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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 black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ST JOHN HEALTH	D Employer identification number 38-2244034
		Doing Business As	E Telephone number (586) 753-0325
		Number and street (or P O box if mail is not delivered to street address) Room/suite 28000 DEQUINDRE	G Gross receipts \$ 272,449,320
		City or town, state or country, and ZIP + 4 WARREN, MI 480922468	
F Name and address of Principal Officer PATRICK MCGUIRE 28000 DEQUINDRE WARREN, MI 480922468		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions) H(c) Group Exemption Number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Web site: WWW STJOHN ORG			
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		L Year of Formation 1978	M State of legal domicile MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities OUR CATHOLIC HEALTH MINISTRY IS DEDICATED TO SPIRITUALLY CENTERED HOLISTIC CARE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of employees (Part V, line 2a)	5	2,582
	6 Total number of volunteers (estimate if necessary)	6	11
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	2,837,753
b Net unrelated business taxable income from Form 990-T, line 34	7b	68,312	
Revenue	8 Contributions and grants (Part VIII, line 1h)	38,580	21,153
	9 Program service revenue (Part VIII, line 2g)	252,770,473	270,690,545
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,337,108	-2,829,949
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,084	19,923
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	255,195,245	267,901,672
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	104,853,643	105,650,211
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b (Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	165,962,765	168,105,411
	18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	270,816,408	273,755,622
19 Revenue less expenses Subtract line 18 from line 12	-15,621,163	-5,853,950	
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	395,552,499	537,639,907
	21 Total liabilities (Part X, line 26)	533,396,201	773,922,501
22 Net assets or fund balances Subtract line 21 from line 20	-137,843,702	-236,282,594	

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

Please Sign Here	Signature of officer	Date 2010-05-11		
	PATRICK MCGUIRE CHIEF FINANCIAL OFFICER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 DELOITTE TAX LLP 600 RENAISSANCE CENTER SUITE 900 DETROIT, MI 482431895			EIN
				Phone no (313) 396-3000

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

ST JOHN HEALTH, AS A CATHOLIC HEALTH MINISTRY, IS COMMITTED TO PROVIDING SPIRITUALLY CENTERED, HOLISTIC CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF INDIVIDUALS IN THE COMMUNITIES WE SERVE, WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 231,656,514 including grants of \$) (Revenue \$)

IN FURTHERANCE OF ITS MISSION, AND IN AN EFFORT TO REDUCE THE GOVERNMENT'S FINANCIAL BURDEN, ST JOHN HEALTH SUPPORTS THE EFFORTS OF ITS HOSPITALS AND HEALTH FACILITIES PROVIDING CARE TO INDIVIDUALS AND COMMUNITIES SEE COMMUNITY BENEFIT REPORT ON SCHEDULE O

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

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






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

4e Total program service expenses \$ 231,656,514 *Must equal Part IX, Line 25, column (B).*

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)? <i>If "Yes," complete Schedule A.</i>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III.</i>		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J.</i>	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 questions 24b-24d and complete Schedule K. If "No," go to question 25.</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) 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>		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I.</i>		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
36	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> 		No
37	Did the organization conduct more than 5 percent 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> 		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 1,372		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 2,582		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
4a			
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5b			
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		No
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		No
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	Yes	
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	Yes	
7h			
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
8			
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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 organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a the governing body?	Yes	
8b	b each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	Yes	
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or 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

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does 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		
15a	a The organization's CEO, Executive Director, or top management official?	Yes	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
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
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken 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 _____
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 own website another's website upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 PATRICK MCGUIRE
 28000 DEQUINDRE
 WARREN, MI 480922468
 (586) 753-0652

Part VIII Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations . . . 1d _____					
	e Government grants (contributions) 1e _____					
	f All other contributions, gifts, grants, and similar amounts not included above 21,153 1f _____	21,153				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total (Add lines 1a-1f)	21,153				
Program Service Revenue	2a ADMINISTRATIVE Business Code 561,000	270,690,545	267,852,792	2,837,753		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶ \$ 270,690,545					
Other Revenue	3 Investment income (including dividends, interest other similar amounts)	1,717,199			1,717,199	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real 19,923				
		(ii) Personal				
	b Less rental expenses					
	c Rental income or (loss) 19,923					
	d Net rental income or (loss)	19,923			19,923	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other 500				
		b Less cost or other basis and sales expenses 4,547,648				
		c Gain or (loss) -4,547,648 500				
d Net gain or (loss)	-4,547,148			-4,547,148		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a						
	b Less direct expenses . . . b _____					
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
	b Less direct expenses . . . b _____					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances . . . a						
	b Less cost of goods sold . . . b _____					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue Business Code						
11a _____						
b _____						
c _____						
d All other revenue _____						
e Total. Add lines 11a-11d \$						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	267,901,672	267,852,792	2,837,753	-2,810,026		

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) but are not required to complete columns (B), (C), and (D).**

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 governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,195,635		4,195,635	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,160,948		4,160,948	
7	Other salaries and wages	71,063,340	57,932,008	4,160,948	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,652,942	3,652,942		
9	Other employee benefits	16,401,306	13,108,772	3,292,534	
10	Payroll taxes	6,176,040	4,936,211	1,239,829	
11	Fees for services (non-employees)				
a	Management	9,917,511	9,917,511		
b	Legal	1,471,366		1,471,366	
c	Accounting	497,484		497,484	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	17,407,590	15,400,608	2,006,982	
12	Advertising and promotion	3,913,149	3,882,928	30,221	
13	Office expenses	34,815,686	34,450,545	365,141	
14	Information technology	78,871,881	78,871,881		
15	Royalties				
16	Occupancy	1,400,832	1,400,832		
17	Travel	532,381	326,315	206,066	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	56,434	52,255	4,179	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,490,392	1,490,392		
23	Insurance	141,035		141,035	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	ubi tAX EXPENSE	340	340		
b	CORPORate Overhead	11,564,473	762,996	10,801,477	
c	OTHER EXPENSES	2,166,537	2,105,499	61,038	
d	CONTRAct Labor	1,368,356	1,368,356	0	
e	Donations	1,357,455	1,357,455	0	
f	All other expenses	1,132,509	638,668	493,841	
25	Total functional expenses. Add lines 1 through 24f	273,755,622	231,656,514	42,099,108	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	12,454,582	1	15,347,242
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net	3,244,649	7	2,481,168
	8 Inventories for sale or use	178,540	8	186,104
	9 Prepaid expenses and deferred charges	19,021,582	9	31,058,750
	10a Land, buildings, and equipment cost basis	10a 73,774,447		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 13,372,369	88,764,543	10c 60,402,078
	11 Investments—publicly traded securities	36,823,004	11	41,336,115
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	3,487,396	12	2,233,852
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	231,578,203	15	384,594,598	
16 Total assets. Add lines 1 through 15 (must equal line 34)	395,552,499	16	537,639,907	
Liabilities	17 Accounts payable and accrued expenses	141,673,242	17	74,487,276
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	391,722,959	25	699,435,225
	26 Total liabilities. Add lines 17 through 25	533,396,201	26	773,922,501
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-137,925,015	27	-236,354,301
	28 Temporarily restricted net assets	81,313	28	71,707
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-137,843,702	33	-236,282,594	
34 Total liabilities and net assets/fund balances	395,552,499	34	537,639,907	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?		No
2c	If "Yes" to lines 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?		
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?		No
3b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization
ST JOHN HEALTH

