



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012**

<b>B</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	<b>C</b> Name of organization St John Health		<b>D</b> Employer identification number 38-2244034	
	Doing Business As St John Providence Health System		<b>E</b> Telephone number (586) 753-0455	
	Number and street (or P O box if mail is not delivered to street address) 28000 Dequindre	Room/suite	<b>G</b> Gross receipts \$ 268,476,130	
	City or town, state or country, and ZIP + 4 Warren, MI 480922468			
<b>F</b> Name and address of principal officer Patricia Maryland 28000 Dequindre Warren, MI 480922468		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶		
<b>I</b> 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				
<b>J</b> Website: ▶ www.stjohn.org				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation 1978	<b>M</b> State of legal domicile MI

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities Our Catholic Health Ministry is dedicated to spiritually centered holistic care				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	14		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12		
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	2,281		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	12		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	3,889,966		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	105,037			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	478,865	Current Year	64,537
	<b>9</b> Program service revenue (Part VIII, line 2g)		237,970,733		209,245,699
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,320,922		13,565,381
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,501		45,600,513
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		248,789,021		268,476,130
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,109,322		1,114,499
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		115,049,571		123,754,291
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		128,644,923		100,496,476
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		244,803,816		225,365,266	
<b>19</b> Revenue less expenses Subtract line 18 from line 12		3,985,205		43,110,864	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>20</b> Total assets (Part X, line 16)		823,135,742		1,194,585,909
	<b>21</b> Total liabilities (Part X, line 26)		1,034,150,657		1,391,991,062
<b>22</b> Net assets or fund balances Subtract line 21 from line 20		-211,014,915		-197,405,153	

**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.

<b>Sign Here</b>	Signature of officer	2013-05-14
	Patrick McGuire Chief Financial Officer Type or print name and title	Date

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ Matthew Montgomery	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00492843
	Firm's name (or yours if self-employed), address, and ZIP + 4 Deloitte Tax LLP 250 East Fifth Street Suite 1900 Cincinnati, OH 45202			EIN ▶ 86-1065772 Phone no ▶ (513) 784-7100

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  Yes  No

**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 187,659,737 including grants of \$ 1,114,499 ) (Revenue \$ 209,943,764 )

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 \$ 187,659,737

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	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	
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
<b>3</b>	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
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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	
<b>5</b>	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>		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
<b>7</b>	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
<b>8</b>	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
<b>9</b>	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
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
<b>11</b>	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		
<b>a</b>	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>b</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
<b>c</b>	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
<b>d</b>	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	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
<b>f</b>	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	
<b>12a</b>	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>b</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	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
<b>15</b>	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, Part II and IV.</i>		No
<b>16</b>	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, Part III and IV.</i>		No
<b>17</b>	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.</i>		No
<b>18</b>	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
<b>19</b>	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
<b>20a</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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

<b>21</b> 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> . . . . .	<b>21</b>	Yes	
<b>22</b> 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> . . . . .	<b>22</b>		No
<b>23</b> 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> . . . . .	<b>23</b>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b> 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> . . . . .	<b>26</b>		No
<b>27</b> 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> . . . . .	<b>27</b>		No
<b>28</b> 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)			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b> 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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b> 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> . . . . .	<b>32</b>		No
<b>33</b> 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> . . . . .	<b>33</b>		No
<b>34</b> 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> . . . . .	<b>34</b>	Yes	
<b>35a</b> Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b> 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> . . . . .	<b>35b</b>	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b> 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>	<b>37</b>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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

Table with columns for question number, question text, and Yes/No response. Rows include questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable trusts.

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) 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 Treasurer	5 00	X						0	0	0
(5) Kevin J Grady MD Sch O Board Member	25 00	X						0	151,007	17,080
(6) James Giordano Board Member	5 00	X						0	0	0
(7) Denise Lewis Board Member	5 00	X						0	0	0
(8) Kathleen B McCann end 0911 Board Member	5 00	X						0	0	0
(9) Christine Parks CSJ Board Member	5 00	X						0	0	0
(10) Dan Ponder Board Member	5 00	X						0	0	0
(11) Gary Shiffman Board Member	5 00	X						0	0	0
(12) John Smith Board Member	5 00	X						0	0	0
(13) Shirley R Stancato Board Member	5 00	X						0	0	0
(14) Karen Swanson MD Board Member	5 00	X						0	0	0
(15) Patricia Maryland DrPH Chief Executive Officer	50 00	X		X				1,190,421	770,465	21,998
(16) Patrick M McGuire Chief Financial Officer	50 00			X				526,307	0	21,998
(17) Robert Hoban Chief Strategy Officer	50 00				X			417,341	0	57,094

