

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization St John Providence FKA St John Health Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 28000 Dequindre City or town, state or province, country, and ZIP or foreign postal code Warren, MI 48092 F Name and address of principal officer JEAN MEYER 28000 Dequindre Warren, MI 48092 | D Employer identification number 38-2244034 E Telephone number (586) 753-0455 G Gross receipts \$ 221,247,098 |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ |
| J Website: ▶ WWW.STJOHNPROVIDENCE.ORG | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation 1978 M State of legal domicile MI |

Part I Summary

| | | | |
|--|--|----------------------------------|---------------------|
| 1 | Briefly describe the organization's mission or most significant activities Our Catholic Health Ministry is dedicated to spiritually centered, holistic care | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 13 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 2,561 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 12 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 7,862,939 |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 250,873 |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 62,772 | 60,654 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 212,920,399 | 202,818,141 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 16,204,243 | 9,356,012 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 9,728,845 | 8,759,376 |
| | | 238,916,259 | 220,994,183 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 89,000 | 87,450 |
| | 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) | 103,295,834 | 96,293,910 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰ | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 138,960,793 | 158,862,145 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 242,345,627 | 255,243,505 | |
| 19 Revenue less expenses Subtract line 18 from line 12 | -3,429,368 | -34,249,322 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 392,896,107 | 1,097,577,532 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 677,469,953 | 1,509,276,230 |
| | | -284,573,846 | -411,698,698 |

Part II Signature Block

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

| | | | | | |
|-------------------------------|--|----------------------|------------|---|------|
| Sign Here | Signature of officer | Date | 2017-05-13 | | |
| | PATRICK MCGUIRE EXECUTIVE VP & CFO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ▶ | | | Firm's EIN ▶ | |
| | Firm's address ▶ | | | Phone no | |

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

St John Providence, 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 \$ 225,013,281 including grants of \$ 87,450) (Revenue \$ 203,575,567)
IN FURTHERANCE OF ITS MISSION, AND IN AN EFFORT TO REDUCE THE GOVERNMENT'S FINANCIAL BURDEN, ST JOHN PROVIDENCE SUPPORTS THE EFFORTS OF ITS HOSPITALS AND HEALTH FACILITIES PROVIDING CARE TO INDIVIDUALS AND COMMUNITIES SEE COMMUNITY BENEFIT REPORT ON SCHEDULE O

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 225,013,281

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | | No |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | 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> | | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | No |
| 9 Did the organization report an amount in Part X, line 21 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> | | 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> | Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | Yes | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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> | | 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> | | 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> | | 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) | | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | No |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules (continued)

| | | | |
|---|-------------------|------------|-----------|
| <p>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></p> | <p>21</p> | <p>Yes</p> | |
| <p>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></p> | <p>22</p> | | <p>No</p> |
| <p>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></p> | <p>23</p> | <p>Yes</p> | |
| <p>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></p> | <p>24a</p> | | <p>No</p> |
| <p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p> | <p>24b</p> | | |
| <p>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?</p> | <p>24c</p> | | |
| <p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p> | <p>24d</p> | | |
| <p>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></p> | <p>25a</p> | | <p>No</p> |
| <p>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></p> | <p>25b</p> | | <p>No</p> |
| <p>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></p> | <p>26</p> | | <p>No</p> |
| <p>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></p> | <p>27</p> | | <p>No</p> |
| <p>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)</p> | | | |
| <p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p> | <p>28a</p> | | <p>No</p> |
| <p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p> | <p>28b</p> | | <p>No</p> |
| <p>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></p> | <p>28c</p> | | <p>No</p> |
| <p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p> | <p>29</p> | | <p>No</p> |
| <p>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></p> | <p>30</p> | | <p>No</p> |
| <p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p> | <p>31</p> | | <p>No</p> |
| <p>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></p> | <p>32</p> | | <p>No</p> |
| <p>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></p> | <p>33</p> | | <p>No</p> |
| <p>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></p> | <p>34</p> | <p>Yes</p> | |
| <p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p> | <p>35a</p> | <p>Yes</p> | |
| <p>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></p> | <p>35b</p> | <p>Yes</p> | |
| <p>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></p> | <p>36</p> | | <p>No</p> |
| <p>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></p> | <p>37</p> | | <p>No</p> |
| <p>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</p> | <p>38</p> | <p>Yes</p> | |