Employer identification number
38-2244034

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									65,705,830

Part II Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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% Test - 2007. If the organization did not check the 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 - 2008. 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 IV 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 - 2007. 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 IV 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 the 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 IV.)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

- 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," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities)

- 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," to Form 990, Part IV, Line 5 (Proxy Tax)

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

Name of the organization ST JOHN HEALTH

Employer identification number

38-2244034

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 in a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 internal funds contributed to other organizations for section 527 exempt function activities \$
3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's internal funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

- A** Check if the filing organization belongs to an affiliated group
- 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:		
Not over \$500,000	The lobbying nontaxable amount is: 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 Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		
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 instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

	(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 c through i)?	Yes		
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?	Yes		157,963
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i Other activities If "Yes," describe in Part IV	Yes		124,485
j Total lines 1c through 1i			282,448
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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

	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 carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1 Dues, assessments and similar amounts from members	1 \$
2 Section 162(e) non-deductible lobbying and political expenditures <i>(do not include amounts of political expenses for which the section 527(f) tax was paid).</i>	
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 (line 2c total minus 3 and 4)	5 \$

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Line B Paid Staff of Management \$124,485 Amount reported on behalf of St John Health to Michigan Department of State Lobby Registration, combined biennial reporting, 1/3 of salary to Sean Gehle, VP Advocacy, 1/3 salary of Director of Public Policy position, % salary of Princella Graham, Corporate Director of Government Affairs, St John Health, % of overhead of Lansing Advocacy Office, % of annual retainer to Public Affairs Associates, % of annual retainer to Wiener Associates Line G Direct Contact with Legistators, their staffs, government officials \$136,713 12,000/month retainer to Foley and Lardner LLP \$21,250 Section 508 Coalition, Strategic Healthcare and McDermott Will & Emery, LLP, Washington based law firm and lobbying firm Line I Total Lobbying Expnditures \$282,448

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury Internal Revenue Service

Name of the organization ST JOHN HEALTH

Employer identification number 38-2244034

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed status.

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

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose of easements, number of easements, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures.

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

3 Using the organization's 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		5,632,451		5,632,451
b Buildings		19,392,612	6,819,512	12,573,100
c Leasehold improvements		152,680	71,279	81,401
d Equipment		45,028,035	3,827,766	41,200,269
e Other		3,568,669	2,653,812	914,857
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				60,402,078

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	267,901,672
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	273,755,622
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-5,853,950
4	Net unrealized gains (losses) on investments	4	-2,365,254
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-90,219,688
9	Total adjustments (net) Add lines 4 - 8	9	-92,584,942
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-98,438,892

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	EFFECTIVE JULY, 1, 2007, ST JOHN HEALTH ADOPTED FIN 48 THE ADOPTION OF FIN 48 DID NOT HAVE A MATERIAL IMPACT ON ST JOHN HEALTH'S FINANCIAL POSITION OR RESULTS OF OPERATIONS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Name of the organization
ST JOHN HEALTH

Employer identification number
38-2244034

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- First class or charter travel
 - Travel for companions
 - Tax idemnification and gross-up payments
 - Discretionary spending account
 - Housing allowance or residence for personal use
 - Payments for business use of personal residence
 - Health or social club dues or initiation fees
 - Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Patricia Maryland Dr PH	(i)	784,183	266,550	386,033	69,980	12,251	1,518,997	354,955
	(ii)							
Dave Stephens	(i)	193,434		570,325	16,191	1,542	781,492	30,041
	(ii)							
Kevin J Grady MD	(i)	156,810		19,650	7,862	13,671	197,993	
	(ii)							
PATRICK McGuire	(i)	418,985		11,421	47,592	13,277	491,275	
	(ii)							
TERENCE HAMILTON	(i)	296,327		74,821	19,846	14,671	405,665	54,321
	(ii)							
Michael Wiemann MD	(i)	76,366	50,000	111,823	44,063	11,090	293,342	73,664
	(ii)	396,807		6,410	9,200	11,090	423,507	
ROBERT HOban	(i)	319,023		60,434	37,218	12,903	429,578	46,434
	(ii)							
Mary Kummer Naber	(i)	276,692		9,900	25,418	13,410	325,420	
	(ii)							
JEAN MEYER	(i)	288,540	50,000	62,692	9,200	15,881	426,313	32,625
	(ii)							
ERNEST L YODER	(i)	360,812		8,100	23,600	15,684	408,196	
	(ii)							
WILLIAM Isenstein	(i)	208,186		74,747	25,510	17,332	325,775	66,647
	(ii)							
ELLIOT JOSEPH	(i)	174,482	26,509	2,341,491	88,397	2,649	2,633,528	1,727,757
	(ii)							
PAUL VAN TIEM	(i)	122,151		1,496,315	40,682	3,951	1,663,099	1,115,669
	(ii)							
	(ii)							
	(i)							
	(ii)							

Software ID:
Software Version:
EIN: 38-2244034
Name: ST JOHN HEALTH

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Patricia Maryland Dr PH	(i) (ii)	784,183	266,550	386,033	69,980	12,251	1,518,997	354,955
Dave Stephens	(i) (ii)	193,434		570,325	16,191	1,542	781,492	30,041
Kevin J Grady MD	(i) (ii)	156,810		19,650	7,862	13,671	197,993	
PATRICK McGuire	(i) (ii)	418,985		11,421	47,592	13,277	491,275	
TERENCE HAMILTON	(i) (ii)	296,327		74,821	19,846	14,671	405,665	54,321
Michael Wiemann MD	(i) (ii)	76,366 396,807	50,000	111,823 6,410	44,063 9,200	11,090 11,090	293,342 423,507	73,664
ROBERT HO ban	(i) (ii)	319,023		60,434	37,218	12,903	429,578	46,434
Mary Kummer Naber	(i) (ii)	276,692		9,900	25,418	13,410	325,420	
JEAN MEYER	(i) (ii)	288,540	50,000	62,692	9,200	15,881	426,313	32,625
ERNEST L YODER	(i) (ii)	360,812		8,100	23,600	15,684	408,196	
WILLIAM Isenstein	(i) (ii)	208,186		74,747	25,510	17,332	325,775	66,647
ELLIOT JOSEPH	(i) (ii)	174,482	26,509	2,341,491	88,397	2,649	2,633,528	1,727,757
PAUL VAN TIEM	(i) (ii)	122,151		1,496,315	40,682	3,951	1,663,099	1,115,669

