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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

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

C Name of organization
St John Hospital & Medical Center

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
28000 Dequindre Road

City or town, state or province, country, and ZIP or foreign postal code
Warren, MI 480922468

D Employer identification number
38-1359063

E Telephone number
(586) 753-0101

G Gross receipts $ 781,379,413

F Name and address of principal officer
ROBERT HOBAN
28000 Dequindre Road
Warren, MI 480922468

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

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

H(c) Group exemption number ▶

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

J Website: ▶ HTTP //WWW STJOHNPROVIDENCE ORG/STJOHNHOSPITAL

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1948

M State of legal domicile MI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Our Catholic Health Ministry is dedicated to spiritually centered, holistic care

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	4,788
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,590,108
b	Net unrelated business taxable income from Form 990-T, line 34	7b	1,754,058

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,129,246	2,764,524
	9	Program service revenue (Part VIII, line 2g)	720,826,549	756,256,774
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,359,228	6,586,971
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,340,446	13,433,781
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	750,655,469	779,042,050
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	287,356,784	288,688,833
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,582,262		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	422,461,234	445,737,442
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	709,818,018	734,426,275
	19	Revenue less expenses Subtract line 18 from line 12	40,837,451	44,615,775

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	845,696,959	876,178,915
	21	Total liabilities (Part X, line 26)	283,957,475	284,745,181
	22	Net assets or fund balances Subtract line 21 from line 20	561,739,484	591,433,734

Part II Signature Block

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

Sign Here

Signature of officer — Date 2016-05-15

TOMASINE MARX VP FINANCE & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Meghann Ackley	Meghann Ackley			P01399136

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 250 EAST FIFTH STREET SUITE 1900
CINCINNATI, OH 45202 — 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 or note to any line in this Part III . . . . ☐

1 Briefly describe the organization's mission

St John Hospital & Medical Center, 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 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 $ 698,140,387 including grants of $) (Revenue $ 755,716,796)

ST JOHN HOSPITAL & MEDICAL CENTER IS KNOWN FOR EXCELLENCE IN CARDIOLOGY, ONCOLOGY, NEUROSCIENCES, MINIMALLY INVASIVE AND ROBOTIC SURGERY, WOMEN'S SERVICES, PEDIATRICS, AND MEDICAL EDUCATION OUR EMERGENCY CENTER, A LEVEL II TRAUMA CENTER, HAS BOTH CHEST PAIN CENTER AND HEART FAILURE CENTER ACCREDITATIONS WE OFFER EXCELLENCE IN CANCER TREATMENT AT THE VAN ELSLANDER CANCER CENTER OUR WIDE ARRAY OF PEDIATRIC SPECIALISTS WORK IN OUR LARGE INPATIENT PEDIATRIC UNIT, PICU, AND LEVEL III NICU OR LEVEL II SPECIAL CARE NURSERY WE WERE NAMED A BLUE DISTINCTION CENTER IN BOTH CARDIOVASCULAR AND ORTHOPEDIC CARE BY BLUE CROSS BLUE SHIELD OF MICHIGAN AND BLUE CARE NETWORK SEE COMMUNITY BENEFIT REPORT ON SCHEDULE H

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** ▶ 698,140,387

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4,788			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . .	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent . . .	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders? . . .		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body? . . .		8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . .		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . .		9		No

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

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

Section C. Disclosure

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

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 ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

▶NANCY ALTON

28000 DEQUINDRE ROAD
WARREN, MI 480922468 (586) 753-0101

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . ☑

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) SR BETTY GRANGER CSJ SECRETARY	1 00 6 30	X		X				0	0	0
(2) PATRICIA MANLEY VICE CHAIRPERSON	1 00 2 00	X		X				0	0	0
(3) JAMES COLE CHAIRPERSON	1 00 2 00	X		X				0	0	0
(4) DAVID BROOKS HOSPITAL PRESIDENT	50 00 4 00	X		X				767,283	0	36,055
(5) VICTOR BATTANI TREASURER	1 00 2 00	X		X				0	0	0
(6) YVETTE BING BOARD MEMBER	1 00 2 00	X						0	0	0
(7) PETER CRACCHIOLO BOARD MEMBER	1 00 4 00	X						0	0	0
(8) CHRISTINE CRADER MD BOARD MEMBER	1 00 2 00	X						0	0	0
(9) ALBERT DE POLO JR DO BOARD MEMBER	1 00 2 00	X						0	0	0
(10) STEVEN MINNICK MD BOARD MEMBER	50 00 5 00	X						218,519	0	29,562
(11) JAMES SAWYER BOARD MEMBER	1 00 1 00	X						0	0	0
(12) AMY SCHADEN BOARD MEMBER	1 00 2 00	X						0	0	0
(13) TOMASINE MARX VP FINANCE & CFO	50 00 2 00			X				393,042	0	39,942
(14) KEVIN GRADY MD CHIEF MEDICAL OFFICER	50 00 2 00				X			516,251	0	38,681

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15) AYAD AL-KATIB MD MED DIR ONCOLOGY EAST REG COE	50 00 0					X		657,129	0	30,511
(16) MARC CULLEN MD PHYSICIAN	50 00 0					X		721,678	0	37,856
(17) RICHARD FESSLER MD PHYSICIAN	50 00 0					X		646,374	0	8,856
(18) ZYAD KAFRI MD PHYSICIAN	50 00 0					X		513,573	0	31,165
(19) LOUIS SARAVOLATZ MD PHYSICIAN	50 00 2 00					X		536,800	0	40,440
(20) FRANK W POMA FORMER PRESIDENT SJHMC	0 00 50 00						X	0	311,901	31,559
(21) DEBORAH A CONDINO FORMER VP CLINICAL SERVICES	0 00 0						X	231,801	0	2,999
(22) DIANE RADLOFF FORMER PRESIDENT	0 00 0						X	226,140	0	0

		(D)	(E)	(F)
1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	5,428,589	311,901	327,626

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 ▶298

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

Section B. Independent Contractors

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

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 ▶0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☑

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts						
1a	Federated campaigns . . 1a					
b	Membership dues 1b					
c	Fundraising events 1c					
d	Related organizations . . . 1d					
e	Government grants (contributions) 1e					
f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,764,524				
g	Noncash contributions included in lines 1a-1f $					
h	**Total.** Add lines 1a-1f . . . . ▶		2,764,524			
Program Service Revenue		Business Code				
2a	OUTPATIENT GROSS REV	622110	402,305,602	391,895,335	10,410,267	
b	INPATIENT ANCILLARY	622110	215,172,734	215,172,734		
c	INPATIENT ROUTINE REV	622110	127,757,258	127,757,258		
d	CAPITATION REV	622110	8,084,914	8,084,914		
e	ANCILLARY REVENUE	622110	2,649,244	1,524,116	1,125,128	
f	All other program service revenue		287,022	0	0	287,022
g	**Total.** Add lines 2a–2f . . . . ▶		756,256,774			
Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		6,362,775			6,362,775
4	Income from investment of tax-exempt bond proceeds . . ▶					
5	Royalties . . . . ▶					

		(i) Real	(ii) Personal
6a	Gross rents	2,319,529	
b	Less rental expenses	2,337,363	
c	Rental income or (loss)	-17,834	0

		(A)	(B)	(C)	(D)
d	Net rental income or (loss) . . . . ▶	-17,834		54,713	-72,547

		(i) Securities	(ii) Other
7a	Gross amount from sales of assets other than inventory		224,196
b	Less cost or other basis and sales expenses		
c	Gain or (loss)	0	224,196

			(A)	(B)	(C)	(D)
7d	Net gain or (loss) . . . . ▶		224,196			224,196
8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . a					
b	Less direct expenses . . . b					
c	Net income or (loss) from fundraising events . . ▶					
9a	Gross income from gaming activities See Part IV, line 19 . . . a					
b	Less direct expenses . . . b					
c	Net income or (loss) from gaming activities . . ▶					
10a	Gross sales of inventory, less returns and allowances . a					
b	Less cost of goods sold . . b					
c	Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
11a	CAFETERIA REVENUE	621990	2,044,855			2,044,855
b	ARRA INCENTIVE	621990	786,748	786,748		
c	PARKING REVENUE	621990	124,321			124,321
d	All other revenue		10,495,691	10,495,691	0	0
e	**Total.** Add lines 11a–11d . . . . . . ▶		13,451,615			
12	**Total revenue.** See Instructions . . . . . ▶		779,042,050	755,716,796	11,590,108	8,970,622

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,039,335	0	2,039,335	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	234,800		234,800	
7 Other salaries and wages	255,674,232	252,020,529	3,653,703	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,788,107	2,724,034	64,073	
9 Other employee benefits	11,395,826	11,133,942	261,884	
10 Payroll taxes	16,556,533	16,176,052	380,481	
11 Fees for services (non-employees)				
a Management	13,448,711	6,320,894	7,127,817	
b Legal	425,684		425,684	
c Accounting				
d Lobbying	30,864	30,864		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,016,671	1,016,671	0	0
12 Advertising and promotion	129,631		129,631	
13 Office expenses	1,977,112	1,977,112		
14 Information technology				
15 Royalties				
16 Occupancy	18,242,521	17,623,121	619,400	
17 Travel	1,600,979	1,576,964	24,015	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,582,624	6,582,624		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,668,846	32,668,846		
23 Insurance	9,300,457	9,300,457		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PURCHASED SERVICES	163,576,117	145,402,810	18,173,307	
b SUPPLIES	141,314,108	141,314,108		
c PHYSICIAN FEES	39,963,017	39,963,017		
d REPAIRS & MAINTENANCE	1,990,958	1,990,958		
e All other expenses	13,469,142	10,317,384	569,496	2,582,262
25 **Total functional expenses.** Add lines 1 through 24e	734,426,275	698,140,387	33,703,626	2,582,262
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,112,569	1	1,499,430
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		63,771,241	4	64,179,455
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		9,744,988	8	11,020,465
	9	Prepaid expenses and deferred charges		1,397,614	9	4,140,938
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 743,681,241			
	b	Less accumulated depreciation	10b 456,744,211	288,302,417	10c	286,937,030
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		800,411	12	982,964
	13	Investments—program-related See Part IV, line 11		2,627,277	13	2,422,367
	14	Intangible assets		13,397,103	14	12,138,435
	15	Other assets See Part IV, line 11		463,543,339	15	492,857,831
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		845,696,959	16	876,178,915
Liabilities	17	Accounts payable and accrued expenses		47,338,623	17	48,509,914
	18	Grants payable			18	
	19	Deferred revenue		328,659	19	352,554
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		236,290,193	25	235,882,713
	26	**Total liabilities.** Add lines 17 through 25		283,957,475	26	284,745,181
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		558,166,879	27	587,284,251
	28	Temporarily restricted net assets		3,545,296	28	4,122,174
	29	Permanently restricted net assets		27,309	29	27,309
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		561,739,484	33	591,433,734
	34	Total liabilities and net assets/fund balances		845,696,959	34	876,178,915

Part XI **Reconcilliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	779,042,050
2	Total expenses (must equal Part IX, column (A), line 25)	2	734,426,275
3	Revenue less expenses Subtract line 2 from line 1	3	44,615,775
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	561,739,484
5	Net unrealized gains (losses) on investments	5	-8,415,091
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,506,434
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	591,433,734

Part XII **Financial Statements and Reporting**

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

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

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
St John Hospital & Medical Center

