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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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](#)

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

St John Hospital & Medical Center

Doing business as

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

28000 Dequindre Road

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

Warren, MI 480922468

F Name and address of principal officer

ROBERT HOBAN

28000 Dequindre Road

Warren, MI 480922468

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

0928

D Employer identification number

38-1359063

E Telephone number

(314) 733-8000

G Gross receipts \$

817,908,137

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

HTTP //WWW.STJOHNPROVIDENCE.ORG/STJOHNHOSPITAL

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1948

M State of legal domicile

MI

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

To improve the health and well-being of all people in the communities we serve

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

3 Number of voting members of the governing body (Part VI, line 1a)

11

4 Number of independent voting members of the governing body (Part VI, line 1b)

10

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

4,701

6 Total number of volunteers (estimate if necessary)

400

7a Total unrelated business revenue from Part VIII, column (C), line 12

12,919,505

7b Net unrelated business taxable income from Form 990-T, line 34

960,947

Revenue

8 Contributions and grants (Part VIII, line 1h)

7,564,996

9 Program service revenue (Part VIII, line 2g)

803,790,925

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

-1,032,146

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

6,064,500

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

816,388,275

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

1,614,129

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

305,860,400

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶

2,455,593

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

469,403,916

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

776,878,445

19 Revenue less expenses Subtract line 18 from line 12

39,509,830

Expenses

3 Prior Year

Current Year

6,028,232

789,982,929

653,722

18,302,528

814,967,411

1,977,060

292,551,669

0

481,176,247

775,704,976

39,262,435

Net Assets or Fund Balances

Beginning of Current Year

End of Year

911,583,779

443,241,850

293,616,783

223,816,409

617,966,996

219,425,441

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

2017-11-02

Date

Tonya Mershon Tax Officer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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

Our Mission as part of a Catholic health care system is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve

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 \$ 746,103,052	including grants of \$ 1,977,060)	(Revenue \$ 793,412,899)
	See Additional Data			

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

4e	Total program service expenses	746,103,052
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32 Yes	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	379
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4,701
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	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?		
a	The organization's CEO, Executive Director, or top management official.		No
b	Other officers or key employees of the organization.		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: **►**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
► Jeffrey Abel | 28000 DEQUINDRE ROAD | WARREN, MI 480922468 (586) 753-0298

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	1 0 59 0	X		X				0	2,149,005	44,534
(2) MARITA GROBBEL CHAIR	1 0 5 0	X		X				0	0	0
(3) KATHY RYAN VICE CHAIR	1 0 5 0	X		X				0	0	0
(4) DAVE STEPHENS SECRETARY	1 0 5 0	X		X				0	0	0
(5) JAMES SAWYER TREASURER	1 0 5 0	X		X				0	0	0
(6) SISTER XAVIER BALLANCE DC BOARD MEMBER (END 8/2016)	1 0 7 0	X						0	0	0
(7) CHRISTINE CRADER MD BOARD MEMBER	1 0 5 0	X						0	0	0
(8) ISAAC GRINBERG MD BOARD MEMBER	1 0 5 0	X						0	0	0
(9) CHRISTINE PARKS CSJ BOARD MEMBER	1 0 5 0	X						0	0	0
(10) JOHN REEVES BOARD MEMBER (END 4/2017)	1 0 5 0	X						0	0	0
(11) STEVEN RIVERA MD BOARD MEMBER	1 0 5 0	X						0	0	0
(12) IA KUE DO BOARD MEMBER (START 9/2016)	1 0 5 0	X						0	0	0
(13) ROB LUBERA BOARD MEMBER (START 9/2016)	1 0 5 0	X						0	0	0
(14) ROBERT HOBAN HOSPITAL PRESIDENT	50 0 2 0			X				923,774	0	34,956
(15) TOMASINE F MARX VP FINANCE & CFO (END 5/2017)	50 0 2 0			X				461,581	0	43,832
(16) DOUGLAS W WINNER CFO - Acute Care Operations (START 5/2017)	12 5 37 5			X				0	369,861	24,886
(17) KEVIN GRADY MD CHIEF MEDICAL OFFICER	50 0 5 0				X			581,157	0	36,754