**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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Jean Meyer Pres/EVP Acute Care Operations	50 00				X			373,715	0	17,423
(19) Mary Kummer Naber Chief Worklife Officer	50 00				X			369,354	0	21,998
(20) Terence Hamilton SVP Operations	50 00				X			348,676	0	21,998
(21) Peter McCullough Chief Academic/Scientific Officer	50 00					X		479,015	0	20,773
(22) Joseph Tasse end 1011 President Ambulatory Svcs	50 00					X		541,825	0	61,745
(23) Allen D Tucker Sr Exec, Michigan Market Operations	50 00					X		268,815	0	20,773
(24) Susan Burns President - SJH Foundation	50 00					X		324,744	0	21,998
(25) Debra L Hollander Clinical Dir Behav Hlth Svcs	50 00					X		273,627	0	20,773
(26) David Silvester Former VP, Real Estate	0 00						X	0	271,428	29,227
(27) Michael Wiemann MD Former EVP	0 00						X	0	656,562	21,998
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								5,113,840	1,849,462	376,876

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **92**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> 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	
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Accretive Health Inc 401 North Michigan Avenue Suite 27 Chicago, IL 60611	Mgmt & Outsource Rev Cycle Functions	72,484,398
Automated Benefit Services 8220 Irving Sterling Heights, MI 48312	Administration of Healthcare Claims	30,655,434
Cardiovascular Therapeutics 22250 Providence Drive Suite 705 Southfield, MI 48075	Healthcare Services	17,571,721
Sodexo Inc & Affiliates (Sch O) 4880 Payshere Circle Chicago, IL 60674	Food Services	16,226,496
TriMedx LLC 5451 Lakeview Parkway S Drive Indianapolis, IN 46268	Clinical Engineering Services	14,631,453

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **630**

**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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	64,537				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	64,537				
<b>Program Service Revenue</b>	<b>2a</b>	System Administration	Business Code 561000	208,912,237	208,912,237		
	<b>b</b>	Ancillary Revenue	621990	333,462	333,462		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		209,245,699			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		13,559,131		13,559,131	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . ▶					
	<b>5</b>	Royalties . . . . . ▶					
	<b>6a</b>		(i) Real	(ii) Personal			
			17,900				
		<b>b</b>	Less rental expenses	0			
		<b>c</b>	Rental income or (loss)	17,900			
	<b>d</b>	Net rental income or (loss) . . . . . ▶		17,900		17,900	
	<b>7a</b>		(i) Securities	(ii) Other			
				6,250			
		<b>b</b>	Less cost or other basis and sales expenses	0			
		<b>c</b>	Gain or (loss)	6,250			
	<b>d</b>	Net gain or (loss) . . . . . ▶		6,250		6,250	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . ▶						
<b>9a</b>		<b>a</b>					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from gaming activities . . ▶					
<b>10a</b>		<b>a</b>					
	<b>b</b>	Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code					
<b>11a</b>	Pension Curtailment	900099	40,864,454		40,864,454		
<b>b</b>	Cafeteria Revenue	722212	130,128		130,128		
<b>c</b>	Management Fees	900099	21,249	21,249			
<b>d</b>	All other revenue . . . . .		4,566,782	676,816	3,889,966		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		45,582,613				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		268,476,130	209,943,764	3,889,966	54,577,863	