Employer identification number
38-1359063

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ______
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
f Enter the number of supported organizations . . . . ______
g Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2013 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2014.** 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—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* . . .	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

a ☐ The organization satisfied the Activities Test Complete **line 2** below

b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

c ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	**1**		
2	Recoveries of prior-year distributions	**2**		
3	Other gross income (see instructions)	**3**		
4	Add lines 1 through 3	**4**		
5	Depreciation and depletion	**5**		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7	Other expenses (see instructions)	**7**		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	**8**		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	**1**		
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) ______			
2	Acquisition indebtedness applicable to non-exempt use assets	**2**		
3	Subtract line 2 from line 1d	**3**		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	**4**		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6	Multiply line 5 by 035	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**Minimum Asset Amount** (add line 7 to line 6)	**8**		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2	Enter 85% of line 1	**2**		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4	Enter greater of line 2 or line 3	**4**		
5	Income tax imposed in prior year	**5**		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . . . . ______			
b From 2010. . . . . . . ______			
c From 2011. . . . . . . ______			
d From 2012. . . . . . . ______			
e From 2013. . . . . . . ______			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ ______			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . . . . ______			
b From 2011. . . . . . . ______			
c From 2012. . . . . . . ______			
d From 2013. . . . . . . ______			
e From 2014. . . . . . . ______			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2014

Open to Public Inspection

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
St John Hospital & Medical Center	38-1359063

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

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

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2011	**(b)** 2012	**(c)** 2013	**(d)** 2014	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		30,864
j	Total Add lines 1c through 1i			30,864
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying St John Hospital & Medical center does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493136005436

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
St John Hospital & Medical Center

Employer identification number
38-1359063

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

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

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

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included 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 (ASC 958) relating to these items

a Revenue 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	15,668,907	10,475,499	10,085,281	8,987,410	7,979,769
b	Contributions	1,716,776	4,911,988	184,058	1,047,617	704,845
c	Net investment earnings, gains, and losses	775,010	706,028	515,785	463,519	420,926
d	Grants or scholarships					
e	Other expenditures for facilities and programs	240,849	424,608	309,625	413,265	118,130
f	Administrative expenses					
g	End of year balance	17,919,844	15,668,907	10,475,499	10,085,281	8,987,410

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 88 %

c Temporarily restricted endowment ▶ 12 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	4,327,302	10,280,327		14,607,629
b Buildings		515,588,874	294,368,180	221,220,694
c Leasehold improvements		8,116,572	6,695,083	1,421,489
d Equipment		194,352,204	154,325,868	40,026,336
e Other		11,015,962	1,355,080	9,660,882
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				286,937,030

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ADVANCES TO AFFILIATES	269,671,010
(2) INTEREST IN INVESTMENTS HELD BY ASCENSION HEALTH ALLIANCE	210,319,207
(3) OTHER MISCELLANEOUS ASSETS	8,479,163
(4) NON-ASCENSION HEALTH PLAN DEFERRED COMPENSATION	4,388,451
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	492,857,831

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
INTERCOMPANY PAYABLE TO ASCENSION HEALTH ALLIANCE	182,533,817
SETTLEMENT LIABILITY	21,955,463
PROFESSIONAL BUILDING II - CAPITAL LEASE OBLIGATION	6,487,421
SELF INSURANCE LIABILITY	7,835,409
DEFERRED COMPENSATION	4,388,451
P/GL DEDUCTIBLE LIABILITY	4,793,442
WORKERS COMPENSATION INSURANCE LIABILITY	1,110,442
VALUATION ALLOWANCE	1,110,000
MISCELLANEOUS	5,668,268
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	235,882,713

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	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
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	From the consolidated audited financial statements of Ascension Health Alliance ("the system") (which include the activity of St John Hospital and Medical Center) The system accounts for uncertainty in income tax position by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return The system has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2015

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 38-1359063
Name: St John Hospital & Medical Center

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

1 (a) Description of Liability	(b) Book Value
INTERCOMPANY PAYABLE TO ASCENSION HEALTH ALLIANCE	182,533,817
SETTLEMENT LIABILITY	21,955,463
PROFESSIONAL BUILDING II - CAPITAL LEASE OBLIGATION	6,487,421
SELF INSURANCE LIABILITY	7,835,409
DEFERRED COMPENSATION	4,388,451
P/GL DEDUCTIBLE LIABILITY	4,793,442
WORKERS COMPENSATION INSURANCE LIABILITY	1,110,442
VALUATION ALLOWANCE	1,110,000
MISCELLANEOUS	5,668,268

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
St John Hospital & Medical Center

Employer identification number
38-1359063

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,256,358	0	1,256,358	0 17 %
b Medicaid (from Worksheet 3, column a)			157,393,114	147,618,241	9,774,873	1 33 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	158,649,472	147,618,241	11,031,231	1 50 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,099,364	0	1,099,364	0 15 %
f Health professions education (from Worksheet 5)			38,944,353	19,984,917	18,959,436	2 58 %
g Subsidized health services (from Worksheet 6)			3,625,659	0	3,625,659	0 49 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			6,340	0	6,340	0 %
j **Total.** Other Benefits	0	0	43,675,716	19,984,917	23,690,799	3 23 %
k **Total.** Add lines 7d and 7j	0	0	202,325,188	167,603,158	34,722,030	4 73 %

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					0	0 %
2	Economic development					0	0 %
3	Community support			14,251		14,251	0 %
4	Environmental improvements			4,002		4,002	0 %
5	Leadership development and training for community members					0	0 %
6	Coalition building			3,346		3,346	0 %
7	Community health improvement advocacy					0	0 %
8	Workforce development					0	0 %
9	Other					0	0 %
10	**Total**	0	0	21,599	0	21,599	0 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	40,579,698		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	13,388,485		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	271,090,191		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	252,274,214		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	18,815,977		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group St John Hospital & Medical Center

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) http //www stjohnprovidence org/upload/docs/community%20health/chna-st%20john%20hospital%20and%20med			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 12			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www stjohnprovidence org/upload/docs/community%20health/chna-st%20john%20hospital%20and%20med			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group St John Hospital & Medical Center

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 2 0% and FPG family income limit for eligibility for discounted care of 3 0%			
b ☐ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☐ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance?	15	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) https //www stjohnprovidence org/patients-and-visitors/financial-assistance			
b ☐ The FAP application form was widely available on a website (list url)			
c ☐ A plain language summary of the FAP was widely available on a website (list url)			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group St John Hospital & Medical Center

		Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a ☑ Notified individuals of the financial assistance policy on admission			
b ☑ Notified individuals of the financial assistance policy prior to discharge			
c ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		No
If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **41**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
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Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Eligibility for Free or Discounted Care	The organization provides medically necessary care to all patients, regardless of race, color, creed, ethnic origin, gender, disability or economic status The organization uses a percentage of Federal Poverty Level (FPL) to determine free and discounted care At a minimum, patients with income less than or equal to 200% of the FPL, which may be adjusted for cost of living utilizing the local wage index compared to national wage index, will be eligible for 100% charity care write off of charges for services that have been provided to them Also, at a minimum, patients with incomes above 200% of the FPL but not exceeding 300% of the FPL, subject to adjustments for cost of living utilizing the local wage index compared to national wage index, will receive a discount of 70% on the services provided to them Additionally, for any Pure Self Pay patient (someone presenting with no insurance regardless of income), there is a 40% Uninsured Discount automatically applied against total charges

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE - Part I	The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association (CHA) guidelines The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured or self-pay) The best available data was used to calculate the amounts reported in the table For certain categories in the table, this was a cost accounting system, in other categories, a specific cost-to-charge ratio was applied In 2014, Michigan became Medicaid Expansion state and rolled out the Healthy Michigan Plan (HMP) Michigan residents are eligible to apply for Medicaid if their income is at or below 133% of the FPL To date, the St John Providence Health System (SJPHS) service area has 271,672 people who have been enrolled in the Healthy Michigan Plan, which is 46 percent of the total number enrolled in the state The breakdown of the service area's enrollment includes the following Livingston County has 5,282, Macomb County has 47,940, Oakland has 47,134, Detroit has 81,654, Wayne County (excluding Detroit) has 80,210 and St Clair has 9,452 OTHER BENEFITS Our mission statement reads "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 " The hospitals that make up SJP demonstrate their mission through Community Benefit work SJPHS is fortunate to have a department solely dedicated to providing community benefits to the entire community with special attention to those who are most vulnerable St John Community Health Inc (CHIC) extends the work of the hospital into the community by providing health care services and support that addresses the social determinants of health The department is focused on preventative care and disease management and has components that address all of the priorities that were identified from the most recent Community Health Needs Assessment (CHNA) In 2015 CHIC had 149,865 encounters with people from the community All of the encounters are geared toward helping people live healthier lives The programs include 18 school-based health centers, Physicians Who Care, which has 400 specialists that volunteer to see uninsured patients, Infant Mortality Program which provides support to expectant mothers and their babies, Community Outreach, which conducts exercise, nutrition education, diabetes education and screenings in communities throughout the service area, a grief support program for children and families, called Open Arms, Ryan White program which provides care for people living with HIV and AIDS, Faith Community Partnerships, which, supports health initiatives in places of worship, Healthy Neighborhoods Detroit, which operates two neighborhood health and safety offices and a program to help end generational poverty called Bridges to Hope, and a Senior Wellness Center Community Health Improvement Services and Community Benefit Operations Health Care Support Services All of SJPHS' hospitals partnered with community-based organizations to increase outreach and education about enrollment for health insurance coverage through the newly created Health Insurance Marketplaces (Exchanges) which are designed to help individuals find, consider options and purchase health insurance that is compatible with various income levels, and an individual's desired medical care coverage All of the hospitals provided health insurance enrollment assistance to uninsured adults presenting to hospital Emergency Department or inpatients We participated in 66 enrollment events, took 11,077 applications and 2,334 people received education about health coverage options ST JOHN HOSPITAL & MEDICAL CENTER (SJHMC) HELPED 4,146 PEOPLE COMPLETE APPLICATIONS FOR HMP ST JOHN MACOMB-OAKLAND (SJMO) HELPED 3,378 COMPLETE FOR APPLICATIONS HMP, ST JOHN RIVER DISTRICT (SJRD) HELPED 149 PEOPLE COMPLETE APPLICATIONS FOR HMP, AND PROVIDENCE/PROVIDENCE PARK HELPED 2,314 PEOPLE COMPLETE APPLICATIONS FOR HMP