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
ST JOHN HEALTH

Employer identification number

38-2244034

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		LESLIE MURPHY HAS A BUSINESS RELATIONSHIP WITH MAUREEN A FAY, OP, PHD IN THAT THEY BOTH SERVE ON A PUBLICLY TRADED COMPANY'S BOARD OF DIRECTORS LESLIE MURPHY HAS A BUSINESS RELATIONSHIP WITH MICHAEL BRENNAN IN THAT MS MURPHY SERVES ON A BOARD FOR AN ORGANIZATION THAT MR BRENNAN IS EXECUTIVE DIRECTOR OF IN ADDITION, LESLIE MURPHY HAS A BUSINESS RELATIONSHIP WITH PATRICIA MARYLAND IN THAT THEY BOTH SERVE ON AN UNRELATED NON FOR PROFIT ORGANIZATION'S BOARD

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		ST JOHN HEALTH HAS A SINGLE CORPORATE MEMBER, ASCENSION HEALTH

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		ST JOHN HEALTH HAS A SINGLE CORPORATE MEMBER, ASCENSION HEALTH, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF ST JOHN HEALTH

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		ASCENSION HEALTH HAS DESIGNED A SYSTEM AUTHORITY MATRIX WHICH ASSIGNS AUTHORITY FOR KEY DECISIONS THAT ARE NECESSARY IN THE OPERATION OF THE SYSTEM SPECIFIC AREAS THAT ARE IDENTIFIED IN THE AUTHORITY MATRIX ARE NEW ORGANIZATIONS & MAJOR TRANSACTIONS, GOVERNING DOCUMENTS, APPOINTMENTS/REMOVALS, EVALUATION, DEBT LIMITS, STRATEGIC & FINANCIAL PLANS, ASSETS, SYSTEM POLICIES & PROCEDURES THESE AREAS ARE SUBJECT TO CERTAIN LEVELS OF APPROVAL BY ASCENSION PER THE SYSTEM AUTHORITY MATRIX

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		MANAGEMENT, INCLUDING CERTAIN OFFICERS, WORKS DILIGENTLY TO COMPLETE THE FORM 990 AND ATTACHED SCHEDULES IN A THROUGH MANNER PRIOR TO FILING THE RETURN, ALL BOARD MEMBERS ARE PROVIDED THE FORM 990 AND MANAGEMENT TEAM MEMBERS ARE AVAILABLE TO ANSWER ANY BOARD MEMBERS QUESTIONS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		IN DETERMINING COMPENSATION OF THE ORGANIZATIONS' CEO, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE CEO WAS COMPARED TO THE OTHER ORGANIZATIONS IN THE AREA THAT HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE COMMITTEE MINUTES INDIVIDUAL WAS NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED IN DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATIONS WERE COMPARED TO THE OTHER ORGANIZATIONS EMPLOYEES IN THE AREA THAT HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE COMMITTEE MINUTES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2B		THE ORGANIZATION DOES NOT HAVE SEPERATE AUDITED FINANCIAL STATEMENTS, HOWEVER, THE ORGANIZATION IS AUDITED AS PART OF A SYSTEM WIDE, CONSOLIDATED AUDIT

