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Form 990	Return of Organization Exempt From Income Tax	OMB No 1545-0047
	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/foi/m990	2015 Open to Public Inspection
Department of the Treasury Internal Revenue Service		

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016			
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		D Employer identification number 38-1359063
	Doing business as		E Telephone number (586) 753-0101
	Number and street (or P O box if mail is not delivered to street address) 28000 Dequindre Road	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code Warren, MI 480922468		G Gross receipts \$ 818,755,215
	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
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a){1} or ☐ 527		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: ▶ HTTP //WWW.STJOHNPROVIDENCE.ORG/STJOHNHOSPITAL		H(c) Group exemption number ▶	
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	13	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	4,838		
6 Total number of volunteers (estimate if necessary)	6	400		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,536,803		
7b Net unrelated business taxable income from Form 990-T, line 34	7b	710,575		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,764,524	7,564,996
	9	Program service revenue (Part VIII, line 2g)	756,256,774	803,790,925
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,586,971	-1,032,146
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,433,781	6,064,500
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	779,042,050	816,388,275
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,614,129
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	288,688,833	305,860,400
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>2,659,741</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	445,737,442	469,403,916
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	734,426,275	776,878,445
	19	Revenue less expenses Subtract line 18 from line 12	44,615,775	39,509,830
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	876,178,915	911,583,779
	21	Total liabilities (Part X, line 26)	284,745,181	293,616,783
	22	Net assets or fund balances Subtract line 21 from line 20	591,433,734	617,966,996

Part II	Signature Block
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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				2017-05-13	
	Date					
Paid Preparer Use Only	TOMASINE MARX VP FINANCE & CFO					
	Type or print name and title					
	Pnnt/Type preparer's name Shawna M Jimenez		Preparer's signature Shawna M Jimenez		Date	
	Check ☐ if self-employed		PTIN P01222873			
	Firm's name ▶ Deloitte Tax LLP				Firm's EIN ▶ 86-1065772	
	Firm's address ▶ 111 Monument Circle Suite 4200 Indianapolis, IN 462045108				Phone no (317) 464-8600	

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 \$ 748,345,792 including grants of \$ 1,614,129) (Revenue \$ 796,389,441)

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 ▶ 748,345,792

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	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? <i>If "Yes," complete Schedule C, Part II</i> 	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	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)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	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	379	
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	Yes	
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	4,838	
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	13	
	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	12	
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
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	
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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN SMITH BOARD CHAIR	1 0 5 0	X		X				0	0	0
(2) MARITA GROBBEL SECRETARY	1 0 5 0	X		X				0	0	0
(3) KATHY RYAN VICE CHAIR	1 0 5 0	X		X				0	0	0
(4) JAMES SAWYER TREASURER	1 0 5 0	X		X				0	0	0
(5) JEAN MEYER PRESIDENT & CEO	1 0 59 0	X		X				0	1,764,659	47,235
(6) SR XAVIER BALLANCE DC BOARD MEMBER	1 0 8 0	X						0	0	0
(7) JIM COLE JR BOARD MEMBER	1 0 7 0	X						0	0	0
(8) CHRISTINE CRADER MD BOARD MEMBER	1 0 5 0	X						0	0	0
(9) JOHN REEVES BOARD MEMBER	1 0 5 0	X						0	0	0
(10) DAVE STEPHENS BOARD MEMBER	1 0 5 0	X						0	0	0
(11) ISAAC GRINBERG MD BOARD MEMBER	1 0 5 0	X						0	0	0
(12) CHRISTINE PARKS CSJ BOARD MEMBER	1 0 5 0	X						0	0	0
(13) STEVEN RIVERA MD BOARD MEMBER	1 0 5 0	X						0	0	0
(14) ROBERT HOBAN HOSPITAL PRESIDENT	10 0 47 0			X				111,679	628,098	46,266

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) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TOMASINE F MARX	50 0			X				388,557	0	42,454
VP FINANCE & CFO	2 0									
(16) KEVIN GRADY MD	50 0				X			516,481	0	42,235
CHIEF MEDICAL OFFICER	5 0									
(17) MARC L CULLEN MD	50 0					X		724,361	0	39,464
PHYSICIAN	0									
(18) RICHARD D FESSLER II MD	50 0					X		646,715	0	16,479
PHYSICIAN	0									
(19) ZYAD KAFRI MD	50 0					X		673,747	0	32,139
PHYSICIAN	0									
(20) RENATO CASABAR MD	50 0					X		562,236	7,495	34,707
PHYSICIAN	0 0									
(21) DEEPAK PATEL MD	50 0					X		630,374	14,422	40,888
PHYSICIAN	0 0									
(22) FRANK W POMA	0 0						X	0	303,163	34,002
FORMER OFFICER	50 0									
(23) DAVID T BROOKS	0 0						X	403,574	0	22,746
FORMER OFFICER	0									
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,657,725	2,717,838	398,615

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 ▶ 313

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*

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*

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*

Yes

No

3

Yes

4

Yes

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
NEWLAND MEDICAL ASSOCIATES PC 22301 FOSTER WINTER DR SOUTHFIELD, MI 48075	Healthcare Services	11,177,078
LAKESHORE EAR NOSE THROAT CENTER PC 21000 E 12 MILE RD STE 111 ST CLAIR SHORES, MI 48081	Healthcare Services	7,052,406
HEMATOLOGY ONCOLOGY ASSOCIATES EAST PC 19229 MACK AVE STE 24 GROSSE POINTE WOODS, MI 48236	Healthcare Services	5,517,343
MACOMB HEMATOLOGY ONCOLOGY PC 11900 E 12 MILE RD STE 210 WARREN, MI 48093	Healthcare Services	3,819,512
EMERGENCY MEDICINE SPECIALIST 17717 MASONIC FRASER, MI 48026	Healthcare Services	2,258,488
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 ▶ 59		