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			
(18) GAYLE NOVACK VP-Nursing	50 00...				X			219,978	0	21,260
(19) RENATO CASABAR MD PHYSICIAN	50 00...					X		580,011	0	36,752
(20) MARC L CULLEN MD PHYSICIAN	50 00...					X		723,205	0	16,208
(21) RICHARD D FESSLER MD CHIEF - SECTION	50 00...					X		625,775	0	22,843
(22) ZYAD KAFRI MD PHYSICIAN	50 00...					X		835,336	0	37,270
(23) DEEPAK PATEL MD PHYSICIAN	50 00...					X		630,093	0	41,460
(24) DEBORAH A CONDINO FORMER OFFICER (END 2/2014)	0 02 0						X	110,790	0	0
(25) FRANK W POMA FORMER OFFICER (END 2/2013)	0 050 0						X	0	402,195	32,674

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	5,691,700	2,921,061	393,429

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 ▶ 335

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEWLAND MEDICAL ASSOCIATES PC 22301 FOSTER WINTER DR SOUTHFIELD, MI 48075	Healthcare Services	10,881,119
LAKESHORE EAR NOSE THROAT CENTER PC 21000 E 12 MILE RD STE 111 ST CLAIR SHORES, MI 48081	Healthcare Services	8,422,253
HEMATOLOGY ONCOLOGY ASSOCIATES EAST PC 19229 MACK AVE STE 24 GROSSE POINTE WOODS, MI 48236	Healthcare Services	6,541,376
MACOMB HEMATOLOGY ONCOLOGY PC 11900 E 12 MILE RD STE 210 WARREN, MI 48093	Healthcare Services	3,891,046
JOHN E GREEN COMPANY 220 VICTOR ST HIGHLAND PARK, MI 48203	CONTRACT SERVICES	1,449,353

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 ▶ 53

Part VIII Statement of RevenueCheck 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	3,670,960				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,357,272				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f ▶	6,028,232					
Program Service Revenue			Business Code				
	2a Net Patient Revenue	621990	787,712,545	776,340,141	11,372,404		
	b Joint Venture Revenue - Operating	621990	1,859,914	1,859,914			
	c Program Revenue	900099	410,470	410,470			
	d _____						
	e _____						
	f All other program service revenue		0	0	0	0	
	g Total. Add lines 2a-2f ▶	789,982,929					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		594,185			594,185	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		3,255,150					
		b Less rental expenses	2,910,663				
		c Rental income or (loss)	344,487	0			
	d Net rental income or (loss) ▶		344,487		249,293	95,194	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			89,600				
		b Less cost or other basis and sales expenses	30,063				
		c Gain or (loss)	0	59,537			
	d Net gain or (loss) ▶		59,537			59,537	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events . . . ▶						
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities . . . ▶						
	10a Gross sales of inventory, less returns and allowances . . . a						
b Less cost of goods sold . . . b							
c Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue		Business Code					
11a Cafeteria Revenue		722514	1,857,859			1,857,859	
b Lab Services Revenue		621500	670,571	670,571			
c Education Revenue		611430	30,300	30,300			
d All other revenue			15,399,311	14,101,503	1,297,808	0	
e Total. Add lines 11a-11d ▶			17,958,041				
12 Total revenue. See Instructions ▶			814,967,411	793,412,899	12,919,505	2,606,775	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,977,060	1,977,060		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,323,292		2,323,292	
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.	256,932,688	246,163,219	10,769,469	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,930,959	1,895,712	35,247	
9 Other employee benefits.	13,677,470	13,062,258	615,212	
10 Payroll taxes.	17,687,260	16,802,897	884,363	
11 Fees for services (non-employees):				
a Management.				
b Legal.	63,172		63,172	
c Accounting.	146,038		146,038	
d Lobbying.				
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).	38,481,832	36,557,740	1,924,092	0
12 Advertising and promotion.	250,999	250,999		
13 Office expenses.	5,078,692	5,078,692		
14 Information technology.	374,653	374,653		
15 Royalties.				
16 Occupancy.	6,370,018	6,051,517	318,501	
17 Travel.	1,043,628	991,447	52,181	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,757,436	1,669,564	87,872	
20 Interest.	6,786,748	6,786,748		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	30,801,713	30,801,713		
23 Insurance.	11,412,512	11,412,512		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a Purchased Services.	198,487,246	188,562,884	9,924,362	
b Medical Supplies.	154,682,585	154,682,585		
c Equipment Rental.	7,210,730	7,210,730		
d Minor Equipment.	3,196,234	3,196,234		
e All other expenses.	15,032,011	12,573,888	2,530	2,455,593
25 Total functional expenses. Add lines 1 through 24e.	775,704,976	746,103,052	27,146,331	2,455,593
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,866,584	1	608,477
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		70,081,139	4	72,094,970
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		11,189,974	8	11,507,055
	9	Prepaid expenses and deferred charges		3,935,617	9	2,667,566
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	730,519,712		
	b	Less: accumulated depreciation	10b	449,471,621		
				274,387,589	10c	281,048,091
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		0	12	
	13	Investments—program-related. See Part IV, line 11		3,552,004	13	3,707,816
	14	Intangible assets		8,670,523	14	6,800,738
15	Other assets. See Part IV, line 11		535,900,349	15	64,807,137	
16	Total assets. Add lines 1 through 15 (must equal line 34)		911,583,779	16	443,241,850	
Liabilities	17	Accounts payable and accrued expenses		52,917,387	17	54,286,267
	18	Grants payable			18	
	19	Deferred revenue		352,554	19	396,406
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		240,346,842	25	169,133,736
	26	Total liabilities. Add lines 17 through 25		293,616,783	26	223,816,409
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		613,523,503	27	214,642,423
	28	Temporarily restricted net assets		4,416,184	28	4,755,709
	29	Permanently restricted net assets		27,309	29	27,309
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		617,966,996	33	219,425,441
34	Total liabilities and net assets/fund balances		911,583,779	34	443,241,850	

