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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
PROVIDENCE HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
16001 WEST NINE MILE RD

City or town, state or country, and ZIP + 4
SOUTHFIELD, MI 48037

D Employer identification number
38-1358212

E Telephone number
(248) 849-5707

G Gross receipts $ 593,727,032

F Name and address of principal officer
DOUGLAS WINNER
16001 WEST NINE MILE RD
SOUTHFIELD, MI 48037

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW STJOHN ORG/PROVIDENCE

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1922 | **M** State of legal domicile MI

Part I Summary

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	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	5,397
6	Total number of volunteers (estimate if necessary)	6	967
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	285,426
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-2,930

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,388,370	1,678
9	Program service revenue (Part VIII, line 2g)	563,462,639	568,006,490
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-44,166,609	15,113,490
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,311,445	10,402,255
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	531,995,845	593,523,913
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	291,861,227	281,457,477
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,476,997		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	293,485,495	310,100,453
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	585,346,722	591,557,930
19	Revenue less expenses Subtract line 18 from line 12	-53,350,877	1,965,983

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	787,912,739	814,381,215
21	Total liabilities (Part X, line 26)	277,664,776	296,975,712
22	Net assets or fund balances Subtract line 21 from line 20	510,247,963	517,405,503

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-05-12

DOUGLAS WINNER CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
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

1 Briefly describe the organization's mission

PROVIDENCE HOSPITAL, 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 501(c)(4) organizations and section 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 $ 508,355,537 including grants of $) (Revenue $ 568,006,490)

IN FURTHERANCE OF ITS MISSION AND IN AN EFFORT TO REDUCE THE GOVERNMENT'S FINANCIAL BURDEN, PROVIDENCE HOSPITALS PROVIDES ESSENTIAL HEATH CARE SERVICES, SUCH AS OUTPATIENT CLINICS, EMERGENCY ROOMS, AMBULATORY FACILITIES THAT SERVE LOW-INCOME PATIENTS AS WELL AS COMMUNITY SERVICES PROVIDENCE ALSO PROVIDES PREVENTATIVE THERAPEUTIC AND REHABILITATIVE SERVICES FOR INPATIENT AND AMBULATORY PATIENTS IN A SERVICE-ORIENTED AND COST EFFECTIVE MANNER REGARDLESS OF ABILITY TO PAY 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** ▶ $ 508,355,537

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		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 U S ? *If "Yes," complete Schedule F, Part II*	15		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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	5,397		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
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	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	14		
b	Enter the number of voting members that are independent	1b	11		
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?				No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				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	
b	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				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	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?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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?	16b		

Section C. Disclosure

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

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

DENNIS MACDONALD
28000 DEQUINDRE
WARREN, MI 480922468
(586) 753-1839

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	4,575,697	730,043	443,553

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 297

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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	1f 1,678				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,678			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICES	621,500	568,006,490	568,006,490		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		568,006,490			
	3	Investment income (including dividends, interest and other similar amounts)		15,314,006			15,314,006
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross Rents	3,319,619				
	b	Less rental expenses					
	c	Rental income or (loss)	3,319,619				
	d	Net rental income or (loss)		3,319,619		285,426	3,034,193
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	2,603				
	b	Less cost or other basis and sales expenses	203,119				
	c	Gain or (loss)	-200,516				
	d	Net gain or (loss)		-200,516			-200,516
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	EXPENSE RECOVERY	621,990	2,467,767			2,467,767
	b	DIETARY REVENUE	722,210	1,937,516			1,937,516
	c	MANAGEMENT FEES	561,000	1,435,067			1,435,067
	d	All other revenue		1,242,286			1,242,286
	e	**Total.** Add lines 11a–11d		7,082,636			
	12	**Total revenue.** See Instructions		593,523,913	568,006,490	285,426	25,230,319

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	2,157,712		2,157,712	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	233,980,213	228,704,706	5,275,507	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,983,828	10,638,076	345,752	
9 Other employee benefits	16,990,442	16,455,612	534,830	
10 Payroll taxes	17,345,282	16,828,643	516,639	
11 Fees for services (non-employees)				
a Management	4,059,730		4,059,730	
b Legal	582,812		582,812	
c Accounting	4,600		4,600	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	1,980,571		1,980,571	
12 Advertising and promotion	55,530		55,530	
13 Office expenses	723,402	651,588	71,814	
14 Information technology				
15 Royalties				
16 Occupancy	16,351,415	9,955,541	6,395,874	
17 Travel	1,010,782	997,498	13,284	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,042,157		5,042,157	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,302,311	39,302,311		
23 Insurance	8,046,765	8,046,765		
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 PURCHASED SERVICES	127,358,572	76,020,018	51,338,554	
b SUPPLIES FOR SERVICES	81,368,115	80,169,388	1,198,727	
c PROFESSIONAL FEES - PHY	14,368,720	14,368,720		
d REPAIRS & MAINTENANCE	4,869,444	2,959,069	1,910,375	
e NON-OPERATING FOUNDATIO	1,476,997			1,476,997
f All other expenses	3,498,530	3,257,602	240,928	
25 **Total functional expenses.** Add lines 1 through 24f	591,557,930	508,355,537	81,725,396	1,476,997
26 **Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		48,009,708	2	128,358,457
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		72,626,864	4	64,340,769
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		17,263,925	7	13,178,265
	8	Inventories for sale or use		7,832,042	8	7,503,776
	9	Prepaid expenses and deferred charges		7,179,835	9	6,256,742
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 808,732,584			
	b	Less accumulated depreciation	10b 403,324,446	437,128,053	10c	405,408,138
	11	Investments—publicly traded securities		179,104,831	11	169,688,155
	12	Investments—other securities See Part IV, line 11		2,178,587	12	1,654,396
	13	Investments—program-related See Part IV, line 11		16,588,894	13	17,992,517
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		787,912,739	16	814,381,215
Liabilities	17	Accounts payable and accrued expenses		90,798,469	17	78,337,151
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		186,866,307	25	218,638,561
	26	**Total liabilities.** Add lines 17 through 25		277,664,776	26	296,975,712
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		508,279,948	27	515,783,158
	28	Temporarily restricted net assets		1,968,015	28	1,622,345
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		510,247,963	33	517,405,503
	34	Total liabilities and net assets/fund balances		787,912,739	34	814,381,215