Identifier	Return Reference	Explanation
		<p>ST JOHN HEALTH 38-2244034 COMMUNITY BENEFIT REPORT FOR THE FISCAL YEAR ENDED JUNE 30, 2009 THIS REPORT ILLUSTRATES THE SIGNIFICANT DEGREE TO WHICH ST JOHN HEALTH ("THE SYSTEM") CONTRIBUTES TO THE POSITIVE HEALTH STATUS OF THE COMMUNITIES IT SERVES AS A MEMBER OF ASCENSION HEALTH, THE NATION'S LARGEST CATHOLIC HEALTHCARE SYSTEM, ST JOHN HEALTH CONTINUES TO BUILD AND STRENGTHEN SUSTAINABLE COLLABORATIVE EFFORTS THAT BENEFIT THE HEALTH OF INDIVIDUALS, FAMILIES, AND SOCIETY AS A WHOLE THE GOAL OF ST JOHN HEALTH IS TO PERPETUATE THE HEALING MISSION OF THE CHURCH THE SYSTEM FURTHERS THIS GOAL THROUGH DELIVERY OF PATIENT SERVICES, CARE TO THE ELDERLY AND INDIGENT, PATIENT EDUCATION AND HEALTH AWARENESS PROGRAMS FOR THE COMMUNITY, AND MEDICAL RESEARCH OUR CONCERN FOR ALL HUMAN LIFE AND DIGNITY OF EACH PERSON LEADS THE ORGANIZATION TO PROVIDE MEDICAL SERVICES TO ALL PEOPLE IN THE COMMUNITY WITHOUT REGARD TO THE PATIENT'S RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY IN ORDER TO PORTRAY THE FULL BREADTH OF OUR CONTRIBUTION, OUR COMMUNITY BENEFIT INFORMATION IS DESCRIBED BELOW ORGANIZATIONAL COMMITMENT TO PROVIDING COMMUNITY BENEFIT ST JOHN HEALTH IS COMPRISED OF EIGHT HOSPITALS, PLUS MORE THAN 125 MEDICAL FACILITIES IN SOUTHEAST MICHIGAN ST JOHN HEALTH SEEKS TO IMPROVE THE PHYSICAL, MENTAL, SOCIAL AND SPIRITUAL HEALTH STATUS OF ITS SURROUNDING COMMUNITY IN ADDITION TO PROVIDING HEALTH CARE SERVICES TO ALL INDIVIDUALS WHO REQUIRE MEDICAL ATTENTION, ST JOHN HEALTH HAS DEVELOPED THE FOLLOWING PROGRAMS TO HELP ACHIEVE ITS MISSION EXPANDING AWARENESS, EDUCATION, AND HEALTH PROMOTION ST JOHN HEALTH BELIEVES THAT IT IS ESSENTIAL TO EDUCATE PEOPLE REGARDING THE TYPES OF BEHAVIOR THAT IMPROVE THEIR CHANCES OF LIVING A HEALTHY LIFE THE SYSTEM HAS INVESTED SIGNIFICANTLY IN UNIQUE, TOP QUALITY HEALTH EDUCATION AND MATERIALS TO ACCOMPLISH ITS GOALS VARIOUS CLASSES THE SYSTEM HAS PROVIDED TO THE COMMUNITY ARE AS FOLLOWS POUNDS OFF WITH EMPOWERMENT CLASS, BONE DENSITY, BLOOD PRESSURE AND SKIN CANCER SCREENING,CPR,JOINT SEMINAR-HIP OR KNEE PAIN, LEARN TO LIVE WITH MIGRAINES,RISK FACTORS, STRESS MANAGEMENT, WEIGHT LOSS SEMINAR, WHAT EVERY MAN/WOMAN NEEDS TO KNOW ABOUT GOLF, SMART EATING, SMART MEDICINES, BABY CARE BASICS, BREASTFEEDING PREPARATION,CHILDBIRTH CLASSES, INFANT MASSAGE, HEALTH FAIRS CHOLESTEROL SCREENING,HEART-SAVER FIRST AID,ALTERNATIVES TO HYSTERECTOMY ,NUTRITION FOR WOMEN, CD-IMPLANTABLE DEFIBRILLATOR-ICD,MENOPA USE,MEDICARE PART D PRESCRIPTION DRUG COVERAGE, BLS RE-CERTIFICATION,SUBSTANCE ABUSE AND DEPENDENCE,LIFESTYLE CHANGES FOR DIABETES, COURAGEOUS CONVERSATIONS,BLOOD PRESSURE SCREENING, SENIOR SPIRIT DAY, TEN THINGS WOMEN CAN DO,DIABETES RISK FACTORS,CARDIAC AND PULMONARY SUPPORT,PROSTATE CANCER SCREENING,YOGA,REIKI,BLOOD DRIVES,OSTEOPOROSIS SCREENING & EDUCATION, OSTEOPOROSIS & OSTEOARTHRITIS,CARDIAC REHAB,SMOKING CESSATION,PARISH NURSE SITES,COPING WITH VARIOUS CANCERS, AND SUPPORT GROUPS FOR VARIOUS CANCERS,CAREGIVERS AND OTHER DISEASES EDUCATION MATERIAL IS PROVIDED ON THE WEB UNDER WWW STJOHN ORG AND WWW REALMEDICINE ORG ACCESS TO CARE PROGRAMS ST JOHN HEALTH OPERATES MANY PUBLIC HEALTH CLINICS PUBLIC CLINICS RANGE FROM SPECIALTY CLINICS SUCH AS PEDIATRICS TO GENERAL INTERNAL MEDICINE CLINICS OUR COMMUNITY HEALTH CENTERS PROVIDE CARE FOR ALL COMMUNITY RESIDENTS, REGARDLESS OF THEIR ABILITY TO PAY SERVICES INCLUDE THE FULL RANGE OF PREVENTIVE AND PRIMARY HEALTH AND SOME DENTAL CARE FOR ADULTS AND CHILDREN, PRENATAL CARE, AND MANAGEMENT OF CHRONIC DISEASES SUCH AS ASTHMA, DIABETES AND HEART DISEASE COMMUNITY OUTREACH AND SERVICE THE SYSTEM PROVIDES CHARITABLE CONTRIBUTIONS TO VARIOUS COMMUNITIES BY VOLUNTEERING AND GIVING SUPPORT TO PARADES, MARATHONS, HEALTH EXPOS, AMERICAN RED CROSS BLOOD DRIVES, CHURCHES, SCHOOLS, ALL AREA 4-STAR BASKETBALL CAMP, BASEBALL CLUBS, WOMEN'S INTERNATIONAL HEALTH SHOW, BELLE ISLE RUN/WALK, TOWN HALL SERIES LECTURES, CAREER FAIRS AT SCHOOLS, POLICE OFFICERS BENEFIT, OAKLAND UNIVERSITY NIGHTINGALE SPONSORSHIP, COMMUNITY FOUNDATION OUTINGS, CHAMBER GOLF OUTINGS, INFANT MORTALITY COMEDY NIGHT, COLLEGE HEALTH CARE SCHOLARSHIPS, FALL FAIRS, YMCA KIDS PROGRAMS AND HABITAT FOR HUMANITY ST JOHN HEALTH PARTNERS WITH MANY ORGANIZATIONS TO IMPROVE COMMUNITY HEALTH, SUCH AS AMERICAN RED CROSS AND THE AMERICAN HEART ASSOCIATION CHARITY CARE BASED ON A THREE YEAR AVERAGE (2005-2007) NEARLY 11 PERCENT OF MICHIGAN RESIDENTS OR 1.1 MILLION PEOPLE LACKED HEALTH INSURANCE THIS TREND IS INCREASING DUE TO LOSS OF JOBS IN THE METRO DETROIT AREA THE UNINSURED ARE LIKELY TO SEEK CARE IN HOSPITAL EMERGENCY ROOMS THE SYSTEM HAD 357,459 EMERGENCY DEPARTMENT (ED) VISITS IN FISCAL 2009, AN INCREASE OF 0.39% FROM THE PRIOR YEAR INCREASINGLY, PATIENTS ARE EXPERIENCING LIMITED ABILITIES TO PAY FOR HEALTH CARE SERVICES OR QUALIFY FOR STATE AND FEDERALLY FUNDED PROGRAMS LIKE MEDICAID AND MEDICARE -- PROGRAMS THAT COVER ONLY A PORTION OF THE COST OF SERVICES PROVIDED FOR MANY MICHIGAN RESIDENTS, FINDING SOMEONE TO CARE FOR THEM WHEN THEY ARE SICK IS NOT AS EASY AS MAKING AN APPOINTMENT LACK OF HEALTH INSURANCE, TRANSPORTATION ISSUES AND LANGUAGE BARRIERS COMBINE TO CREATE CHALLENGES ST JOHN HEALTH OFFERS VARIOUS FREE CLINICS IN THE SPIRIT OF PRINCIPLES ADOPTED BY ASCENSION HEALTH, ST JOHN HEALTH HAS TAKEN PROACTIVE STEPS TO ADDRESS THOSE ISSUES THAT WILL AFFECT ACCESSIBILITY, THE FINANCING, AND THE DELIVERY OF HEALTHCARE TO ALL PERSONS, ESPECIALLY THE UNINSURED, UNDERINSURED, AND THE UNDERSERVED DURING THE FISCAL YEAR ENDING JUNE 30, 2009, THE ESTIMATED UNREIMBURSED COST OF SERVICES PROVIDED TO THE ELDERLY, UNINSURED, AND UNDERINSURED TOTALED \$130.0 MILLION ST JOHN HEALTH PROVIDES A SUBSTANTIAL PORTION OF ITS SERVICES TO THE ELDERLY AND POOR DURING THE FISCAL YEAR ENDING JUNE 30, 2009, APPROXIMATELY 46.3% OF THE VALUE OF SERVICES RENDERED WAS TO ELDERLY PATIENTS UNDER THE MEDICARE PROGRAM, AND APPROXIMATELY 25.8% OF THE SERVICES WERE PROVIDED TO PATIENTS WHO WERE DEEMED INDIGENT UNDER STATE, COUNTY, OR MEDICAL CENTER GUIDELINES WE CURRENTLY OFFER FINANCIAL ASSISTANCE PROGRAMS THROUGH THE VOICES OF DETROIT INITIATIVE, A PROGRAM THAT ASSISTS THE UNINSURED AND UNDERINSURED IN MANAGING THEIR HEALTH CARE MEDICAL RESEARCH ST JOHN HEALTH FURTHERS ITS MISSION BY CONTRIBUTING FUNDS AND PERSONNEL TO SUPPORT RESEARCH THAT HAS HELPED ADVANCE MEDICAL CARE RESEARCH PROJECTS INCLUDE VARIOUS CARDIAC AND INTERVENTIONAL CARDIAC RESEARCH PROJECTS, ONCOLOGY, PEDIATRIC HEMATOLOGY AND ONCOLOGY, INTERNAL MEDICINE, OBSTETRICS AND GYNECOLOGY AND INFECTIOUS DISEASE RESEARCH MEDICAL EDUCATION ST JOHN HEALTH BELIEVES THAT, IN ORDER TO PROVIDE THE BEST HEALTH CARE TO THE COMMUNITY, ITS CLINICAL PERSONNEL MUST RECEIVE ONGOING MEDICAL EDUCATION NUMEROUS SEMINARS AND CLASSES ARE PROVIDED TO MEDICAL RESIDENTS AND STAFF AND ARE POSTED ON OUR WEB SITE WWW SJHS COM/ GME RESIDENCY TRAINING OPERATIONS AND GOVERNANCE ST JOHN HEALTH 1 OPERATES AN EMERGENCY ROOM THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY 2 HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA 3 HAS A GOVERNING BODY IN WHICH INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY COMPRISE A MAJORITY 4 ENGAGES IN MEDICAL OR SCIENTIFIC RESEARCH PROGRAMS 5 ENGAGES IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS 6 PARTICIPATES IN MEDICAID, MEDICARE, CHAMPUS, TRIAGE AND/OR OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS</p>