Form **990** (2015)

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	4,000,254				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,564,742				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			7,564,996			
Program Service Revenue	2a	OUTPATIENT GROSS REV	Business Code 622110	434,672,408	423,299,319	11,373,089		
	b	INPATIENT ANCILLARY	622110	228,335,700	228,335,700			
	c	INPATIENT ROUTINE REV	622110	132,510,082	132,510,082			
	d	CAPITATION REV	622110	5,545,120	5,545,120			
	e	ANCILLARY REVENUE	622110	2,433,203	2,433,203			
	f	All other program service revenue		294,412	0	0	294,412	
	g	Total. Add lines 2a-2f			803,790,925			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		-1,299,799			-1,299,799
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties						
6a		(i) Real		(ii) Personal				
		2,472,903						
		b	Less rental expenses		2,366,940			
		c	Rental income or (loss)		105,963	0		
d		Net rental income or (loss)			105,963		163,714	-57,751
7a		(i) Securities		(ii) Other				
				267,653				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)		0	267,653		
d		Net gain or (loss)			267,653	267,653		
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	1,825,425			1,825,425	
b	PARKING REVENUE		621990	134,748			134,748	
c	LAB SERVICES REVENUE		621990	697,288	697,288			
d	All other revenue			3,301,076	3,301,076	0	0	
e	Total. Add lines 11a-11d			5,958,537				
12	Total revenue. See Instructions			816,388,275	796,389,441	11,536,803	897,035	

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.	1,614,129	1,614,129		
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.	1,111,140		1,111,140	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	270,735,321	258,898,167	11,837,154	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,457,817	2,381,957	75,860	
9	Other employee benefits.	13,867,261	13,260,902	606,359	
10	Payroll taxes.	17,688,861	16,852,178	836,683	
11	Fees for services (non-employees):				
a	Management.	14,747,272	11,185,753	3,561,519	
b	Legal.	13,159		13,159	
c	Accounting.	47,028		47,028	
d	Lobbying.	30,781		30,781	
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.)	1,328,954	1,266,094	62,860	0
12	Advertising and promotion.	143,348		143,348	
13	Office expenses.	4,389,176	4,389,176		
14	Information technology.	37,026,673	37,026,673		
15	Royalties.				
16	Occupancy.	13,225,975	12,600,386	625,589	
17	Travel.	1,055,632	1,005,701	49,931	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	785,337	748,191	37,146	
20	Interest.	6,340,378	6,340,378		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	35,497,387	35,497,387		
23	Insurance.	10,152,707	10,152,707		
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	131,294,072	125,083,862	6,210,210	
b	MEDICAL SUPPLIES	152,602,162	152,602,162		
c	PHYSICIAN FEES	41,555,939	41,555,939		
d	UNRELATED BUSINESS INCOME TAXES	624,145		624,145	
e	All other expenses	18,543,791	15,884,050	0	2,659,741
25	Total functional expenses. Add lines 1 through 24e.	776,878,445	748,345,792	25,872,912	2,659,741
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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,499,430	1	3,866,584
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		60,310,452	4	70,081,139
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			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			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		11,020,465	8	11,189,974
	9	Prepaid expenses and deferred charges		4,140,938	9	3,935,617
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 736,256,735			
	b	Less: accumulated depreciation	10b 461,869,146	286,937,030	10c	274,387,589
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		982,964	12	1,190,621
	13	Investments—program-related. See Part IV, line 11		2,422,367	13	2,361,383
	14	Intangible assets		12,138,435	14	8,670,523
	15	Other assets. See Part IV, line 11		496,726,834	15	535,900,349
	16	Total assets. Add lines 1 through 15 (must equal line 34)		876,178,915	16	911,583,779
Liabilities	17	Accounts payable and accrued expenses		48,509,914	17	52,917,387
	18	Grants payable			18	
	19	Deferred revenue		352,554	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			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		235,882,713	25	240,346,842
	26	Total liabilities. Add lines 17 through 25		284,745,181	26	293,616,783
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		587,284,251	27	613,523,503
	28	Temporarily restricted net assets		4,122,174	28	4,416,184
	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		591,433,734	33	617,966,996
	34	Total liabilities and net assets/fund balances		876,178,915	34	911,583,779

Part XI **Reconciliation 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	816,388,275
2	Total expenses (must equal Part IX, column (A), line 25)	2	776,878,445
3	Revenue less expenses Subtract line 2 from line 1	3	39,509,830
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	591,433,734
5	Net unrealized gains (losses) on investments	5	-8,458,301
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	-4,518,267
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	617,966,996

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? 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		No
b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support
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
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization St John Hospital & Medical Center	Employer identification number 38-1359063
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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 (Form 990 or 990-EZ))

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 (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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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).		
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? <i>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.</i>		
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? <i>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.</i>		
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.		
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.		

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) ☐		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 St John Hospital & Medical Center	Employer identification number 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-
2				
3				
4				
5				
6				

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														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		☐ 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) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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?

b

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

c

Media advertisements?

d

Mailings to members, legislators, or the public?

e

Publications, or published or broadcast statements?

f

Grants to other organizations for lobbying purposes?

g

Direct contact with legislators, their staffs, government officials, or a legislative body?

h

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

i

Other activities?

j

Total Add lines 1c through 1i

2a

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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?