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

Table with columns for question number, description, sub-part, and Yes/No columns. Includes sections for backup withholding, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | No |
| 10b | 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11b | 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 | Yes | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | Yes | |
| | 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? | | No |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed ▶
-
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request 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
 ▶PATRICK MCGUIRE 28000 DEQUINDRE WARREN, MI 48092 (586) 753-0720

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) JEAN MEYER PRESIDENT & CEO | 50 0 | X | | X | | | | 1,764,659 | 0 | 47,235 |
| (2) JOHN SMITH BOARD CHAIR | 10 0 5 0 | X | | X | | | | 0 | 0 | 0 |
| (3) KATHY RYAN VICE CHAIR | 10 0 5 0 | X | | X | | | | 0 | 0 | 0 |
| (4) MARITA GROBBEL SECRETARY | 10 0 5 0 | X | | X | | | | 0 | 0 | 0 |
| (5) JAMES SAWYER TREASURER | 10 0 5 0 | X | | X | | | | 0 | 0 | 0 |
| (6) JIM COLE JR BOARD MEMBER | 10 0 7 0 | X | | | | | | 0 | 0 | 0 |
| (7) STEVEN RIVERA MD Board Member | 10 0 5 0 | X | | | | | | 0 | 0 | 0 |
| (8) SR XAVIER BALLANCE DC BOARD MEMBER | 10 0 8 0 | X | | | | | | 0 | 0 | 0 |
| (9) CHRISTINE CRADER MD BOARD MEMBER | 10 0 5 0 | X | | | | | | 0 | 0 | 0 |
| (10) ISAAC GRINBERG MD BOARD MEMBER | 10 0 5 0 | X | | | | | | 0 | 0 | 0 |
| (11) CHRISTINE PARKS CSJ BOARD MEMBER | 10 0 5 0 | X | | | | | | 0 | 0 | 0 |
| (12) JOHN REEVES BOARD MEMBER | 10 0 5 0 | X | | | | | | 0 | 0 | 0 |
| (13) DAVE STEPHENS BOARD MEMBER | 10 0 5 0 | X | | | | | | 0 | 0 | 0 |
| (14) PATRICK M MCGUIRE EXECUTIVE VP & CFO | 50 0 7 0 | | | X | | | | 886,476 | 0 | 44,133 |

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) ROBERT HOBAN HOSPITAL PRESIDENT | 40 0 17 0 | | | | X | | | 628,098 | 111,679 | 46,266 |
| (16) SUSAN BURNS PRESIDENT - FOUNDATIONS (END 2/8/16) | 50 0 4 0 | | | | | X | | 391,143 | 0 | 32,154 |
| (17) MARY ZUCKERMAN PRESIDENT, SJP PHYSICIAN NETWORK | 50 0 1 0 | | | | | X | | 463,457 | 0 | 19,767 |
| (18) ANN VANO VP HR - MNSTRY MKT MICHIGAN | 50 0 0 | | | | | X | | 437,784 | 0 | 37,326 |
| (19) JANICE COSBY CCMO - MNSTRY MKT MICHIGAN | 50 0 1 0 | | | | | X | | 372,513 | 0 | 19,221 |
| (20) CYNTHIA TAUJEG VP, COMMUNITY BASED HEALTH SERVICES | 50 0 5 0 | | | | | X | | 327,582 | 0 | 35,385 |
| (21) TERENCE HAMILTON FORMER SVP OPERATIONS (THRU 5/12) | 0 0 50 0 | | | | | | X | 0 | 423,844 | 38,583 |
| (22) PATRICIA MARYLAND MD FORMER CEO (END 5/13) | 0 0 50 0 | | | | | | X | 0 | 4,353,221 | 63,098 |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 5,271,712 | 4,888,744 | 383,167 |

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 ▶ 126

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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 |
|---|----------------------------------|---------------------|
| MEDSPEED LLC 655 W GRAND AVE STE 320 ELMHURST, IL 60126 | Healthcare Courier Services | 4,020,036 |
| DUFFEY PETROSKY AND COMPANY LLC 38505 COUNTRY CLUB DR STE 110 FARMINGTON HILLS, MI 48331 | Marketing & Advertising Services | 3,632,315 |
| HALL RENDER KILLIAN HEATH & LYMAN PC 39778 TREASURY CTR CHICAGO, IL 60694 | Legal Services | 3,456,972 |
| ARUP LABORATORIES PO BOX 27964 SALT LAKE CITY, UT 84127 | Diagnostic Lab Services | 1,110,310 |
| TRINITY HEALTH MICHIGAN 34605 W 12 MILE RD FARMINGTON HILLS, MI 48331 | Diagnostic Lab Services | 657,726 |