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HOSPITAL

Employer identification number
38-1358212

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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).**

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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** 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 ▶☐

17a **10%-facts-and-circumstances test—2009.** 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 ▶☐

b **10%-facts-and-circumstances test—2008.** 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 ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
PROVIDENCE HOSPITAL	38-1358212

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		16,709
j	Total lines 1c through 1i			16,709
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HOSPITAL

Employer identification number
38-1358212

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.

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's 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 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 the arrangement in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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) Accumulated depreciation	(d) Book value
1a Land		30,581,582		30,581,582
b Buildings		487,737,112	225,145,922	262,591,190
c Leasehold improvements		7,684,251	4,976,678	2,707,573
d Equipment		281,750,116	173,201,846	108,548,270
e Other		979,523		979,523
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				405,408,138

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
PAYABLES TO THIRD PARTY	26,448,280
SELF-INSURANCE LIABILITY	11,814,812
intercompany payable to ascension health	152,725,477
advances from affiliates	27,649,992
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	218,638,561

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	Other losses	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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HOSPITAL

Employer identification number
38-1358212

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			6,990,340		6,990,340	1 180 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			56,069,682	35,376,032	20,693,650	3 500 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			63,060,022	35,376,032	27,683,990	4 680 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			661,631	9,100	652,531	0 110 %
f Health professions education (from Worksheet 5)			25,644,092	18,906,876	6,737,216	1 140 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			287,128		287,128	0 050 %
j **Total** Other Benefits			26,592,851	18,915,976	7,676,875	1 300 %
k **Total.** Add lines 7d and 7j			89,652,873	54,292,008	35,360,865	5 980 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			22,044	21,186	858	0 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			2,777	50	2,727	0 %
8	Workforce development						
9	Other						
10	**Total**			24,821	21,236	3,585	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	36,587,402		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	10,386,426		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	235,872,185		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	219,114,442		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	16,757,743		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
PROVIDENCE HOSPITAL 16001 W NINE MILE SOUTHFIELD, MI 48037	X	X		X			X		
PROVIDENCE PARK HOSPITAL 47601 GRAND RIVER AVENUE NOVI, MI 48374	X	X		X			X		
Providence CT Center 30055 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		X							Physician Group
FAMILY MEDICAL CENTER 210 N LAFAYATT SOUTH LYON, MI 48178		X							Physician Group
DR SHARP CRUMLEY & MOORE 21700 NORHTWESTERN HWY SOUTHFIELD, MI 48075		X							Physician Group
Geriatric Clinical Services 25800 W ELEVIN MILE SOUTHFIELD, MI 48034		X							Clinic
Internal Medicine 24430 FORD RD DEARBORN HEIGHTS, MI 48127		X							Physician Group
Michigan urgent care 37595 SEVEN MILE ROAD LIVONIA, MI 48152		X							urgent care center
Thea Bowman Center 20548 FENKELL DETROIT, MI 48223		X							Physician Group
Providence Cardiac Surgery Institute 22151 MOROSS DETROIT, MI 48236		X							Physician Group