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE - Part II	SJPHS participated in a Fellowship program with the Michigan Department of Health & Human Services, Health Disparities Reduction and Minority Health Section to develop strategies t o assist people, enrolled in HMP, with obtaining primary care Cultural competence is extr emely important to SJPHS We have programs that specialize in working with patients who ha ve Limited English Proficiency (LEP) We respect cultural norms and try to accommodate pat ients to the best of our ability SJMO has a nurse navigator that specializes in working w ith patients who are Arab or Chaldean and also works in the Bangladeshi community In 2015 SJMO worked diligently in the Arabic-Chaldean community in its service area and provided 100 woman with breastfeeding support, 160 colorectal screenings, 180 screenings and/or phy sician consultations, 227 encounters with mothers in a mom-to-mom support group, 114 educa tion and screening to seniors, and distributed education material, in Arabic, to 1,390 at community events Providence Park has a nurse navigator that works with Japanese communiti es In 2015 there were 11,905 people served at 619 events from the Japanese community SJH MC supports an annual health fair in the Korean community SJHMC also partners with Black Mother's Breastfeeding Association (BMBFA) to train their lactation specialists on how to promote breastfeeding with African American mothers Since SJHMC has partnered with BMFA, and implemented its Mother's Nurture program and Outpatient Breastfeeding, there has been an increase of African American mothers who initiate breastfeeding from 51 5 percent in 20 11 to 71 7 percent in 2014 My Accessible Real Time Trusted Interpreter (MARTTI) is availa ble at all of SJPHS hospitals to eliminate the communication barriers between the hospital staff and patients who have LEP, or are deaf or hard of hearing Examples of Health Profe ssions Education SJPHS hospitals are committed to educating students in clinical, medical and business fields Providence/ Providence Park hospital received the Truven Top 15 honor s for the 7th time in FY15 which rank it as one of the top 15 major teaching hospitals SJ MO is ranked as one of the top Orthopedic Osteopathic training programs in the U S Bright on Center for recovery provides medical residents from hospitals throughout the health sys tem with the unique opportunity to learn about treating patients with drug and /or alcohol additions in a clinical setting Examples of our Subsidized Health Services SJHMC has a l evel two adult and pediatric trauma center, which are vital in the city of Detroit Accord ing to FBI crime rate reports, in 2014 Detroit had a crime rate of 1988 6 per 100,000 peop le This is five times the national rate of 365 5 per 100,000, and makes Detroit one of th e most violent cities in the country The hospital routinely treats injuries from gunshot and knife wounds Most all of these patients are uninsured SJHMC, PPPH and SJMO have all received the designation as Baby Friendly Hospitals They all have a Mother Nurture progra m, which brings culturally, competent lactation consultants to the bedside of new mothers They also have an outpatient breastfeeding clinic that spends one-on-one time teaching mo thers to breast feed successfully In FY15, 81% of mothers initiated breastfeeding as a re sult of both the Mother Nurture program Many continue breastfeeding with the support of t he Outpatient Breastfeeding clinic Brighton Hospital counselors run an educational and su pportive program for children ages 7-12 years that have a loved one struggling with additi on to drugs and/or alcohol SJPHS has a mobile mammography unit that came into service in April of 2015 and between April and June it provided 321 mammograms throughout the communi ty Over 142 hours were spent educating people in underserved communities about breast can cer prevention, early detection and treatment Cash and in-kind contributions for Communit y Benefit SJPHS' hospitals provide a significant amount of cash and in-kind contributions During FY15, the SJP Mission Fund Poor supported 15 programs by providing grants in the a mount of $249,000 One organization that SJHMC supports is Eagle a faith-based sports init iative that helps kids get active as well as improving their literacy Additionally, SJP S ponsorship Committee provided over $400,000 in financial support to organizations that add ress health and social determinants support and align with our health system Metro Detroi t is well known for its outdoor festivals during the summer SJP has provided emergency me dical care at a variety of festivals from the Gold Cup boat races to Arts Beats and Eats In addition to rent, SJPHS' hospitals provide free meeting rooms to community organization s All of our hospitals donate medical supplies and/or medication to organizations like Wo rld Medical Relief or they donate to medical or clinical staff that are volunteering to pr ovide care in the developing world or doing disast

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE - Part II	er relief SJRD associates spent many hours collecting and stocking 21 backpacks for needy students at an elementary school in their service are SJMO donated $3000 to purchase 80 back packs filled with school supplies that were given to children at the Warren SummerFes t Providence Hospital, SJHMC and SJMO provided nearly 2000 children with gifts and fun th rough their annual Christmas Stores There are about 180 volunteers that help to make this event a success Leaders at SJPHS spend a great deal of time volunteering on community or ganization's boards and other committees A few of those boards include March of Dimes, S erving as Medical Director for area fire department, The Children's Center, The Kidney Fou ndation, American Diabetes Foundation, Eastside Community Collaborative, Catholic Charitie s of Southeast and Michigan, Gift of Life Michigan SJPHS' hospitals and corporate offices organized and held blood drives in partnership with Red Cross SJP laboratories provide f ree services to our partner organizations that serve patients who are uninsured

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 NEEDS ASSESSMENT - Part I	A Community health needs assessment of the St John Providence Health System service area is completed every three years, with the most recent conducted in fiscal year 2013 The most recent assessment was led by a steering committee composed of members with diverse health professional backgrounds representing the services provided by St John Providence Health System Members included professionals with backgrounds in Finance, Marketing, Nursing, Social Work, Medicine, Pharmacy and Public Health to name a few The process was based on the 6 steps outlined by the Association for Community Health Improvement (ACHI) The 6 steps are - Identifying the Team and Resources (Step 1) - Defining the Purpose and Scope (Step 2) - Collecting and Analyzing Data (Step 3) - Selecting Priorities (Step 4) - Documenting and Communicating Results (Step 5) - Planning for Action and Monitoring Progress (Step 6) The process resulted in a ranking of the health needs by county and then three were selected as priority areas of focus These three are 1) Diabetes Prevention and Management 2) Infant Mortality Prevention 3) Access to Primary Care for Underinsured and Uninsured The risk factors related to these three, when addressed will have a positive impact on the other major community health needs related to heart failure, kidney failure, cancer early identification and treatment, asthma education and treatment, infant mortality, and obesity in children and adults Subcommittees were formed and led by community health staff The subcommittees consisted of SJP staff, county health department representatives and community members An Implementation Plan was developed for all of the hospitals with strategies to help achieve the desired outcomes Below are the priority areas, strategies and results for FY15 For complete description of CHNA methodology, identification of priority needs, and findings, please review the hospital's CHNA online at HTTP //WWW STJOHNPROVIDENCE ORG/UPLOAD/DOCS/COMMUNITY%20HEALTH/CHNA-ST%20JOHN%20HOSPITAL%20AND%20MEDICAL%20CENTER PDF St John Hospital & Medical Center Community Benefit Report Fiscal Year Ended June 30, 2015 This report illustrates the significant degree to which St John Hospital & Medical Center contributes to the positive health status of the community it serves As a member of Ascension Health, the nation's largest Catholic Healthcare System, St John Hospital & Medical Center 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 Hospital & Medical Center is to perpetuate the healing mission of the church St John Hospital & Medical Center furthers this goal through delivery of patient services, care to the elderly and indigent, patient education, 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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 NEEDS ASSESSMENT - Part II	Organizational Commitment to Providing Community Benefit St John Hospital & Medical Center is a regional referral teaching hospital with 772 licensed beds, a 1300+ member medical staff and more than 50 medical and surgical specialties As the largest acute care provider on Detroit's east side, St John Hospital & Medical Center is also an active participant in community health initiatives through its community-based partnerships with churches, schools, and civic organizations St John Hospital & Medical center 1 Operates an emergency room that is open to all persons regardless of ability to pay 2 Has on open medical staff with privileges available to all qualified physicians in the area 3 Has a governing body in which independent persons representative of the community compromise a majority 4 Engages in medical or scientific research programs 5 Engages in the training and education of health care professionals 6 Participates in Medicaid, Medicare, Champus, Triage and/or other government-sponsored health care programs Medical Research St John Hospital & Medical Center 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, nephrology, radiology and infectious disease research St John Hospital & Medical Center has a wide array of surgical specialties and sub-specialties Our operating rooms and post-anesthesia units are open 24 hours a day, seven days a week for scheduled and emergency procedures St John Hospital & Medical Center seeks to improve the physical, mental, social, and spiritual health status of its surrounding community and has long been known for its excellence in medical care Our clinical excellence includes - More than 50 medical and surgical specialties - A Level Two Trauma Center - An Accredited Chest Pain Center - Excellence in maternal/child services - Many minimally invasive and robotic surgery options - Comprehensive cardiac care - Quality neurosciences - A network of oncology specialties - Comprehensive bone and joint care - A thriving medical education program

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 NEEDS ASSESSMENT - Part III	Medical Education & Specialty Areas St John Hospital & Medical Center 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 and continuing education programs are provided to medical residents and staff and are posted on our website www stjohnprovidence org/medical professionals/medical education Along with providing care and treatment in a wide range of areas, St John Hospital & Medical Center is known for the following specialty areas - Audiology - Bariatric Surgery - Bone & Joint Center - Childbirth Services - Cracchiolo Inpatient Rehabilitation Center - Emergency - Heart and Vascular Care - The Holley Institute - Minimally Invasive Surgery - Neurosciences - Parkinson's Disease Clinic - Physical Rehabilitation and Therapy - Post-Polio Clinic - St John Center for Wound and Hyperbaric Medicine - Stroke - Transplant Specialty Center - Trauma Center - Valade Healing Arts Center - Van Elslander Cancer Center - Women's Health 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 Expanding Awareness, Education and Health Promotion St John Hospital & Medical Center believes that it is essential to educate people regarding the types of behavior that improve their chances of living a healthy life and has invested significantly in unique, top quality health education and materials to accomplish its goals Various classes provided to the community are as follows - Labyrinth walk - Open arms grief counseling - Prenatal and breastfeeding classes - Bereavement support group - Oncology bereavement support - Non-oncology bereavement support - Breast cancer support group - Individual counseling for cancer patients - Pediatric cancer parent support group - Cardiac rehabilitation program - Carelink education classes for senior adults - Clinical trials - Diabetes education program - Injury prevention classes to numerous schools and community groups - Free pediatric obesity program - Screenings for oral cancer - Hip and knee pain seminar - Hypnotherapy for smoking cessation - Lap band support group - Transplant support group Education material also is provided via our website at www stjohnprovidence org Access To Care Programs St John Hospital & Medical Center operates many public health clinics Public clinics range from specialty clinics such as pediatrics to general internal medicine clinics Our public health clinics provide care for all community residents, regardless of their ability to pay Services include the full range of preventive and primary health and dental care for adults and children, prenatal care, AIDS/HIV education and management of chronic diseases such as asthma, diabetes and heart disease St John Hospital provides clothing and food pantries both in the Van Elslander Cancer Center and various units within the hospital Our associates have had departmental bake sales and other benefits for individual patients in need Educating the younger generation is a hallmark of St John Hospital & Medical Center To give underserved children an opportunity to learn a healthcare career, our human resources department participates with local Detroit school Del Cristo Rey to provide employment to students as part of their normal school week Our emergency department hosts students in the emergency center for several hours of learning and instructional hands-on education Our physicians and leaders participate regularly in career days for local schools in which they have partnerships Our medical education department organizes physician speakers for the Grosse Pointe schools advanced medicine classes

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 NEEDS ASSESSMENT - Part IV	Community Outreach Service St John Hospital & Medical Center provides charitable contributions to a number of community organizations St John Hospital & Medical Center has contributed funds for sponsorship in the community by volunteering and giving support to community organizations, parades, neighborhood advocacy and clean-up groups, community orchestras, health walks and marathons, health expos and health fairs, American Red Cross blood drives, churches, schools, career fairs at schools, police office benefits and community foundation outings St John Hospital & Medical Center is an active supporting member in community events and partners with many organizations to improve community health, such as American Red Cross, American Heart Association, Multiple Sclerosis Society, Eagle Sports, Soar tutoring program, American Cancer Society Community service is an important part of our existence To that end, St John Hospital & Medical Center provides a Christmas store each year for up to 600 children, giving each child a toy, outfit and gift bag for the family that includes a $50 food gift certificate The mission spirituality team at the hospital also supports the Salem Memorial Lutheran church food pantry with weekly donations and counseling from our spiritual care team for those attending Charity Care St John Hospital & Medical Center offers a wide variety of health and wellness programs that meet diverse needs, regardless of economic status and physical condition The uninsured are more likely to seek care in hospital emergency rooms St John Hospital & Medical Center had 128,295 emergency department visits in fiscal 2015 Increasingly, patients are experiencing limited abilities to pay for health care services or qualify for state and federally funded programs like Medicaid that cover only a portion of the cost of services provided St John Hospital and Medical Center offers various free clinics 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 Hospital & Medical Center provides a substantial portion of its services to the elderly and poor During the fiscal year ending June 30, 2015, approximately 39% of the value of services rendered was to elderly patients under the Medicare program and approximately 23% 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 During the fiscal year ending June 30, 2015, St John Hospital & Medical center treated adults and children from the community for a total of 148,316 patient days of service St John Hospital & Medical Center also provided services to 14,820 outpatient surgery patients St John Hospital & Medical Center Uncompensated Care for Fiscal Year Ending June 30, 2015 1 Traditional charity care provided = $1,256,358 2 Unpaid cost of public programs for persons living in poverty = $9,774,873 3 Other programs for persons living in poverty and other vulnerable persons = $2,621,311 4 Community benefit programs = $21,069,488 5 Total care of persons living in poverty and community benefit programs = $34,722,030 6 Bad debt costs attributable to charity = $13,388,485 7 Medicare shortfalls/(surplus) = ($18,815,977)

