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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
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization St John Health Doing Business As St John Providence Health System Number and street (or P O box if mail is not delivered to street address) Room/suite 28000 Dequindre City or town, state or country, and ZIP + 4 Warren, MI 480922468 F Name and address of principal officer Dr Patricia Maryland 28000 Dequindre Warren, MI 480922468	D Employer identification number 38-2244034 E Telephone number (586) 753-0325 G Gross receipts \$ 248,789,021
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ www.stjohn.org		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1978 M State of legal domicile MI

Part I Summary

1	Briefly describe the organization's mission or most significant activities Our Catholic Health Ministry is dedicated to spiritually centered holistic care			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3		13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5		2,342
6	Total number of volunteers (estimate if necessary)	6		12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		2,888,539
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		72,960
		Prior Year		Current Year
8	Contributions and grants (Part VIII, line 1h)	0		478,865
9	Program service revenue (Part VIII, line 2g)	227,499,802		237,970,733
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,549,990		10,320,922
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	225,369		18,501
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	231,275,161		248,789,021
		Prior Year		Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0		1,109,322
14	Benefits paid to or for members (Part IX, column (A), line 4)	0		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	113,900,145		115,049,571
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	128,397,093		128,644,923
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	242,297,238		244,803,816
19	Revenue less expenses Subtract line 18 from line 12	-11,022,077		3,985,205
		Beginning of Current Year		End of Year
20	Total assets (Part X, line 16)	587,014,428		823,135,742
21	Total liabilities (Part X, line 26)	856,394,152		1,034,150,657
22	Net assets or fund balances Subtract line 21 from line 20	-269,379,724		-211,014,915

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 _____ Patrick McGuire Chief Financial Officer Type or print name and title	Date 2012-05-15
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Paid Preparer Use Only	Print/Type preparer's name Matthew Montgomery Firm's name ▶ Deloitte Tax LLP Firm's address ▶ 250 East Fifth Street Suite 1900 Cincinnati, OH 45202	Preparer's signature Matthew Montgomery Date	Check if self-employed <input type="checkbox"/>	PTIN Firm's EIN ▶ Phone no ▶ (513) 784-7100
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

St John Providence Health System, 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 \$ 207,832,608 including grants of \$ 1,109,322) (Revenue \$ 235,082,194)
In furtherance of its mission, and in an effort to reduce the government's financial burden, St John Health supports the efforts of its hospitals and health facilities providing care to individuals and communities. See Community Health 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 \$ 207,832,608

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
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? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		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? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	1,425		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2a	2,342		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	Yes	
8b	b Each committee with authority to act on behalf of the governing body?	Yes	
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?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	Yes	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed _____
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization _____
 Patrick McGuire
 28000 Dequindre
 Warren, MI 48092
 (586) 753-0652

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Leslie A Murphy CPA Chairperson	5 00	X						0	0	0
(2) Michael J Brennan Vice Chair	5 00	X						0	0	0
(3) Maureen A Fay OP PhD Secretary	5 00	X						0	0	0
(4) Dave Stephens Interim Treasurer	5 00	X						0	0	0
(5) Kevin J Grady MD Sch O Board Member	25 00	X						0	150,831	16,829
(6) Denise Lewis Board Member	5 00	X						0	0	0
(7) Kathleen B McCann Board Member	5 00	X						0	0	0
(8) Christine Parks CSJ Board Member	5 00	X						0	0	0
(9) Gary Shiffman Board Member	5 00	X						0	0	0
(10) John Smith Board Member	5 00	X						0	0	0
(11) Shirley R Stancato Board Member	5 00	X						0	0	0
(12) Karen Swanson MD Board Member	5 00	X						0	0	0
(13) Patricia Maryland Dr PH Chief Executive Officer	50 00	X		X				1,028,087	775,672	21,751
(14) Patrick M McGuire Chief Financial Officer	50 00			X				509,878	0	21,751
(15) Terence Hamilton SVP Operations	50 00				X			339,914	0	21,751
(16) Robert Hoban Chief Strategy Officer	50 00					X		428,403	0	21,751

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) Mary Kummer Naber Chief WorkLife Officer	50 00					X		348,217	0	21,751
(18) Joseph Tasse President Ambulatory Services	50 00					X		467,168	0	21,751
(19) Allen D Tucker SVP, Patient Care Services	50 00					X		274,179	0	20,526
(20) David Silwester VP, Real Estate	50 00					X		276,097	0	21,212
(21) Elliot Joseph Former CEO (End 2/08)	0 00						X	133,470	0	0
(22) Paul Van Tiem Former EVP (End 3/08)	0 00						X	121,389	0	0
(23) Michael Wiemann MD Former EVP	50 00						X	0	615,148	21,751
(24) Ernest L Yoder Fmr VP, Academic Affairs (End 5/10)	0 00						X	199,572	0	2,779
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,126,374	1,541,651	213,603