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

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

See additional data

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

See additional data

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

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

See additional data

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

See additional data

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HOSPITAL

Employer identification number
38-1358212

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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 ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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 ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) Retirement and other 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 reportable compensation				
SR BETTY GRANGER CSJ	(i)	0	0	0	0	0	0	0
	(ii)	188,104	0	11,332	4,986	11,306	215,728	11,332
CHEROLEE TREMBATH MD	(i)	215,009	15,874	0	9,246	17,501	257,630	0
	(ii)	0	0	0	0	0	0	0
MICHAEL WIEMANN MD	(i)	521,249	0	55,830	82,300	12,130	671,509	49,368
	(ii)	0	0	0	0	0	0	0
tammy lundstrom	(i)	342,781	0	412	35,400	10,595	389,188	0
	(ii)	0	0	0	0	0	0	0
kathleen Ryan	(i)	34,649	0	504,873	9,139	712	549,373	65,660
	(ii)	0	0	0	0	0	0	0
MARIA STROM	(i)	229,154	0	10,393	25,011	25,454	290,012	10,081
	(ii)	0	0	0	0	0	0	0
ROBERT A WELCH	(i)	432,799	142,672	0	9,800	15,071	600,342	0
	(ii)	0	0	0	0	0	0	0
Kang-Lee Tu	(i)	286,527	154,917	123,293	9,800	15,540	590,077	0
	(ii)	0	0	0	0	0	0	0
richard stober	(i)	219,155	44,688	263,232	9,725	5,198	541,998	262,632
	(ii)	0	0	0	0	0	0	0
Michael Mendelow	(i)	493,796	0	0	9,800	10,887	514,483	0
	(ii)	0	0	0	0	0	0	0
WILLIAM BLESSED	(i)	396,975	87,419	0	8,978	14,669	508,041	0
	(ii)	0	0	0	0	0	0	0
diane radloff	(i)	0	0	0	0	0	0	0
	(ii)	520,134	0	10,473	73,131	17,174	620,912	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	These executives participate in a program that provides for supplemental retirement benefits The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization Benefits under the program are unfunded and non-vested Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid Sr Betty Granger, CSJ- Capital Accumulation Bonus Plan - $11,332 Michael Wiemann MD - Capital Accumulation Bonus Plan - $49,368 Kathleen Ryan- Capital Accumulation Bonus Plan - $65,660 Maria Strom- Capital Accumulation Bonus Plan - $10,081 Richard Stober- Capital Accumulation Bonus Plan - $262,632

Additional Data

Software ID:
Software Version:
EIN: 38-1358212
Name: PROVIDENCE HOSPITAL

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SCHEDULE O
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
PROVIDENCE HOSPITAL

Employer identification number
38-1358212

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

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		ALL DECISIONS THAT HAVE A MATERIAL IMPACT TO PROVIDENCE HOSPITAL FINANCIAL INFORMATION OR CORPORATION AS A WHOLE ARE SUBJECT TO APPROVAL BY ITS SOLE CORPORATE MEMBER, ST JOHN HEALTH

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		MANAGEMENT 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' top management official, the process included a review and approval by independent persons, comparability data and contemporaneous substantiation of the deliberation and decision Management reviewed and approved the compensation In the review of the compensation, top management official was compared to the other organizations in the area that hold the same title Wage bands are adjusted annually and wages paid for all positions are within those bands 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 Management 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 Wage bands are adjusted annually and wages paid for all positions are within those bands

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
PART XI, LINE 2B & C		THE FINANCIAL STATEMENTS OF PROVIDENCE HOSPITAL WERE AUDITED ON A CONSOLIDATED BASIS AN AUDIT COMMITTEE HAS BEEN DELEGATED THE RESPONSIBILITY TO OVERSEE THE AUDITED FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANTS THAT AUDITED THE FINANCIAL STATEMENTS

Identifier	Return Reference	Explanation
PART XI, LINE 3A		THE FINANCIAL STATEMENTS OF PROVIDENCE HOSPITAL WERE AUDITED ON A CONSOLIDATED BASIS AN AUDIT COMMITTEE HAS BEEN DELEGATED THE RESPONSIBILITY TO OVERSEE THE AUDITED FINANCIAL STATEMENTS IN ACCORDANCE WITH STANDARDS CONTAINED IN GOVERNMENT AUDITING STANDARDS, ISSUED BY THE COMPTROLLER GENERAL OF THE UNITED STATES PURSUANT TO OMB CIRCULAR A-133 AND THE SELECTION OF THE INDEPENDENT ACCOUNTANTS THAT AUDITED THE FINANCIAL STATEMENTS

Identifier	Return Reference	Explanation
		PROVIDENCE HOSPITAL COMMUNITY BENEFIT REPORT FISCAL YEAR END JUNE 30, 2010 This report illustrates the significant degree to which Providence Hospital contributes to the positive health status of the communities it serves As a member of Ascension Health, the nation's largest Catholic healthcare system, Providence Hospital continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families, and society as a whole The goal of Providence Hospital is to perpetuate the healing mission of the church Providence Hospital 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 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 Providence Hospital information for fiscal year ended June 30, 2010 1) Care of the poor (at cost) $ 6,990,340 2) Unpaid cost of public indigent care programs (includes Medicaid, SCHIP, and other safety net programs, does not include Medicare shortfalls) $20,693,650 3) Other programs for persons who are poor (net expense) $124,097 4) Community benefit programs (net expense) $6,246,355 Total quantifiable community benefit, as determined in accordance with CHA reporting guidelines $34,054,442 Supplemental information Bad debt $10,386,426 Medicare Shortfall $16,757,745 Total quantifiable community benefit, including bad debt and Medicare Shortfall $61,198,613 Organizational Commitment to Providing Community Benefit Providence Hospital and Medical Center is a 459-bed teaching hospital located in Southfield, Michigan Providence Hospital 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, Providence Hospital has developed the following programs to help achieve its mission Health Access Support of the Thea Bowman Community Health Center, located in Northwest Detroit, the St Vincent DePaul Clinic in Northwest Detroit, Physicians Who Care Program, donation of pharmaceuticals to the World Medical Relief program, and donations of supplies through materials management School Programs Partners in Prevention program, Partnership with Southfield Schools Medical and Natural Sciences Academy, and volunteer opportunities with numerous students Philosophy of Service Committee Ice cream social, Manna Meal Soup Kitchen, Providence Choir, Christmas Store, Crisis Assistance Program, and various other charitable drives during the year The Infant Mortality Project located in the City of Detroit and Wayne County Shalom Providence Project Manager of Spiritual care Community Health numerous classes in Orthopedics, Outpatient Education and Physical Therapy Palliative Care Immunizations Parish nursing Transportation Graduate Medical Education Program Our Lady of Providence League Summary Providence Hospital furthers its charitable purposes by providing a broad array of services to meet the healthcare needs of patients and organizations in the community We provide essential medical services to the community, train and recruit healthcare professionals to serve the needs of the broader community, provide appropriate charity services to those patients who are not able to pay for their own healthcare needs, provide services to other organizations that allow them to provide quality services to their patients or constituents, and present education information classes and activities to the community in order to improve its overall health status