Identifier	Return Reference	Explanation
		<p>PATIENT SERVICES ST JOHN HEALTH PROVIDES THE FOLLOWING INPATIENT AND OUTPATIENT MEDICAL SERVICES TO THE COMMUNITY ALLERGY AND IMMUNOLOGY , ANATOMIC AND CLINICAL PATHOLOGY , ANESTHESIOLOGY , ANESTHESIOLOGY -PAIN MEDICINE, CARDIOLOGY , CARDIOVASCULAR DISEASE, CARDIOTHORACIC SURGERY , CHILD AND ADOLESCENT PSYCHIATRY , CHILD/A DOLESCENT NEUROLOGY , CLINICAL CARDIAC ELECTROPHYSIOLOGY , COLON AND RECTAL SURGERY , CYTOPATHOLOGY , DENTISTRY , DERMATOLOGY , DIAGNOSTIC RADIOLOGY , EMERGENCY MEDICINE, EMERGENCY MEDICINE-PEDIATRIC EMERGENCY MEDICINE, ENDOCRINOLOGY DIABETES AND METABOLISM, FAMILY MEDICINE, FAMILY MEDICINE-ADDICTION, FAMILY MEDICINE-GERIATRIC MEDICINE, FAMILY MEDICINE-SPORTS MEDICINE, FORENSIC PSYCHIATRY , GASTROENTEROLOGY , GERIATRIC PSYCHIATRY , GYNECOLOGIC ONCOLOGY , GYNECOLOGY , HEMATOLOGY AND MEDICAL ONCOLOGY , INFECTIOUS DISEASE, INTERNAL MEDICINE, INTERNAL MEDICINE-CRITICAL CARE MEDICINE, INTERNAL MEDICINE-GERIATRIC MEDICINE, INTERNAL MEDICINE-HEMATOLOGY , INTERVENTIONAL RADIOLOGY , MATERNAL AND FETAL MEDICINE, NENONATAL-PERINATAL MEDICINE, NEPHROLOGY , NEUROLOGICAL SURGERY , NEUROLOGY , NEURORADIOLOGY , NUCLEAR MEDICINE, OBSTETRICS AND GYNECOLOGY , OCCUPATIONAL MEDICINE, OPHTHALMOLOGY , ORAL AND MAXIOFACIAL SURGERY , ORTHOPEDIC SURGERY , ORTHOPEDIC SURGERY -HAND SURGERY , TOLARYNGOLOGY , OTORHINOLARYNGOLOGY AND OROFACIAL PLASTIC SURGERY , PATHOLOGY , PATHOLOGY -DERMATOPATHOLOGY , PEDIATRIC- ENDOCRINOLOGY , PEDIATRIC-ALLERGY AND IMMUNOLOGY , PEDIATRIC-CARDIOLOGY , PEDIATRIC-CRITICAL CARE MEDICINE, PEDIATRIC-DENTISTRY , PEDIATRIC-EMERGENCY MEDICINE, PEDIATRIC-GASTROENTEROLOGY , PEDIATRIC-HEMATOLOGY ONCOLOGY , PEDIATRIC-INFECTIOUS DISEASE, PEDIATRIC-NEPHROLOGY , PEDIATRIC- OTOLARYNGOLOGY , PEDIATRIC-RADIOLOGY , PEDIATRIC-SURGERY , PEDIATRICS, PHYSICAL MEDICINE AND REHABILITATION, PLASTIC AND RECONSTRUCTIVE SURGERY , PLASTIC SURGERY , PLASTIC SURGERY -SURGERY OF THE HAND, PODIATRIC SURGERY , PODIATRY , PSYCHIATRY , PULMONARY MEDICINE, RADIATION ONCOLOGY , RADIOLOGY , REPRODUCTIVE ENDOCRINOLOGY , RHEUMATOLOGY , SLEEP MEDICINE, SURGERY , SURGERY OF THE HAND, THERAPEUTIC RADIOLOGY , UROLOGY , VASCULAR AND INTERVENTIONAL RADIOLOGY , AND VASCULAR SURGERY SOME OF THE SERVICES LISTED ABOVE OPERATE AT A LOSS IN ORDER TO ENSURE THAT ALL SERVICES ARE AVAILABLE TO MEET COMMUNITY HEALTH CARE NEEDS DURING THE FISCAL YEAR ENDING JUNE 30, 2009, ST JOHN HEALTH HOSPITALS TREATED ADULTS AND CHILDREN FROM THE COMMUNITY FOR A TOTAL OF 642,452 PATIENT DAYS OF SERVICE THE SYSTEM ALSO PROVIDED SERVICES TO 2,823,661 OUTPATIENTS, INCLUDING 298,106 OUTPATIENT SURGERY PATIENTS, 357,459 EMERGENCY AND MINOR CARE VISITS, AND 129,969 HOMEBOUND PATIENTS ADDITIONAL LINKS TO ADDITIONAL COMMUNITY BENEFIT INFORMATION /WWW.MHA.ORG FINANCIAL INFORMATION THE FINANCIAL INFORMATION PRESENTED BELOW WAS PREPARED IN ACCORDANCE WITH THE CATHOLIC HEALTH ASSOCIATION'S (CHA) COMMUNITY BENEFIT REPORTING GUIDELINES THESE GUIDELINES RECOMMEND THE FOLLOWING REPORT CARE OF THE POOR AT COST, NOT CHARGES DO NOT INCLUDE BAD DEBT, CONTRACTUAL ALLOWANCES, AND QUICK PAY DISCOUNTS AS PART OF CARE OF THE POOR EXPENSE DO NOT COUNT MEDICARE SHORTFALL AS A COMMUNITY BENEFIT REPORT THE NET EXPENSE FOR COMMUNITY BENEFIT SERVICES, I.E , THE TOTAL COMMUNITY BENEFIT EXPENSE MINUS ANY ASSOCIATED REVENUE FROM PATIENTS, PAYERS, AND OTHER EXTERNAL SOURCES THE CHA REPORTING GUIDELINES REFLECT A CONSERVATIVE APPROACH TO REPORTING QUANTIFIABLE COMMUNITY BENEFIT THE GOAL OF THE REPORTING GUIDELINES IS TO PRODUCE COMMUNITY BENEFIT FINANCIAL REPORTS THAT REFLECT TRUE COSTS AND THAT DESCRIBE COMMUNITY BENEFIT ACTIVITIES THAT INCREASE ACCESS TO HEALTH CARE AND IMPROVE COMMUNITY HEALTH CONSOLIDATED ST JOHN HEALTH INFORMATION FOR FISCAL YEAR ENDED JUNE 30, 2009 1) CARE OF THE POOR (AT COST) \$25,919,601 2) GOVERNMENT SPONSORED HEALTH CARE (NET EXPENSE) 2,236,731 3) UNPAID COST OF PUBLIC INDIGENT CARE PROGRAMS (INCLUDES MEDICAID, SCHIP, AND OTHER SAFETY NET PROGRAMS, DOES NOT INCLUDE MEDICARE SHORTFALLS) 19,720,851 4) COMMUNITY BENEFIT PROGRAMS (NET EXPENSE) 32,119,082 TOTAL QUANTIFIABLE COMMUNITY BENEFIT, AS DETERMINED IN ACCORDANCE WITH CHA REPORTING GUIDELINES \$79,996,265 SUPPLEMENTAL INFORMATION BAD DEBT COSTS ATTRIBUTABLE TO CHARITY \$8,590,565 MEDICARE SHORTFALLS \$51,429,215</p>