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 **91**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
McKesson (Sch O) PO Box 630693 Cincinnati, OH 45263	Pharmaceuticals	97,469,284
Accretive Health Inc 401 North Michigan Avenue Suite 27 Chicago, IL 60611	Mgmt & Outsource Rev Cycle Functions	68,809,850
Automated Benefit Services 8220 Irving Sterling Heights, MI 48312	Administration of Healthcare Claims	35,464,695
Cardiovascular Therapeutics 22250 Providence Drive Suite 705 Southfield, MI 48075	Healthcare Services	20,059,967
Sodexo Inc & Affiliates (Sch O) 4880 Payshere Circle Chicago, IL 60674	Food Services	17,613,002

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 **596**

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	478,865				
	f All other contributions, gifts, grants, and similar amounts not included above 1f					
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f	478,865				
Program Service Revenue	2a System Administration	561000	237,970,733	235,082,194	2,888,539	
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		237,970,733			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real	18,501			
		(ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)	18,501				
	d Net rental income or (loss)		18,501		18,501	
	7a Gross amount from sales of assets other than inventory	(i) Securities	10,320,922			
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)	10,320,922			
d Net gain or (loss)		10,320,922		10,320,922		
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 _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		248,789,021	235,082,194	2,888,539	10,339,423	

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	1,109,322	1,109,322		
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	3,777,172		3,777,172	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	432,400		432,400	
7	Other salaries and wages	85,010,494	72,183,306	12,827,188	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,073,905	4,104,789	969,116	
9	Other employee benefits	14,267,136	11,542,113	2,725,023	
10	Payroll taxes	6,488,464	5,250,170	1,238,294	
a	Fees for services (non-employees)				
	Management	13,352,907	13,352,907		
b	Legal	2,797,647		2,797,647	
c	Accounting	2,249,603	2,249,603		
d	Lobbying	308,289	308,289		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	16,525,642	16,525,642		
12	Advertising and promotion	3,865,996	3,863,808	2,188	
13	Office expenses	30,221,886	30,221,886		
14	Information technology	35,404,562	35,387,172	17,390	
15	Royalties				
16	Occupancy	588,605	393,806	194,799	
17	Travel	560,588	348,333	212,255	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	109,132	109,132		
20	Interest	910,061	910,061		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,204,184	2,204,184		
23	Insurance	180,085		180,085	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Corporate Overhead	12,162,303	564,652	11,597,651	0
b	Non Recurring Expenses	3,446,768	3,446,768	0	0
c	Repairs & Maintenance	1,634,427	1,634,427	0	0
d	Contract Labor	1,505,452	1,505,452	0	0
e					
f	All other expenses	616,786	616,786		
25	Total functional expenses. Add lines 1 through 24f	244,803,816	207,832,608	36,971,208	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	22,400,758	1	21,338,231
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net	6,969,776	7	2,029,776
	8 Inventories for sale or use	177,748	8	2,111,479
	9 Prepaid expenses and deferred charges	30,728,415	9	14,136,418
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	36,424,082		
	10b Less accumulated depreciation	17,205,329		
	10c	22,486,931	10c	19,218,753
	11 Investments—publicly traded securities	58,060,710	11	142,818,164
	12 Investments—other securities See Part IV, line 11	192,729	12	116,531
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	445,997,361	15	621,366,390	
16 Total assets. Add lines 1 through 15 (must equal line 34)	587,014,428	16	823,135,742	
Liabilities	17 Accounts payable and accrued expenses	87,000,586	17	101,763,752
	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	769,393,566	25	932,386,905
	26 Total liabilities. Add lines 17 through 25	856,394,152	26	1,034,150,657
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-269,383,530	27	-211,022,175
	28 Temporarily restricted net assets	3,806	28	7,260
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-269,379,724	33	-211,014,915	
34 Total liabilities and net assets/fund balances	587,014,428	34	823,135,742	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	248,789,021
2	Total expenses (must equal Part IX, column (A), line 25)	2	244,803,816
3	Revenue less expenses Subtract line 2 from line 1	3	3,985,205
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-269,379,724
5	Other changes in net assets or fund balances (explain in Schedule O)	5	54,379,604
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-211,014,915

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
St John Health

Employer identification number

38-2244034

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									11,382,777

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. (Add lines 7 through 10)						
12 Gross receipts from related activities, etc. (See instructions.)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here. ▶						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:
Software Version:
EIN: 38-2244034
Name: St John Health