Identifier	Return Reference	Explanation
form 990, part vii		The compensation listed is for services provided to this organization or a related organization in an employee capacity, and not for participation in this organization's board

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HOSPITAL

Employer identification number
38-1358212

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

(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
HOSPITAL CONSOLIDATED LABORATORIES 28000 DEQUINDRE ROAD WARREN, MI 48092 38-3318428	LABORATORY TESTS	MI			PROVIDENCE HOSPITAL AND MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
OPEN MRI OF MICHIGAN 28000 DEQUINDRE WARREN, MI48092 38-3544539	MEDICAL SERVICES	MI	N/A								
advent partners lp 28000 DEQUINDRE WARREN, MI48092 38-3494197	investment	MI	N/A								

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI48092 38-2292922	MEDICAL SUPPLY SALES	MI	N/A	C			
advent inc 28000 DEQUINDRE WARREN, MI48092 38-2971743	investment	MI	N/A	C			

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f	Yes	
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	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	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 38-1358212
Name: PROVIDENCE HOSPITAL

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 12581 GRAND RIVER BRIGHTON, MI48116 38-1576680	HOSPITAL	MI	501(C)(3)	BOX 3 - HOSPITAL	ST JOHN HEALTH
BRIGHTON NATIONAL ADDICITON FOUNDATION 12581 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, MI48092 38-6091287	FUND RAISING	MI	501(C)(3)	BOX 11C	ST JOHN MACOMB-OAKLAND HOSPITAL
MACOMB HOSPITAL FOUNDATION 1471 E TWLELVE 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 TWLELVE MILE MADISON HEIGHTS, MI48071 38-3526629	FUND RAISING	MI	501(C)(3)	BOX 11C	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 28000 DEQUINDRE WARREN, MI48092 38-2244034	PAREBNT	MI	501(C)(3)	BOX 11C	ASCENTION HEALTH
ST JOHN HEALTH FOUNDATION 1471 E TWLELVE 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 TWLELVE 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 CORPORATION 28000 DEQUINDRE WARREN, MI48092 38-3322109	HOSPITAL	MI	501(C)(3)	BOX 3 - HOSPITAL	ST JOHN HEALTH
ST JOHN RIVER DISCTICT HOSPITAL 1000 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 DETROIT, MI48224 38-2631907	MEDICAL CARE	MI	501(C)(3)	BOX 9	ST JOHN HEALTH
ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO63145 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 SYSTEM	Q	291,955,218
(2)	ST JOHN HEALTH SYSTEM	R	41,641,126
(3)	ST JOHN HEALTH SYSTEM	F	6,563,222
(4)	ST JOHN HEALTH SYSTEM	N	-5,948,964
(5)	ST JOHN HEALTH SYSTEM	P	301,955,819
(6)	ST JOHN HEALTH SYSTEM	J	56,957
(7)	ST JOHN HOSPITAL AND MEDICAL CENTER	I	162,464
(8)	ST JOHN health foundation	P	265,904
(9)	PROVIDENCE HOSPITAL FOUNDATION	B	1,623,610
(10)	PROVIDENCE HOSPITAL FOUNDATION	A	2,962,995
(11)	ST JOHN HOSPITAL AND MEDICAL CENTER	Q	25,012,936
(12)	ST JOHN HOSPITAL AND MEDICAL CENTER	R	369,366
(13)	ST JOHN HOSPITAL AND MEDICAL CENTER	N	119,651
(14)	ST JOHN HOSPITAL AND MEDICAL CENTER	P	4,398,684
(15)	ST JOHN MACOMB-OAKLAND HOSPITAL	Q	361,615
(16)	MEDICAL RESOURCES GROUP	P	3,351,398
(17)	ST JOHN MACOMB-OAKLAND HOSPITAL	R	1,427,002
(18)	ST JOHN MACOMB-OAKLAND HOSPITAL	O	84,683
(19)	ST JOHN RIVER DISTRICT	R	317,593
(20)	MEDICAL RESOURCES GROUP	Q	2,268,760
(21)	MEDICAL RESOURCES GROUP	R	6,751,769
(22)	MEDICAL RESOURCES GROUP	N	226,283
(23)	ST JOHN HOMECARE	R	2,446,408
(24)	ST JOHN HOMECARE	O	693,022
(25)	ST JOHN EASTWOOD COMMUNITY CLINICS	Q	1,594,737
(26)	ST JOHN EASTWOOD COMMUNITY CLINICS	C	674,448
(27)	ST JOHN EASTWOOD COMMUNITY CLINICS	P	98,936
(28)	community health investment corp	Q	2,534,833
(29)	open mri of michigan	R	950,000
(30)	open mri of michigan	N	675,478
(31)	open mri of michigan	O	197,804
(32)	affiliated health services	Q	984,544
(33)	affiliated health services	P	1,194,314
(34)	affiliated health services	I	100,262
(35)	brighton hospital	R	121,206
(36)	brighton hospital	P	138,952