Part XI Reconciliation of Net AssetsCheck 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	814,967,411
2	Total expenses (must equal Part IX, column (A), line 25)	2	775,704,976
3	Revenue less expenses Subtract line 2 from line 1	3	39,262,435
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	617,966,996
5	Net unrealized gains (losses) on investments	5	
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	-437,803,990
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	219,425,441

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 38-1359063
Name: St John Hospital & Medical Center

Form 990 (2016)

Form 990, Part III, Line 4a:

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

SCHEDULE A
(Form 990 or
990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
St John Hospital & Medical Center

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

38-1359063

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

2016

Open to Public Inspection

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		22,271
j	Total. Add lines 1c through 1i			22,271
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135135248	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization St John Hospital & Medical Center				Employer identification number 38-1359063	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				☐ Yes ☐ No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, 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	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on 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	21,189,289	17,919,844	15,668,907	10,475,499	10,085,281
b Contributions	469,293	2,916,376	1,716,776	4,911,988	184,058
c Net investment earnings, gains, and losses	955,331	851,123	775,010	706,028	515,785
d Grants or scholarships					
e Other expenditures for facilities and programs	785,304	498,054	240,849	424,608	309,625
f Administrative expenses					
g End of year balance	21,828,609	21,189,289	17,919,844	15,668,907	10,475,499

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

88 04 %

c

Temporarily restricted endowment

11 96 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	4,327,302	13,901,399		18,228,701
b Buildings		471,130,790	266,711,010	204,419,780
c Leasehold improvements		7,874,635	6,557,103	1,317,532
d Equipment		196,498,474	156,317,576	40,180,898
e Other		36,787,112	19,885,932	16,901,180
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				281,048,091

Part VII

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

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1) Due from Affiliates	48,246,882
(2) Other Receivables	10,759,411
(3) Deferred Compensation	4,272,941
(4) Estimated Third Party Payor Settlements	879,598
(5) Other Current Assets	551,904
(6) Rent Receivable	96,401
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	64,807,137

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	540,303
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	169,133,736

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

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

Complete if the organization answered 'Yes' 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 38-1359063
Name: St John Hospital & Medical Center

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

1	(a) Description of Liability	(b) Book Value
	INTERCOMPANY PAYABLE TO ASCENSION HEALTH ALLIANCE	
	SELF INSURANCE LIABILITY	
	P/GL DEDUCTIBLE LIABILITY	
	WORKERS COMPENSATION INSURANCE LIABILITY	
	FIN 48 LIABILITY	
	DEFERRED RENT LIABILITY	
	Due to Affiliates	101,465,368
	Estimated Third Party Payor Settlements	54,858,624
	Capital Lease Obligations	4,592,161
	Deferred Compensation	4,272,941

