5907 HIGHWAY 90 MOSS POINT, MS 39563 45-5599047	OWN REAL ESTATE FOR A PHYSICIAN OFFICE BUILDING	MS	NA	N/A								
ST VINCENT'S OUTPATIENT SURGERY SERVICES LLC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 20-0708162	OUTPATIENT SURGERY	AL	NA	N/A								
ST VINCENT'S SLEEP DISORDER CENTER 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1282288	SLEEP DISORDER CENTER	AL	NA	N/A								
ST VINCENT HEART CENTER OF INDIANA LLC 10580 N MERIDIAN STREET INDIANAPOLIS, IN 46290 36-4492612	HEART HOSPITAL	IN	NA	N/A								
STHS SLEEP CENTER LLC 102 WOODMONT BOULEVARD SUITE 800 NASHVILLE, TN 37205 20-3664894	OPERATES A SLEEP CENTER	TN	NA	N/A								
STONEGATE JV PARTNERS LLC 569 Brookwood Village Suite 901 Birmingham, AL 35209 85-2023852	Holding Company for Ambulatory Surgery Center Investment	TX	NA	N/A								
TOWNE CENTRE SURGERY CENTER LLC 4599 TOWNE CENTRE SAGINAW, MI 48604 20-4943843	OUTPATIENT SERVICES	MI	NA	N/A								
VIA CHRISTI MERCY CLINIC LLC 1 Mt Carmel Place Pittsburg, KS 66762 81-2927645	MEDICAL SERVICES	KS	NA	N/A								

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
ADVANTAGE HEALTHCO INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2698151	HEALTH SERVICES	TX	NA	C Corporation				Yes	
AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				Yes	
AFFILIATED MEDICAL SERVICES LABORATORY INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1239522	MEDICAL LABORATORY	KS	NA	C Corporation				Yes	
AH INCUBATIONS ACCELERATOR INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-5078523	MEDICAL SERVICE	MO	NA	C Corporation				Yes	
ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT LLC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 94-3465394	HOUSING	MO	NA	C Corporation				Yes	
Alexian Brothers Health Providers Association Inc 2601 Navistar Drive Lisle, IL 60532 36-3853286	Messenger model IPA	IL	NA	C Corporation				Yes	
Alexian Village of Elk Grove C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2211303	Tax credit financed housing	IL	NA	C Corporation				Yes	
AMITA HEALTH CLINICALLY INTEGRATED NETWORK LLC 2601 NAVISTAR DRIVE LISLE, IL 60532 80-0967178	MANAGED CARE	IL	NA	C Corporation				Yes	
ASCENSION CAPITAL UK LIMITED FOUNTAIN HOUSE 130 FENCHURCH STREET LONDON, ENGLAND EC3M5DJ UK	INSURANCE	UK	NA	C Corporation				Yes	
Ascension Care Management Health Partners Tennessee 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482	ACCOUNTABLE CARE ORGANIZATION	TN	NA	C Corporation				Yes	
ASCENSION CARE MANAGEMENT HEALTH PARTNERS INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4413419	MEDICAL SERVICE	MO	NA	C Corporation				Yes	
ASCENSION CARE MANAGEMENT HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272	INSURANCE AND TPA	MI	NA	C Corporation				Yes	
ASCENSION HEALTH INSURANCE LIMITED PO BOX 1159 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
ASCENSION HEALTH RISK PURCHASING GROUP INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-4176480	SUPPORTING ORGANIZATION	MO	NA	C Corporation				Yes	
ASCENSION MEDICAL GROUP VIA CHRISTI PA C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0993446	PROFESSIONAL ASSOCIATION	KS	NA	C Corporation				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
ASCENSION VENTURES CORPORATION C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-1217059	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
ASV ST JOHN'S COUNTY INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 85-4309119	ACUTE CARE HOSPITAL	FL	NA	C Corporation				Yes	
BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214	HOLDING COMPANY	TN	NA	C Corporation				Yes	
BAYLEY CONDOMINIUM ASSOCIATION 2121 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205 63-1209915	CONDOMINIUM ASSOCIATION	AL	NA	C Corporation				Yes	
BEECHER BALLENGER SERVICES INC AND SUBSIDIARIES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation				Yes	
CARONDELET MEDICAL GROUP INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 86-0836126	MEDICAL GROUP	AZ	NA	C Corporation				Yes	
CARONDELET SPECIALIST GROUP INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-1558773	PHYSICIAN PRACTICE	AZ	NA	C Corporation				Yes	
CHV V CP BLOCKER CORP 4600 EDMUNDSON ROAD ST LOUIS, MO 63134 86-3673080	INVESTMENT	DE	NA	C Corporation				Yes	
CLINICAL HOLDINGS CORPORATION C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-3802297	HOLDING COMPANY	MO	NA	C Corporation				Yes	
CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3398033	RETAIL PHARMACY & PATIENT TRANSPORT	FL	NA	C Corporation				Yes	
Corbett Corporation C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 16-1268267	Property Management	NY	NA	C Corporation				Yes	
CRITTENTON DEVELOPMENT CORPORATION AND SUBSIDIARIES 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115	REAL ESTATE	MI	NA	C Corporation				Yes	
DELL CHILDREN'S HEALTH ALLIANCE C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-1311909	HEALTH SERVICES	TX	NA	C Corporation				Yes	
FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 26-1983355	CONDOMINIUM ASSOCIATION	FL	NA	C Corporation				Yes	
FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 34-1983857	CONDO ASSOCIATION	WI	NA	C Corporation				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
GULF COAST DIVERSIFIED INC 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798	INVESTMENT	FL	NA	C Corporation				Yes	
INDIAN CREEK CENTER INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0956627	MANAGEMENT	MO	NA	C Corporation				Yes	
INTEGRATED HEALTHCARE SYSTEMS INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0941549	CLINIC SERVICES	KS	NA	C Corporation				Yes	
MADISON MEDICAL AFFILIATES INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 39-1855720	HEALTHCARE	WI	NA	C Corporation				Yes	
MID-STATE PROPERTIES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-1232018	INACTIVE	TN	NA	C Corporation				Yes	
MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES INC 6801 AIRPORT BLVD MOBILE, AL 36608 46-1130426	HEALTHCARE SERVICES	MS	NA	C Corporation				Yes	
PRESENCE SERVICE CORPORATION C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4314354	MEDICAL	IL	NA	C Corporation				Yes	
PRESENCE VENTURES INC and SUBSIDIARY 100 NORTH RIVER ROAD DES PLAINES, IL 60016 37-1168085	MEDICAL	IL	NA	C Corporation				Yes	
PROVIDENCE PARK INC PO BOX 850429 MOBILE, AL 36685 63-0886846	REAL ESTATE	AL	NA	C Corporation				Yes	
RESOURCE PHARMACIES INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1410076	RETAIL PHARMACY	DC	NA	C Corporation				Yes	
SETON INSURANCE COMPANY C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-5395483	HEALTH SERVICES	TX	NA	C Corporation				Yes	
SETON HEALTH ALLIANCE C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-3047469	HEALTH SERVICES	TX	NA	C Corporation				Yes	
SETON HEALTH PLAN INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2725348	HMO	TX	NA	C Corporation				Yes	
SETON MSO INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2870455	HEALTH SERVICES	TX	NA	C Corporation				Yes	
SETON PHYSICIAN HOSPITAL NETWORK AND SUBSIDIARIES C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2643825	HEALTH SERVICES	TX	NA	C Corporation				Yes	