(a)

Yes

(b)

No

Amount

No

No

No

No

No

No

No

Yes

30,781

No

30,781

Part III-A

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

1

Were substantially all (90% or more) dues received nondeductible by members?

2

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes

No

1

2

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

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

b

Carryover from last year

c

Total

3

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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?

5

Taxable amount of lobbying and political expenditures (see instructions)

1

2a

2b

2c

3

4

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.
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.

Schedule C (Form 990 or 990EZ) 2015

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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

2015

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" on 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" on 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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

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	17,919,844	15,668,907	10,475,499	10,085,281	8,987,410
b Contributions	2,916,376	1,716,776	4,911,988	184,058	1,047,617
c Net investment earnings, gains, and losses	851,123	775,010	706,028	515,785	463,519
d Grants or scholarships					
e Other expenditures for facilities and programs	498,054	240,849	424,608	309,625	413,265
f Administrative expenses					
g End of year balance	21,189,289	17,919,844	15,668,907	10,475,499	10,085,281

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 46 %

c

Temporarily restricted endowment

11 54 %

The percentages on 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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No

Yes

No

Yes

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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)	Accumulated (c)depreciation	(d)Book value
1a Land	4,327,302	10,280,327		14,607,629
b Buildings		519,074,114	307,270,206	211,803,908
c Leasehold improvements		8,274,039	6,618,891	1,655,148
d Equipment		184,349,570	147,980,049	36,369,521
e Other		9,951,383		9,951,383
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				274,387,589

Schedule D (Form 990) 2015

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

Complete if the organization answered 'Yes' on 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' on 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 Providence 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.

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

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
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	176,054,252
Estimated 3rd Party Payor Settlements	41,021,941
CAPITAL LEASE OBLIGATION	5,597,468
SELF INSURANCE LIABILITY	7,575,717
DEFERRED COMPENSATION	4,106,271
P/GL DEDUCTIBLE LIABILITY	4,501,545
WORKERS COMPENSATION INSURANCE LIABILITY	675,295
VALUATION ALLOWANCE	
MISCELLANEOUS	
FIN 48 LIABILITY	260,000
DEFERRED RENT LIABILITY	56,498

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization St John Hospital & Medical Center	Employer identification number 38-1359063
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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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> 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 eligible 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)			56,482	0	56,482	0 01 %
b Medicaid (from Worksheet 3, column a)			176,356,941	181,995,912	0	0 %
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	176,413,423	181,995,912	56,482	0 01 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,237,494		1,237,494	0 16 %
f Health professions education (from Worksheet 5)			40,614,310	20,049,129	20,565,181	2 65 %
g Subsidized health services (from Worksheet 6)			2,848,849	0	2,848,849	0 37 %
h Research (from Worksheet 7)			29,484	0	29,484	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			200,461	0	200,461	0 03 %
j Total. Other Benefits	0	0	44,930,598	20,049,129	24,881,469	3 20 %
k Total. Add lines 7d and 7j	0	0	221,344,021	202,045,041	24,937,951	3 21 %

Part IICommunity 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		2,900		2,900	0 %
3	Community support		66,777		66,777	0 01 %
4	Environmental improvements				0	0 %
5	Leadership development and training for community members		862		862	0 %
6	Coalition building		2,910		2,910	0 %
7	Community health improvement advocacy				0	0 %
8	Workforce development				0	0 %
9	Other				0	0 %
10	Total	0	73,449	0	73,449	0 01 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

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

36,051,245

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

8,418,589

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

281,155,219

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

269,645,409

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

11,509,810

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐

Cost accounting system

☒

Cost to charge ratio

☐

Other

Section C. Collection Practices

9a

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 IVManagement 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				

Section A. Hospital Facilities

1

See Additional Data Table

Schedule H (Form 990) 2015

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)
St John Hospital & Medical Center

Name of hospital facility or letter of facility reporting group

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 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 <u>15</u> 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	3	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
6b	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? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☒ Hospital facility's website (list url) <u>http://www.stjohnprovidence.org/?id=2311&sid=1#WCeMWuHRDuM_email</u> 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	7	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>	8	Yes
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>http://www.stjohnprovidence.org/?id=2311&sid=1#WCeMWuHRDuM_email</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
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)?	10b	No
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
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
12b	If "Yes" on 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)

Financial Assistance Policy (FAP)

St John Hospital & Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 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 200 0 % and FPG family income limit for eligibility for discounted care of 300 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)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? 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)	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? 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) http://www.stjohnprovidence.org/patients-and-visitors/financial-assistance/ b ☒ The FAP application form was widely available on a website (list url) http://www.stjohnprovidence.org/patients-and-visitors/financial-assistance/ c ☒ A plain language summary of the FAP was widely available on a website (list url) http://www.stjohnprovidence.org/patients-and-visitors/financial-assistance/ 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)	16	Yes	

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)

St John Hospital & Medical Center

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
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 19 (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? If "No," indicate why	21	Yes	
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? If "Yes," explain in Section C	23		No
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? If "Yes," explain in Section C	24		No

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

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	
4	
5	
6	
7	
8	
9	
10	

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 on the services provided to them Uninsured Patients who are not eligible for financial assistance will be provided a discount based on established Michigan State law requirements In Michigan, Uninsured patients who do not qualify for charity or any other program will be granted an Uninsured Discount and will be billed at 115% of Medicare Rates