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

1 (a) Description of Liability	(b) Book Value
Recovery Tail Liability	2,083,390
OTHER NONCURRENT LIABILITIES	829,496
PARTNERSHIP DISTRIBUTIONS	479,026
OTHER TAXES PAYABLE	12,427

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Endowment funds are created to support the healthcare ministry of St John Providence Hospitals. The distributions from an endowment provide a dependable source of income each year to help St John continue to meet the community's healthcare needs.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2017

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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

Name of the organization

Employer identification number

St John Hospital & Medical Center

38-1359063

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100%

☐ 150%

☐ 200%

☒ Other 25000 %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☒ 400%

☐ Other %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			245,002		245,002	0 03 %
b Medicaid (from Worksheet 3, column a)			177,732,852	156,338,048	21,394,804	2 76 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	177,977,854	156,338,048	21,639,806	2 79 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	5	1,069	202,609	0	202,609	0 03 %
f Health professions education (from Worksheet 5)	2	2,038	32,529,096	20,265,092	12,264,004	1 58 %
g Subsidized health services (from Worksheet 6)	0	0	2,662,096	0	2,662,096	0 34 %
h Research (from Worksheet 7)	0	0	0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	2,049	693,091		693,091	0 09 %
j Total. Other Benefits	12	5,156	36,086,892	20,265,092	15,821,800	2 04 %
k Total. Add lines 7d and 7j	12	5,156	214,064,746	176,603,140	37,461,606	4 83 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2016

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	0	0	0	0	0	0 %
2 Economic development	1	0	46	0	46	0 %
3 Community support	1	802	3,785	0	3,785	0 %
4 Environmental improvements	0	0	0	0	0	0 %
5 Leadership development and training for community members	1	128	12,457	0	12,457	0 %
6 Coalition building	1	0	5,394	0	5,394	0 %
7 Community health improvement advocacy	0	0	0	0	0	0 %
8 Workforce development	1	0	736	0	736	0 %
9 Other	0	0	0	0	0	0 %
10 Total	5	930	22,418	0	22,418	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
	31,749,167		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
	8,791,839		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	293,939,995
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	279,511,018
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	14,428,977
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 St John Hospital & Medical Center

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>https://healthcare.ascension.org/Locations/Michigan/Detroit-Saint-John-Hospital/Community-Benefit-Re</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https://healthcare.ascension.org/Locations/Michigan/Detroit-Saint-John-Hospital/Community-Benefit-Re</u>	10	Yes
a If "Yes" (list url) _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

St John Hospital & Medical Center

Name of hospital facility or letter of facility reporting group _____

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that 13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.0 % and FPG family income limit for eligibility for discounted care of 400.0 % b ☐ Income level other than FPG (describe in Section C) c ☐ Asset level d ☐ Medical indigency e ☒ Insurance status f ☐ Underinsurance discount g ☒ Residency h ☐ Other (describe in Section C)	13 Yes	
14 Explained the basis for calculating amounts charged to patients? 15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)	14 Yes	
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☒ The FAP was widely available on a website (list url) <u>https://healthcare.ascension.org/Locations/Michigan/Detroit-Saint-John-Hospital/Financial-Assistance</u> b ☒ The FAP application form was widely available on a website (list url) <u>https://healthcare.ascension.org/Locations/Michigan/Detroit-Saint-John-Hospital/Financial-Assistance</u> c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>https://healthcare.ascension.org/Locations/Michigan/Detroit-Saint-John-Hospital/Financial-Assistance</u> d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☐ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j ☐ Other (describe in Section C)	15 Yes	
	16 Yes	