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) Medical Resources Group	383494637	9-Publicly Supported	Yes		Yes		Yes		2320711
(B) Sisters of St Joseph	381814937	1-Church	Yes		Yes		Yes		0
(C) St John Community Health Investment Corporation	382262856	3-Hospital	Yes		Yes		Yes		2165785
(D) Eastwood Community Clinics	381958763	9-Publicly Supported	Yes		Yes		Yes		138608
(E) St John Hospital Foundation	202961579	7-Publicly Supported	Yes		Yes		Yes		1951787
(F) St John River District Hospital	383160564	3-Hospital	Yes		Yes		Yes		4302201
(G) Father Murray Nursing Center	382601348	9-Publicly Supported	Yes		Yes		Yes		503685
(H) St John Maccomb-Oakland	383322109	3-Hospital	Yes		Yes		Yes		0
(I) Brighton Hospital	381576680	3-Hospital	Yes		Yes		Yes		0
(J) Daughters of Charity	430653298	1-Church	Yes		Yes		Yes		0

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

If the organization answered "Yes," 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, Part V, line 35a (Proxy Tax), then

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

Table with 2 columns: Name of the organization (St John Health) and Employer identification number (38-2244034)

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received

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														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		176,500
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		131,789
j Total lines 1c through 1i			308,289
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 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Explanation of Other Lobbying Activities	Part II-B, Line 1i	Paid staff of management \$131,789 an amount reported on behalf of St John Health to Michigan Department of State Lobby Registration, combined biennial reporting, 1/3 of salary to Sean Gehle, VP Advocacy, 1/3 salary of Director of Public Policy Position, % of salary of Corporate Director of Government Affairs, St John Health, % of overhead of Lansing Advocacy Office, % of annual retainer to public affairs associates, % of annual retainer to Wiener Associates Direct contact with legislators, their staffs, government officials \$144,000 (\$12,000 month), retainer to Foley and Lardner LLP \$32,500, Section 508 Coalition, Strategic Healthcare and McDermott Will & Emery LLP, Washington based law firm and lobbying firm Line J Total lobbying expenditures \$308,289

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization St John Health

Employer identification number 38-2244034

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 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?

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)?

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

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	17,313	20,052	19,077		
b Contributions			300		
c Investment earnings or losses	886	994	977		
d Grants or scholarships					
e Other expenditures for facilities and programs		3,732	302		
f Administrative expenses					
g End of year balance	18,199	17,314	20,052		

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶ 61.000 %
- c** Term endowment ▶ 39.000 %

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

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		5,632,451		5,632,451
b Buildings		16,894,530	8,270,499	8,624,031
c Leasehold improvements		84,475	53,555	30,920
d Equipment		11,444,246	6,563,468	4,880,778
e Other		2,368,380	2,317,807	50,573
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				19,218,753

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
Description of Intended Use of Endowment Funds	Part V, Line 4	Endowment funds are created to support the healthcare ministry of St. John Health System Hospitals. The distributions from an endowment provide a dependable source of income each year to help St. John continue to meet the community's healthcare needs.
Description of Uncertain Tax Positions Under FIN 48	Part X	The member health care entities of the System are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or 501(c)(2), and their related income is exempt from federal income tax under Section 501(a). The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. During the year ended June 30, 2011, the System recognized other revenue of approximately \$9,000,000 related to medical resident FICA refunds that had been remitted to the Internal Revenue Service (IRS) during years ended prior to March 2005. Such amounts represent management's estimate of claims submitted to the IRS related to the IRS acceptance of residents' qualification as students for purposes of determining Medicare and social security tax.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
St John Health

Employer identification number

38-2244034

Part I Questions Regarding Compensation

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

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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 from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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?
- b** Any related organization?

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

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

- a** The organization?
- b** Any related organization?