**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)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,114,499	1,114,499		
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	2,050,311		2,050,311	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	90,076		90,076	
<b>7</b>	Other salaries and wages	98,239,841	85,063,123	13,176,718	
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,012,101	3,399,854	612,247	
<b>9</b>	Other employee benefits	12,763,986	9,558,851	3,205,135	
<b>10</b>	Payroll taxes	6,597,976	5,591,185	1,006,791	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management				
<b>b</b>	Legal	4,590,164		4,590,164	
<b>c</b>	Accounting	2,112,810	2,112,810		
<b>d</b>	Lobbying	197,632	197,632		
<b>e</b>	Professional fundraising See Part IV, line 17				
<b>f</b>	Investment management fees				
<b>g</b>	Other	12,903,997	12,903,997		
<b>12</b>	Advertising and promotion	3,960,763	3,947,761	13,002	
<b>13</b>	Office expenses	31,873,228	31,873,228		
<b>14</b>	Information technology	20,868,448	20,868,448		
<b>15</b>	Royalties				
<b>16</b>	Occupancy	444,519	277,223	167,296	
<b>17</b>	Travel	572,786	403,003	169,783	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings	143,428	143,428		
<b>20</b>	Interest	960,944	960,944		
<b>21</b>	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization	2,236,861	2,236,861		
<b>23</b>	Insurance	204,542		204,542	
<b>24</b>	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 )				
<b>a</b>	Corporate Overhead	13,024,127	604,663	12,419,464	
<b>b</b>	Non Recurring Expenses	2,029,776	2,029,776		
<b>c</b>	Repairs & Maintenance	1,388,520	1,388,520		
<b>d</b>	Contract Labor	1,240,853	1,240,853		
<b>e</b>					
<b>f</b>	All other expenses	1,743,078	1,743,078		
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	225,365,266	187,659,737	37,705,529	0
<b>26</b>	<b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	21,338,231	<b>1</b>	25,378,526
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	2,029,776	<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	2,111,479	<b>8</b>	2,084,483
	<b>9</b> Prepaid expenses and deferred charges . . . . .	14,136,418	<b>9</b>	15,381,698
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	44,847,272		
	<b>b</b> Less accumulated depreciation . . . . .	19,424,407	<b>10c</b>	25,422,865
	<b>11</b> Investments—publicly traded securities . . . . .	142,818,164	<b>11</b>	88,256,421
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	116,531	<b>12</b>	375,346
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	621,366,390	<b>15</b>	1,037,686,570
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	823,135,742	<b>16</b>	1,194,585,909	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	101,763,752	<b>17</b>	105,600,234
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	932,386,905	<b>25</b>	1,286,390,828
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,034,150,657	<b>26</b>	1,391,991,062
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-211,022,175	<b>27</b>	-197,405,153
	<b>28</b> Temporarily restricted net assets . . . . .	7,260	<b>28</b>	0
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	0
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	-211,014,915	<b>33</b>	-197,405,153	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	823,135,742	<b>34</b>	1,194,585,909	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	268,476,130
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	225,365,266
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	43,110,864
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-211,014,915
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-29,501,102
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	-197,405,153

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	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	
<b>d</b>	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		
<b>3a</b>	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>b</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

OMB No 1545-0047

2011

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.

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 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?

Table with 2 columns: Yes, No. Rows: 11g(i) No, 11g(ii) No, 11g(iii) No

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

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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? Includes a Total row with value 0.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (See instructions)					<b>12</b>	

**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**

<b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

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

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12.)						
<b>14 First Five Years</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
-------------------------------------

<b>Explanation</b>
--------------------

Schedule A, Part IV, Supplemental Information Schedule A, Part IV, Supplemental Information Part I, Line 11(h) Goods and services of \$225,365,266 were provided to or purchased for the benefit of the supported organizations

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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, line 35c (Proxy Tax), then

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

Name of the organization St John Health

Employer identification number

38-2244034

Part I-A 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 on behalf of or in opposition to candidates for public office 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?
4a Was a correction made?
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?
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 and promptly and directly delivered to a separate political organization.

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">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													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		52,000
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		145,632
<b>j</b> Total lines 1c through 1i			197,632
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**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".**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

Identifier	Return Reference	Explanation
Part IV, Supplemental Information		Part II-B, Line 1(i), Other Lobbying Activities Paid staff or management \$130,058 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, % 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 \$52,000, Section 508 Hospital Coalition Other expenses represent the portion of dues paid to the Catholic Health Association that is specifically allocable to lobbying Line J Total lobbying expenditures \$197,632

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 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 importantly 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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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
<b>1a</b> Beginning of year balance . . . . .	18,200	17,314	20,052	19,077	
<b>b</b> Contributions . . . . .	114			300	
<b>c</b> Investment earnings or losses . . . . .	904	886	994	977	
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	2,184		3,732	302	
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	17,034	18,200	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 ▶ 65.860 %
- c** Term endowment ▶ 34.140 %