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 ▶ 34

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|---|--|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns 1a _____ | | | | | |
| | b Membership dues 1b _____ | | | | | |
| | c Fundraising events 1c _____ | | | | | |
| | d Related organizations 1d _____ | | | | | |
| | e Government grants (contributions) 1e _____ | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f 60,654 | | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h Total. Add lines 1a-1f ▶ | | 60,654 | | | |
| Program Service Revenue | 2a SYSTEM ADMINISTRATION _____ | Business Code 551114 | 204,382,061 | 204,382,061 | | |
| | b ANCILLARY REVENUE _____ | 621990 | -1,563,920 | -1,563,920 | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | 0 | 0 | 0 | |
| | g Total. Add lines 2a-2f ▶ | | 202,818,141 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 9,607,677 | | 9,607,677 | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 Royalties ▶ | | | | | |
| | 6a Gross rents | (i) Real | 44,871 | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | | | | |
| | | c Rental income or (loss) | 44,871 | 0 | | |
| | d Net rental income or (loss) ▶ | | 44,871 | | 44,871 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | 1,250 | | |
| | | b Less cost or other basis and sales expenses | | 252,915 | | |
| | | c Gain or (loss) | 0 | -251,665 | | |
| | d Net gain or (loss) ▶ | | -251,665 | | -251,665 | |
| | 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 Intercompany Operating Revenue _____ | 900099 | 166,080 | 166,080 | | | |
| b CAFETERIA REVENUE _____ | 722212 | 94,140 | | 94,140 | | |
| c _____ | | | | | | |
| d All other revenue | | 8,454,285 | 591,346 | 7,862,939 | 0 | |
| e Total. Add lines 11a-11d ▶ | | 8,714,505 | | | | |
| 12 Total revenue. See Instructions ▶ | | 220,994,183 | 203,575,567 | 7,862,939 | 9,495,023 | |

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 | 87,450 | 87,450 | | |
| 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 | 3,407,133 | | 3,407,133 | |
| 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 | 79,668,886 | 63,057,160 | 16,611,726 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,500,680 | 1,179,093 | 321,587 | |
| 9 | Other employee benefits | 6,135,731 | 4,515,369 | 1,620,362 | |
| 10 | Payroll taxes | 5,581,480 | 4,243,041 | 1,338,439 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 4,450,337 | | 4,450,337 | |
| c | Accounting | 2,027,801 | | 2,027,801 | |
| d | Lobbying | 120,351 | 120,351 | | |
| 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) | 20,274,258 | 20,274,258 | 0 | 0 |
| 12 | Advertising and promotion | 4,658,806 | 4,658,806 | | |
| 13 | Office expenses | 2,842,638 | 2,842,638 | | |
| 14 | Information technology | 46,076,673 | 46,076,673 | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 2,667,546 | 2,582,464 | 85,082 | |
| 17 | Travel | 683,032 | 519,241 | 163,791 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 251,789 | 251,789 | | |
| 20 | Interest | 672,278 | 672,278 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 3,390,335 | 3,390,335 | | |
| 23 | Insurance | 203,966 | | 203,966 | |
| 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 | CORPORATE EXPENSE | 42,128,246 | 42,128,246 | | |
| b | OTHER SUPPLIES | 21,347,738 | 21,347,738 | | |
| c | REPAIRS & MAINTENANCE | 2,117,295 | 2,117,295 | | |
| d | CONTRACT LABOR | 1,301,115 | 1,301,115 | | |
| e | All other expenses | 3,647,941 | 3,647,941 | 0 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e | 255,243,505 | 225,013,281 | 30,230,224 | 0 |
| 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 <input type="checkbox"/> 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 | 13,134,371 | 1 | 24,841,668 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 71,250 | 4 | 0 |
| | 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 | 1,772,375 | 8 | 1,850,558 |
| | 9 Prepaid expenses and deferred charges | 29,935,346 | 9 | 8,083,691 |
| | 10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a 47,360,696 | | |
| | b Less accumulated depreciation | 10b 25,585,786 | 21,306,122 | 10c 21,774,910 |
| | 11 Investments—publicly traded securities | 131,726,942 | 11 | 0 |
| | 12 Investments—other securities. See Part IV, line 11 | 8,951,969 | 12 | 2,262,206 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | |
| | 14 Intangible assets | 3,430,167 | 14 | 9,469,221 |
| | 15 Other assets. See Part IV, line 11 | 182,567,565 | 15 | 1,029,295,278 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 392,896,107 | 16 | 1,097,577,532 | |
| Liabilities | 17 Accounts payable and accrued expenses | 45,288,881 | 17 | 38,273,376 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 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 | 632,181,072 | 25 | 1,471,002,854 |
| | 26 Total liabilities. Add lines 17 through 25 | 677,469,953 | 26 | 1,509,276,230 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | -284,704,585 | 27 | -411,829,437 |
| | 28 Temporarily restricted net assets | 130,739 | 28 | 130,739 |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | -284,573,846 | 33 | -411,698,698 | |
| 34 Total liabilities and net assets/fund balances | 392,896,107 | 34 | 1,097,577,532 | |