Identifier	Return Reference	Explanation
SCHEDULE J PART I		<p>ALL RELATED ORGANIZATION OF ST JOHN HEALTH, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, AND COMPENSATION SURVEY OR STUDY</p>

Identifier	Return Reference	Explanation
PART VII	COMPENSATION OF BOARD MEMBERS	<p>THE COMPENSATION ON PART VII FOR PATRICIA MARYLAND, DAVID STEPHENS AND KEVIN GRADY IS FOR THEIR DUTIES AT ST JOHN HEALTH SYSTEM, ST JOHN HOSPITAL AND MEDICAL CENTER, AND ST JOHN HOSPITAL AND MEDICAL CENTER, RESPECTIVELY, AND NOT FOR THEIR ROLE AS A BOARD MEMBER OF ST JOHN HEALTH SYSTEM</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ST JOHN HEALTH

Employer identification number

38-2244034

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

(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
See Additional Data Table					

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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
ADVENT PARTNERS LP 22255 GREENFIELD SOUTHFIELD, MI48075 38-3494197	INVESTMENT	MI	N/A								
OPEN MRI OF MICHIGAN 28000 DEQUINDRE WARREN, MI48092 38-3544539	medical services	MI	N/A								

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
AFFILIATED HEALTH SERVICES 28000 DEQUINDRE WARREN, MI48092 38-2292922	MAINTAIN RENTAL SPACE & PROVIDE MEDICAL MGMT	MI	N/A	C			
ADVENT INC PO BOX 2043 SOUTHFIELD, MI48037 38-2971743	INVESTMENT	MI	N/A	C			
St John HealthPartners 28000 DEQUINDRE WARREN, MI48092 38-3333157	Health Care Management Services	MI	N/A	C			

Part V Transactions with Related Organizations

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

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?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c	Yes	
1d		No
1e		No
1f	Yes	
1g	Yes	
1h		No
1i	Yes	
1j	Yes	
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Software ID:
Software Version:
EIN: 38-2244034
Name: ST JOHN HEALTH