Part V Facility Information (continued)**Billing and Collections**

St John Hospital & Medical Center

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

St John Hospital & Medical Center

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Eligibility for Free or Discounted Care	The organization provides medically necessary care to all patients, regardless of race, color, creed, ethnic origin, gender, disability or economic status The organization uses a percentage of Federal Poverty Level (FPL) to determine free and discounted care Patients with income less than or equal to 250% of the Federal Poverty Level (FPL), will be eligible for 100% charity care write off on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any At a minimum, Patients with incomes above 250% of the FPL but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any A Patient eligible for the sliding scale discount will not be charged more than the calculated Amount Generally Billed (AGB) charges Uninsured Patients who are not eligible for financial assistance or any other program will be provided an uninsured discount of 48%

Form and Line Reference	Explanation
Schedule H, Part VI COMMUNITY BENEFIT OVERVIEW - Part I	St John Hospital & Medical Center Community Benefit Report Fiscal Year Ended June 30, 2017 This report illustrates the significant degree to which St John Hospital and Medical Center contributes to the positive health status of the community it serves. As a member of Ascension Health, the nation's largest Catholic Healthcare System, St John Hospital and Medical Center continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families and society as a whole. The goal of St John Hospital and Medical Center is to perpetuate the healing mission of the church. St John Hospital and Medical Center furthers this goal through delivery of patient services, care to the elderly and indigent, patient education, health awareness programs for the community and medical research. Our concern for all human life and dignity of each person leads the organization to provide medical services to all people in the community without regard to the patient's race, creed, national origin, economic status or ability to pay. In order to portray the full breadth of our contribution, our community benefit information is described below. Organizational Commitment to Providing Community Benefit St John Hospital and Medical Center is a regional referral teaching hospital with 772 licensed beds, a 1300+ member medical staff and more than 50 medical and surgical specialties. As the largest acute care provider on Detroit's east side, St John Hospital and Medical Center is also an active participant in community health initiatives through its community-based partnerships with churches, schools, and civic organizations. St John Hospital and Medical Center 1 Operates an emergency room that is open to all persons regardless of ability to pay. 2 Has an open medical staff with privileges available to all qualified physicians in the area. 3 Has a governing body in which independent persons representative of the community comprise a majority. 4 Engages in medical or scientific research programs. 5 Engages in the training and education of health care professionals. 6 Participates in Medicaid, Medicare, Champus, Triage and/or other government-sponsored health care programs. Medical Research St John Hospital and Medical Center furthers its mission by contributing funds and personnel to support research that has helped advance medical care. Research projects include various cardiac and interventional cardiac research projects, oncology, pediatric hematology and oncology, internal medicine, obstetrics and gynecology, nephrology, radiology and infectious disease research. St John Hospital and Medical Center has a wide array of surgical specialties and sub-specialties. Our operating rooms and post-anesthesia units are open 24 hours a day, seven days a week for scheduled and emergency procedures. St John Hospital and Medical Center seeks to improve the physical, mental, social, and spiritual health status of its surrounding community and has long been known for its excellence in medical care. Medical Education & Specialty Areas St John Hospital and Medical Center believes that in order to provide the best health care to the community, its clinical personnel must receive ongoing medical education. Numerous seminars and classes and continuing education programs are provided to medical residents and staff and are posted on our website www.stjohnprovidence.org/medical-professionals/medical-education. Along with providing care and treatment in a wide range of areas, St John Hospital and Medical Center is known for various specialty areas including Bariatric Surgery, the Cracchiolo Inpatient Rehabilitation Center, the St John Center for Wound and Hyperbaric Medicine and the Valade Healing Arts Center and the Van Elslander Cancer Center. Some of the services provided operate at a loss in order to ensure that all services are available to meet community health care needs. Expanding Awareness, Education and Health Promotion St John Hospital and Medical Center believes that it is essential to educate people regarding the types of behavior that improve their chances of living a healthy life and has invested significantly in unique, top quality health education and materials to accomplish its goals. Various classes are provided to the community. Education material also is provided via our website at www.stjohnprovidence.org. Access To Care Programs St John Hospital and Medical Center operates many public health clinics. Public clinics range from specialty clinics such as pediatrics to general internal medicine clinics. Our public health clinics provide care for all community residents, regardless of their ability to pay. Services include the full range of preventive and primary health and dental care for adults and children, prenatal care, AIDS/HIV education and management of chronic diseases such as asthma, diabetes and heart disease. St John Hospital provides clothing and food pantries both in t