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 | 220,994,183 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 255,243,505 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -34,249,322 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -284,573,846 |
| 5 | Net unrealized gains (losses) on investments | 5 | -4,419,147 |
| 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 | -88,456,383 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | -411,698,698 |

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| 2b | 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 2c | 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 | |
| 3b | 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.

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

St John Providence FKA St John Health

Employer identification number

38-2244034

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (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 9
 - 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 | | |
| See Additional Data Table | | | | | | |
| Total 9 | | | | | 0 | |

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. | Yes | |
| 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). | | No |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | No |
| 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. | | |
| 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. | | |
| 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. | | No |
| 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. | | |
| 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. | | |
| 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). | | No |
| 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? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 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 . | | No |
| 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). | | No |
| 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). | | No |
| 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 . | | No |
| 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 . | | No |
| 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 . | | No |
| 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. | | No |
| 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.) | | |
| 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? | | No |
| b A family member of a person described in (a) above? | | No |
| 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. | | No |

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

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

| | Yes | No |
|----------|-----|----|
| 1 | Yes | |

Section D. All Type III Supporting Organizations

- 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? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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.

| | Yes | No |
|-----------|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

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

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

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

| | (A) Prior Year | (B) Current Year (optional) |
|----------|----------------|-----------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section B - Minimum Asset Amount

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

| | (A) Prior Year | (B) Current Year (optional) |
|-----------|----------------|-----------------------------|
| 1 | | |
| 1a | | |
| 1b | | |
| 1c | | |
| 1d | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

| | | Current Year |
|----------|--|--------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

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 A, Part I, Line 11g(iv) Goods and Services | Goods and services of \$255,234,055 were provided to or purchased for the benefit of the supported organizations |

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 38-2244034
Name: St John Providence FKA St John Health

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii)EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | Amount of other support (see (vi) instructions) |
|---|-----------|---|---|----|--|---|
| | | | Yes | No | | |
| (A) ST JOHN HOSPITAL & MEDICAL CENTER | 381359063 | | Yes | | 0 | 0 |
| (A) PROVIDENCE-PROVIDENCE PARK HOSPITAL | 381358212 | | Yes | | 0 | 0 |
| (B) ST JOHN MACOMB-OAKLAND HOSPITAL | 383322109 | | Yes | | 0 | 0 |
| (C) BRIGHTON CENTER FOR RECOVERY | 381576680 | | Yes | | 0 | 0 |
| (D) MEDICAL RESOURCES GROUP | 383494637 | | Yes | | 0 | 0 |
| (E) ST JOHN COMMUNITY HEALTH | 382262856 | | Yes | | 0 | 0 |
| (F) EASTWOOD COMMUNITY CLINICS | 381958763 | | Yes | | 0 | 0 |
| (G) ST JOHN HOSPITAL FOUNDATION | 202961579 | | Yes | | 0 | 0 |
| (H) ST JOHN RIVER DISTRICT HOSPITAL | 383160564 | | Yes | | 0 | 0 |

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 Providence FKA St John Health | Employer identification number 38-2244034 |
|---|--|

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

1 Provide a description of the organization's direct and indirect political campaign activities 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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> <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? | | | | | | | | | | | | | | |