Form and Line Reference	Explanation
Schedule H, Part VI COMMUNITY BENEFIT OVERVIEW	St John Hospital & Medical Center Community Benefit Report Fiscal Year Ended June 30, 2016 This report illustrates the significant degree to which St John Hospital and 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 and 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 and Medical Center is to perpetuate the healing mission of the church. St John Hospital and 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. Organizational Commitment to Providing Community Benefit St John Hospital and 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 and 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 and Medical Center: 1 Operates an emergency room that is open to all persons regardless of ability to pay. 2 Has an open medical staff with privileges available to all qualified physicians in the area. 3 Has a governing body in which independent persons representative of the community comprise a majority. 4 Engages in medical or scientific research programs. 5 Engages in the training and education of health care professionals. 6 Participates in Medicaid, Medicare, Champus, Triage and/or other government-sponsored health care programs. Medical Research St John Hospital and 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 and 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 and 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. Medical Education & Specialty Areas St John Hospital and 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 and Medical Center is known for various specialty areas including Bariatric Surgery, the Cracchiolo Inpatient Rehabilitation Center, the St John Center for Wound and Hyperbaric Medicine and the Valade Healing Arts Center and the Van Elslander Cancer Center. Some of the services provided 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 and 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 are provided to the community. Education material also is provided via our website at www.stjohnprovidence.org. Access To Care Programs St John Hospital and 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 t

Form and Line Reference	Explanation
Schedule H, Part VI COMMUNITY BENEFIT OVERVIEW	he 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 and Medical Center To give unde rreserved children an opportunity to learn a healthcare career, our human resources departme nt 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 emerg ency center for several hours of learning and instructional hands-on education Our physic ians and leaders participate regularly in career days for local schools in which they have partnerships Our medical education department organizes physician speakers for the Gross e Pointe schools advanced medicine classes Community Outreach Service St John Hospital a nd Medical Center provides charitable contributions to a number of community organizations St John Hospital and Medical Center has contributed funds for sponsorship in the commun ity by volunteering and giving support to community organizations, parades, neighborhood a dvocacy and clean-up groups, community orchestras, health walks and marathons, health expo s and health fairs, American Red Cross blood drives, churches, schools, career fairs at sc hools, police office benefits and community foundation outings Community service is an im portant part of our existence To that end, St John Hospital and Medical Center provides a Christmas store each year for up to 600 children, giving each child a toy, outfit and gi ft 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 wee kly donations and counseling from our spiritual care team for those attending Charity Car e St John Hospital and Medical Center offers a wide variety of health and wellness program s that meet diverse needs, regardless of economic status and physical condition The unins ured are more likely to seek care in hospital emergency rooms St John Hospital and Medic al Center had 124,071 emergency department visits in fiscal 2016 St John Hospital and Me dical 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 i nsurance, transportation issues and language barriers combine to create challenges St Jo hn Hospital and Medical Center provides a substantial portion of its services to the elder ly and poor During the fiscal year ending June 30, 2016, approximately 41% of the value o f services rendered was to elderly patients under the Medicare program and approximately 2 4% 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 ma naging their health care During the fiscal year ending June 30, 2016, St John Hospital a nd Medical center treated adults and children from the community for a total of 144,326 pa tient days of service St John Hospital and Medical Center also provided services to 15,4 16 outpatient surgery patients St John Hospital and Medical Center Uncompensated Care fo r Fiscal Year Ending June 30, 2016 1 Traditional charity care provided \$56,481 2 Unpaid cost of public programs for persons living in poverty (\$5,638,972) 3 Other programs for persons living in poverty and other vulnerable persons \$2,271,498 4 Community benefit pro grams \$22,609,971 5 Total care of persons living in poverty and community benefit program s \$19,298,979 6 Bad debt costs attributable to charity \$8,418,589 7 Medicare shortfalls/ (surplus) (\$11,509,811)

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 on a consolidated basis

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means-tested government programs, and other 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 the information in the table, a cost-to-charge ratio was calculated and applied.

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	Community Building Activities are critical to the area that St John Hospital & Medical Center serves St John Hospital & Medical Center's size means we have a stronger voice when advocating for those who have no voice - the uninsured and poor Through partnerships, coalitions, and program development and support, our innovative programs increase access to health care services and empower individuals to make informed health choices Our 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 screenings and health education St John Hospital & Medical Center actively participates on coalitions with the City of Detroit Health Departments to work toward developing collaborative strategies to address community health care issues It is our calling to serve, and we do it with pride Our staff of professionals combines the skills of medical experts in various specialties and the talented, compassionate clinical staff to heal and to serve In addition, the St John Hospital & Medical Center family includes volunteers and donors who support our health care mission with their generosity Inventories of some of St John Hospital & Medical Center's community building activities include Physical Improvements SJHMC Maintenance and Engineering Department provides physical improvements by annually beautifying a main intersection on the Detroit-Grosse Pointe border The hospital helped to build and improve 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 Economic Development St John Hospital & Medical Center's Administration is active in various Chambers of Commerce throughout our service area Community Support Human Resources provides mentoring and job shadowing programs for high school students There is a Neighborhood Safety Office that helps residents in their service area learn techniques on how to keep themselves and personal property safe The hospital provides disaster recovery above and beyond the normal requirements They also provide mentoring to students interested in health careers Leadership Dev/Training for Community Members The hospital participates in Executive Women International and the medical department participates in Leadership Development Training for community members in the process of addiction recovery Community Health Improvement Advocacy Administrative leaders support advocacy efforts through their membership and participation on various task-forces and committees Workforce Development St John Hospital & Medical Center promotes diversity and strives to insure that there are qualified individuals from underrepresented minorities in the pool of candidates for open positions The hospital mentors high school students and educates them about careers in the medical fields They also assist with college course selection for medical careers and provide assistance with resume writing and interviewing techniques

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies. After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2016 was \$36,051,245 at charges, (\$12,733,300 at cost).