Additional Data

Software ID:
Software Version:
EIN: 38-1358212
Name: PROVIDENCE HOSPITAL

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RAYMOND J BURATTO BOARD CHAIR	1 00	X		X				0	0	0
MAX A BERLIN BOARD MEMBER	1 00	X						0	0	0
BLAIR BOWMAN board vice chair/treas	1 00	X		X				0	0	0
DAN ELSEA BOARD MEMBER	1 00	X						0	0	0
SHUKRI DAVID MD BOARD MEMBER	1 00	X						0	0	0
BARBARA B GATTORN BOARD MEMBER	1 00	X						0	0	0
SR BETTY GRANGER CSJ BOARD MEMBER	1 00	X						0	199,436	16,292
HELEN HABIB SECRETARY	1 00	X		X				0	0	0
JOHN HALL III BOARD MEMBER	1 00	X						0	0	0
BRENDA LAWRENCE BOARD MEMBER	1 00	X						0	0	0
JOAN RYAN BOARD MEMBER	1 00	X						0	0	0
RICHARD SURHREINRICH BOARD MEMBER	1 00	X						0	0	0
CHEROLEE TREMBATH MD BOARD MEMBER	50 00	X						230,883	0	26,747
MICHAEL WIEMANN MD BOARD PRESIDENT	50 00	X		X				577,079	0	94,430
tammy lundstrom Chief Med Officer W Regio	50 00				X			343,193	0	45,995
kathleen Ryan VP-Ops, Acute Services	50 00				X			539,522	0	9,851
MARIA STROM VICE PRESIDENT - NURSING	50 00				X			239,547	0	50,465
ROBERT A WELCH CHAIRMAN OB/GYN	50 00					X		575,471	0	24,871
Kang-Lee Tu PHYSICIAN	50 00					X		564,737	0	25,340
richard stober PHYSICIAN	50 00					X		527,075	0	14,923
Michael Mendelow PHYSICIAN	50 00					X		493,796	0	20,687
WILLIAM BLESSED Med Dir-Maternal/Fetal Med	50 00					X		484,394	0	23,647
ROBERT CASALOU PRESIDENT-PROVIDENCE PK	50 00						X	0	0	0
diane radloff fmr president	50 00						X	0	530,607	90,305

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PURCHASED SERVICES	127,358,572	76,020,018	51,338,554	
SUPPLIES FOR SERVICES	81,368,115	80,169,388	1,198,727	
PROFESSIONAL FEES - PHY	14,368,720	14,368,720		
REPAIRS & MAINTENANCE	4,869,444	2,959,069	1,910,375	
NON-OPERATING FOUNDATIO	1,476,997			1,476,997

Additional Data

Software ID:
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Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c The organization provides medically necessary care to all patients, regardless of race, color, creed, ethnic origin, gender, disability or economic status The organization uses a percentage of Federal Poverty Level (FPL) to determine free and discounted care At a minimum, patients with income less than or equal to 200% of the FPL, which may be adjusted for cost of living utilizing the local wage index compared to national wage index, will be eligible for 100% charity care write off of charges for services that have been provided to them Also, at a minimum, patients with incomes above 200% of the FPL but not exceeding 300% of the FPL, subject to adjustments for cost of living utilizing the local wage index compared to national wage index, will receive a discount on the services provided to them Part I, Line 6A - The organization is part of a community benefit report which is prepared by St John Providence Health System on a consolidated basis

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7g The organization has not included costs attributable to a physician clinic as part of subsidized health services

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f The amount of bad debt expense reported on Form 990, Part IX, Line 25, column (A), but subtracted for purposes of calculating the percentages in Part I, Line 7, column (f) is $36,587,402