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		5,632,451		5,632,451
<b>b</b> Buildings . . . . .		16,900,607	8,991,328	7,909,279
<b>c</b> Leasehold improvements . . . . .		84,475	59,187	25,288
<b>d</b> Equipment . . . . .		14,893,153	10,373,892	4,519,261
<b>e</b> Other . . . . .		7,336,586		7,336,586
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				25,422,865



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	

**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	From the consolidated audited financial statements of St John Providence Health System (the "System") 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

Schedule I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

OMB No 1545-0047 2011 Open to Public Inspection

Name of the organization St John Health

Employer identification number 38-2244034

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes entries for Detroit Cristo Rey High School and Oakland University School of Nursing.

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

**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.

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

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 St John Health requires potential applicants to complete an actual application There are various levels of review that subsequently take place prior to the final approval decision The ultimate decision on every applicant is formally documented

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2011**

**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 idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

**b** If any of the boxes 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?

**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
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	145,547	0	5,460	6,107	10,973	168,087	0
(2) Patricia Maryland DrPH	(i)	914,657	264,280	11,484	11,025	10,973	1,212,419	0
	(ii)	0	770,465	0	0	0	770,465	0
(3) Patrick M McGuire	(i)	460,846	65,386	75	11,025	10,973	548,305	0
	(ii)	0	0	0	0	0	0	0
(4) Robert Hoban	(i)	364,367	49,101	3,873	46,121	10,973	474,435	35,096
	(ii)	0	0	0	0	0	0	0
(5) Jean Meyer	(i)	337,274	36,093	348	6,450	10,973	391,138	0
	(ii)	0	0	0	0	0	0	0
(6) Mary Kummer Naber	(i)	332,382	36,972	0	11,025	10,973	391,352	0
	(ii)	0	0	0	0	0	0	0
(7) Terence Hamilton	(i)	315,381	33,295	0	11,025	10,973	370,674	0
	(ii)	0	0	0	0	0	0	0
(8) Peter McCullough	(i)	474,739	0	4,276	9,800	10,973	499,788	0
	(ii)	0	0	0	0	0	0	0
(9) Joseph Tasse end 1011	(i)	389,582	67,482	84,761	50,772	10,973	603,570	39,747
	(ii)	0	0	0	0	0	0	0
(10) Allen D Tucker	(i)	268,815	0	0	9,800	10,973	289,588	0
	(ii)	0	0	0	0	0	0	0
(11) Susan Burns	(i)	287,529	33,267	3,948	11,025	10,973	346,742	0
	(ii)	0	0	0	0	0	0	0
(12) Debra L Hollander	(i)	273,627	0	0	9,800	10,973	294,400	0
	(ii)	0	0	0	0	0	0	0
(13) David Silwester	(i)	0	0	0	0	0	0	0
	(ii)	227,562	35,445	8,421	14,852	14,375	300,655	0
(14) Michael Wiemann MD	(i)	0	0	0	0	0	0	0
	(ii)	525,249	93,769	37,544	11,025	10,973	678,560	0

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	The Chief Executive Officer is allowed a companion on two business trips 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.
Supplemental Information	Part III	Part I, Line 4a. The following former executives received severance payments during the current year - Joseph Tasse - \$90,076. Part I, Line 4b. 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 \$35,096 - Joseph Tasse \$39,747.

**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.**

**2011**

**Open to Public  
Inspection**

Name of the organization  
St John Health

**Employer identification number**

38-2244034

Identifier	Return Reference	Explanation
Program Service Statement	Form 990, Part III	<p>St John Health 38-2244034 Community Benefit Report For the fiscal year ended June 30, 2012 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</p> <p><b>ORGANIZATIONAL COMMITMENT TO PROVIDING COMMUNITY BENEFIT</b> 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</p> <p><b>EXPANDING AWARENESS, EDUCATION, AND HEALTH PROMOTION</b> 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</p> <p><b>VARIOUS CLASSES THE SYSTEM HAS PROVIDED TO THE COMMUNITY ARE AS FOLLOWS</b> 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 &amp; education, osteoporosis &amp; 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 <a href="http://www.stjohn.org">www.stjohn.org</a> and <a href="http://www.realmedicine.org">www.realmedicine.org</a></p> <p><b>ACCESS TO CARE PROGRAMS</b> 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</p> <p><b>COMMUNITY OUTREACH AND SERVICE</b> 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</p> <p><b>CHARITY CARE</b> Nearly 12 percent of Michigan residents or 1.2 million people lacked health insurance in 2012 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 396,328 emergency department and urgent care visits in fiscal 2012 Increasingly, patients are experiencing limited abilities to pay for health care services or qualify for state and federally funded programs like</p>