Y e s **N o**

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) | | (b) |
|--|-----|----|---------|
| | Yes | No | Amount |
| | | | |
| | Yes | | |
| | | No | |
| | | No | |
| | | No | |
| | | No | |
| | | No | |
| | Yes | | 120,351 |
| | | No | 120,351 |
| | | | |
| | | | |

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 payments to the Michigan Department of State Lobby Registration as well as the portion of dues paid to the Catholic Health Association that is specifically allocable to lobbying St John Providence does not participate 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 payments to the Michigan Department of State Lobby Registration as well as the portion of dues paid to the Catholic Health Association that is specifically allocable to lobbying St John Providence does not participate 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 D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
St John Providence FKA St John Health

Employer identification number
38-2244034

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year |
|---|-----------------------------|
| a Total number of conservation easements | |
| 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

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

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 14,460 | 14,029 | 15,091 | 17,034 | 18,200 |
| b Contributions | 294 | 583 | 0 | 0 | 114 |
| c Net investment earnings, gains, and losses | 603 | 611 | 749 | 776 | 904 |
| d Grants or scholarships | | | 0 | 0 | 0 |
| e Other expenditures for facilities and programs | 1,377 | 763 | 1,811 | 2,719 | 2,184 |
| f Administrative expenses | | | 0 | 0 | 0 |
| g End of year balance | 13,980 | 14,460 | 14,029 | 15,091 | 17,034 |

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 ▶ 86 52 %
 - c** Temporarily restricted endowment ▶ 13 48 %
- 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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | Accumulated (c) depreciation | (d) Book value |
|---|--|---------------------------------------|---------------------------------|----------------|
| 1a Land | | 5,480,354 | | 5,480,354 |
| b Buildings | | 18,659,894 | 11,322,895 | 7,336,999 |
| c Leasehold improvements | | 195,903 | 176,192 | 19,711 |
| d Equipment | | 22,320,850 | 14,027,399 | 8,293,451 |
| e Other | | 703,695 | 59,300 | 644,395 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) | | | | 21,774,910 |

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 Providence continue to meet the community's healthcare needs |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization St John Providence FKA St John Health

Employer identification number

38-2244034

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3
3 Enter total number of other organizations listed in the line 1 table 0

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 |
|--|---------------------------------|----------------------------------|---|--|---|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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| | | | | | |
| | | | | | |

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 | St. John Providence requires potential applicants to complete an actual application. There are various levels of review that subsequently take place prior to the final approval decision. The ultimate decision on every applicant is formally documented. |

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 38-2244034
Name: St John Providence FKA St John Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Detroit Cristo Rey High School 5679 West Vernor Highway Detroit, MI 48209 | 26-2994633 | Section 501 (c) (3) | 28,000 | | | | Work Study Program Sponsorship |
| Moross Greenway Charitable Foundation Inc 155 W Congress Suite 200 Detroit, MI 48226 | 45-2375294 | Section 501 (c) (3) | 50,000 | | | | General Support |
| PROVIDENCE HEALTH FOUNDATION 22101 MOROSS MACK OFFICE BUILDING DETROIT, MI 48236 | 38-3526629 | 501(C)(3) | 9,450 | | | | OPERATING SUPPORT |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.

2015
Open to Public Inspection

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

| | |
|---|--|
| Name of the organization St John Providence FKA St John Health | Employer identification number 38-2244034 |
|---|--|

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|--|---|--|---|--|--|---|---|--|--|--|
| <p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. | 1b Yes | | | | | | | | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 Yes | | | | | | | | | |
| <p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| 4 During the year, did any person listed 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? | 4a | No | | | | | | | | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b Yes | | | | | | | | | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No | | | | | | | | |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | | | | | |
| Only 501(c)(3), 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? | 5a | No | | | | | | | | |
| b Any related organization? If "Yes," on line 5a or 5b, describe in Part III. | 5b | 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? | 6a | No | | | | | | | | |
| b Any related organization? If "Yes," on line 6a or 6b, describe in Part III. | 6b | 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. | 7 | 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. | 8 | No | | | | | | | | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | | | | | | | | |

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

For each individual whose compensation must be reported 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 1a Travel for companions | The Chief Executive Officer is allowed a companion on two business trips per year. The cost of the companion's travel is taxable to and added to the Chief Executive Officer's W-2 at the end of the year. |
| 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 executive is reported as compensation on Form 990, Schedule J, Part II, column F in the year paid. 457(f) Payments Made: Cynthia Taueg \$15,853. |

**SCHEDULE O
(Form 990 or
990-EZ)**

Supplemental Information to Form 990 or 990-EZ

2015
Open to Public
Inspection

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.