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 The provision for bad debts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible accounts After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 Ascension Health and related health ministries follow the Catholic Health Association (CHA) guidelines for determining community benefit CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 A community health needs assessment of the St John Providence Health System service area has occurred approximately every three years since 2001 An assessment was done and published in 2001, 2004, and 2008, with the next one planned for completion in 2011 Several approaches have been used in this regard These include 1) In 2001, a health system collection and analysis of health indicators by county and city of Detroit data from national, state, city and local sources such as health department, Kids Count, and Center for Disease Control, etc , 2) In 2004, through an outside consultant from the Center of Population Studies, and 3) In 2008, through a regional organization with a specific area of focus, namely primary care accessibility in 13 zip codes on the east side of Detroit In each case, the data collected was discussed and received input from several stakeholder groups including the health system board of directors, advisory committees and other local agencies as indicated These assessments were done pursuant to the recommendation of Catholic Health Association and Ascension Health Published results are distributed to stakeholder agencies, each health system/ hospital leadership and made available to the community and other agencies on request The identification of the health needs of the community resulting from these former analyses were used to affirm and/or modify the existing St John Providence Health System community health programs and partnerships For example, an identified unmet need of accessible primary care for low-income uninsured adults in the city of Detroit resulted in the establishment of a St John Providence Health System safety net health center, a partnership with a local Federally Qualified Health Center (FQHC) agency, and creation of a volunteer network of physician specialists to improve access to care for this population who are enrolled in the primary care program Consequently, the establishment of two new FQHC health centers and recruitment of overmore than 400 volunteer physicians has increased access and capacity to serve this population in the St John Providence Health System service area The current community health assessment in process will be led by a steering committee composed of members with diverse health professional backgrounds representing the services provided by St John Providence Health System that address community health needs Members include professionals with backgrounds in Finance, Communications, Marketing, Nursing, Social Work and Public Health Further, the planned steps include the following 1) steering committee will define the scope of the assessment, 2) collection of relevant health data, 3) analysis of the data toward selecting or ranking of priority needs which will include input and review by members of the local advisory committees in the East and West regions of the service area, 4) development and support of St John Providence Health System plans to address the top three - five priority needs including outcomes measures, 5) publishing the plan and communicating with stakeholders, 6) monitoring the results and progress over the next three years including annual reporting Each annual report will include a review and updating of progress relative to the identified priority unmet needs These reports will be shared with agency and community members, and governing boards in the East and West regions of the service area This will also be shared on the SJPHS website under community benefit as well as in the annual IRS 990 Schedule H report

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 Financial assistance staff is trained on how to qualify patients for Medicaid, SCHIP and other such programs During the pre-registration, registration, admissions, and discharge processes, Providence Hospital and Medical Center attempts to identify all self pay patients who may be eligible for government programs or for discounted care through the health system charity care policy A financial assistance counselor is provided to all patients identified as eligible for charity care and the process and paper work is explained by the counselor Patients with limited English proficiency are provided with a translator as needed Those who are deemed eligible for government programs are provided with the needed information, forms and contact information including assistance in filling out forms as needed Providence Hospital and Medical Center's charity care policy is posted in the admissions, emergency, and finance department, as well as on the website A summary of the policy along with financial assistance contact information is provided to patients in the ED and inpatients or upon discharge Self pay patients are also provided with referrals to partner FQHC's or free primary care clinics in the area as well as to locations to obtain low cost pharmaceuticals A written summary of financial guidelines/charity policy and contact information is also provided in all communications with patients regarding bills and accounts Non-English speaking patients receive translation assistance as needed All third parties that work on behalf of the organization to collect fees (such as collection agencies and legal firms) are required to follow the hospital's policies regarding patient notification about the availability of financial assistance including its guidelines for collection of payment