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	St John Hospital & Medical Center is part of a community benefit report which is prepared by St John Providence Health System on a consolidated basis

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	Community Building Activities Community Building Activities are critical to the five count ies that St John Providence serves St John Providence's size means we have a stronger v oice when advocating for those who have no voice - the uninsured and poor Through partner ships, coalitions, and program development and support, our innovative programs increase a ccess to health care services and empower individuals to make informed health choices O ur community health programs include parish nursing, school-based health centers, a grieving children's program, an infant mortality initiative, and a neighborhood health and safety office We improve access to health care through our community health centers, health scre enings and health education SJPHS actively participates on coalitions with the Macomb Cou nty, Oakland County, St Clair County and City of Detroit Health Departments to work towar d developing collaborative strategies to address community health care issues It is our c alling to serve, and we do it with pride O ur staff of professionals combines the skills o f medical experts in more than 50 specialties and the talented, compassionate clinical sta ff to heal, to serve, together In addition, the St John Providence family includes thous ands of volunteers and donors who support our health care mission with their generosity I nventories of some of St John Providence's community building activities include St Joh n Hospital & Medical Center ("SJHMC") Community Building Activities Physical Improvements SJHMC Maintenance and Engineering Department provides physical improvements by annually be autifying a main intersection on the Detroit-Grosse Pointe border Community Support SJHMC in-patient pharmacy restocks the medical supplies for EMS that come to their facility Th eir Work Life Service Department (Human Resources) also provides mentoring and job shadowi ng programs for high school students The hospital partners with an area charter school to provide 4 students with a year-long internship that takes place once per week There is a Neighborhood Safety Office that helps residents in their service area learn techniques on how to keep themselves and personal property safe Community Health Improvement Advocacy Administrative leaders support advocacy efforts through their membership and participation on various task-forces and committees Coalition Building Administrative leaders particip ate on a coalition that includes an area Community Development O rganization Workforce Dev elopment SJHMC implemented a new diversity initiative to make sure that there are qualifie d individuals from underrepresented minority in the pool of candidates for open positions Providence Hospitals, Southfield and Novi Community Building Activities Community Support The hospital provides disaster recovery above and beyond the normal requirements They al so provide mentoring to students interested in health careers Community Health Improvemen t Advocacy The hospital was sponsor of the "O n My O wn" Foundation Gala fundraiser This fo undation works to increase independence for people with disabilities The Radiology depart ment provides community support and a mentoring program Administrative leaders support ad vocacy efforts through their membership and participation on various task-forces and commi ttees Workforce Development Providence/Providence Park hospitals implemented a new divers ity initiative to make sure that there are qualified individuals from underrepresented min ority in the pool of candidates for open positions St John Macomb-O akland Hospital Commu nity Building Activities Physical Improvements/Housing The hospital helped to build and im prove houses through the local Habitat for Humanity and for low-income families They also helped to develop a barrier-free environment for individuals with disabilities Workforce Development SJMO implemented a new diversity initiative to make sure that there are quali fied individuals from underrepresented minority in the pool of candidates for open positio ns St John River District Hospital Community Building Activities Coalition Building The hospital participates on the Great Parents-Great Start Coalition which supports services f or children 0-5 years in St Clair County The Richmond Physician Office supported the "Re cycled Paper Project" and donated recycled paper to the Richmond School District so that t hey can earn money to support their educational programs Workforce Development The hospit al mentors high school students in St Clair County and educates them about careers in the medical fields They also assist with college course selection of medical careers and/or assist in streamlining technical students SJRD also implemented a new diversity initiativ e to make sure that there are qualified individuals from underrepresented minority in the pool of candidates for open positions Brighton Community Building Activities Workforce De velopment The hospital's administration participat

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	ed in community mentoring programs by working with students at the high school or college level to assist them in their future endeavors, particularly in the health care field Lea dership Dev/Training for Community Members The hospital's administration participated in E xecutive Women International and the medical department participated in Leadership Develop ment Training for community members in the process of addiction recovery Coalition Buildi ng The hospital provides professional support to the Farmington/Farmington Hills community , law enforcement, community leaders, parent groups, teachers, schools and administrators, city governments, mental health, treatment centers to bring awareness of drug and violenc e prevention efforts and to decrease gaps and fragmentation in information and resources Their goal is for community groups to decrease gaps and fragmentation within drug and viol ence prevention efforts Workforce Development Brighton Center for Recovery implemented a new diversity initiative to make sure that there are qualified individuals from underrepre sented minority in the pool of candidates for open positions Providence Hospitals, Southf ield and Novi Community Building Activities Community Support The hospital provides disast er recovery above and beyond the normal requirements They also provide mentoring to stude nts interested in health careers Community Health Improvement Advocacy The hospital was s ponsor of the "On My Own" Foundation Gala fundraiser This foundation works to increase in dependence for people with disabilities The Radiology department provides community suppo rt and a mentoring program Administrative leaders support advocacy efforts through their membership and participation on various task-forces and committees Workforce Development Providence/Providence Park hospitals implemented a new diversity initiative to make sure t hat there are qualified individuals from underrepresented minority in the pool of candidat es for open positions St John Providence Health System ("SJPHS") Community Building Acti vities Economic Development SJP Administration is active in various Chambers of Commerce t hroughout our service area Coalition Building SJP Business Development department partici pated in Coalition Building Eastwood Clinics also participates on the "Save Our Youth" Co alition whose goal is to prevent substance abuse among youth in Royal Oak SJP Community H ealth participates on the infant mortality task force, state coalition of school-based hea lth centers and youth violence prevention task force Workforce Development/Job Creation a nd Training Programs SJP Work Life Services partners with area schools, universities and t echnical schools to mentor students and educate them about careers in healthcare They als o provide assistance with resume writing and interviewing techniques Community Health Imp rovement Advocacy Eastwood Clinics participates on the Behavioral Health Legislative Drug Court Committee which partners with judges and prosecutors from counties throughout Michig an and provides advocacy and support for drug and alcohol treatment for legislative staff

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The provision for doubtful accounts is based upon management's assessment of expected net collections considering historical experience, economic conditions, trends in healthcare coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies St John Hospital & Medical Center's Bad Debt in 2015 was $40,579,698 at charges

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Ascension Health and related health ministries follow the Catholic Health Association (CHA) guidelines for determining community benefit

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- St John Hospital & Medical Center Line 16a URL https //www stjohnprovidence org/patients-and-visitors/financial-assistance,

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	St John Providence Health System and its five hospital campuses including one specialty h ospital are located in a five-county area of southeastern Michigan The health system camp uses are organized as follows Providence/Providence Park Hospitals, St John Macomb-Oakla nd Hospital, St John Hospital & Medical Center, St John River District Hospital, and Bri ghton Hospital The community served by the organization includes Wayne, Oakland, Macomb, Livingston and St Clair counties The city of Detroit is part of Wayne County This servi ce area is predominately urban and suburban with pockets of rural in St Clair and Livings ton counties Also, there is one Medical Underserved Area (MUA) in St Clair county, two i n Macomb County, and one in Oakland county Almost the entire city of Detroit is either a MUA or Health Professional Shortage Area (HPSA) or both In the remaining part of Wayne Co unty, there are three areas designated as MUAs There are no MUA's in Livingston County A t the time that our most recent CHNA was completed there were six other health systems rep resented in the service area One is a for-profit entity and the others remain nonprofit The East Community includes Macomb and St Clair Counties, and parts of Wayne and Oakland Counties The West Community includes Livingston county, most of Oakland county and parts of Wayne County Total population in the West Community (2010 Thompson Reuters) is 1,633,9 06 with 57 7% White, 34 7% Black, 0 2% American Indian and Alaska native, 0 2% Hispanic, 4 3% Asian/Pacific Islander and 0 7% other Total estimated population in the East Communit y is 1,432,398 with 70 7% White, 23 0% Black, 0 3% Hispanic, 2 9% Asian/Pacific Islander, and 0 5% other Note the following additional information by county Unless otherwise indi cated, the data is from the U S Census Bureau 2014 estimates Wayne County has a total po pulation of 1,764,804 with 13 8% of the population over age 65, median household income is $41,184, 25 1% of households are in poverty with 19 6% of individuals with incomes below 200% of the federal poverty level, 10 3% are uninsured and 23 7% (including Detroit) are e nrolled in Medicaid (State of Michigan, June 2010) The city of Detroit has a total popula tion of 676,725 and 12 8% of the population is over age 65, median household income of $26 ,325, 39 3% of the population in poverty, 48 5% are below 200% of the federal poverty leve l (State of Michigan, June 2010) 80,936 people are enrolled in Healthy Michigan Plan (Sta te of Michigan, October 2015) Wayne County includes 54 8% White, 39 3% Black, 3 0% Asian, and 5 7% Hispanics In the city of Detroit, 82,501 people are enrolled in Healthy Michiga n Plan (State of Michigan, October 2015) The city of Detroit's population is 14 4% White, 83 4% Black, 1 5% Asian and 0 7% Hispanic/Latino Oakland County has a total population o f 1,237,868 with 15 1% of its population over 65 years of age, the median household income is $65,594, 10 2% of the households are in poverty, 14 5% of individuals are below 200% o f the federal poverty level 47,594 people are enrolled in Healthy Michigan Plan (State of Michigan, October 2015) Population includes 76 5% White, 14 5% Black, 6 5% Asian, and 3 8 % Hispanic/Latino Macomb County has a total population of 860,112 with 15 6% of the popul ation over the age of 65, median household income is $53,451, 13 4% of households live in poverty, 16 3% of individuals live below 200% of the federal poverty level (State of Mich igan, June 2010) 48,311 people are enrolled in Healthy Michigan Plan (State of Michigan, October 2015) Population includes 82 9% White, 11 0% Black, 3 6% Asian, and 2 5% Hispanic/ Latino St Clair County has a total population of 160,078 with 15 1% of the population ov er age 65, median household income of $48,066, 15 8% of households in poverty, 21 9% of in dividuals have incomes below 200% of the federal poverty level (State of Michigan, 2010) 9,530 people are enrolled in Healthy Michigan Plan (State of Michigan, October 2015) Popul ation includes 94 3% White, 2 6% Black, and 3 2% Hispanic/Latino Livingston County has a total population of 185,596, with 14 7% of the population over age 65, median household in come of $72,359, 6 4% of households live in poverty, 10 4% of individuals live below 200% of the federal poverty level (State of Michigan, June 2010) 5,333 people are enrolled in Healthy Michigan Plan (State of Michigan, October 2015) Population includes 96 7% White, 0 6% Black, 0 9% Asian, and 2 2% Hispanic or Latino In summary these counties represent t he southeastern Michigan region of the state At the time of our most recent CHNA, the tot al population was approximately 4 million, which represents 41% of the state's population and accounts for 46% of the federal monies received Seventeen percent of the service area population is represented by the city of Detroit Approximately 90% of Detroit consists o f minorities, compared to 21% for the state Thirt

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	y-eight percent of Detroiters live below the poverty level compared to 16% statewide The average income for Detroit is $26,955 while the statewide average is almost double that at $48,471 In Detroit, 22% of residents are uninsured compared to a statewide total of 11 7 % The city's unemployment rate is nearly double the state and national rate Historically , auto manufacturing, government and health care are the largest employers In each of the se areas, heart disease followed by cancer is the leading cause of death Further, congest ive heart failure and bacterial pneumonia are some of the leading causes of preventable ho spitalizations Additionally, Detroit has higher rates of illness and chronic disease than other parts of the state, and a lack of access to primary care and a shortage of health c are professionals St John Providence Health System provides many community based program s and services Services provided include safety net primary care, through 18 school-based health centers, HIV/AIDS treatment, health education and screening referral support servi ces and faith community nursing to name a few Additionally, the hospitals in Detroit, Way ne, Oakland and Macomb serve a disproportionate share of uninsured or Medicaid beneficiari es Access to primary care for the uninsured and underinsured remains a challenge in most of the service area Partnership with local FQHCs is improving access and the health syste m hospitals support their expansion