Form and Line Reference	Explanation
Schedule H, Part VI COMMUNITY BENEFIT OVERVIEW - Part I	he Van Elslander Cancer Center and various units within the hospital Our associates have had departmental bake sales and other benefits for individual patients in need Educating the younger generation is a hallmark of St John Hospital and Medical Center To give underserved children an opportunity to learn a healthcare career, our human resources department participates with local Detroit school Del Cristo Rey to provide employment to students as part of their normal school week Our emergency department hosts students in the emergency center for several hours of learning and instructional hands-on education Our physicians and leaders participate regularly in career days for local schools in which they have partnerships Our medical education department organizes physician speakers for the Grosse Pointe schools advanced medicine classes

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Form and Line Reference	Explanation
Schedule H, Part VI COMMUNITY BENEFIT OVERVIEW - Part II	Community Outreach Service St John Hospital and Medical Center provides charitable contributions to a number of community organizations St John Hospital and Medical Center has contributed funds for sponsorship in the community by volunteering and giving support to community organizations, parades, neighborhood advocacy and clean-up groups, community orchestras, health walks and marathons, health expos and health fairs, American Red Cross blood drives, churches, schools, career fairs at schools, police office benefits and community foundation outings Community service is an important part of our existence To that end, St John Hospital and Medical Center provides a Christmas store each year for up to 600 children, giving each child a toy, outfit and gift bag for the family that includes a \$50 food gift certificate The mission spirituality team at the hospital also supports the Salem Memorial Lutheran church food pantry with weekly donations and counseling from our spiritual care team for those attending Charity Care St John Hospital and Medical Center offers a wide variety of health and wellness programs that meet diverse needs, regardless of economic status and physical condition The uninsured are more likely to seek care in hospital emergency rooms St John Hospital and Medical Center had 126,587 emergency department visits in fiscal 2017 St John Hospital and Medical Center offers various free clinics For many Michigan residents, finding someone to care for them when they are sick is not as easy as making an appointment Lack of health insurance, transportation issues and language barriers combine to create challenges St John Hospital and Medical Center provides a substantial portion of its services to the elderly and poor During the fiscal year ending June 30, 2017, approximately 41% of the value of services rendered was to elderly patients under the Medicare program and approximately 24% of the services were provided to patients who were deemed indigent under state, county or medical center guidelines We currently offer financial assistance programs through the Voices of Detroit initiative, a program that assists the uninsured and underinsured in managing their health care During the fiscal year ending June 30, 2017, St John Hospital and Medical center treated adults and children from the community for a total of 145,321 patient days of service St John Hospital and Medical Center also provided services to 15,491 outpatient surgery patients St John Hospital and Medical Center Uncompensated Care for Fiscal Year Ending June 30, 2017 1 Traditional charity care provided \$244,413 2 Unpaid cost of public programs for persons living in poverty \$20,967,312 3 Other programs for persons living in poverty and other vulnerable persons \$2,094,602 4 Community benefit programs \$14,155,279 5 Total care of persons living in poverty and community benefit programs \$37,461,606 6 Bad debt costs attributable to charity \$8,791,839 7 Medicare shortfalls/(surplus) (\$14,428,978)

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 17 Billing and Collection Policy	During tax year 2017, the organization learned via verbal comments of IRS agents at public events that the IRS intends that the "readily obtainable" standard in the 501(r) regulations for the AGB calculation and billing and collection policy is only met if those items are posted to the organization's web site. The organization had interpreted that web posting standard to be a safe harbor after consulting with external counsel and tax advisors, and timely took other steps to make the information readily obtainable. Consequently, the organization does not believe its decision to not post these documents to its web site rises to the level of a failure, nor does it believe the circumstances were either willful or egregious, having otherwise timely taken the steps necessary to attain and continue to maintain compliance with the other requirements related to the billing and collection policy and the AGB, as part of its policies and procedures for ensuring compliance with all aspects of 501(r). However, the organization is making this voluntary disclosure in order to communicate to the IRS the changes it is undertaking in response to the recent IRS informal guidance on this specific point concerning the "readily obtainable" standard, and the fact that the organization has started the work necessary to post its AGB information and billing and collection policy to its web site and will complete those additional postings as soon as reasonably possible. The other web postings required under 501(r) (i.e., those related to the community health needs assessment and the financial assistance policy) were timely completed and continue to remain in place as required. The organization believes its safeguards worked as intended in this case (i.e., the organization has regular communications with a number of external law firms and tax consultants and the timely attention to the recent guidance was supported by the framework of regular access to subject matter experts). These changes are in the process of being incorporated into corporate policies and procedures that apply to the organization.