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 St John Providence Health System and its seven hospital campuses includi ng one specialty hospital are located in a five-county area of southeastern Michigan The health system campuses are organized as follows Providence/Providence Park Hospitals, St John Macomb-Oakland Hospital, St John Hospital, St John River District Hospital, and Br ighton Hospital The community served by the organization includes Wayne, Oakland, Macomb, Livingston and St Clair counties The city of Detroit is part of Wayne county Further, the system operational structure is divided into an East and West region This service are a is predominately urban and suburban with pockets of rural in St Clair and Livingston co unties Also, there is one Medical Underserved Area (MUA) in St Clair county, two in Maco mb county, and one in Oakland county Almost the entire city of Detroit is either a Medica l Underserved Area (MUA) or Health Professional Shortage Area (HPSA) or both In the remai ning part of Wayne county, there are three areas designated as MUAs There are six other h ealth systems represented in the service area One is a for-profit entity and the others r emain nonprofit The East region includes Macomb and St Clair Counties, and parts of Wayn e and Oakland Ccounties The West region includes Livingston county, most of Oakland count y and parts of Wayne County Total population in the West region (2010 Thompson Reuters) i s 1,633,906 with 57 7% White, 34 7% Black, 0 2% American Indian and Alaska native, 0 2% Hi spanic, 4 3% Asian/Pacific Islander and 0 7% other Total estimated population in the East Region is 1,432,398 with 70 7% White, 23 0% Black, 0 3% Hispanic, 2 9% Asian/Pacific Isla nder, and 0 5% other Note the following additional information by county Unless otherwis e indicted, the data is from the 2000 U S Census Wayne excluding Detroit has 13 5% of th e population over age 65, median household income is $50,848, 8 2% of household are in pov erty with 19 6% of individuals with incomes below 200% of the federal poverty level, 10 3% are uninsured and 23 7% (including Detroit) are enrolled in Medicaid (State of Michigan, June 2010) The numbers for The city of Detroit are a total population of 951,270 and 10% of the population over age 65, median household income of $29,526, 25 6% of the population in poverty, 48 5% are below 200% of the federal poverty level and 21% uninsured Populati on includes 55% White, 41% Black, 2 6% Asian/Pacific Islander, and 5 2% Hispanics While t he city of Detroit population is 12 37% White, 81 6% Black, 1 0% Asian/Pacific Islander an d 5 0% Hispanic/Latino (By 2009 estimate, http //QuickFacts Census gov/) Oakland County h as 11% of its population over 65 years of age, the median household income is $61,907, 5 5 % of the households are in poverty, 14 5% of individuals are below 200% of the federal pov erty level, 7 5% are uninsured and 9 5% are Medicaid enrollees (State of Michigan, June 2 010) Population includes 70 80% White, 13% Black, 5 6% Asian/Pacific Islander, and 3 2% Hi spanic/Latino (By 2009 estimate, http //QuickFacts Census gov/) Macomb County has a total population of 788,149 with 14% of the population over the age of 65, median household inc ome is $52,104, 5 6% of households live in poverty, 16 3% of individuals live below 200% o f the federal poverty level, 11 2% are uninsured and 13% are Medicaid enrollees (State of Michigan, June 2010) Population includes 87% White, 8 1% Black, 3 0% Asian/Pacific, and 2 2% Hispanic/Latino (By 2009 estimate, http //QuickFacts Census gov/) St Clair County h as a total population of 164,235 with 12% of the population over age 65, median household income of $46,313, 7 8% of households in poverty, 21 9% of individuals have incomes below 200% of the federal poverty level, 9 1% uninsured and 16 8% enrolled in Medicaid (State of Michigan, 2010) Population includes 95% White, 2 5% Black, and 2 7% Hispanic/Latino (By 2009 estimate, http //QuickFacts Census gov/) Livingston County has a total population of 156,951, with 8% of the population over age 65, median household income of $67,400, 3 4% of households live in poverty, 10 4% of individuals live below 200% of the federal poverty level , 9 3% uninsured, and 7 1% enrolled in Medicaid (State of Michigan, June 2010) Pop ulation includes 96 6% White, 0 8% Black, 1% Asian/Pacific Islander, and 1 8% Hispanic or Latino (By 2009 estimate, http //QuickFacts Census gov/) In summary these counties represe nt the southeastern Michigan region of the state The area total population is approximate ly 4 million, which represents 46% of the state's population and accounts for 46% of the f ederal monies received Twenty-two percent of the service area population is represented b y the city of Detroit Approximately 80% of Detroit consists of minorities, compared to 21 % for the state 32%Thirty two percent of Detroiters live below the poverty level compared to 14% statewide The average income for Detroit

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

is $22,356 while the state wide average is almost double that at $41,187 In Detroit, 22% of residents are uninsured compared to a statewide total of 11% The city is currently exp eriencing the nation's highest unemployment rate at 29% compared to 14% for the rest of th e state and 9 5% for the nation Historically, auto manufacturing, government and health c are are the largest employers In each of these areas, heart disease followed by cancer is the leading cause of death Further, congestive heart failure and bacterial pneumonia are the leading causes of preventable hospitalizations (2004) Additionally, Detroit has high er rates of illness and chronic disease than other parts of the state, and thea lack of ac cess to primary care opportunities and a shortage of health care professionals in the area This is represented by 60Sixty percent% of Wayne county residents residinge in medically underserved area, compared to 8% for the remaining southeastern Michigan area St John P rovidence Health System provides many community based programs and services In FY 2009, o ver 130,000 encounters were provided through its community outreach programs The distribu tion of these services include 59% in Detroit, 14% in Macomb County, 13% Oakland County, 8 % in Wayne County, 4% St Clair County and 2% in Livingston County Services provided incl ude safety net primary care, through ten school-based health centers and two adult primary care centers, HIV/AIDS treatment, health education and screening referral support service s and faith community nursing to name a few Additionally, the hospitals in Detroit, Wayne , Oakland and Macomb serve a disproportionate share of uninsured or Medicaid beneficiaries Access to primary care for the uninsured and underinsured remains a challenge in most of the service area Partnership with local FQHCs is improving access and the health system hospitals support their expansion