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	St John Providence Health System The health system provides internship opportunities for administrative, marketing, finance, information technology, and public health and medical billing professionals St John Providence administrators and staff have provided leadership and participated on collaborative initiatives with Voices of Detroit Initiative, Greater Detroit Area Health Council, Wayne County Health Department, The City of Detroit Department of Health and Wellness Promotion, Wayne County Health Authority, Tomorrow's Child, Michigan Crime Victim Services Commission, The Michigan Department of Community Health, Michigan Primary Care association, and area Federally Qualified Health Centers, and other community organizations to identify community needs and address community problems NE Guidance, Detroit Wayne County Mental Health Authority, MAPPI, March of Dimes, HIV and AIDs Coalition, Infant Mortality Task Force, The Diabetes Foundation, and Kidney Foundation The health system has a model program that serves the vulnerable and poor in our community and is not offered by any other hospitals in this area called Physicians Who Care (PWC) The program is a network of St John Providence (SJP) credentialed specialty physicians who volunteer their time to provide health care services to uninsured adults It is designed to ensure a continuum of care exists for "the working poor" in the communities SJP serves Each physician pledges to see a self-defined number of eligible patients per year Currently, more than 400 physicians are registered in a common database using a web-based specialty referral network, which is maintained by the Physicians Who Care staff The patient load is spread equally among all physicians that have agreed to participate in the project The program provides diagnostics and hospitalizations, and prescription drugs St John Providence has a demonstrated history and strong foundation built upon its Mission, Vision, and Values It is this spirit that leads the institution and drives health care services Often patients, family members, friends, and the like, are pleased with our position on care - to heal the body, mind, and spirit, have experienced it first-hand, and wish to show their appreciation by making a gift to support care of others that are vulnerable The spiritual essence that's woven into the fabric of our daily operations allows members of the community to comfortably and directly impact the lives of others through philanthropy We work to create an ethical legacy for emphasizing the important value of community and encourage the compassionate generosity of others to make gifts that enhance the exemplary care St John Providence has become recognized for Medical Staff Privileges St John Providence extends medical staff privileges to all qualified physicians in its community for some or all of its departments Physicians who apply for St John Providence staff membership and privileges go through a credentialing process Clinical Research funded by for-profit companies The majority of clinical research conducted at SJP is funded by for-profit organizations such as pharmaceutical and medical device companies that test the efficacy and safety of health products Examples include research projects funded by Boston Scientific, Eli Lily & Company and Medtronic Board Membership St John Providence Health System board membership is comprised of persons who reside in the five counties that represent SJPH's primary service area

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	St John Hospital & Medical Center is part of the Ascension Health Alliance ("The System") Ascension Health Alliance, d/b/a Ascension (Ascension), is a Missouri nonprofit corporation formed on September 13, 2011 Ascension is the sole corporate member and parent organization of Ascension Health, a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Health Ministries, located in 23 states and the District of Columbia Ascension and its member organizations are hereafter referred to collectively as the System Ascension is sponsored by Ascension Sponsor, a Public Juridic Person The Participating Entities of Ascension Sponsor are the Daughters of Charity of St Vincent de Paul, St Louise Province, the Congregation of St Joseph, the Congregation of the Sisters of St Joseph of Carondelet, the Congregation of Alexian Brothers of the Immaculate Conception Province, Inc - American Province, and the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assisi - US/Caribbean Province SJPHS located in Southeast Michigan is a nonprofit acute care hospital SJPHS provides inpatient, outpatient and emergency care services for the residents of Southeastern Michigan Admitting physicians are primarily practitioners in the local area SJPHS is related to Ascension Health's other sponsored organizations through common control Substantially all expenses of SJPHS are related to providing health care services The System directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing, and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves In accordance with the System's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs - Traditional charity care includes the cost of services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured - Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons - Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome - Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research Discounts are provided to all uninsured patients, including those with the means to pay Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and other community benefit programs The cost of providing care to persons living in poverty and other community benefit programs is estimated by reducing charges forgone by a factor derived from the ratio of each entity's total operating expenses to the entity's billed charges for patient care Certain costs such as graduate medical education and certain other activities are excluded from total operating expenses for purposes of this computation The amount of traditional charity care provided, determined on the basis of cost, was $527,386 Thousand and $580,606 Thousand for the years ended June 30, 2015 and 2014, respectively

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 38-1359063
Name: St John Hospital & Medical Center

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3 Facility , 1	Facility , 1 - St John Hospital & Medical Center The CHNA Steering Committee proceeded with a prioritization process of selecting priority health areas for system-wide focus, and to recommend the same priority health areas for inclusion in the SJPHS Strategic Plan for fiscal years 2014-2016 A Problem Importance Worksheet was utilized to facilitate the prioritization process Among the multitude of community health care needs, the Steering Committee utilized a prioritization process to narrow down indicators and ultimately select the recommended priority heath areas The criteria utilized to rank the identified health concerns included 1) - The magnitude of the problem 2) - The seriousness of the consequences and potential burden to the community 3) - The feasibility of addressing or correcting the problem, and 4) - The potential yield of measurable data of process or outcome improvement Using this criteria, the three priority areas selected are 1) - Diabetes Prevention, 2) - Infant Mortality Reduction and, 3) - Access to Care

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - St John Hospital & Medical Center The CHNA was conducted with the guidance and oversight of a Steering Committee composed of professionals with a diversity of expertise in health care operations, administration and management, community health, health planning, medicine and other related health disciplines The co-chairs were the Vice President of Mission Integration and the Vice President of Community Health Additional input from approximately 100+ people was received as a result of a survey and focus group of local health department officials, community stakeholders, and community advocates The 6-Step model developed by the Association of Community Health Improvement was utilized to organize and facilitate the process of developing this CHNA Further extensive data from global, national, state and local levels including hospital specific data was reviewed and discussed by the committee as part of the assessment process

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - St John Hospital & Medical Center St John Hospital & Medical Center conducted its community health needs assessment with the following other facilities - Providence Hospital - Providence Park Hospital - St John Macomb-Oakland Hospital, Madison Heights - St John Macomb-Oakland Hospital, Warren - St John River District Hospital - Brighton Recovery Center