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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				
(1) Kevin J Grady MD Sch O	(i)	0	0	0	0	0	0	0
	(ii)	144,503	0	6,328	6,103	10,726	167,660	0
(2) Patricia Maryland Dr PH	(i)	866,565	155,542	5,980	11,025	10,726	1,049,838	0
	(ii)	0	775,672	0	0	0	775,672	0
(3) Patrick M McGuire	(i)	436,912	72,824	142	11,025	10,726	531,629	0
	(ii)	0	0	0	0	0	0	0
(4) Terence Hamilton	(i)	309,483	30,431	0	11,025	10,726	361,665	0
	(ii)	0	0	0	0	0	0	0
(5) Robert Hoban	(i)	353,080	42,113	33,210	11,025	10,726	450,154	32,796
	(ii)	0	0	0	0	0	0	0
(6) Mary Kummer Naber	(i)	315,958	32,259	0	11,025	10,726	369,968	0
	(ii)	0	0	0	0	0	0	0
(7) Joseph Tasse	(i)	416,596	50,370	202	11,025	10,726	488,919	26,648
	(ii)	0	0	0	0	0	0	0
(8) Allen D Tucker	(i)	263,734	10,445	0	9,800	10,726	294,705	0
	(ii)	0	0	0	0	0	0	0
(9) David Silwester	(i)	214,892	33,724	27,481	10,486	10,726	297,309	0
	(ii)	0	0	0	0	0	0	0
(10) Elliot Joseph	(i)	0	0	133,470	0	0	133,470	0
	(ii)	0	0	0	0	0	0	0
(11) Paul Van Tiem	(i)	0	0	121,389	0	0	121,389	0
	(ii)	0	0	0	0	0	0	0
(12) Michael Wiemann MD	(i)	0	0	0	0	0	0	0
	(ii)	506,655	73,665	34,828	11,025	10,726	636,899	2,735
(13) Ernest L Yoder	(i)	158,773	15,989	24,810	2,779	0	202,351	24,810
	(ii)	0	0	0	0	0	0	0
(14)								
(15)								
(16)								

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 1a	The Chief Executive Officer is allowed a companion on one business trip per year. The cost of the companion's travel is added to the Chief Executive Officer's W-2 at the end of the year.
	Part I, Lines 4a-b	The following former executives received severance payments during the current year: Joseph, Elliot Severence \$133,470; Vantiem, Paul Severence \$121,389. Part I, Line 4a-b: Eligible executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, column F in the year paid. 457(f) Payments Made: Robert Hoban \$32,796; Joseph Tasse \$26,648; Michael Wiemann \$2,735; Ernest L Yoder \$24,810.

Schedule J (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
St John Health

Employer identification number

38-2244034

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Leslie Murphy has a business relationship with Maureen A Fay, OP, PHD in that they both serve on a publicly traded company's board of directors Leslie Murphy has a business relationship with Micheal Brennan in that Ms Murphy serves on a board for an organization for which Mr Brennan is executive director Leslie Murphy has a business relationship with Patricia Maryland in that they both serve on company's board of directors

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		St John Health has a single corporate member, Ascension Health

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		St John Health has a single corporate member, Ascension Health, who has the ability to elect members to the governing body of St John Health

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Ascension Health has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system. Specific areas that are identified in the authority matrix are new organizations & major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, system policies & procedures. These areas are subject to certain levels of approval by Ascension per the system authority matrix.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Prior to filing the return, all board members are provided the Form 990 and management team members are available to answer and board member's 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, officer, key employee, 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 conflict of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	<p>In determining compensation of the organization's CEO, the process included a review and approval by independent persons, comparability data and contemporaneous substantiation of the deliberation and decision. The compensation committee reviewed and approved the compensation. In the review of the compensation, the CEO was compared to the other organizations in the area that hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the committee minutes. The individual was not present when their compensation was decided. In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. 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. During the review and approval of the compensation, documentation of the decision was recorded in the committee minutes.</p>

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	The organization will provide any documents to public inspection upon request

Identifier	Return Reference	Explanation
	Form 990, Part VII, Section A	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

Identifier	Return Reference	Explanation
	Form 990, Part VII, Section B	Amounts paid to Sodexo, Inc & Affiliates represent amounts paid for services and materials. These amounts cannot be separated.

Identifier	Return Reference	Explanation
	Form 990, Part VII, Section B	Amounts paid to McKesson represent amounts paid for services and materials. These amounts cannot be separated.

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 5,776,177 Transfers to Affiliates -39,511,388 Transfers to Sponsor -821,630 Deferred Pension Costs 89,228,626 Net Assets Released from Restriction -183,230 Other -108,951 Total to Form 990, Part XI, Line 5 54,379,604