Department of the
Treasury
Internal Revenue
Service

Name of the organization
St John Providence FKA St John Health

Employer identification number

38-2244034

| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4a Community Benefit Report | <p>St John Providence 38-2244034 Community Benefit Report Fiscal Year Ended June 30, 2016 This report illustrates the significant degree to which St John Providence ("the System") contributes to the positive health status of the communities it serves As a member of Ascension Health, the nation's largest Catholic Healthcare System, St John Providence 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 Providence is to perpetuate the healing mission of the church The System furthers this goal through delivery of patient services, care to the elderly and indigent, patient education and health awareness programs for the community, and medical research Our concern for all human life and dignity of each person leads the organization to provide medical services to all people in the community without regard to the patient's race, creed, national origin, economic status, or ability to pay In order to portray the full breadth of our contribution, our community benefit information is described below Organizational Commitment to Providing Community Benefit St John Providence is comprised of five hospitals, plus more than 125 medical facilities in southeast Michigan St John Providence seeks to improve the physical, mental, social and spiritual health status of its surrounding community St John Providence</p> <ol style="list-style-type: none"> Operates emergency rooms that are open to all persons regardless of ability to pay Has on open medical staff with privileges available to all qualified physicians in the area Has a governing body in which independent persons representative of the community comprise a majority Engages in medical or scientific research programs Engages in the training and education of health care professionals Participates in Medicaid, Medicare, Champus, Triage and/or other government-sponsored health care programs <p>Expanding awareness, education, and health promotion St John Providence believes that it is essential to educate people regarding the types of behavior that improve their chances of living a healthy life The System has invested significantly in unique, top quality health education and materials to accomplish its goals Various classes are provided to the community Education material also is provided via our website at www.stjohnprovidence.org Access To Care Programs St John Providence operates many public health clinics Public clinics range from specialty clinics such as pediatrics to general internal medicine clinics Our community health centers provide care for all community residents, regardless of their ability to pay Services include the full range of preventive and primary health and some dental care for adults and children, prenatal care, and management of chronic diseases such as asthma, diabetes and heart disease During the fiscal year ending June 30, 2016, St John Providence hospitals treated adults and children from the community for a total of 463,506 patient days of service The system provided services to 2,685,574 outpatients, including 177,527 mental health visits, 32,863 urgent care visits and 38,927 outpatient surgery visits Community Outreach and Service The System provides charitable contributions to various communities by volunteering and giving support to parades, marathons, health expos, American Red Cross blood drives, churches, schools, all area 4-star basketball camp, baseball clubs, women's international health show, Belle Isle run/walk, town hall series lectures, career fairs at schools, police officers benefit, Oakland University nightingale sponsorship, community foundation outings, chamber golf outings, Infant Mortality comedy night fundraiser, college health care scholarships, fall fairs, YMCA kids programs and Habitat for Humanity Medical Research St John Providence 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 Providence 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 Providence seeks to improve the physical, mental, social, and spiritual health status of its surrounding community and has long been known for its excellence in medical care Our clinical excellence includes</p> <ul style="list-style-type: none"> * More than 50 medical and surgical specialties * A Level Two Trauma Center * An Accredited Chest Pain Center * Excellence in maternal/child services * Many minimally invasive and robotic surgery options * Comprehensive cardiac care * Quality neurosciences * A network of oncology specialties * Comprehensive bone and joint care * A thriving medical education program <p>Medical Education & Specialty Areas St John Providence 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 Providence is known for various specialty areas including Bariatric Surgery, the Cracchiolo Inpatient Rehabilitation Center, the St John Center for Wound and Hyperbaric Medicine, 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 Charity Care St John Providence offers a wide variety of health and wellness programs that meet diverse needs, regardless of economic status and physical condition The uninsured are more likely to seek care in hospital emergency rooms The system had 369,148 emergency department and urgent care visits in fiscal 2016 Increasingly, patients are experiencing limited abilities to pay for health care services or qualify for state and federally funded programs like Medicaid and Medicare For many Michigan residents, finding someone to care for them when they are sick is not as easy as making an appointment Lack of health insurance, transportation issues and language barriers combine to create challenges The System offers various free clinics In the spirit of principles adopted by Ascension Health, St John Providence has taken proactive steps to address those issues that will affect accessibility and the financing, and the delivery of healthcare to all persons, especially the uninsured, underinsured, and the underserved The System provides a substantial portion of its services to the elderly and poor During the fiscal year ending June 30, 2016, approximately 42.4% of the value of services rendered was to elderly patients under the Medicare program, and approximately 20.0% of the services were provided to patients who were deemed indigent under state, county, or medical center guidelines We currently offer financial assistance programs through the Voices of Detroit initiative, a program that assists the uninsured and underinsured in managing their health care Financial information The financial information presented below was prepared in accordance with the Catholic Health Association's (CHA) community benefit reporting guidelines These guidelines recommend the following</p> <ul style="list-style-type: none"> * Report care of the poor at cost, not charges * Do not include bad debt, contractual allowances, and quick pay discounts as part of care of the poor expense * Do not count Medicare shortfall as a community benefit * Report the net expense for community benefit services, i.e., the total community benefit expense minus any associated revenue from patients, payers, and other external sources <p>The CHA reporting guidelines reflect a conservative approach to reporting quantifiable community benefit The goal of the reporting guidelines is to produce community benefit financial reports that reflect true costs and that describe community benefit activities that increase access to health care and improve community health St John Providence Uncompensated Care for Fiscal Year Ending June 30, 2016</p> <ol style="list-style-type: none"> Traditional charity care provided \$447,164 Unpaid cost of public programs for persons living in poverty \$8,877,653 Other programs for persons living in poverty and other vulnerable persons \$4,492,015 Community benefit programs \$60,267,967 Total care of persons living in poverty and community benefit programs \$74,084,799 Bad debt costs attributable to charity \$22,817,621 <p>7 Medicare surplus \$28,449,636</p> |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 4 Significant changes to organizational documents | The articles of incorporation for St John Providence were amended with an effective date of July 15, 2015, for a change in corporate membership. The single corporate member changed from Ascension Health to Ascension Michigan. |