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	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.

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The organization is part of the Ascension Health Alliance's consolidated audit in which the footnote that discusses the bad debt expense is located on page 18

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	A cost to charge ratio is applied to the organization's Medicare Expense to determine the Medicare allowable costs reported in the organization's Medicare Cost Report. Ascension Health and its related health ministries follow the Catholic Health Association (CHA) guidelines for determining community benefit. CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit.

Form 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 and the financial assistance program is followed

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 b F A P Application website	- St John Hospital & Medical Center Line 16b URL http //www stjohnprovidence org/patients-and-visitors/financial-assistance/ ,

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	Communities are dynamic systems in which multiple factors interact to impact quality of life and health status. In addition to the formal CHNA conducted every 3 years, St. John Hospital & Medical Center helps to lead a community round table whose purpose is to assess needs within the community, prioritize action and work in partnership to address identified challenges. The coalition works closely with its member organizations which come from multiple sectors of the community, including local government, business, education, faith communities, public health, health care providers and other social and human service organizations. In addition, the coalition works closely with other coalitions as well as the local and state health departments to stay abreast of changing needs within the community and to identify evidence-based and promising practices to address these needs.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	St John Hospital & Medical Center communicates with patients in multiple ways to ensure that those who are billed for services are aware of the hospital's financial assistance program as well as their potential eligibility for local, state or federal programs. Signs are prominently posted in each service area, and bills contain a formal notice explaining the hospital's charity care program. In addition, the hospital employs financial counselors, health access workers, and enrollment specialists who consult with patients about their eligibility for financial assistance programs and help patients in applying for any public programs for which they may qualify.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	St John Hospital & Medical Center serves a five-county area of southeastern Michigan. 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 service area is predominately urban and suburban with pockets of rural in St. Clair and Livingston counties. 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 1,633,906 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 Community is 1,432,398 with 70.7% White, 23.0% Black, 0.3% Hispanic, 2.9% Asian/Pacific Islander, and 0.5% other. These counties represent the southeastern Michigan region of the state with a total population of 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 of minorities, compared to 21% for the state. Thirty-eight percent of Detroiters live below the poverty level compared to 16% statewide. 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 care professionals.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	St John Hospital & Medical Center promotes the health of its communities by striving to improve the quality of life within the community. Research has established that factors such as economic status, employment, housing, education level, and built environment can all be powerful social determinants of health. Additionally, helping to create greater capacity within the community to address a broad range of quality of life issues also impacts health. St John Hospital & Medical Center 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 Health and Human Services, Michigan Primary Care association, area Federally Qualified Health Centers, and other community organizations to identify community needs and address community problems. St John Hospital & Medical Center 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 Hospital & Medical Center has become recognized for.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	As part of St John Providence, St John Hospital & Medical Center is a member of 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 of the United States and the District of Columbia SPONSORSHIP 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 MISSION 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

Schedule H (Form 990) 2015

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 38-1359063

Name: St John Hospital & Medical Center

Form 990 Schedule H, Part V Section A. Hospital Facilities

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

	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
1	St John Hospital & Medical Center 22101 Moross Road DETROIT, MI 48236 WWW.STJOHN.ORG 1060000072	X	X	X			X			