Identifier	Return Reference	Explanation
	Community Benefit Report	<p>St John Health 38-2244034 Community Benefit Report For the fiscal year ended June 30, 2011 This report illustrates the significant degree to which St John Health ("the System") contributes to the positive health status of the communities it serves As a member of Ascension Health, the nation's largest Catholic healthcare system, St John Health continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families, and society as a whole The goal of St John Health is to perpetuate the healing mission of the church The system furthers this goal through delivery of patient services, care to the elderly and indigent, patient education and health awareness programs for the community, and medical research Our concern for all human life and dignity of each person leads the organization to provide medical services to all people in the community without regard to the patient's race, creed, national origin, economic status, or ability to pay In order to portray the full breadth of our contribution, our community benefit information is described below Organizational commitment to providing community benefit St John Health is comprised of five hospitals, plus more than 125 medical facilities in southeast Michigan St John Health seeks to improve the physical, mental, social and spiritual health status of its surrounding community In addition to providing health care services to all individuals who require medical attention, St John Health has developed the following programs to help achieve its mission Expanding Awareness, Education, and Health Promotion St John Health believes that it is essential to educate people regarding the types of behavior that improve their chances of living a healthy life The system has invested significantly in unique, top quality health education and materials to accomplish its goals Various classes the System has provided to the community are as follows Pounds off with empowerment class, bone density, blood pressure and skin cancer screening, CPR, joint seminar-hip or knee pain, learn to live with migraines, risk factors, stress management, weight loss seminar, what every man/woman needs to know about golf, smart eating, smart medicines, baby care basics, breastfeeding preparation, childbirth classes, infant massage, health fairs cholesterol screening, heart-saver first aid, alternatives to hysterectomy, nutrition for women, CD-Implantable Defibrillator-ICD, menopause, Medicare Part D prescription drug coverage, BLS re-certification, substance abuse and dependence, lifestyle changes for diabetes, courageous conversations, blood pressure screening, senior spirit day, ten things women can do, diabetes risk factors, cardiac and pulmonary support, prostate cancer screening, yoga, reiki, blood drives, osteoporosis screening & education, osteoporosis & osteoarthritis, cardiac rehab, smoking cessation, parish nurse sites, coping with various cancers, and support groups for various cancers, caregivers and other diseases Education material is provided on the web under www.stjohn.org and www.realmedicine.org Access to Care Programs St John Health operates many public health clinics Public clinics range from specialty clinics such as pediatrics to general internal medicine clinics Our community health centers provide care for all community residents, regardless of their ability to pay Services include the full range of preventive and primary health and some dental care for adults and children, prenatal care, and management of chronic diseases such as asthma, diabetes and heart disease Community Outreach and Service The System provides charitable contributions to various communities by volunteering and giving support to parades, marathons, health expos, American Red Cross blood drives, churches, schools, all area 4-star basketball camp, baseball clubs, women's international health show, Belle Isle run/walk, town hall series lectures, career fairs at schools, police officers benefit, Oakland University Nightingale Sponsorship, community foundation outings, chamber golf outings, infant mortality comedy night, college health care scholarships, fall fairs, YMCA kids programs and Habitat for Humanity St John Health partners with many organizations to improve community health, such as American Red Cross and the American Heart Association Charity Care Nearly 11 percent of Michigan residents or 1.1 million people lacked health insurance in 2011 In Detroit, 22% of residents are uninsured, this figure remains high due to layoffs, fewer companies offering health insurance and a lessened ability of workers to afford coverage in the metro Detroit area The uninsured are likely to seek care in hospital emergency rooms The System had 379,994 emergency department (ED) and urgent care business visits in fiscal 2011, an increase of 2.69% from the prior year Increasingly, patients are experiencing limited abilities to pay for health care services</p>

Identifier	Return Reference	Explanation
	Community Benefit Report	<p>or qualify for state and federally funded programs like Medicaid and Medicare - programs that cover only a portion of the cost of services provided For many Michigan residents, finding someone to care for them when they are sick is not as easy as making an appointment Lack of health insurance, transportation issues and language barriers combine to create challenges St John Health offers various free clinics In the spirit of principles adopted by Ascension Health, St John Health has taken proactive steps to address those issues that will affect accessibility, the financing, and the delivery of healthcare to all persons, especially the uninsured, underinsured, and the underserved During the fiscal year ending June 30, 2011, the estimated un-reimbursed cost of services provided to the elderly, uninsured, and underinsured totaled \$138.9 million St John Health provides a substantial portion of its services to the elderly and poor During the fiscal year ending June 30, 2011, approximately 49% of the value of services rendered was to elderly patients under the Medicare program, and approximately 17% of the services were provided to patients who were deemed indigent under state, county, or medical center guidelines We currently offer financial assistance programs through the Voices of Detroit Initiative, a program that assists the uninsured and underinsured in managing their health care Medical Research St John Health furthers its mission by contributing funds and personnel to support research that has helped advance medical care Research projects include various cardiac and interventional cardiac research projects, oncology, pediatric hematology and oncology, internal medicine, obstetrics and gynecology and infectious disease research Medical Education St John Health believes that, in order to provide the best health care to the community, its clinical personnel must receive ongoing medical education Numerous seminars and classes are provided to medical residents and staff and are posted on our website www.sjhs.com/GME Residency Training Operations and Governance St John Health</p> <ol style="list-style-type: none"> 1 Operates an emergency room that is open to all persons regardless of ability to pay 2 Has an open medical staff with privileges available to all qualified physicians in the area 3 Has a governing body in which independent persons representative of the community comprise a majority 4 Engages in medical or scientific research programs 5 Engages in the training and education of health care professionals 6 Participates in Medicaid, Medicare, champus, triage and/or other government-sponsored health care programs