Identifier	Return Reference	Explanation
Program Service Statement	Form 990, Part III	<p>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, 2012, the estimated un-reimbursed cost of services provided to the elderly, uninsured, and underinsured totaled \$121.5 million. St. John Health provides a substantial portion of its services to the elderly and poor. During the fiscal year ending June 30, 2012, approximately 40% of the value of services rendered was to elderly patients under the Medicare program, and approximately 14.5% 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.</p> <p><b>MEDICAL RESEARCH</b> 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.</p> <p><b>MEDICAL EDUCATION</b> 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 <a href="http://www.sjhs.com/GME">www.sjhs.com/GME</a> Residency Training.</p> <p><b>OPERATIONS AND GOVERNANCE</b> ST. JOHN HEALTH</p> <ol style="list-style-type: none"> <li>1. Operates an emergency room that is open to all persons regardless of ability to pay.</li> <li>2. Has an open medical staff with privileges available to all qualified physicians in the area.</li> <li>3. Has a governing body in which independent persons representative of the community comprise a majority.</li> <li>4. Engages in medical or scientific research programs.</li> <li>5. Engages in the training and education of health care professionals.</li> <li>6. Participates in Medicaid, Medicare, champus, triage and/or other government-sponsored health care programs.</li> </ol>

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 maxillofacial 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, 2012, St John Health hospitals treated adults and children from the community for a total of 492,712 patient days of service The system also provided services to 2,689,371 outpatients, including 215,291 mental health visits, 124,080 home health visits, and 38,713 outpatient surgery 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, 2012 1) Care of the poor (at cost) = \$32,796,609 2) Government sponsored health care (net expense) = \$2,760,432 3) Unpaid cost of public indigent care programs (includes medicaid, schip, and other safety net programs, does not include medicare shortfalls) = \$35,672,999 4) Community benefit programs (net expense) = \$50,117,421 Total quantifiable community benefit, as determined in accordance with CHA reporting guidelines = \$121,347,461 SUPPLEMENTAL INFORMATION Bad debt costs attributable to charity = \$33,771,163 Medicare surplus = \$33,553,518</p>

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	Many of the persons listed on Part VII have a "business relationship" with each other by virtue of sitting on related St John Providence Health System entity boards Leslie Murphy, Chairman, and Maureen A Fay, Secretary, have a business relationship Leslie Murphy, Chairman, and Michael Brennan, Vice Chair, have a business relationship Leslie Murphy, Chairman, and Patricia Maryland, Chief Executive Officer, have a business relationship

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 the 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 individuals at other organizations in the area who 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 her compensation was decided. In determining the compensation of other officers or key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Compensation Committee reviewed and approved the compensation. In the review of the compensation, the other officers or key employees of the organizations were compared to individuals at other organizations in the area who 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 open to public inspection upon request

Identifier	Return Reference	Explanation
	Form 990, Part VII, Section A	Where noted with a "(Sch O)" reference, 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
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -12,358,588 Transfers to Affiliates -17,321,738 Transfers to Sponsor -1,222,791 Deferred Pension Costs 1,531,001 Net Assets Released to/from Other Business Units 73,248 Other Pension related Adjustments -202,234 Total to Form 990, Part XI, Line 5 - 29,501,102

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**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 28000 Dequindre Road Warren, MI 48092 38-3494197	Investment	MI	N/A									
(2) Open MRI of Michigan 28000 Dequindre Road Warren, MI 48092 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 Road Warren, MI 48092 38-2971743	Investment	MI	N/A	C			
(2) Affiliated Health Services Inc 28000 Dequindre Road Warren, MI 48092 38-2292922	Maintain Rental Space & Provide Medical Mgmt	MI	N/A	C	1,010,197	11,249,398	100 000 %

**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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>	Yes	
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>		No
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>	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
<b>(1)</b> See Additional Data Table			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**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) 2011**