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)
1 Professional Building One 22151 Moross Road DETROIT, MI 48236	Physician Services
1 Professional Building Two 22201 Moross Road DETROIT, MI 48236	Physician Services
2 Romeo Plank Medical Center 46591 Romeo Plank Road MACOMB TOWNSHIP, MI 48044	Physician Services
3 St John Van Elslander Cancer Center 19229 Mack Avenue GROSSE POINTE WOODS, MI 48236	Physician Services
4 St John Medical Cntr-Macomb Township 17700 23 Mile Road MACOMB TOWNSHIP, MI 48044	Physician Services
5 Mack Office Building 19251 Mack Avenue GROSSE POINTE WOODS, MI 48236	Physician Services
6 Newland Med Assoc Infusion Ctr Southf 22301 Foster Winter Drive 2nd Floor SOUTHFIELD, MI 48075	Physician Services
7 Cornerstone Romeo Family Practice 64580 Van Dyke Suite C WASHINTON, MI 48095	Physician Services
8 Schoenherr Family Practice 15055 22 Mile Road Suite 3 SHELBY TOWNSHIP, MI 48315	Physician Services
9 Cornerstone Garfield Family Practice 42645 Garfield Suite 103 CLINTON TOWNSHIP, MI 48038	Physician Services
10 St John Family Medical Center 24911 Little Mack ST CLAIR SHORES, MI 48080	Physician Services
11 St John Medical Cntr-Phys Therapy 20952 E 12 Mile Road Suite 110 ST CLAIR SHORES, MI 48081	Physical Therapy
12 Pointe Family Physicians 20225 East Nine Mile Road Suite A ST CLAIR SHORES, MI 48080	Physician Services
13 Lakeshore ENT Sterling Heights 11080 Hall Road Suite A STERLING HEIGHTS, MI 48314	Physician Services
14 St John Medical Center - Masonic 21099 Masonic ST CLAIR SHORES, MI 48080	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)
16 SJH&MC Macomb HematologyOnc & Webber 11800 East Twelve Mile Road WARREN,MI 48093	Physician Services
1 St John Center for Wellness 18303 Ten Mile Road Suite 500 ROSEVILLE,MI 48066	Physician Services
2 Lakeshore ENT Rochester 1202 Walton Boulevard Suite 201 ROCHESTER,MI 48307	Physician Services
3 Premier Family Physicians 24100 Little Mack ST CLAIR SHORES,MI 48080	Physician Services
4 Dr Hadesman Internal Medicine 7633 East Jefferson Suite 290 DETROIT,MI 48214	Physician Services
5 Newland Med Assoc Infusion Novi 47601 Grand River 1st Floor NOVI,MI 48374	Physician Services
6 Harper Family Practice 19901 East Ten Mile Road ST CLAIR SHORES,MI 48080	Physician Services
7 Associates in Internal Medicine 18263 East Ten Mile Road ROSEVILLE,MI 48066	Physician Services
8 Newland Med Assoc Infu Bingham Farms 31500 Telegraph Suite 225 BINGHAM FARMS,MI 48025	Physician Services
9 Normandy Family Physicians 36367 Harper CLINTON TOWNSHIP,MI 48035	Physician Services
10 Childrens CtrPediatic Spclts Macomb 17900 23 Mile Road Suite 304 MACOMB TOWNSHIP,MI 48044	Physician Services
11 Great Lakes Cancer Spc & Infusion Ct 11885 Twelve Mile Road Suite 100A WARREN,MI 48093	Physician Services
12 New Baltimore Family Practice 35050 23 Mile Road Suite B NEW BALTIMORE,MI 48047	Physician Services
13 Konstantinos Kapordelis MD 21421 Kelly Road Suite 1 EASTPOINTE,MI 48021	Physician Services
14 Jefferson Internal Medicine 15050 East Jefferson Suite 101 GROSSE POINTE WOODS,MI 48230	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)
31 SJH&MC Rochester Hills Med Oncology 1901 Star Blatt Road Suite C ROCHESTER,MI 48309		Physician Services
1 Gary Bill MD 21421 Kelly Road Suite 2 EASTPOINTE,MI 48021		Physician Services
2 St John Medical Cntr-StClair Shores 21000 E 12 Mile Road ST CLAIR SHORES,MI 48080		Physician Services
3 SJH&MC Newland Rheumatology 22290 Providence Drive Suite 200 SOUTHFIELD,MI 48075		Physician Services
4 Lakeshore ENT Grosse Pointe 17770 Mack GROSSE POINTE WOODS,MI 48230		Physician Services
5 Cornerstone Total Wellness Gynecology 18285 East Ten Mile Road Suite 150 ROSEVILLE,MI 48066		Physician Services
6 Harrison Township Physical Therapy 25990 Crocker Blvd HARRISON TOWNSHIP,MI 48045		Physical Therapy
7 SJH&MC Grosse Pointe Imaging 17141 Kercheval Road GROSSE POINTE WOODS,MI 48230		Physician Services
8 Pediatric Specialties Clinic Novi 26850 Providence Parkway Suite 520 NOVI,MI 48374		Physician Services
9 Great Lakes Cancer Spc & Infusion Ct 4014 River Road EAST CHINA,MI 48054		Physician Services

2015

38-1359063

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	THE ASSISTANCE GIVEN IS TO RELATED ORGANIZATIONS WHICH HAVE A COMMON CONTROLLING PARENT

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" on 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

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on 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 indemnification 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		
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?		
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 on 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	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.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
6 For persons listed on 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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on 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.		No
8 Were any amounts reported on Form 990, Part VII, paid or accrued 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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 on 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 on 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 PROVIDENCE, 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 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 of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executives is reported as compensation on Form 990, Schedule J, Part II, Column B(i) in the year paid. 457(f) Payments made: NO PAYMENTS WERE MADE TO LISTED PERSONS IN PART VII UNDER THE VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS DURING THE YEAR.

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
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) 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JEAN MEYER PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	714,895	892,876	156,888	17,225	-	-	0
						30,010	1,811,894	
1FRANK W POMA FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	229,943	39,803	33,417	16,302	-	-	0
						17,700	337,165	
2DAVID T BROOKS FORMER OFFICER	(i)	325,513	0	78,062	6,930	15,816	426,320	0
	(ii)	0	0	0	0	-	-	0
						0	0	
3ROBERT HOBAN HOSPITAL PRESIDENT	(i)	37,991	72,500	1,188	7,950	1,784	121,413	0
	(ii)	378,429	158,366	91,303	15,900	-	-	0
						20,632	664,630	
4TOMASINE F MARX VP FINANCE & CFO	(i)	285,463	61,650	41,445	17,225	25,229	431,012	0
	(ii)	0	0	0	0	-	-	0
						0	0	
5KEVIN GRADY MD CHIEF MEDICAL OFFICER	(i)	417,253	45,960	53,268	17,225	25,010	558,717	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6MARC L CULLEN MD PHYSICIAN	(i)	716,837	0	7,524	14,575	24,889	763,825	0
	(ii)	0	0	0	0	-	-	0
						0	0	
7RICHARD D FESSLER II MD PHYSICIAN	(i)	644,093	0	2,622	6,625	9,854	663,194	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8ZYAD KAFRI MD PHYSICIAN	(i)	406,026	266,894	827	10,375	21,764	705,886	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9RENATO CASABAR MD PHYSICIAN	(i)	554,901	2,400	4,935	17,225	17,482	596,942	0
	(ii)	7,495	0	0	0	-	-	0
						0	7,495	
10DEEPAK PATEL MD PHYSICIAN	(i)	598,993	28,169	3,212	17,225	23,663	671,262	0
	(ii)	14,422	0	0	0	-	-	0
						0	14,422	

**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

2015**Open to Public
Inspection**Name of the organization
St John Hospital & Medical Center**Employer identification number**

38-1359063

Return Reference**Explanation**Form 990, Part IV, Line
20b Explanation of
Financial StatementsTHE 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 Providence, 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 Providence, 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 4 Significant changes to organizational documents	The articles of incorporation for St John Hospital & Medical Center were amended with an effective date of July 9, 2015, for a change in corporate membership The single corporate member changed from St John Health to Ascension Michigan

Return Reference

Explanation

Form 990, Part VI, Line 6 Classes of members or stockholders

St John Hospital & Medical Center has a single corporate member, Ascension Michigan

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, Ascension Michigan, 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, Ascension Michigan

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form 990 to a designated committee of the Board to review and answer any questions. Prior to filing the returns, all Board members are provided the Form 990 and management team members are available to answer any Board member 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, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.