Identifier	Return Reference	Explanation
		<p>Patient Services St John Health provides the following inpatient and outpatient medical services to the community Allergy and immunology, anatomic and clinical pathology, anesthesiology, anesthesiology-pain medicine, cardiology, cardiovascular disease, cardiothoracic surgery, child and adolescent psychiatry, child/adolescent neurology, clinical cardiac electrophysiology, colon and rectal surgery, cytopathology, dentistry, dermatology, diagnostic radiology, emergency medicine, emergency medicine-pediatric emergency medicine, endocrinology diabetes and metabolism, family medicine, family medicine-addiction, family medicine-geriatric medicine, family medicine-sports medicine, forensic psychiatry, gastroenterology, geriatric psychiatry, gynecologic oncology, gynecology, hematology and medical oncology, infectious disease, internal medicine, internal medicine-critical care medicine, internal medicine-geriatric medicine, internal medicine-hematology, interventional cardiology, maternal and fetal medicine, neonatal-perinatal medicine, nephrology, neurological surgery, neurology, neuroradiology, nuclear medicine, obstetrics and gynecology, occupational medicine, ophthalmology, oral and maxiofacial surgery, orthopedic surgery, orthopedic surgery-hand surgery, otolaryngology, otorhinolaryngology and orofacial plastic surgery, pathology, pathology-dermatopathology, pediatric-endocrinology, pediatric-allergy and immunology, pediatric-cardiology, pediatric-critical care medicine, pediatric-dentistry, pediatric-emergency medicine, pediatric-gastroenterology, pediatric-hematology oncology, pediatric-infectious disease, pediatric-nephrology, pediatric-otolaryngology, pediatric-radiology, pediatric-surgery, pediatrics, physical medicine and rehabilitation, plastic and reconstructive surgery, plastic surgery, plastic surgery-surgery of the hand, podiatric surgery, podiatry, psychiatry, pulmonary medicine, radiation oncology, radiology, reproductive endocrinology, rheumatology, sleep medicine, surgery, surgery of the hand, therapeutic radiology, urology, vascular and interventional radiology, and vascular surgery Some of the services listed above operate at a loss in order to ensure that all services are available to meet community health care needs During the fiscal year ending June 30, 2011, St John Health hospitals treated adults and children from the community for a total of 523,659 patient days of service The system also provided services to 2,720,368 outpatients, including 38,358 outpatient surgery patients, 379,944 emergency and minor care visits, and 125,006 homebound patients Additional links to additional community benefit information //www mha org Financial Information The financial information presented below was prepared in accordance with the Catholic Health Association's (CHA) community benefit reporting guidelines These guidelines recommend the following -Report care of the poor at cost, not charges -Do not include bad debt, contractual allowances, and quick pay discounts as part of care of the poor expense -Do not count Medicare shortfall as a community benefit -Report the net expense for community benefit services, i e , the total community benefit expense minus any associated revenue from patients, payers, and other external sources The CHA reporting guidelines reflect a conservative approach to reporting quantifiable community benefit The goal of the reporting guidelines is to produce community benefit financial reports that reflect true costs and that describe community benefit activities that increase access to health care and improve community health Consolidated St John Health information for fiscal year ended June 30, 2011 1) care of the poor (at cost) \$37,386,819 2) government sponsored health care (net expense) \$2,578,283 3) unpaid cost of public indigent care programs (includes medicaid, schip, and other safety net programs, does not include medicare shortfalls) \$35,857,911 4) community benefit programs (net expense) \$45,050,126 Total quantifiable community benefit, as determined in accordance with CHA reporting guidelines \$120,873,137 Supplemental Information Bad debt costs attributable to charity \$30,777,807 Medicare surplus \$12,743,099</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
St John Health

Employer identification number

38-2244034

Part I Identification of Disregarded Entities (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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Advent Partners LP 2800 Dequindre Warren, MI48092 38-3494197	Investment	MI	N/A									
(2) Open MRI of Michigan 2800 Dequindre Warren, MI48092 38-3544539	Medical Services	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
(1) Advent Inc 28000 Dequindre Warren, MI48092 38-2971743	Investment	MI	N/A	C			
(2) Affiliated Health Services Inc 28000 Dequindre Warren, MI48092 38-2292922	Maintain Rental Space & Provide Medical Mgmt	MI	N/A	C			
(3) St John Healthpartners 28000 Dequindre Warren, MI48092 38-3333157	Health Care Management Services	MI	N/A	C			