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 501(c)(3))	(F) Direct Controlling Entity
BRIGHTON HOSPITAL 12851 GRAND RIVER BRIGHTON, MI48116 38-1576680	HOSPITAL	MI	501(C)(3)	BOX 3 - HOSPITAL	ST JOHN HEALTH
BRIGHTON NATIONAL ADDICTION FOUNDATION 12851 GRAND RIVER BRIGHTON, MI48116 26-0694680	FUND RAISING	MI	501(C)(3)	BOX 7	BRIGHTON HOSPITAL
EASTWOOD COMMUNITY CLINIC 28000 DEQUINDRE WARREN, MI48092 38-1958763	MEDICAL CARE	MI	501(C)(3)	BOX 9	ST JOHN HEALTH
FATHER MURRAY NURSING CENTER 8444 ENGELMAN CENTERLINE, MI48015 38-2601348	MEDICAL CARE	MI	501(C)(3)	BOX 9	ST JOHN HEALTH
MACOMB HOSPITAL CENTER AUXILIARY 11800 E TWELEVE MILE WARREN, MI48093 38-6091287	FUND RAISING	MI	501(C)(3)	BOX 11C	ST JOHN MACOMB-OAKLAND HOSPITAL CORP
MACOMB HOSPITAL FOUNDATION 1471 E TWELEVE MILE MADISON HEIGHTS, MI48071 20-2962353	FUND RAISING	MI	501(C)(3)	BOX 7	ST JOHN HEALTH
MEDICAL RESOURCES GROUP 43800 GARFIELD CLINTON TWP, MI48038 38-3494637	MEDICAL CARE	MI	501(C)(3)	BOX 9	ST JOHN HEALTH
PROVIDENCE HEALTH FOUNDATION 1471 E TWELEVE MILE MADISON HEIGHTS, MI48071 38-3526629	FUND RAISING	MI	501(C)(3)	BOX 11C	ST JOHN HEALTH
PROVIDENCE HOSPITAL 16001 W NINE MILE SOUTHFIELD, MI48037 38-1358212	HOSPITAL	MI	501(C)(3)	BOX 3 - HOSPITAL	ST JOHN HEALTH
SETON HEALTH CORP OF SE MICHIGAN 16001 W NINE MILE SOUTHFIELD, MI48037 38-2820107	MEDICAL CARE	MI	501(C)(3)	BOX 11C	ST JOHN HEALTH
ST JOHN COMMUNITY HEALTH INVESTMENT CORP 28000 DEQUINDRE WARREN, MI48092 38-2262856	MEDICAL CARE	MI	501(C)(3)	BOX 3 - HOSPITAL	ST JOHN HEALTH
ST JOHN HEALTH FOUNDATION 1471 E TWELEVE MILE MADISON HEIGHTS, MI48071 38-2769385	FUND RAISING	MI	501(C)(3)	BOX 9	ST JOHN HEALTH
ST JOHN HOME CARE 37650 GARFIELD CLINTON TWP, MI48036 38-3408684	MEDICAL CARE	MI	501(C)(3)	BOX 7	ST JOHN HEALTH
ST JOHN HOSPITAL AND MEDICAL CENTER 28000 DEQUINDRE WARREN, MI48092 38-1359063	HOSPITAL	MI	501(C)(3)	BOX 3 - HOSPITAL	ST JOHN HEALTH
ST JOHN HOSPITAL FOUNDATION 1471 E TWELEVE MILE MADISON HEIGHTS, MI48071 20-2961579	FUND RAISING	MI	501(C)(3)	BOX 7	ST JOHN HEALTH
ST JOHN HOSPITAL GUILD 28000 DEQUINDRE WARREN, MI48092 38-6091110	FUND RAISING	MI	501(C)(3)	BOX 7	ST JOHN HOSPITAL AND MEDICAL CENTER
ST JOHN MACOMB-OAKLAND HOSPITAL CORP 28000 DEQUINDRE WARREN, MI48092 38-3322109	HOSPITAL	MI	501(C)(3)	BOX 3 - HOSPITAL	ST JOHN HEALTH
ST JOHN RIVER DISTRICT HOSPITAL 4100 RIVER ROAD EAST CHINA, MI48054 38-3160564	HOSPITAL	MI	501(C)(3)	BOX 3 - HOSPITAL	ST JOHN HEALTH
ST JOHN SENIOR COMMUNITY 18300 E WARREN WARREN, MI48224 38-2631907	MEDICAL CARE	MI	501(C)(3)	BOX 9	ST JOHN HEALTH
ASCENSION HEALTH PO BOX 45998 ST LOUIS, MI63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	BOX 11A	N/A
OUR LADY OF PROVIDENCE LEAGUE 28000 DEQUINDRE WARREN, MI48092 38-6108200	FUND RAISING	MI	501(C)(3)	BOX 11C	PROVIDENCE HOSPITAL

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	ST JOHN HEALTH FOUNDATION	R	79,223
(2)	ST JOHN HEALTH FOUNDATION	N	133,656
(3)	ST JOHN HEALTH FOUNDATION	O	2,778,206
(4)	ST JOHN HEALTH FOUNDATION	I	66,667
(5)	ST JOHN HEALTH FOUNDATION	A	27,460
(6)	ST JOHN HEALTH FOUNDATION	Q	9,140
(7)	ST JOHN HEATH MEDICAL CENTER FOUNDATION	C	61,054
(8)	ST JOHN HEATH MEDICAL CENTER FOUNDATION	O	716,714
(9)	PROVIDENCE HOSPITAL MEDICAL CENTER FOUNDATION	O	397,146
(10)	PROVIDENCE HOSPITAL MEDICAL CENTER FOUNDATION	J	66,667
(11)	PROVIDENCE HOSPITAL MEDICAL CENTER FOUNDATION	A	69,891
(12)	MACOMB HOSPITAL FOUNDATION	A	27,288
(13)	ST JOHN HOSPITAL AND MEDICAL CENTER	R	702,031,106
(14)	ST JOHN HOSPITAL AND MEDICAL CENTER	F	2,275,231
(15)	ST JOHN HOSPITAL AND MEDICAL CENTER	N	104,112
(16)	ST JOHN HOSPITAL AND MEDICAL CENTER	O	599,650,852
(17)	ST JOHN HOSPITAL AND MEDICAL CENTER	P	4,114,482
(18)	ST JOHN HOSPITAL AND MEDICAL CENTER	J	98,561
(19)	ST JOHN HOSPITAL AND MEDICAL CENTER	Q	6,609,561
(20)	ST JOHN SENIOR COMMUNITY	Q	850,666
(21)	ST JOHN SENIOR COMMUNITY	R	13,934,025
(22)	ST JOHN SENIOR COMMUNITY	O	12,470,096
(23)	ST JOHN SENIOR COMMUNITY	Q	429,336
(24)	ST JOHN MACOMB-OAKLAND HOSPITAL	Q	15,101,933
(25)	ST JOHN MACOMB-OAKLAND HOSPITAL	R	412,297,639
(26)	ST JOHN MACOMB-OAKLAND HOSPITAL	F	14,761,547
(27)	ST JOHN MACOMB-OAKLAND HOSPITAL	G	135,150
(28)	ST JOHN MACOMB-OAKLAND HOSPITAL	N	50,530
(29)	ST JOHN MACOMB-OAKLAND HOSPITAL	O	348,693,164
(30)	ST JOHN MACOMB-OAKLAND HOSPITAL	P	2,776,801

Form 990, Schedule R, Part V - Transactions with Related Organizations		
(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved (\$)
(31) ST JOHN MACOMB-OAKLAND HOSPITAL	J	2,104,160
(32) ST JOHN MACOMB HOSPITAL	Q	6,791,168
(33) FATHER MURRAY NURSING CENTER	Q	750,572
(34) FATHER MURRAY NURSING CENTER	R	16,055,594
(35) FATHER MURRAY NURSING CENTER	Q	163,680
(36) ST JOHN RIVER DISTRICT HOSPITAL	Q	1,110,389
(37) ST JOHN RIVER DISTRICT HOSPITAL	R	42,097,445
(38) ST JOHN RIVER DISTRICT HOSPITAL	O	40,143,384
(39) ST JOHN RIVER DISTRICT HOSPITAL	P	391,436
(40) ST JOHN RIVER DISTRICT HOSPITAL	I	92,305
(41) ST JOHN RIVER DISTRICT HOSPITAL	Q	282,786
(42) MEDICAL RESOURCE GROUP	Q	384,139
(43) MEDICAL RESOURCE GROUP	R	106,440,366
(44) MEDICAL RESOURCE GROUP	O	128,450,661
(45) MEDICAL RESOURCE GROUP	P	503,438
(46) MEDICAL RESOURCE GROUP	Q	425,050
(47) ST JOHN HOMECARE	R	38,471,189
(48) ST JOHN HOMECARE	O	31,935,434
(49) ST JOHN HOMECARE	Q	79,564
(50) ST JOHN COMMUNITY HEALTH INVESTMENT	R	643,887
(51) ST JOHN COMMUNITY HEALTH INVESTMENT	O	5,468,657
(52) EASTWOOD COMMUNITY CLINIC	R	12,589,637
(53) EASTWOOD COMMUNITY CLINIC	O	12,910,588
(54) OAKLAND MRI OF MICHIGAN	Q	129,000
(55) OAKLAND MRI OF MICHIGAN	R	1,100,000
(56) OAKLAND MRI OF MICHIGAN	O	1,095,042
(57) AFFILIATED HEALTH SERVICES INC	Q	882,028
(58) AFFILIATED HEALTH SERVICES INC	R	49,012,158
(59) AFFILIATED HEALTH SERVICES INC	N	7,197,082
(60) AFFILIATED HEALTH SERVICES INC	O	43,799,941