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - St John Hospital & Medical Center - Part I Our three priorities are Diabetes prevention and management, Infant Mortality reduction and Access to Care Below are the strategies that we are using to address the health priorities PRIORITY HEALTH AREA #1 DIABETES PREVENTION DIABETES IS A LEADING CAUSE OF DEATH IN MICHIGAN AND TYPICALLY EXISTS AS A CONDITION OF CO-MORBIDITY AMONG INDIVIDUALS WITH OBESITY, HEART DISEASE, HYPERTENSION AND RENAL FAILURE, STROKE AND OTHER CONDITIONS THE ACTIVITIES WILL BE CATEGORIZED ACCORDING TO THREE LEVELS OF PREVENTION PRIMARY PREVENTION WILL TARGET THE "WELL POPULATION " SECONDARY PREVENTION WILL TARGET THE AT-RISK POPULATION, AND TERTIARY PREVENTION WILL TARGET THE ESTABLISHED DISEASE POPULATION WE WILL CONTINUE AND/OR EXPAND THE STRATEGIES, TACTICS AND PROGRAMS LISTED BELOW STRATEGY 1 INCREASE EDUCATION FOR DIABETES PREVENTION, EARLY IDENTIFICATION AND DISEASE MANAGEMENT A - JOSLIN DIABETES CENTER HOSPITAL-CERTIFIED DIABETES EDUCATORS PROVIDE PATIENTS WITH GROUP AND INDIVIDUAL EDUCATION RELATED TO DIABETES AND NUTRITION, MEDICATION MANAGEMENT INCLUDING INSULIN STARTS, CONTINUOUS GLUCOSE MONITORING SYSTEM, INSULIN PUMP THERAPY, AND GESTATIONAL DIABETES EDUCATION SERIES BASELINE MEASURES FOR STRATEGY 1 DIABETES PREVENTION 1 - THE NUMBER OF PARTICIPANTS IN THE PROGRAMS 2 - THE NUMBER OF SESSIONS ATTENDED BY PROGRAM PARTICIPANTS STRATEGY 2 INCREASE OPPORTUNITIES FOR HEALTHY LIFESTYLE ACTIVITIES THE FOLLOWING ARE ST JOHN HOSPITAL & MEDICAL CENTER PROGRAMS TO SUPPORT HEALTHY LIFESTYLES TARGETING SENIORS, CHILDREN AND YOUTH, AND UNINSURED COMMUNITY RESIDENTS A - ROCK-ON PROGRAM - TARGETED TO OBESE CHILDREN AGES 7-18 YEARS OLD, TO ACHIEVE WEIGHT LOSS AND WEIGHT MANAGEMENT B - AMAZING STEPS - TARGETED TO INDIVIDUALS FOR FITNESS THROUGH WALKING PROGRAMS, AND INCLUDES MALL WALKING PROGRAM C - KIDS MILE PROGRAM - PROVIDES EXERCISE, NUTRITION EDUCATION, AND A FINAL CONTEST FOR LOW INCOME CHILDREN AND FIVE DETROIT SCHOOLS D - FAITH COMMUNITY PARTNERSHIPS WITH CHURCHES IN DETROIT, MACOMB, AND ST CLAIR COUNTIES PROVIDING HEALTH INFORMATION AND EDUCATION ON DIABETES AND OTHER CHRONIC DISEASES E - SENIOR WELLNESS CENTER IN DETROIT - PROVIDING HEALTH EDUCATION, DIABETES MANAGEMENT CLASSES, EXERCISE CLASSES, AND SOME SCHOOL LIMITED SCREENING FOR PERSONS 55 YEARS OF AGE AND OLDER ALSO INCLUDES MONTHLY COOKING CLASSES F - SAFETY NET HEALTH CENTER PARTNERSHIPS - PARTNERSHIP WITH MERCY PRIMARY CARE AND THE EMERGENCY DEPARTMENT FOR REFERRAL OF UNINSURED NON-ELDERLY ADULT RESIDENTS OF DETROIT WHO ARE DIABETIC OR HAVE OTHER CHRONIC DISEASES G - CLINTONDALE SCHOOL - JUMP UP AND GO PROGRAM IS LOCATED IN MACOMB COUNTY AND PROVIDES EXERCISE, FITNESS, AND HEALTHY EATING EDUCATION TO STUDENTS OF THE SCHOOL H - MARCUS GARVEY ELEMENTARY AND MIDDLE SCHOOL - HEALTHY EATING AND ACTIVITIES PROGRAM IS PROVIDED TO STUDENTS OF THIS DETROIT SCHOOL I - WEIGHT-LOSS CENTER IS AVAILABLE FOR RESIDENTS IN THE COMMUNITY BASELINE MEASURES FOR STRATEGY 2 HEALTH EDUCATION PROGRAMS 1 - THE NUMBER OF PARTICIPANTS IN THE PROGRAMS 2 - THE NUMBER OF SESSIONS ATTENDED BY PROGRAM PARTICIPANTS STRATEGY 3 INCREASE EDUCATION FOR DIABETES PREVENTION, EARLY IDENTIFICATION AND DISEASE MANAGEMENT NOTE THAT COMMUNITY DIABETES EDUCATION PROGRAM IS AVAILABLE FOR NEWLY DIAGNOSED DIABETICS IN THE COMMUNITY THAT SPANS SEVERAL WEEKS THERE ARE A NUMBER OF THESE PROGRAMS THAT ARE PROVIDED FREE OR LOW-COST TO ALL RESIDENTS OF THE COMMUNITY THERE ARE ALSO DIABETES SUPPORT GROUPS SJH&MC WILL FILL SOME GAPS WITH THE FOLLOWING PROGRAMS A - CARELINK EDUCATION AND CLASSES - A PROGRAM THAT PRODUCES A QUARTERLY BOOKLET THAT INCLUDES HEALTH EDUCATION AND INFORMATION FOR A WIDE VARIETY OF LOW-COST COMMUNITY-BASED PROGRAMS AND SERVICES ADDRESSING PREVENTION AND MANAGEMENT OF CHRONIC DISEASE INCLUDING DIABETES BASELINE MEASURES FOR STRATEGY 3 DIABETES PREVENTION 1 - THE NUMBER OF PARTICIPANTS IN THE PROGRAMS 2 - THE NUMBER OF SESSIONS ATTENDED BY PROGRAM PARTICIPANTS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - St John Hospital & Medical Center - Part II STRATEGY 4 INCREASE OPPORTUN ITIES FOR HEALTHY LIFESTYLE ACTIVITIES A - DIABETES DISCOVERY PROGRAM - INDIVIDUAL AND GRO UP SESSIONS WITH DIABETES NURSE EDUCATOR AND NUTRITIONISTS 4-6 SESSIONS INCLUDE INITIAL A SSESSMENT AND FOLLOW-UP SESSIONS TO CHECK ON PROGRESS ATTENDEES CAN BE EITHER INSULIN OR NON-INSULIN DEPENDENT DIABETICS, AND DO NOT HAVE TO BE NEW ONSET PATIENTS THE GOAL IS TO SUPPORT SELF-MANAGEMENT SKILLS FOR MANAGING DIABETES THROUGH MEDICATION AND DIET B - HEAL TH HABITS PROGRAM - INDIVIDUAL INITIAL AND FOLLOW-UP SESSIONS WITH NURSE AND DIETICIAN TH E GOAL IS TO CREATE INDIVIDUALIZED PREVENTION PLANS TO PROMOTE HABITS TO BECOME MORE HEALT HY, THROUGH MEAL PLANNING, MOVEMENT AND STRESS REDUCTION, TO PROTECT FROM OBESITY, DIABETE S, AND CARDIOVASCULAR DISEASE BASELINE MEASURE FOR STRATEGY 4 HEALTH EDUCATION PROGRAMS 1 - THE NUMBER OF PARTICIPANTS IN THE PROGRAMS 2 - THE NUMBER OF SESSIONS ATTENDED BY PRO GRAM PARTICIPANTS STRATEGY 5 INCREASE EDUCATION FOR DIABETES PREVENTION, EARLY IDENTIFIC ATION AND DISEASE MANAGEMENT A - DIABETES SUPPORT GROUP - FREE SUPPORT GROUP WHICH MEETS M ONTHLY, LED BY CERTIFIED DIABETES EDUCATORS AND DIETICIANS FOR PEOPLE WITH DIABETES, FAMIL Y MEMBERS OF PEOPLE WITH DIABETES, OR COMMUNITY MEMBERS WHO WANT TO KNOW MORE ABOUT DIABET ES PREVENTION AND MANAGEMENT THE GOAL IS TO PROVIDE EMOTIONAL SUPPORT AND INFORMATION ABO UT DETECTION, MANAGEMENT AND PREVENTION OF DIABETES B - WHILE YOU WAIT PROGRAM - GROUP SE SSIONS FOR EXPECTANT MOTHERS DIAGNOSED WITH GESTATIONAL DIABETES THE GOAL IS TO PROMOTE E FFECTIVE MANAGEMENT OF GESTATIONAL DIABETES, PROTECT UNBORN CHILD FROM RISK, AND PROVIDE S KILLS FOR MANAGEMENT OF POTENTIAL ONGOING DIABETES AFTER DELIVERY BASELINE MEASURE FOR ST RATEGY 5 DIABETES PREVENTION 1 - THE NUMBER OF PARTICIPANTS IN THE PROGRAMS 2 - THE NUMB ER OF SESSIONS ATTENDED BY PROGRAM PARTICIPANTS PRIORITY HEALTH AREA #2 INFANT MORTALITY REDUCTION ACCORDING TO THE STATE OF MICHIGAN HEALTH DASHBOARD, THE INFANT MORTALITY RATE (IMR) IS WORSE THAN THE NATIONAL AVERAGE AND HAS REMAINED SO OVER THE LAST 20 YEARS IN SPI TE OF AN OVERALL DOWNWARD TREND ALSO OF CONCERN IS THE IMR FOR DETROIT (13 5% COMPARED TO STATEWIDE 7 1%) THE RATE IS ALSO RELATED TO THE HIGH RATES OF INADEQUATE PRENATAL CARE A CROSS SOUTHEASTERN MICHIGAN WE WILL CONTINUE AND/OR EXPAND THE STRATEGIES, TACTICS AND PR OGRAMS LISTED BELOW ST JOHN PROVIDENCE WILL ADDRESS COMMUNITY NEEDS THROUGH COLLABORATIO N BETWEEN NURSING, CASE MANAGEMENT, COMMUNITY HEALTH AND SOCIAL WORK TO IDENTIFY RESOURCES AND COMMUNICATION METHODS WITH PATIENTS (BIRTH FOLDERS, PRENATAL CLINIC, ETC) ADDITIONA LLY, INCREASE SOCIAL WORK AND NURSING KNOWLEDGE ABOUT PROGRAMS AVAILABLE EXPECTANT MOTHER S WHO RECEIVE CARE IN OBSTETRICS CLINIC SETTING ARE GIVEN PRO-BREASTFEEDING INFORMATION RE GARDING PRENATAL NUTRITION AND INFANT FEEDING, AND HAVE THE OPPORTUNITY TO ENGAGE WITH THE LACTATION CONSULTANT AND OTHER HEALTH PROVIDERS AS NEEDED STRATEGY 1 INCREASE CONNECTIV ITY TO AND RESOURCES FOR PREGNANT WOMEN AND THEIR FAMILIES 1 1 - PROVIDE REFERRAL INFORMAT ION ABOUT LOCAL MATERNAL INFANT HEALTH PROGRAMS (MIHP) TO WOMEN WITH MEDICAID INSURANCE WH O PRESENT FOR PRENATAL CARE AND/OR FOR DELIVERY BASELINE MEASURE NUMBER OF REFERRALS MAD E TO MIHP PROGRAMS 1 2 - PROVIDE REFERRALS TO THE STRONG START ENHANCED PREGNANCY PROGRAM TO WOMEN WITH MEDICAID INSURANCE WHO PRESENT FOR PRENATAL CARE AND/OR FOR DELIVERY BASEL INE MEASURE NUMBER OF REFERRALS MADE TO THE STRONG START PROGRAM 1 3 - PROVIDE INFORMATI ON AND REFERRAL TO ST JOHN PROVIDENCE HEALTH SYSTEM INFANT MORTALITY PROGRAM TO WOMEN WHO PRESENT FOR PRENATAL CARE AND/OR DELIVER WITH OTHER INSURANCE COVERAGE BASELINE MEASURE NUMBER OF REFERRALS TO SJPHS INFANT MORTALITY PROGRAM STRATEGY 2 PROVIDE ENHANCED NUTRI TION INFORMATION AND SERVICES THAT SUPPORT THE HEALTH OF HIGH-RISK INFANTS 2 1 - PROVIDE INFORMATION AND/OR REFERRALS FOR ALL WOMEN DELIVERING BABIES AT SJH&MC TO THE MOTHER NURTU RE BREASTFEEDING PROGRAM BASELINE MEASURE NUMBER OF REFERRALS MADE 2 2 - PROVIDE REFERR ALS TO THE OUTPATIENT BREASTFEEDING CLINIC FOR CONSULTATION WITH BREASTFEEDING CONSULTANT BASELINE MEASURE NUMBER OF REFERRALS MADE TO OUTPATIENT BREASTFEEDING CLINIC 2 3 - PROV IDE BREAST PUMP TO LOW-INCOME BREASTFEEDING MOTHERS TO ENCOURAGE BREASTFEEDING BASELINE M EASURE NUMBER OF BREAST PUMPS PROVIDED 2 4 - 80% OF ALL WOMEN WHO DELIVER AT SJH&MC WILL RECEIVE INFORMATION/REFERRAL TO THE WIC PROGRAM WIC IS A SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN THAT PROVIDES NUTRITIOUS FOODS (PRIMARILY THROUGH RETAIL GROCERY STORES), NUTRITION COUNSELING, AND REFERRALS TO HEALTH CARE AND SOCIAL SERV ICES WIC SERVES LOW-INCOME PREGNANT, POSTPARTUM AND BREASTFEEDING WOMEN, INFANTS AND CHIL DREN UP TO AGE 5 WHO ARE AT NUTRITIONAL RISK BASELINE MEASURE NUMBER OF REFERRALS TO WIC , AND THE NUMBER OF WOMEN PARTICIPATING IN THE WIC

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	PROGRAM STRATEGY 3 INCREASE EDUCATION TO ENHANCE ACCESS TO PRIMARY CARE FOR MOTHERS AFT ER DELIVERY OF INFANT AND POST-PARTUM VISIT 3 1 - ALL MOTHERS DELIVERING AT SJH&MC WILL B E PROVIDED INFORMATION UPON DISCHARGE ON HOW TO LOCATE PRIMARY CARE MEDICAL HOME SERVICES VIA THE SJPHS "HEALTH CONNECT" SERVICE WHICH CAN ASSIST IN MAKING APPOINTMENTS AND REFERRA LS TO LOCAL FEDERALLY QUALIFIED SAFETY NET HEALTH CENTERS IN THEIR VICINITY SJPHS HEALTH CONNECT IS A FREE HEALTH INFORMATION SERVICE DESIGNED TO HELP CALLERS LOCATE PRIMARY AND S PECIALTY CARE PHYSICIANS, PROGRAMS, CLINICS, CLASSES AND/OR EVENTS THAT FIT THEIR HEALTH C ARE NEEDS BASELINE MEASURE NUMBER OF DISCHARGE INFORMATION PACKETS GIVEN