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2010**

Software ID:
Software Version:
EIN: 38-2244034
Name: St John Health

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Ascension Health PO Box 45998 St Louis, MO63145 31-1662309	National Health System	MO	Section 501(c) (3)	Schedule A, Line 11a	N/A		No
Brighton Hospital 12851 Grand River Brighton, MI48116 38-1576680	Hospital	MI	Section 501(c) (3)	Schedule A, Line 3	St John Health	Yes	
Brighton National Addiction Foundation 12851 Grand River Brighton, MI48116 26-0694680	Fundraising	MI	Section 501(c) (3)	Schedule A, Line 7	Brighton Hospital	Yes	
Father Murray Nursing Center 8444 Engleman Centerline, MI48015 38-2601348	Medical Care	MI	Section 501(c) (3)	Schedule A, Line 9	St John Health	Yes	
Macomb Hospital Center Auxiliary 11800 E Twelve Mile Warren, MI48093 38-6091287	Fundraising	MI	Section 501(c) (3)	Schedule A, Line 11c	St John Macomb- Oakland Hospital Corp		No
St John Macomb Foundation 22101 Moross Rd Mack Office Buildin Detroit, MI48236 20-2962353	Fundraising	MI	Section 501(c) (3)	Schedule A, Line 7	St John Health	Yes	
Medical Resources Group 43800 Garfield Rd Suite 201 Clinton Township, MI48038 38-3494637	Medical Care	MI	Section 501(c) (3)	Schedule A, Line 9	StJohn Health	Yes	
Providence Health Foundation 22101 Moross Suite 102 Detroit, MI48236 38-3526629	Fundraising	MI	Section 501(c) (3)	Schedule A, Line 11c	StJohn Health	Yes	
Providence Hospital 16001 West Nine Mile Rd Southfield, MI48037 38-1358212	Hospital	MI	Section 501(c) (3)	Schedule A, Line 3	StJohn Health	Yes	
Seton Health Corp of SE Michigan 16001 West Nine Mile Rd Southfield, MI48037 38-2820107	Medical Care	MI	Section 501(c) (3)	Schedule A, Line 11c	St John Health	Yes	
St John Community Health Investment Corp 28000 Dequindre Road Warren, MI48092 38-2262856	Medical Care	MI	Section 501(c) (3)	Schedule A, Line 3	St John Health	Yes	
St John Home Care 37650 Garfield Rd Clinton Township, MI48036 38-3408684	Medical Care	MI	Section 501(c) (3)	Schedule A, Line 7	StJohn Health	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
St John Hospital and Medical Center 28000 Dequindre Road Warren, MI48092 38-1359063	Hospital	MI	Section 501(c)(3)	Schedule A, Line 3	St John Health	Yes	
St John Hospital Foundation 22101 Moross Rd Mack Office Buidin Detroit, MI48236 20-2961579	Fundraising	MI	Section 501(c)(3)	Schedule A, Line 7	St John Health	Yes	
St John Hospital Guild 28000 Dequindre Road Warren, MI48092 38-6091110	Fundraising	MI	Section 501(c)(3)	Schedule A, Line 11c	St John Hospital and Medical Center		No
St John River District Hospital 4100 River Road East China, MI48054 38-3160564	Hospital	MI	Section 501(c)(3)	Schedule A, Line 3	St John Health	Yes	
St John Senior Community 18300 East Warren Detroit, MI48224 38-2631907	Medical Care	MI	Section 501(c)(3)	Schedule A, Line 9	St John Health	Yes	
Our Lady of Providence League PO Box 2043 Southfield, MI48037 38-6108200	Fundraising	MI	Section 501(c)(3)	Schedule A, Line 11c	Providence Hospital		No
St John Macomb-Oakland Hospital 28000 Dequindre Road Warren, MI48092 38-3322109	Hospital	MI	Section 501(c)(3)	Schedule A, Line 3	St John Health	Yes	
Fontbonne Auxiliary of St John Hospital 28000 Dequindre Road Warren, MI48092 38-6082173	Fundraising	MI	Section 501(c)(3)	Schedule A, Line 11c	St John Health		No
Eastwood Community Clinics 28000 Dequindre Road Warren, MI48092 38-1958763	Medical Care	MI	Section 501(c)(3)	Schedule A, Line 9	St John Health	Yes	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) St John Hospital Foundation	R	6,980,497	Actual Amount Paid
(2) St John Hospital Foundation	Q	62,817	Actual Amount Transferred
(3) St John Hospital Foundation	H	5,996,177	Actual Amount Transferred
(4) St John Hospital Foundation	N	1,740,273	Actual Amount Transferred
(5) St John Hospital Foundation	P	1,258,650	Actual Amount Transferred
(6) Macomb Hospital Foundation	R	188,510	Actual Amount Paid
(7) Providence Hospital Foundation	R	1,855,191	Actual Amount Paid
(8) Providence Hospital Foundation	N	382,600	Actual Amount Transferred
(9) Providence Hospital Foundation	P	391,758	Actual Amount Transferred
(10) St John Hospital and Medical Center	Q	172,582,372	Actual Amount Paid
(11) St John Hospital and Medical Center	N	324,065,304	Actual Amount Transferred
(12) St John Hospital and Medical Center	O	495,192,186	Actual Amount Transferred
(13) St John Hospital and Medical Center	J	3,207,051	Actual Amount Transferred
(14) St John Hospital and Medical Center	A	17,955,026	Actual Amount Transferred
(15) St John Hospital and Medical Center	R	29,420,698	Actual Amount Paid
(16) St John Hospital and Medical Center	P	4,239,050	Actual Amount Transferred
(17) St John Senior Community	R	6,010,706	Actual Amount Paid
(18) St John Senior Community	H	130,537	Actual Amount Transferred
(19) St John Senior Community	N	5,633,537	Actual Amount Transferred
(20) St John Senior Community	P	95,525	Actual Amount Transferred
(21) StJohn Senior Community	A	406,316	Actual Amount Transferred
(22) StJohn Macomb-Oakland Hospital	R	349,873,673	Actual Amount Paid
(23) StJohn Macomb-Oakland Hospital	H	2,022,144	Actual Amount Transferred
(24) St John Macomb-Oakland Hospital	N	189,651,921	Actual Amount Transferred
(25) St John Macomb-Oakland Hospital	P	180,026,802	Actual Amount Transferred
(26) St John Macomb-Oakland Hospital	I	114,979	Actual Amount Transferred
(27) St John Macomb-Oakland Hospital	A	8,807,835	Actual Amount Transferred
(28) Medical Resource Group	R	122,970,156	Actual Amount Paid
(29) Medical Resource Group	N	90,139,458	Actual Amount Transferred
(30) Medical Resource Group	P	34,631,401	Actual Amount Transferred