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Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	St John Hospital & Medical Center is part of a community benefit report which is prepared by St John Providence (EIN 38-2244034) on a consolidated basis

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Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means-tested government programs, and other community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines. The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.

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

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Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies. After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2017 was \$31,749,167 at charges, (\$10,988,387 at cost).

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Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	The provision for doubtful accounts is based upon management's assessment of expected net collections considering historical experience, economic conditions, trends in healthcare coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts.

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Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The organization is part of the Ascension Health Alliance's consolidated audit in which the footnote that discusses the bad debt expense is located on page 19

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

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Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	The organization follows the ascension guidelines for collection practices related to patients qualifying for charity or financial assistance. A patient can apply for charity or financial assistance at any time during the collection cycle. Once qualifying documentation is received the patient's account is adjusted. Patient accounts for the qualifying patient in the previous six months may also be considered for charity or financial assistance. Once a patient qualifies for charity or financial assistance, all collection activity is suspended.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- St John Hospital & Medical Center Line 16a URL https //healthcare ascension org/Locations/Michigan/Detroit-Saint-John-Hospital/Financial-Assistance,

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- St John Hospital & Medical Center Line 16b URL https //healthcare ascension org/Locations/Michigan/Detroit-Saint-John-Hospital/Financial-Assistance,

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- St John Hospital & Medical Center Line 16c URL https://healthcare.ascension.org/Locations/Michigan/Detroit-Saint-John-Hospital/Financial-Assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	Communities are dynamic systems in which multiple factors interact to impact quality of life and health status. In addition to the formal CHNA conducted every 3 years, St. John Providence helps to lead a community round table whose purpose is to assess needs within the community, prioritize action and work in partnership to address identified challenges. The coalition works closely with its member organizations which come from multiple sectors of the community, including local government, business, education, faith communities, public health, health care providers and other social and human service organizations. In addition, the coalition works closely with other coalitions as well as the local and state health departments to stay abreast of changing needs within the community and to identify evidence-based and promising practices to address these needs. St. John Providence assesses the health care needs of the communities by utilizing data from local, national, state and hospital. The data and statistics were obtained from internal as well as external sources to identify health specific trends. The reports from these sources included but not limited to: - County Data (for all 5 counties we serve Wayne, Oakland, Macomb, Livingston, St. Clair and City of Detroit) - Michigan Behavioral Risk Factor Surveillance System (MiBRFSS) - Hospital Data (for Providence, Providence Park, Oakland, Macomb, River District, St. John Hospital & Medical Center) 1 Emergency Data 2 Ambulatory Data These sources aid in St. John Providence development of programs and services throughout the five counties we serve.