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 VIII, Line 2f Other Program Service Revenue	Intercompany Rental Income - Total Revenue 294412, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 294412,

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	All Other - Total Revenue 3301076, Related or Exempt Function Revenue 3301076, 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 - -10161660, Net Assets Released to/from Related Organizations - 5643393,

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
St John Hospital & Medical Center

► 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.

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) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ADVENT PARTNERS LP 28000 DEQUINDRE WARREN, MI 48092 38-3544539	RENTAL REAL ESTATE	MI	NA	N/A								0 %
(2) TOWNE CENTRE SURGERY CENTER 4599 TOWNE CENTRE SAGINAW, MI 48604 20-4943843	OUTPATIENT SERVICES	MI	NA	N/A								0 %

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	No
ST JOSEPH HEALTH (1)ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747	OTHER MEDICAL	MI	NA	C Corporation				Yes	
GENESYS PRACTICE (2)PARTNERS 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 03-0516871	EMPLOYED PHY PRACTICE	MI	NA	C Corporation				Yes	
BEECHER BALLENGER (3)SERVICES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation				Yes	
(4)ADVENT INC 28000 DEQUINDRE WARREN, MI 48092 38-2971743	RENTAL REAL ESTATE	MI	NA	C Corporation				Yes	
AFFILIATED HEALTH (5)SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				Yes	
(6)St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017	Dormant	MI	NA	C Corporation				Yes	
(7)TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047	LAUNDRY SERVICES	MI	NA	C Corporation				Yes	

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

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)
.