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 3	Facility , 3 - St John Hospital & Medical Center - Part III PRIORITY HEALTH AREA #3 ACC ESS TO CARE ACCESS TO CARE FOR INDIVIDUALS WHO ARE UNINSURED AND UNDERINSURED IS AN ONGOIN G CONCERN THE NEED TO ADDRESS AND STRENGTHEN ACCESS TO CARE IS AN ONGOING HEALTHCARE SYST EM-WIDE INITIATIVE THROUGH THE PROVIDENCE HOSPITAL PARENT COMPANY, ASCENSION HEALTH, THROU GH THE "CALL TO ACTION" POLICY "HEALTHCARE THAT LEAVES NO ONE BEHIND" THIS POLICY REPRESE NTS ASCENSION HEALTH'S COMMITMENT TO 100%ACCESS AND COVERAGE FOR ALL AMERICANS AS WE MOVE INTO 2014 AND THE NEXT PHASE OF IMPLEMENTATION OF THE AFFORDABLE CARE ACT, MORE AND MORE INDIVIDUALS WILL BECOME INSURED WITH MEDICAID EXPANSION, AND THROUGH THE HEALTH INSURANCE MARKETPLACES (EXCHANGES) THERE WILL STILL REMAIN THE NEED TO SUPPORT THOSE UNFAMILIAR WITH THE SYSTEM IN NAVIGATING THE HEALTH SYSTEM, LOCATING A PRIMARY CARE PHYSICIAN, AND OBTAIN ING SUPPORT FOR OTHER NON-MEDICAL NEEDS THAT, IF NOT ADDRESSED, MAY PRESENT A BARRIER TO A CCESS TO CARE STRATEGY 1 REDUCE BARRIERS TO ACCESS THE FULL CONTINUUM OF HEALTH CARE FOR LOW INCOME, UNINSURED AND/OR UNDERINSURED RESIDENTS OF THE SERVICE AREA 1 1 - DEVELOP IN TERNET-BASED RESOURCE GUIDE FOR ASSOCIATES/EMPLOYEES TO UTILIZE TO LOCATE SAFETY NET ACCES S POINTS OF CARE FOR PATIENTS BASELINE MEASURE ESTABLISHMENT OF INTERNET-BASED RESOURCE GUIDE 1 2 - PARTNER WITH COMMUNITY-BASED ORGANIZATIONS TO INCREASE OUTREACH AND EDUCATION ABOUT ENROLLMENT FOR HEALTH INSURANCE COVERAGE THROUGH THE NEWLY CREATED HEALTH INSURANCE MARKETPLACES (EXCHANGES) WHICH ARE DESIGNED TO HELP INDIVIDUALS FIND, CONSIDER OPTIONS AN D PURCHASE HEALTH INSURANCE THAT IS COMPATIBLE WITH VARIOUS INCOME LEVELS, AND AN INDIVIDU AL'S DESIRED MEDICAL CARE COVERAGE BASELINE MEASURE NUMBER OF EVENTS/ACTIVITIES PROVIDIN G HEALTH INSURANCE MARKETPLACE ENROLLMENT SUPPORT 1 3 - PROVIDE HEALTH INSURANCE ENROLLME NT ASSISTANCE TO UNINSURED ADULTS PRESENTING TO HOSPITAL EMERGENCY DEPARTMENT OR INPATIENT S BASELINE MEASURE NUMBER OF PATIENTS RECEIVING HEALTH INSURANCE ENROLLMENT ASSISTANCE 1 4 - SUPPORT RECRUITMENT OF "PHYSICIANS WHO CARE " A PROGRAM COMPRISED OF SPECIALISTS WHO VOLUNTEER TO PROVIDE MEDICAL CARE FOR UNINSURED ADULTS 19 TO 64 YEARS OLD WHO ARE REFERRE D FROM PARTNER SAFETY NET HEALTH CENTERS BASELINE MEASURE NUMBER OF REFERRALS FOR "PHYSI CIANS WHO CARE " STRATEGY 2 INCREASE/SUPPORT SAFETY NET CAPACITY IN THE SERVICE AREA 2 1 - EXPLORE PARTNERSHIPS/COLLABORATIVES WITH POTENTIAL SAFETY NET PROVIDERS IN WAYNE, OAKLA ND AND LIVINGSTON COUNTIES BASELINE MEASURE EVIDENCE OF IDENTIFIED POTENTIAL PARTNERS AN D DISCUSSIONS 2 2 - PARTICIPATION IN LOCAL ACCESS COLLABORATIVES SUCH AS VODI (VOICES OF DETROIT INITIATIVE), DETROIT-WAYNE COUNTY HEALTH AUTHORITY, AND THE BEACON PROJECT BASELI NE MEASURE EVIDENCE OF ASSIGNED HEALTH SYSTEM LEADERSHIP INDIVIDUAL AND THEIR PARTICIPATI ON IN THE LOCAL COLLABORATIVES ST JOHN HOSPITAL & MEDICAL CENTER WILL NOT ADDRESS CERTAI N IDENTIFIED HEALTH NEEDS AND CONCERNS BECAUSE OTHER PROGRAMS ARE CURRENTLY OFFERING AN AR RAY OF SERVICES FOR THE COMMUNITY AND THOSE PARTICULAR HEALTH NEEDS AND CONCERNS ARE LISTE D BELOW WITH THE RESOURCES, AGENCIES AND SERVICES CURRENTLY ESTABLISHED TO ADDRESS THEM - CARDIOVASCULAR DISEASE - THIS IS WIDELY ADDRESSED THROUGH ST JOHN PROVIDENCE AND ITS CAR DIOVASCULAR CENTERS OF EXCELLENCE, THE AMERICAN HEART ASSOCIATION, AND OTHER PROGRAMS SUCH AS THE PROJECT HEALTHY LIVING MULTI-COUNTY SCREENING PROGRAM - CANCER - ST JOHN PROVIDE NCE HAS 4 CANCER CENTERS WITH 2 LOCATED IN THE SERVICE AREA ADDITIONALLY, THE AMERICAN CA NCER SOCIETY, PRIMARY CARE STANDARDS OF PRACTICE, AND OTHER CANCER CENTERS IN THE AREA PRO VIDE SCREENING AND COMMUNITY-BASED EDUCATION FURTHER, THE STATE OF MICHIGAN WITH ITS BCCC P (BREAST AND CERVICAL CANCER CONTROL PROGRAM) PROVIDES FOR ROUTINE MAMMOGRAMS FOR LOW-INC OME AND UNINSURED WOMEN - ASTHMA - ASTHMA IS PREDOMINATELY A CONDITION OF CHILDREN AND YO UTH IN THE SERVICE AREA THROUGH THE SJP SCHOOL-BASED HEALTH CENTERS AND OTHER SCHOOL-BASE D HEALTH CENTERS IN THE AREA, THIS IS BEING ADDRESSED ASTHMA EDUCATION, ASTHMA SCREENING, AND SUMMER ASTHMA CAMPS ARE PROVIDED ALONG WITH THE HANDLING OF ACUTE EPISODES IN THE SCH OOL CLINICS WITH PARENTAL CONSENT - OBESITY - IT IS WELL-KNOWN THAT OBESITY IS A PRECURSO R TO THE DEVELOPMENT OF TYPE II DIABETES THERE ARE SEVERAL MODEL PROGRAMS IN THE SERVICE AREA THAT ADDRESS CHILDHOOD OBESITY IN ADDITION TO WHAT IS AVAILABLE FOR ADULTS - BEHAVIO RAL HEALTH/SUBSTANCE ABUSE/MENTAL ILLNESS - MEDICAID AND OTHER STATE FUNDING FOR BEHAVIORA L HEALTH LARGELY COMES THROUGH THE STATE TO THE COUNTY-BASED COMMUNITY MENTAL HEALTH AGENC IES AND LOCAL HEALTH DEPARTMENTS THESE AGENCIES CONTINUE TO PROVIDE THE LEAD ON ADDRESSIN G THESE ISSUES THE AFOREMENTIONED SERVICES, PROGRAMS AND RESOURCES ARE SUFFICIENTLY EQUIP PED AND DULY ESTABLISHED TO PROVIDE COMMUNITY-BASED RESOURCES TO ADDRESS CARDIOVASCULAR DI SEASE, CANCER, ASTHMA, OBESITY, BEHAVIORAL HEALTH,

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 3	SUBSTANCE ABUSE, AND MENTAL ILLNESS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - St John Hospital & Medical Center Uninsured patients receive a discount off charges which is comparable to the discount provided to the highest paying payer, accounting for at least 3% of the population as measured by volume or gross patient revenue In addition, uninsured patients with income greater that 300% of the FPL may receive an additional discount based on a "Means Test"

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
____

Name and address	Type of Facility (describe)
St John Medical Cntr-StClair Shores 21000 E 12 Mile Road ST CLAIR SHORES, MI 48080	Physician Services
St John Medical Cntr-Macomb Township 17700 23 Mile Road MACOMB TOWNSHIP, MI 48044	Physician Services
Harrison Township Physical Therapy 25990 Crocker Blvd HARRISON TOWNSHIP, MI 48045	Physician Services
St John Van Elslander Cancer Center 19229 Mack Avenue GROSSE POINTE WOODS, MI 48236	Physician Services
Professional Building One 22151 Moross Road DETROIT, MI 48236	Physician Services
Professional Building Two 22201 Moross Road DETROIT, MI 48236	Physician Services
Mack Office Building 19251 Mack Avenue GROSSE POINTE WOODS, MI 48236	Physician Services
St John Family Medical Center 24911 Little Mack ST CLAIR SHORES, MI 48080	Physician Services
St John Medical Center - Masonic 21099 Masonic ST CLAIR SHORES, MI 48080	Physician Services
Romeo Plank Medical Center 46591 Romeo Plank Road MACOMB TOWNSHIP, MI 48044	Physician Services
St John Medical Cntr-Phys Therapy 20952 E 12 Mile Road Suite 110 ST CLAIR SHORES, MI 48081	Physician Services
Associates in Internal Medicine 18263 East Ten Mile Road ROSEVILLE, MI 48066	Physician Services
Childrens CtrPediatric Spclts Macomb 17900 23 Mile Road Suite 304 MACOMB TOWNSHIP, MI 48044	Physician Services
Cornerstone Total Wellness Gynecology 18285 East Ten Mile Road Suite 150 ROSEVILLE, MI 48066	Physician Services
Cornerstone Garfield Family Practice 42645 Garfield Suite 103 CLINTON TOWNSHIP, MI 48038	Physician Services

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
____

Name and address	Type of Facility (describe)
Dr Hadesman Internal Medicine 7633 East Jefferson Suite 290 DETROIT, MI 48214	Physician Services
New Baltimore Family Practice 35050 23 Mile Road Suite B NEW BALTIMORE, MI 48047	Physician Services
Cornerstone Romeo Family Practice 64580 Van Dyke Suite C WASHINTON, MI 48095	Physician Services
Gary Bill MD 21421 Kelly Road Suite 2 EASTPOINTE, MI 48021	Physician Services
Great Lakes Cancer Spc & Infusion Ct 4014 River Road EAST CHINA, MI 48054	Physician Services
Great Lakes Cancer Spc & Infusion Ct 11885 Twelve Mile Road Suite 100A WARREN, MI 48093	Physician Services
Harper Family Practice 19901 East Ten Mile Road ST CLAIR SHORES, MI 48080	Physician Services
Jefferson Internal Medicine 15050 East Jefferson Suite 101 GROSSE POINTE WOODS, MI 48230	Physician Services
Konstantinos Kapordelis MD 21421 Kelly Road Suite 1 EASTPOINTE, MI 48021	Physician Services
Lakeshore ENT Grosse Pointe 17770 Mack GROSSE POINTE WOODS, MI 48230	Physician Services
Lakeshore ENT Rochester 1202 Walton Boulevard Suite 201 ROCHESTER, MI 48307	Physician Services
Lakeshore ENT Sterling Heights 11080 Hall Road Suite A STERLING HEIGHTS, MI 48314	Physician Services
New Baltimore Family Practice 35050 23 Mile Road Suite B NEW BALTIMORE, MI 48047	Physician Services
Newland Med Assoc Infu Bingham Farms 31500 Telegraph Suite 225 BINGHAM FARMS, MI 48025	Physician Services
Newland Med Assoc Infusion Ctr Southf 22301 Foster Winter Drive 2nd Floor SOUTHFIELD, MI 48075	Physician Services

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
____

Name and address	Type of Facility (describe)
Newland Med Assoc Infusion Novi 47601 Grand River 1st Floor NOVI, MI 48374	Physician Services
Normandy Family Physicians 36367 Harper CLINTON TOWNSHIP, MI 48035	Physician Services
Pediatric Specialties Clinic Novi 26850 Providence Parkway Suite 520 NOVI, MI 48374	Physician Services
Pointe Family Physicians 20225 East Nine Mile Road Suite A ST CLAIR SHORES, MI 48080	Physician Services
Premier Family Physicians 24100 Little Mack ST CLAIR SHORES, MI 48080	Physician Services
Schoenherr Family Practice 15055 22 Mile Road Suite 3 SHELBY TOWNSHIP, MI 48315	Physician Services
St John Center for Wellness 18303 Ten Mile Road Suite 500 ROSEVILLE, MI 48066	Physician Services
SJH&MC Grosse Pointe Imaging 17141 Kercheval Road GROSSE POINTE WOODS, MI 48230	Physician Services
SJH&MC Macomb HematologyOnc & Webber 11800 East Twelve Mile Road WARREN, MI 48093	Physician Services
SJH&MC Newland Rheumatology 22290 Providence Drive Suite 200 SOUTHFIELD, MI 48075	Physician Services
SJH&MC Rochester Hills Med Oncology 1901 Star Blatt Road Suite C ROCHESTER, MI 48309	Physician Services