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								Yes	No
SOVA INC 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638	HEALTH SERVICES	TN	NA	C Corporation				Yes	
ST AGNES HEALTH VENTURES INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1733632	HOLDING COMPANY	MD	NA	C Corporation				Yes	
ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747	OTHER MEDICAL	MI	NA	C Corporation				Yes	
St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017	Dormant	MI	NA	C Corporation				Yes	
ST MARY'S MEDICAL GROUP INC 3700 WASHINGTON AVE EVANSVILLE, IN 47750 35-2076827	INVESTMENT	IN	NA	C Corporation				Yes	
SUNFLOWER ASSURANCE LTD PO BOX 1085 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047	LAUNDRY SERVICES	MI	NA	C Corporation				Yes	
THE PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 20-8042108	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
Thelen Corporation C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3266316	Owns/ leases property; joint venture partner	IL	NA	C Corporation				Yes	
TRAVEL SERVICES CORPORATION C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-3764978	TRAVEL SERVICES	MO	NA	C Corporation				Yes	
UTICA SERVICES INC AND SUBSIDIARIES C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1057650	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
VCH IOWA PC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3983977	PROFESSIONAL ASSOCIATION	IA	NA	C Corporation				Yes	
VCH IOWA PC TRUST C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-6937322	BENEFICIARY TRUST	IA	NA	Trust				Yes	
VIA CHRISTI CLINIC SERVICES INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3984287	CLINIC SERVICES	KS	NA	C Corporation				Yes	
VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-2872857	ACO	KS	NA	C Corporation				Yes	

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

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								Yes	No
VINCENTIAN VENTURES OF NORTH ALABAMA INC AND SUBSIDIARIES C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0965456	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
WHEATON FRANCISCAN HOLDINGS INC AND SUBSIDIARIES 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357	HOLDING CO	WI	NA	C Corporation				Yes	
WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140	PROVIDER CONTRACT	WI	NA	C Corporation				Yes	
WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53212 30-0659830	CONDO ASSOCIATION	WI	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
ASCENSION PROVIDENCE HOSPITAL	S	3,641,269	FAIR MARKET VALUE
OWASSA MEDICAL FACILITY INC	L	536,890	FAIR MARKET VALUE
OWASSA MEDICAL FACILITY INC	P	582,801	FAIR MARKET VALUE
ST JOHN BROKEN ARROW INC	Q	200,158	FAIR MARKET VALUE
ST JOHN BUILDING CORPORATION	K	725,526	FAIR MARKET VALUE
ST JOHN HEALTH SYSTEM FOUNDATION INC	C	4,790,100	FAIR MARKET VALUE
ST JOHN HEALTH SYSTEM FOUNDATION INC	P	196,372	FAIR MARKET VALUE
ST JOHN HEALTH SYSTEM INC	P	49,595,131	FAIR MARKET VALUE
ST JOHN HEALTH SYSTEM INC	Q	402,566,333	FAIR MARKET VALUE
ST JOHN HEALTH SYSTEM INC	R	143,166,020	FAIR MARKET VALUE
ST JOHN SAPULPA INC	M	1,031,573	FAIR MARKET VALUE
UTICA SERVICES INC AND SUBSIDIARIES	J	744,411	FAIR MARKET VALUE
UTICA SERVICES INC AND SUBSIDIARIES	M	39,236,956	FAIR MARKET VALUE
UTICA SERVICES INC AND SUBSIDIARIES	P	9,608,884	FAIR MARKET VALUE
UTICA SERVICES INC AND SUBSIDIARIES	Q	845,295	FAIR MARKET VALUE
UTICA SERVICES INC AND SUBSIDIARIES	R	584,566	FAIR MARKET VALUE
UTICA SERVICES INC AND SUBSIDIARIES	S	10,033,114	FAIR MARKET VALUE