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Ascension Health PO Box 45998 St Louis, MO 63145 31-1662309	National Health System	MO	Section 501(c)(3)	Schedule A Line 11a	Ascension Health Alliance		No
Brighton Hospital 12851 Grand River Brighton, MI 48116 38-1576680	Hospital	MI	Section 501(c)(3)	Schedule A Line 3	St John Health	Yes	
Brighton National Addiction Foundation 12851 Grand River Brighton, MI 48116 26-0694680	Fundraising	MI	Section 501(c)(3)	Schedule A Line 7	Brighton Hospital	Yes	
Father Murray Nursing Center 28000 Dequindre Road Warren, MI 48092 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, MI 48093 38-6091287	Fundraising	MI	Section 501(c)(3)	Schedule A Line 11c	St John Macomb-Oakland Hospital Corp		No
Medical Resources Group 43800 Garfield Rd Suite 201 Clinton Township, MI 48038 38-3494637	Medical Care	MI	Section 501(c)(3)	Schedule A Line 9	StJohn Health	Yes	
Providence Health Foundation 22101 Moross Suite 102 Detroit, MI 48236 38-3526629	Fundraising	MI	Section 501(c)(3)	Schedule A Line 11c	StJohn Health	Yes	
Providence Hospital 16001 West Nine Mile Rd Southfield, MI 48037 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, MI 48037 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, MI 48092 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, MI 48036 38-3408684	Medical Care	MI	Section 501(c)(3)	Schedule A Line 7	StJohn Health	Yes	
St John Hospital & Medical Center 28000 Dequindre Road Warren, MI 48092 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 Bldg St Detroit, MI 48236 20-2961579	Fundraising	MI	Section 501(c)(3)	Schedule A Line 7	St John Health	Yes	
St John Hospital Guild 28000 Dequindre Road Warren, MI 48092 38-6091110	Fundraising	MI	Section 501(c)(3)	Schedule A Line 11c	St John Hospital & Medical Center		No
St John River District Hospital 4100 River Road East China, MI 48054 38-3160564	Hospital	MI	Section 501(c)(3)	Schedule A Line 3	St John Health	Yes	
St John Senior Community 18300 East Warren Detroit, MI 48224 38-2631907	Medical Care	MI	Section 501(c)(3)	Schedule A Line 9	St John Health	Yes	
Our Lady of Providence League 28000 Dequindre Road Warren, MI 48092 38-6108200	Fundraising	MI	Section 501(c)(3)	Schedule A Line 11c	Providence Hospital		No
St John Macomb-Oakland Hospital 28000 Dequindre Road Warren, MI 48092 38-3322109	Hospital	MI	Section 501(c)(3)	Schedule A Line 3	St John Health	Yes	
Eastwood Community Clinics 28000 Dequindre Road Warren, MI 48092 38-1958763	Medical Care	MI	Section 501(c)(3)	Schedule A Line 9	St John Health	Yes	
Fontbonne Auxiliary of St John Hospital 28000 Dequindre Road Warren, MI 48092 38-6082173	Fundraising	MI	Section 501(c)(3)	Schedule A Line 11c	St John Health		No