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved (\$)
(61) AFFILIATED HEALTH SERVICES INC	J	1,284,926
(62) AFFILIATED HEALTH SERVICES INC	Q	55,346
(63) PROVIDENCE HOSPITAL AND MEDICAL CENTER	Q	14,142,291
(64) PROVIDENCE HOSPITAL AND MEDICAL CENTER	R	667,373,977
(65) PROVIDENCE HOSPITAL AND MEDICAL CENTER	F	193,996
(66) PROVIDENCE HOSPITAL AND MEDICAL CENTER	G	480,590
(67) PROVIDENCE HOSPITAL AND MEDICAL CENTER	N	398,553
(68) PROVIDENCE HOSPITAL AND MEDICAL CENTER	O	665,398,403
(69) PROVIDENCE HOSPITAL AND MEDICAL CENTER	P	4,134,216
(70) PROVIDENCE HOSPITAL AND MEDICAL CENTER	J	424,739
(71) HOSPITAL CONSOLIDATED LAB	Q	660,250
(72) HOSPITAL CONSOLIDATED LAB	O	6,373,541
(73) HOSPITAL CONSOLIDATED LAB	P	468,746
(74) BRIGHTON HOSPITAL	Q	482,307
(75) BRIGHTON HOSPITAL	R	406,884
(76) BRIGHTON HOSPITAL	O	54,113
(77) ASCENSION HEALTH	R	2,531,691
(78) ASCENSION HEALTH	O	82,953
(79) ASCENSION HEALTH - NATIONAL OFFICE	B	1,114,697
(80) ASCENSION HEALTH	N	183,040
(81) ASCENSION HEALTH - NATIONAL OFFICE	O	358,470
(82) ASCENSION HEALTH - NATIONAL OFFICE	P	301,638
(83) FONTBONNE AUXILIARY	R	655,248
(84) FONTBONNE AUXILIARY	O	663,809
(85) ST JOHN HEALTH PARTNERS	O	50,033
(86) PROVIDENCE HOSPITAL AND MEDICAL CENTER	Q	194,692

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for listed property details, including description, cost, elected cost, and tentative deduction.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for special depreciation allowance and other depreciation details.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions and group election information.

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month/year placed in service, Basis, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

Table with 3 rows for alternative depreciation system details.

Part IV Summary (See instructions)

Table with 3 rows for summary totals, including listed property amount and total depreciation.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through 6. Rows 30-36 cover total miles driven, commuting miles, personal use availability, and other vehicle availability.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows 37-41 cover written policies, personal use treatment, and qualified demonstration use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Additional Data

Software ID:
Software Version:
EIN: 38-2244034
Name: ST JOHN HEALTH

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
ST JOHN MACOMB-OAKLAND HOSPITAL CORP	383322109	7	Yes		Yes		Yes		18021636
PROVIDENCE HOSPITAL	381358212	7	Yes		Yes		Yes		14480305
MEDICAL RESOURCES GROUP	383494637	9	Yes		Yes		Yes		22354203
SISTERS OF ST JOSEPH OF NAZARETH	381814937	5	Yes		Yes		Yes		0
BRIGHTON HOSPITAL	381576680	7	Yes		Yes		Yes		129536
ST JOHN COMMUNITY HEALTH INVESTMENT CORP	382262856	3	Yes		Yes		Yes		4851174
EASTWOOD COMMUNITY CLINICS	381958763	9	Yes		Yes		Yes		328786
OPEN MRI OF MICHIGAN	383544539	n/a		No	Yes		Yes		121736
AFFILIATED HEALTH SERVICES	382292922	n/a		No	Yes		Yes		1607014
ST JOHN HEALTH FOUNDATION	382769385	9	Yes		Yes		Yes		2864468
ST JOHN HOSPITAL FOUNDATION	202961579	7		No	Yes		Yes		682326
MACOMB HOSPITAL FOUNDATION	202962353	7		No	Yes		Yes		6406
PROVIDENCE HEALTH FOUNDATION	383526629	7		No	Yes		Yes		258240

Additional Data

Software ID:
Software Version:
EIN: 38-2244034
Name: ST JOHN HEALTH

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Leslie A Murphy CPA , Board Chairman	5 00	X						0	0	0
Michael J Brennan , Board Vice Chair	5 00	X						0	0	0
KATHLEEN B MCCANN , Board Treasurer	5 00	X						0	0	0
Maureen A Fay OP PhD , Board Secretary	5 00	X						0	0	0
Patricia Maryland Dr P , Chief Executive Officer	50 00	X		X				1,436,766	0	82,231
JOYCE HAYES-GILES , Board Trustee	5 00	X						0	0	0
Dave Stephens , Board Trustee	5 00	X						0	763,759	17,733
Anthony P Frabotta CPA , Board Trustee	5 00	X						0	0	0
Kevin J Grady MD , Board Trustee	20 00	X						0	176,460	21,533
Shirley R Stancato , Board Trustee	5 00	X						0	0	0
GARy Shiffman , Board Trustee	5 00	X						0	0	0
KAREn Swanson MD , Board Trustee	5 00	X						0	0	0
CHRISTINE PARKS , Board Trustee	5 00	X						0	0	0
JOHn Smith , Board Trustee	5 00	X						0	0	0
PATRICK McGuire , CHIEF FInancial Officer/	50 00			X				430,406	0	60,869
TERENCE HAMILTON , SVP OPERATIONS	50 00				X			371,148	0	34,517
Michael Wiemann MD , EVP Prov Region/Pres Pro	50 00				X			238,189	403,217	75,443
ROBERT HO ban , CHIEF STrategy Officer/S	50 00					X		379,457	0	50,121
Mary Kummer Naber , CHIEF WO rklife Officer	50 00					X		286,592	0	38,828
JEAN MEYER , SVP PATIENT CARE SERVICE	50 00					X		401,232	0	25,081
ERNEST LYODER , VP ACADEMIC AFFAIRS	50 00					X		368,912	0	39,284
WILLIAM Isenstein , VP-Managed Care	50 00					X		282,933	0	42,842
ELLIOT JOSEPH , FORMER CHIEF EXECUTIVE O	50 00						X	2,542,482	0	91,046
PAUL VAN TIEM , FORMER EVP	50 00						X	1,618,466	0	44,633