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID: 15000238

Software Version: 2015v3.0

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
ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3	Type I	NA		No
ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3	Type I	ASCENSION HEALTH ALLIANCE		No
ASCENSION MICHIGAN 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2631907	PARENT	MI	501(c)(3	9	ASCENSION HEALTH		No
ST JOHN PROVIDENCE 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2244034	HEALTH SYSTEM PARENT	MI	501(c)(3	Type III-FI	ASCENSION MICHIGAN	Yes	
BRIGHTON CENTER FOR RECOVERY 12851 GRAND RIVER BRIGHTON, MI 48116 38-1576680	HOSPITAL	MI	501(c)(3	3	ASCENSION MICHIGAN	Yes	
PROVIDENCE-PROVIDENCE PARK HOSPITAL 16001 WEST NINE MILE ROAD SOUTHFIELD, MI 48037 38-1358212	HOSPITAL	MI	501(c)(3	3	ASCENSION MICHIGAN	Yes	
ST JOHN RIVER DISTRICT HOSPITAL 4100 RIVER ROAD EAST CHINA, MI 48054 38-3160564	HOSPITAL	MI	501(c)(3	3	ASCENSION MICHIGAN	Yes	
ST JOHN MACOMB-OAKLAND HOSPITAL 28000 DEQUINDRE ROAD WARREN, MI 48092 38-3322109	HOSPITAL	MI	501(c)(3	3	ASCENSION MICHIGAN	Yes	
REVERENCE HOME HEALTH & HOSPICE 5445 ALI DRIVE DEPT 800 GRAND BLANC, MI 484395172 38-3408684	HEALTH CARE	MI	501(c)(3	7	ST JOHN PROVIDENCE	Yes	
EASTWOOD COMMUNITY CLINICS 28000 DEQUINDRE ROAD WARREN, MI 48092 38-1958763	HEALTH CARE	MI	501(c)(3	9	ST JOHN PROVIDENCE	Yes	
ST JOHN PROVIDENCE PHYSICIANS CMG 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2601348	HEALTH CARE	MI	501(c)(3	9	ST JOHN PROVIDENCE	Yes	
MEDICAL RESOURCES GROUP 43800 GARFIELD CLINTON TOWNSHIP, MI 48038 38-3494637	HEALTH CARE	MI	501(c)(3	9	ST JOHN PROVIDENCE	Yes	
PROVIDENCE HEALTH FOUNDATION 22101 MOROSS DETROIT, MI 48236 38-3526629	FUNDRAISING	MI	501(c)(3	Type III-FI	ST JOHN PROVIDENCE	Yes	
SETON HEALTH CORP OF SE MICHIGAN 28000 DEQUINDRE WARREN, MI 48092 38-2820107	HEALTH CARE	MI	501(c)(3	9	ST JOHN PROVIDENCE	Yes	
ST JOHN COMMUNITY HEALTH INVESTMENT CORP 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2262856	HEALTH CARE	MI	501(c)(3	3	ST JOHN PROVIDENCE	Yes	
ST JOHN HOSPITAL FOUNDATION 22101 MOROSS DETROIT, MI 48236 20-2961579	FUNDRAISING	MI	501(c)(3	7	ST JOHN PROVIDENCE	Yes	
GENESYS HEALTH SYSTEM ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3	Type II	ASCENSION MICHIGAN	Yes	
GENESYS REGIONAL MEDICAL CENTER ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2377821	HOSPITAL	MI	501(c)(3	3	ASCENSION MICHIGAN	Yes	
GENESYS HEALTH FOUNDATION ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3591148	FOUNDATION	MI	501(c)(3	Type I	GENESYS HEALTH SYSTEM	Yes	
HEALTH SOURCE GROUP 5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3	Type I	GENESYS HEALTH SYSTEM	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
GENESYS AMBULATORY HEALTH SERVICES 5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2371754	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
CENTER FOR GERONTOLOGY 5455 ALI DRIVE DEPT200 GRAND BLANC, MI 484395195 38-2514708	ADULT DAY CARE	MI	501(c)(3)	Type I	GENESYS AMBULATORY HEALTH SERVICES	Yes	
GENESYS CONVALESCENT CENTER 8481 HOLLY ROAD GRAND BLANC, MI 484391812 38-2317364	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	Yes	
BORGESS HEALTH ALLIANCE INC 1521 GULL ROAD KALAMAZOO, MI 49048 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
LEE MEMORIAL HOSPITAL CORPORATION 420 WEST HIGH STREET DOWAGIAC, MI 49047 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
BORGESS MEDICAL CENTER 1521 GULL ROAD KALAMAZOO, MI 49048 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
BORGESS AMBULATORY CARE CORPORATION 1521 GULL ROAD KALAMAZOO, MI 49048 38-2468823	HOLDING COMPANY	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
BORGESS FOUNDATION 1521 GULL ROAD KALAMAZOO, MI 49048 23-7222558	FUNDRAISING	MI	501(c)(3)	Type III-FI	BORGESS HEALTH ALLIANCE INC	Yes	
LEE MEMORIAL FOUNDATION 420 W HIGH STREET DOWAGIAC, MI 49047 38-2860459	FUNDRAISING	MI	501(c)(3)	Type III-FI	LEE MEMORIAL HOSPITAL CORPORATION	Yes	
PROMED HEALTHCARE 1521 GULL ROAD KALAMAZOO, MI 49048 38-3193801	HEALTHCARE SERVICES	MI	501(c)(3)	9	BORGESS HEALTH ALLIANCE INC	Yes	
ST MARY'S - ST JOSEPH HEALTH SYSTEM 800 S WASHINGTON AVENUE SAGINAW, MI 48601 46-1084363	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
STANDISH COMMUNITY HOSPITAL 805 WEST CEDEAR STREET STANDISH, MI 48658 38-1671120	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
ST MARY'S OF MICHIGAN MEDICAL CENTER 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-0997730	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
ST MARY'S MEDICAL CENTER FOUNDATION SAGINAW MICHIGAN 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2246366	FUNDRAISING	MI	501(c)(3)	Type II	STMARY'S OF MICHIGAN MEDICAL CENTER	Yes	
FIELD NEUROSCIENCES INSTITUTE 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2790703	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	9	STMARY'S OF MICHIGAN MEDICAL CENTER	Yes	
ST JOSEPH HEALTH SYSTEM 200 HEMLOCK ROAD TAWAS CITY, MI 48763 38-1443395	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
ST JOSEPH HEALTH SYSTEM FOUNDATION 200 HEMLOCK ROAD TAWAS CITY, MI 48763 01-0790428	FUNDRAISING	MI	501(c)(3)	Type I	ST JOSEPH HEALTH SYSTEM	Yes	
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	
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 IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747	OTHER MEDICAL	MI	NA	C Corporation				Yes	
(1) GENESYS PRACTICE PARTNERS 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 03-0516871	EMPLOYED PHY PRACTICE	MI	NA	C Corporation				Yes	
(2) BEECHER BALLENGER SERVICES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation				Yes	
(3) ADVENT INC 28000 DEQUINDRE WARREN, MI 48092 38-2971743	RENTAL REAL ESTATE	MI	NA	C Corporation				Yes	
(4) AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				Yes	
(5) St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017	Dormant	MI	NA	C Corporation				Yes	
(6) TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047	LAUNDRY SERVICES	MI	NA	C Corporation				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
(1)	Brighton Center for Recovery	S	760,190	Actual Amount Paid
(1)	St John Macomb-Oakland Hospital	O	490,934	Actual Amount Paid
(2)	St John Macomb-Oakland Hospital	Q	54,422	Actual Amount Paid
(3)	St John Macomb-Oakland Hospital	R	3,924,570	Actual Amount Paid
(4)	Medical Resources Group	O	1,286,193	Actual Amount Paid
(5)	Medical Resources Group	P	69,088	Actual Amount Paid
(6)	Medical Resources Group	S	53,051,058	Actual Amount Paid
(7)	Providence Health Foundation	R	51,915	Actual Amount Paid
(8)	Providence-Providence Park Hospital	O	146,770	Actual Amount Paid
(9)	Providence-Providence Park Hospital	Q	83,811	Actual Amount Paid
(10)	Providence-Providence Park Hospital	S	3,721,186	Actual Amount Paid
(11)	St John River District Hospital	O	53,141	Actual Amount Paid
(12)	St John River District Hospital	S	88,973	Actual Amount Paid
(13)	Seton Health Corp of SE Michigan	S	532,929	Actual Amount Paid
(14)	St John Community Health Investment Corp	B	1,614,129	Actual Amount Paid
(15)	St John Providence	O	151,716	Actual Amount Paid
(16)	St John Providence	P	340,816,418	Actual Amount Paid
(17)	St John Providence	R	637,717,942	Actual Amount Paid
(18)	St John Hospital Foundation	C	4,000,254	Actual Amount Paid
(19)	Affiliated Health Services	R	9,967,358	Actual Amount Paid