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
St John Hospital & Medical Center

Employer identification number
38-1359063

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	ST JOHN HEALTH, A RELATED ORGANIZATION OF ST JOHN HOSPITAL & MEDICAL CENTER, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Schedule J, Part I, Line 4a Severance or change-of-control payment	Severance Payments - Deborah A Condino = $190,474
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Eligible executives participate in a program that provides for supplemental retirement benefits The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization Benefits under the program are unfunded and non-vested Due to the substantial risk for 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 executives is reported as compensation on Form 990, Schedule J, Part II, Column B(i) in the year paid 457(f) Payments made - Diane Radloff = 226,140

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 38-1359063
Name: St John Hospital & Medical Center

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
DAVID BROOKS HOSPITAL PRESIDENT	(i)	534,193	159,570	73,520	13,000	23,055	803,338	0
	(ii)	0	0	0	0	0	0	0
STEVEN MINNICK MD BOARD MEMBER	(i)	210,739	5,000	2,780	12,535	17,027	248,080	0
	(ii)	0	0	0	0	0	0	0
DEBORAH A CONDINO FORMER VP CLINICAL SERVICES	(i)	28,429	0	203,372	1,799	1,200	234,800	0
	(ii)	0	0	0	0	0	0	0
FRANK W POMA FORMER PRESIDENT SJHMC	(i)	0	0	0	0	0	0	0
	(ii)	221,250	54,383	36,268	16,072	15,487	343,460	0
DIANE RADLOFF FORMER PRESIDENT	(i)	226,140	0	0	0	0	226,140	226,140
	(ii)	0	0	0	0	0	0	0
TOMASINE MARX VP FINANCE & CFO	(i)	287,283	65,172	40,587	16,900	23,042	432,984	0
	(ii)	0	0	0	0	0	0	0
KEVIN GRADY MD CHIEF MEDICAL OFFICER	(i)	419,894	66,192	30,165	16,900	21,781	554,932	0
	(ii)	0	0	0	0	0	0	0
AYAD AL-KATIB MD MED DIR ONCOLOGY EAST REG COE	(i)	624,605	25,000	7,524	14,300	16,211	687,641	0
	(ii)	0	0	0	0	0	0	0
MARC CULLEN MD PHYSICIAN	(i)	700,365	12,739	8,574	14,300	23,556	759,534	0
	(ii)	0	0	0	0	0	0	0
RICHARD FESSLER MD PHYSICIAN	(i)	643,751	0	2,622	0	8,856	655,230	0
	(ii)	0	0	0	0	0	0	0
ZYAD KAFRI MD PHYSICIAN	(i)	295,692	217,220	661	10,400	20,765	544,738	0
	(ii)	0	0	0	0	0	0	0
LOUIS SARAVOLATZ MD PHYSICIAN	(i)	463,193	66,352	7,255	16,900	23,540	577,240	0
	(ii)	0	0	0	0	0	0	0

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
St John Hospital & Medical Center	38-1359063

Return Reference	Explanation
Form 990, Part IV, Line 20b Explanation of Financial Statements	THE ACTIVITY OF ST JOHN HOSPITAL & MEDICAL CENTER IS REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE NO INDIVIDUAL AUDIT OF ST JOHN HOSPITAL & MEDICAL CENTER IS COMPLETED THEREFORE, THE ATTACHED AUDITED FINANCIAL STATEMENTS ARE OF ASCENSION HEALTH ALLIANCE AND AFFILIATES, WHICH INCLUDE THE ACTIVITY OF ST JOHN HOSPITAL & MEDICAL CENTER

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	In determining compensation of the organization's President, the process, performed by St John Health, a related organization of St John Hospital & Medical Center, included a review and approval by independent persons, comparability data and contemporaneous substantiation of the deliberation and decision The audit committee reviewed and approved the compensation In the review of the compensation, the President 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 board minutes The individual was not present when his compensation was decided

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	In determining compensation of other officers or key employees of the organization, the process, performed by St John Health, a related organization of St John Hospital & Medical Center, included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The audit committee reviewed and approved the compensation In the review of the compensation, the other officers or key employees of the organization 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

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	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 - Business relationship

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

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	St John Hospital & Medical Center has a single corporate member, St John Health, who has the ability to elect members to the governing body of St John Hospital & Medical Center

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	All decisions that have a material impact to St John Hospital & Medical Center financial information or corporation as a whole are subject to approval by its sole corporate member, St John Health

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Management 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 any board members questions

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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, officer, key employee 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

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization will provide any documents open to public inspection upon request

Return Reference	Explanation
Form 990, Part VII, Section B, Line 1 Independent Contractor Reporting	Compensation of independent contractors is paid by and reported on the Form 1096, Annual Summary and Transmittal of U S Information Returns, of Ascension Health EIN 31-1662309 Expenses are allocated to and reimbursed by the filing organization to Ascension Health As such, the organization has not reported independent contractors paid on Form 990, Part VII, Section B

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	- Total Revenue 287022, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 287022,

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	All Other - Total Revenue 10495691, Related or Exempt Function Revenue 10495691, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , - Total Revenue , Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfer to/from Affiliates - -11125051, Net Assets Released to/from Related Organizations - 4618617,

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
St John Hospital & Medical Center

Employer identification number
38-1359063

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ADVENT PARTNERS LP 28000 DEQUINDRE WARREN, MI 48092 38-3494197	RENTAL REAL ESTATE	MI	NA	N/A								
(2) OPEN MRI OF MICHIGAN 28000 DEQUINDRE WARREN, MI 48092 38-3544539	DIAGNOSTIC IMAGING CENTER	MI	ST JOHN HOSPITAL & MEDICAL CENTER	Related	103,033	817,618		No		Yes		

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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) ADVENT INC 28000 DEQUINDRE WARREN, MI 48092 38-2971743	REAL ESTATE DEVELOPMENT	MI	NA	C Corporation					No
(2) AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation					No

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

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

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 38-1359063
Name: St John Hospital & Medical Center

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3	Type I	NA		No
(1) ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3	Type I	ASCENSION HEALTH ALLIANCE		No
(2) ST JOHN HEALTH 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2244034	PARENT	MI	501(c)(3	Type III-FI	ASCENSION HEALTH		No
(3) BRIGHTON HOSPITAL 12851 GRAND RIVER BRIGHTON, MI 48116 38-1576680	HOSPITAL	MI	501(c)(3	3	ST JOHN HEALTH	Yes	
(4) EASTWOOD COMMUNITY CLINICS 28000 DEQUINDRE ROAD WARREN, MI 48092 38-1958763	HEALTH CARE	MI	501(c)(3	9	ST JOHN HEALTH	Yes	
(5) FATHER MURRAY NURSING CENTER 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2601348	HEALTH CARE	MI	501(c)(3	9	ST JOHN HEALTH	Yes	
(6) MEDICAL RESOURCES GROUP 28000 DEQUINDRE WARREN, MI 48092 38-3494637	HEALTH CARE	MI	501(c)(3	9	ST JOHN HEALTH	Yes	
(7) PROVIDENCE HEALTH FOUNDATION 22101 MOROSS DETROIT, MI 48236 38-3526629	FUNDRAISING	MI	501(c)(3	Type III-FI	ST JOHN HEALTH	Yes	
(8) PROVIDENCE HOSPITAL 16001 WEST NINE MILE ROAD SOUTHFIELD, MI 48037 38-1358212	HOSPITAL	MI	501(c)(3	3	ST JOHN HEALTH	Yes	
(9) SETON HEALTH CORP OF SE MICHIGAN 28000 Dequindre Warren, MI 48092 38-2820107	HEALTH CARE	MI	501(c)(3	9	ST JOHN HEALTH	Yes	
(10) ST JOHN COMMUNITY HEALTH INVESTMENT CORP 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2262856	HEALTH CARE	MI	501(c)(3	3	ST JOHN HEALTH	Yes	
(11) ST JOHN HOSPITAL FOUNDATION 22101 MOROSS DETROIT, MI 48236 20-2961579	FUNDRAISING	MI	501(c)(3	7	ST JOHN HEALTH	Yes	
(12) ST JOHN HOSPITAL GUILD 28000 DEQUINDRE ROAD WARREN, MI 48092 38-6091110	FUNDRAISING	MI	501(c)(3	Type III-FI	ST JOHN HOSPITAL & MEDICAL CENTER	Yes	
(13) ST JOHN RIVER DISTRICT HOSPITAL 4100 RIVER ROAD EAST CHINA, MI 48054 38-3160564	HOSPITAL	MI	501(c)(3	3	ST JOHN HEALTH	Yes	
(14) ST JOHN SENIOR COMMUNITY 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2631907	HEALTH CARE	MI	501(c)(3	9	ST JOHN HEALTH	Yes	
(15) ST JOHN MACOMB-OAKLAND HOSPITAL 28000 DEQUINDRE ROAD WARREN, MI 48092 38-3322109	HOSPITAL	MI	501(c)(3	3	ST JOHN HEALTH	Yes	
(16) FONTBONNE AUXILIARY OF ST JOHN HOSPITAL 28000 DEQUINDRE ROAD WARREN, MI 48092 38-6082173	FUNDRAISING	MI	501(c)(3	Type III-FI	ST JOHN HOSPITAL & MEDICAL CENTER	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Brighton Hospital	P	845,235	Actual Amount Paid
Brighton Hospital	R	948,069	Actual Amount Paid
Brighton Hospital	S	262,284	Actual Amount Paid
Eastwood Community Clinics	O	65,899	Actual Amount Paid
Eastwood Community Clinics	Q	71,083	Actual Amount Paid
Eastwood Community Clinics	R	64,812	Actual Amount Paid
St John Macomb-Oakland Hospital	O	773,448	Actaul Amount Paid
St John Macomb-Oakland Hospital	Q	673,971	Actual Amount Paid
St John Macomb-Oakland Hospital	S	7,997,415	Actual Amount Paid
Medical Resources Group	J	65,722	Actual Amount Paid
Medical Resources Group	O	3,307,511	Actual Amount Paid
Medical Resources Group	P	5,448,662	Actual Amount Paid
Medical Resources Group	R	55,987,207	Actual Amount Paid
Providence Hospital	K	72,807	Actual Amount Paid
Providence Hospital	O	98,220	Actual Amount Paid
Providence Hospital	Q	195,552	Actual Amount Paid
Providence Hospital	S	501,295	Actual Amount Paid
St John River District Hsopital	S	75,720	Actual Amount Paid
Seton Health Corporation Of Southeast Michigan	S	1,196,064	Actual Amount Paid
St John Community Health Investment Corporation	B	1,635,191	Actual Amount Paid
St John Community Health Investment Corporation	P	1,396,211	Actual Amount Paid
St John Health	O	149,354,326	Actual Amount Paid
St John Health	P	969,410,298	Actual Amount Paid
St John Health	R	747,066,297	Actual Amount Paid
St John Hospital Foundation	C	3,733,258	Actual Amount Paid

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
St John Hospital Foundation	P	2,652,505	Actual Amount Paid
St John Hospital Foundation	S	1,565,975	Actual Amount Paid
Affiliated Health Services Inc	O	55,672	Actual Amount Paid
Affiliated Health Services Inc	Q	690,504	Actual Amount Paid
Affiliated Health Services Inc	S	92,019	Actual Amount Paid
Open MRI of Michigan	R	50,785	Actual Amount Paid