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(31) Medical Resource Group	A	553,902	Actual Amount Transferred
(32) StJohn Home Care	R	28,597,555	Actual Amount Paid
(33) StJohn Home Care	N	24,961,571	Actual Amount Transferred
(34) StJohn Home Care	P	5,241,083	Actual Amount Transferred
(35) St John Home Care	A	139,564	Actual Amount Transferred
(36) St John Community Health Investment Corp	R	3,568,347	Actual Amount Paid
(37) St John Community Health Investment Corp	N	4,296,323	Actual Amount Transferred
(38) St John Community Health Investment Corp	P	1,379,442	Actual Amount Transferred
(39) Eastwood Community Clinics	R	13,104,862	Actual Amount Paid
(40) Eastwood Community Clinics	N	11,007,232	Actual Amount Transferred
(41) Eastwood Community Clinics	P	2,207,224	Actual Amount Transferred
(42) Open MRI of Michigan	R	922,156	Actual Amount Paid
(43) Open MRI of Michigan	P	959,816	Actual Amount Transferred
(44) Affiliated Health Services Inc	R	51,258,778	Actual Amount Paid
(45) Affiliated Health Services Inc	N	9,685,154	Actual Amount Transferred
(46) Affiliated Health Services Inc	P	37,851,803	Actual Amount Transferred
(47) Affiliated Health Services Inc	A	88,333	Actual Amount Transferred
(48) Providence Hospital and Medical Center	R	669,254,457	Actual Amount Paid
(49) Providence Hospital and Medical Center	H	4,613,121	Actual Amount Transferred
(50) Providence Hospital and Medical Center	N	284,829,542	Actual Amount Transferred
(51) Providence Hospital and Medical Center	P	301,305,226	Actual Amount Transferred
(52) Seton Health Corp of SE Michigan	O	97,392	Actual Amount Transferred
(53) Advent Inc	O	293,410	Actual Amount Transferred
(54) Brighton Hospital	Q	428,804	Actual Amount Paid
(55) Brighton Hospital	O	523,943	Actual Amount Transferred
(56) Ascension Health	N	495,357	Actual Amount Transferred