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

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)	<b>(d)</b> Method of determining amount involved
<b>(1)</b> Brighton Hospital	N	3,011,827	Actual Amount Transferred
<b>(2)</b> Brighton Hospital	P	3,350,874	Actual Amount Transferred
<b>(3)</b> Brighton Hospital	R	265,556	Actual Amount Transferred
<b>(4)</b> Eastwood Community Clinics	N	6,089,413	Actual Amount Transferred
<b>(5)</b> Eastwood Community Clinics	P	6,317,958	Actual Amount Transferred
<b>(6)</b> Eastwood Community Clinics	R	12,271,301	Actual Amount Transferred
<b>(7)</b> Father Murray Nursing Center	R	1,302,663	Actual Amount Transferred
<b>(8)</b> St John Macomb-Oakland Hospital	R	340,773	Actual Amount Transferred
<b>(9)</b> St John Macomb-Oakland Hospital	N	102,541,766	Actual Amount Transferred
<b>(10)</b> St John Macomb-Oakland Hospital	P	270,444,705	Actual Amount Transferred
<b>(11)</b> St John Macomb-Oakland Hospital	R	389,525,023	Actual Amount Transferred
<b>(12)</b> Medical Resources Group	N	48,106,961	Actual Amount Transferred
<b>(13)</b> Medical Resources Group	P	61,302,898	Actual Amount Transferred
<b>(14)</b> Medical Resources Group	R	99,102,461	Actual Amount Transferred
<b>(15)</b> Providence Health Foundation	P	987,562	Actual Amount Transferred
<b>(16)</b> Providence Hospital	R	310,121	Actual Amount Transferred
<b>(17)</b> Providence Hospital	N	161,877,262	Actual Amount Transferred
<b>(18)</b> Providence Hospital	P	475,714,854	Actual Amount Transferred
<b>(19)</b> Providence Hospital	R	753,146,472	Actual Amount Transferred
<b>(20)</b> St John River District Hospital	R	61,363	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
<b>(21)</b> St John River District Hospital	N	11,899,435	Actual Amount Transferred
<b>(22)</b> St John River District Hospital	P	30,655,988	Actual Amount Transferred
<b>(23)</b> St John River District Hospital	R	34,800,455	Actual Amount Transferred
<b>(24)</b> St John Senior Community	R	187,827	Actual Amount Transferred
<b>(25)</b> St John Community Health Investment Corporation	N	2,381,993	Actual Amount Transferred
<b>(26)</b> St John Community Health Investment Corporation	P	3,613,581	Actual Amount Transferred
<b>(27)</b> St John Community Health Investment Corporation	R	1,031,620	Actual Amount Transferred
<b>(28)</b> St John Home Care	N	14,299,627	Actual Amount Transferred
<b>(29)</b> St John Home Care	P	19,598,170	Actual Amount Transferred
<b>(30)</b> St John Home Care	R	36,102,476	Actual Amount Transferred
<b>(31)</b> St John Hospital and Medical Center	R	366,184	Actual Amount Transferred
<b>(32)</b> St John Hospital and Medical Center	J	683,298	Actual Amount Transferred
<b>(33)</b> St John Hospital and Medical Center	N	162,492,114	Actual Amount Transferred
<b>(34)</b> St John Hospital and Medical Center	P	512,081,444	Actual Amount Transferred
<b>(35)</b> St John Hospital and Medical Center	R	664,441,851	Actual Amount Transferred
<b>(36)</b> St John Hospital Foundation	C	63,804	Actual Amount Transferred
<b>(37)</b> St John Hospital Foundation	P	3,575,943	Actual Amount Transferred
<b>(38)</b> St John Hospital Foundation	Q	1,353,189	Actual Amount Transferred
<b>(39)</b> Affiliated Health Services Inc	N	8,468,247	Actual Amount Transferred
<b>(40)</b> Affiliated Health Services Inc	P	43,696,744	Actual Amount Transferred

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

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)	<b>(d)</b> Method of determining amount involved
<b>(41)</b> Affiliated Health Services Inc	R	53,579,991	Actual Amount Transferred
<b>(42)</b> Open MRI of Michigan	P	932,013	Actual Amount Transferred
<b>(43)</b> Open MRI of Michigan	R	994,061	Actual Amount Transferred
<b>(44)</b> Ascension Health	Q	18,272,248	Actual Amount Transferred

# 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) St John Hospital & Medical Center	381359063	3-Hospital	Yes		Yes		Yes		0
(B) Providence Hospital	381358212	3-Hospital	Yes		Yes		Yes		0
(C) St John Macomb-Oakland Hospital	383322109	3-Hospital	Yes		Yes		Yes		0
(D) St John River District Hospital	383160564	3-Hospital	Yes		Yes		Yes		0
(E) Brighton Hospital	381576680	3-Hospital	Yes		Yes		Yes		0
(F) Medical Resources Group	383494637	9-Publicly Supported	Yes		Yes		Yes		0
(G) St John Community Health	382262856	3-Hospital	Yes		Yes		Yes		0
(H) Eastwood Community	381958763	9-Publicly Supported	Yes		Yes		Yes		0
(I) St John Home Care	383408684	7-Publicly Supported	Yes		Yes		Yes		0
(J) Providence Health Foundation	383526629	11-Supporting Org	Yes		Yes		Yes		0
(K) St John Hospital Foundation	202961579	7-Publicly Supported	Yes		Yes		Yes		0