Return Reference**Explanation**

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

St John Providence is organized on a membership basis. The sole member of the Corporation is Ascension Michigan.

Return Reference**Explanation**

Form 990, Part VI, Line 7a Members or stockholders electing members of governing body

St John Providence has a single corporate member, Ascension Michigan, who has the ability to elect members to the governing body of St John Providence

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | <p>All decisions that have a material impact to St John Providence financial information or corporation as a whole are subject to approval by its sole corporate member, Ascension Michigan. Ascension Health has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system. Specific areas that are identified in the authority matrix are new organizations & major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, system policies & procedures. These areas are subject to certain levels of approval by Ascension per the system authority matrix.</p> |

| 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. Prior to filing the return all board members are provided the Form 990 and management team members are available to answer any board members questions. |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | <p>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.</p> |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 15a Process to establish compensation of top management official | In determining the compensation of the Organization's CEO, the process performed by Ascension Health, a related organization of St John Providence, included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Compensation Committee reviewed and approved the compensation. In the review of the compensation, the CEO was compared to individuals at other organizations in the area who hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the Committee minutes. The individual was not present when her compensation was decided. |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | In determining the compensation of other officers or key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Compensation Committee reviewed and approved the compensation. In the review of the compensation, the other officers or key employees of the organizations were compared to individuals at other organizations in the area who hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the committee minutes. |

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 11d Other Miscellaneous Revenue | All Other - Total Revenue 8454285, Related or Exempt Function Revenue 591346, Unrelated Business Revenue 7862939, 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

FAS 158 PENSION - -80043053, TRANSFERS TO AFFILIATES - -8413330,

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
St John Providence FKA St John Health

Employer identification number

38-2244034

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|---|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) ADVENT PARTNERS LP 28000 DEQUINDRE WARREN, MI 48092 38-3544539 | RENTAL REAL ESTATE | MI | NA | N/A | | | | | | | | 0 % |
| (2) TOWNE CENTRE SURGERY CENETER 4599 TOWNE CENTRE SAGINAW, MI 48604 20-4943843 | OUTPATIENT SERVICES | MI | NA | N/A | | | | | | | | 0 % |
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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 |
| (1) ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747 | OTHER MEDICAL | MI | NA | C Corporation | | | | Yes | |
| (2) GENESYS PRACTICE PARTNERS 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 03-0516871 | EMPLOYED PHY PRACTICE | MI | NA | C Corporation | | | | Yes | |
| (3) BEECHER BALLENGER 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 | ST JOHN PROVIDENCE | C Corporation | 0 | 0 | 100 % | Yes | |
| (5) AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922 | MEDICAL SERVICES | MI | ST JOHN PROVIDENCE | C Corporation | 13,818,698 | 56,542,606 | 100 % | 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 | | No |
| 1c | | No |
| 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 | | No |
| 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 | | | |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
|-------------------------|--------------------|