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 Community Building Activities are critical to the five counties that St John Providence Health Systems serves The May 2010 report of "Michigan's Economic Outlook and Budget Review" from the Senate Fiscal Agency listed health services as the only employment growth area in the state at 23 8 percent compared to all other employment sectors whose decline ranged between -7 1 percent and -64 3 percent Workforce development in healthcare is vital to the state's economic future "CNN U S Economy Tracker" showed Michigan's foreclosure rate as of April 2010 to be nearly double the National foreclosure rate During April of 2010 Michigan's unemployment rate was 41 percent higher than the national average The unemployment rate in St John Providence Health System's service area was 14 8 percent during this same time period This weakened economy makes for an extremely reduced tax base in both property and income tax St John Providence Health System makes a contribution to the community by physically improving the community through beautification efforts which relieves some of the local government's burden "The Michigan Critical Indicators Report" and Healthy People 2010 Targets showed that the "Healthy People Objectives" for reducing the number of adults who binge drink regularly, and adults and adolescents who use tobacco were unmet Both of these gateway drugs make it necessary for St John Providence Health System to support advocacy and participate in coalitions aimed at preventing and reducing drug and alcohol use Brighton Hospital is a behavioral health specialty hospital providing treatment for substance abuse The latest "Annie E Case's Foundation Kids Count" data reported Michigan as having an infant mortality rate higher than 39 states at 7 9 compared to the national rate of 6 8 The city of Detroit, which is the health system's largest service area, has an infant mortality rate of 14 0% during this same time period The 2009 FBI uniform crime report listed Detroit as having 1,966 violent crimes per 100,000 These statistics compel St John Providence Health System to use its resources in working toward significantly reducing these negative community health outcomes A community assessment lead St John Providence Health System, in collaboration with community leaders, to create a separate 501(c)(3) called Healthy Neighborhoods Detroit (HND) Healthy Neighborhoods Detroit's core activities are community building The assessment illustrated that there was a significant absence or gap in services that addressed the communities' access to healthcare, workforce development and safe and affordable housing HND works collaboratively with community organizations and community members to co-create interventions to address these problems Inventories of some of our St John Providence's community building activities include Providence Hospitals, Southfield and Novi Community Building ActivitiesCommunity Support The hospital provides disaster recovery above and beyond the normal requirements They also provide mentoring to students interested in health careers Community Health Improvement AdvocacyThe hospital was sponsor of the "On My Own" Foundation Gala fundraiser This foundation works to increase independence for people with disabilities The Radiology department provides community support and a mentoring program Administrative leaders support advocacy efforts through their membership and participation on various task-forces and committees St John Providence Health System Community Building ActivitiesEconomic Development SJPHS Administration is active in various Chambers of Commerce throughout our service area Coalition BuildingSJPHS Business Development department participated in Coalition Building Eastwood Clinics also participates on the "Save Our Youth" Coalition whose goal is to prevent substance abuse among youth in Royal Oak SJPHS Community Health participates on the infant morality task force, state coalition of school-based health centers and youth violence prevention task force Workforce Development/Job Creation and Training ProgramsSJPHS Work Life Services partners with area schools, universities and technical schools to mentor students and educate them about careers in healthcare They also provide assistance with resume writing and interviewing techniques Community Health Improvement Advocacy Eastwood Clinics participates on the Behavioral Health Legislative Drug Court Committee which partners with judges and prosecutors from counties throughout Michigan and provides advocacy and support for drug and alcohol treatment for legislative staff

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 St John Providence Health SystemThe health system provides internship opportunities for administrative, marketing, finance, information technology, and public health and medical billing professionals St John Providence Health System administrators and staff have provided leadership and participated on collaborative initiatives with Voices of Detroit Initiative, Greater Detroit Area Health Council, Wayne County Health Department, The City of Detroit Department of Health and Wellness Promotion, Wayne County Health Authority, Tomorrow's Child, The Michigan Department of Community Health, Michigan Primary Care association and area Federally Qualified Health Centers, and other community organizations to identify community needs and address community problems The health system has a model program that serves the vulnerable and poor in our community and is not offered by any other hospitals in this area called Physicians Who Care (PWC) The program is a network of St John Providence Health System (SJPHS) credentialed specialty physicians who volunteer their time to provide health care services to uninsured adults It is designed to ensure a continuum of care exists for "the working poor" in the communities SJPHS serves Each physician pledges to see a self-defined number of eligible patients per year Currently, more than 400 physicians are registered in a common database using a web-based specialty referral network, which is maintained by the PWC staff The patient load is spread equally among all physicians that have agreed to participate in the project The program provides diagnostics and hospitalizations, and prescription drugs St John Providence Health System has a demonstrated history and strong foundation built upon its Mission, Vision, and Values It is this spirit that leads the institution and drives health care services Often patients, family members, friends, and the like, are pleased with our position on care to heal the body, mind, and spirit, have experienced it first-hand, and wish to show their appreciation by making a gift to support care of others that are vulnerable The spiritual essence that's woven into the fabric of our daily operations allows members of the community to comfortably and directly impact the lives of others through philanthropy We work to create an ethical legacy for emphasizing the important value of community and encourage the compassionate generosity of others to make gifts that enhance the exemplary care St John Providence Health System has become recognized for Medical Staff PrivilegesSt John Providence Health System extends medical staff privileges to all qualified physicians in its community for some or all of its departments Physicians who apply for St John Providence staff membership and privileges go through a credentialing process Board MembershipSt John Providence Health System board membership is comprised mainly of independent persons who reside in the five counties that represent SJPHS's primary service area

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 Providence Hospital and Medical Center is part of the St John Providence Health System (SJPHS) SJPHS, 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 SJPHS owns and operates 7 hospital campuses plus more than 125 medical facilities in southeast Michigan System wide, for the year ended June 30, 2010, SJPHS provided more than $93,221,000 in charitable community health services including health services, professional education, subsidized health care, research, financial contributions, and other community building activities In addition, SJPHS is part of Ascension Health (AH), a Catholic, national health care system consisting primarily of nonprofit corporations that own and operate local health care facilities, or Health Ministries, located in 20 States and the District of Columbia For the year ended June 30, 2010, AH provided more than $1,075,150,000 in charitable community health services including health services, professional education, subsidized health care, research, financial contributions, and other community building activities