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 38-2244034
Name: St John Providence FKA St John Health

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled 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 | HEALTH CARE | MI | 501(c)3 | 9 | ASCENSION HEALTH | | No |
| 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 HOSPITAL & MEDICAL CENTER 28000 DEQUINDRE ROAD WARREN, MI 48092 38-1359063 | HEALTH CARE | 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 | |

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 | ST JOHN PROVIDENCE | C Corporation | 0 | 0 | 100 % | Yes | |
| (4) AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922 | MEDICAL SERVICES | MI | ST JOHN PROVIDENCE | C Corporation | 13,818,698 | 56,542,606 | 100 % | 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 | Q | 4,799,479 | Actual Amount Paid |
| (1) | Brighton Center for Recovery | S | 15,372,467 | Actual Amount Paid |
| (2) | Eastwood Community Clinics | Q | 6,747,163 | Actual Amount Paid |
| (3) | Eastwood Community Clinics | S | 10,986,313 | Actual Amount Paid |
| (4) | St John Providence Physicians CMG | R | 680,707 | Actual Amount Paid |
| (5) | St John Macomb-Oakland Hospital | O | 429,411 | Actual Amount Paid |
| (6) | St John Macomb-Oakland Hospital | Q | 165,193,009 | Actual Amount Paid |
| (7) | St John Macomb-Oakland Hospital | S | 319,843,509 | Actual Amount Paid |
| (8) | Medical Resources Group | O | 148,764 | Actual Amount Paid |
| (9) | Medical Resources Group | Q | 131,282,857 | Actual Amount Paid |
| (10) | Medical Resources Group | S | 27,397,059 | Actual Amount Paid |
| (11) | Providence Health Foundation | Q | 80,151 | Actual Amount Paid |
| (12) | Providence Health Foundation | R | 626,549 | Actual Amount Paid |
| (13) | Providence-Providence Park Hospital | O | 418,700 | Actual Amount Paid |
| (14) | Providence-Providence Park Hospital | Q | 159,035,625 | Actual Amount Paid |
| (15) | Providence-Providence Park Hospital | S | 573,840,224 | Actual Amount Paid |
| (16) | St John River District Hospital | Q | 25,043,845 | Actual Amount Paid |
| (17) | St John River District Hospital | S | 27,503,577 | Actual Amount Paid |
| (18) | Seton Health Corp of SE Michigan | Q | 1,038,226 | Actual Amount Paid |
| (19) | Seton Health Corp of SE Michigan | S | 2,644,714 | Actual Amount Paid |
| (20) | St John Community Health Investment Corp | Q | 3,532,909 | Actual Amount Paid |
| (21) | St John Community Health Investment Corp | S | 1,577,833 | Actual Amount Paid |
| (22) | St John Hospital & Medical Center | O | 151,716 | Actual Amount Paid |
| (23) | St John Hospital & Medical Center | Q | 340,816,417 | Actual Amount Paid |
| (24) | St John Hospital & Medical Center | S | 637,717,942 | Actual Amount Paid |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|-------------------------------------|-------------------------------|---|
| (26) St John Hospital Foundation | Q | 477,015 | Actual Amount Paid |
| (1) St John Hospital Foundation | R | 2,904,043 | Actual Amount Paid |
| (2) Affiliated Health Services | Q | 56,771,598 | Actual Amount Paid |
| (3) Affiliated Health Services | S | 60,886,686 | Actual Amount Paid |
| (4) Open MRI of Michigan | Q | 542,775 | Actual Amount Paid |
| (5) Open MRI of Michigan | R | 207,151 | Actual Amount Paid |
| (6) REVERENCE HOME HEALTH & HOSPICE | S | 46,527,874 | ACTUAL AMOUNT PAID |
| (7) St John River District Hospital | R | 70,640 | actual amount paid |