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	St John Providence and its five hospital campuses including one specialty hospital are located in a five-county area of southeastern Michigan. The health system campuses are organized as follows: Providence/Providence Park Hospitals, St John Macomb-Oakland Hospital, St John Hospital & Medical Center, St John River District Hospital, and Brighton Hospital. The community served by the organization includes Wayne, Oakland, Macomb, Livingston and St Clair counties. The city of Detroit is part of Wayne County. This service area is predominately urban and suburban with pockets of rural in St Clair and Livingston counties. The East Community includes Macomb and St Clair Counties, and parts of Wayne and Oakland Counties. The West Community includes Livingston county, most of Oakland county and parts of Wayne County. Total population in the West Community (2010 Thompson Reuters) is 1,633,906 with 57.7% White, 34.7% Black, 0.2% American Indian and Alaska native, 0.2% Hispanic, 4.3% Asian/Pacific Islander and 0.7% other. Total estimated population in the East Community is 1,432,398 with 70.7% White, 23.0% Black, 0.3% Hispanic, 2.9% Asian/Pacific Islander, and 0.5% other. These counties represent the southeastern Michigan region of the state with a total population of approximately 4 million, which represents 41% of the state's population and accounts for 46% of the federal monies received. Seventeen percent of the service area population is represented by the city of Detroit. Approximately 90% of Detroit consists of minorities, compared to 21% for the state. Thirty-eight percent of Detroiters live below the poverty level compared to 16% statewide. Detroit has higher rates of illness and chronic disease than other parts of the state, and a lack of access to primary care and a shortage of health care professionals.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	St John Providence promotes the health of its communities by striving to improve the quality of life within the community. Research has established that factors such as economic status, employment, housing, education level, and built environment can all be powerful social determinants of health. Additionally, helping to create greater capacity within the community to address a broad range of quality of life issues also impacts health. St John Providence administrators and staff have provided leadership and participated on collaborative initiatives with Greater Detroit Area Health Council, Wayne County Health Department, The City of Detroit Department of Health and Wellness Promotion, Michigan Crime Victim Services Commission, The Michigan Department of Health and Human Services, Michigan Primary Care association, area Federally Qualified Health Centers, and other community organizations to identify community needs and address community problems. St John Providence has a demonstrated history and strong foundation built upon its Mission, Vision, and Values. It is this spirit that leads the institution and drives health care services. Often patients, family members, friends, and the like, are pleased with our position on care - to heal the body, mind, and spirit, have experienced it first-hand, and wish to show their appreciation by making a gift to support care of others that are vulnerable. The spiritual essence that's woven into the fabric of our daily operations allows members of the community to comfortably and directly impact the lives of others through philanthropy. We work to create an ethical legacy for emphasizing the important value of community and encourage the compassionate generosity of others to make gifts that enhance the exemplary care St John Providence has become recognized for. THE HOSPITALS PROMOTE THE HEALTH OF THE COMMUNITY IN A VARIETY OF WAYS EITHER DIRECTLY PROVIDING SERVICES OR IN PARTNERSHIP AND/OR COLLABORATION WITH OTHER ORGANIZATIONS SERVING THE COMMUNITY. WE DIRECTLY SERVE THE COMMUNITY THROUGH 19 SCHOOL BASED HEALTH CENTERS IN THE COUNTIES OF WAYNE, OAKLAND AND MACOMB. THE SCHOOLS ARE SELECTED BASED ON A MINIMUM OF 70% OF STUDENTS RECEIVING FREE OR REDUCED LUNCH INDICATING A LOWER FAMILY INCOME. SERVICES TO THESE STUDENTS INCLUDE PHYSICAL, AND WELL AS PSYCHOSOCIAL SUPPORT. WE PARTNER WITH A MOBILE DENTAL SERVICE TO PROVIDE ONSITE DENTAL SERVICES TO IMPROVE ACCESS TO NEEDED CARE. THE SCHOOL TEAM INCLUDES A NURSE OR NURSE PRACTITIONER, MEDICAL ASSISTANT AND MENTAL HEALTH THERAPIST. THERE ARE SPECIAL PROGRAMS FOR STUDENTS IDENTIFIED WITH ASTHMA INCLUDING AN ANNUAL FREE ASTHMA CAMP FOR STUDENTS. NOTING THAT HEART DISEASE IS A LEADING CAUSE OF DEATH IN ENTIRE HOSPITAL SERVICE AREA, THE HEALTH SYSTEM HAS AN ANNUAL HEART HEALTH FAIR AT SELECTED HOSPITALS TO PROVIDE ONSITE HEALTH SCREENING AND ASSESSMENT BY A TEAM. GRIEF SUPPORT AND SUPPORT FOR VICTIMS OF CRIME ARE PROVIDED TO CHILDREN AND YOUTH THROUGH A SPECIAL INITIATIVE AT OUR DETROIT BASED HOSPITAL. PARTNERSHIPS WITH OVER 80 CHURCHES ARE A VEHICLE THAT PROVIDES HEALTH EDUCATION AND SCREENING TO THE GENERAL COMMUNITY THROUGH THE FAITH COMMUNITY NURSING INITIATIVE. THERE ARE TWO COMMUNITY WELLNESS CENTERS OFFERING ENHANCED FITNESS AND OTHER PHYSICAL AND EDUCATIONAL SESSIONS OFFERED TO THE GENERAL COMMUNITY OF TWO COUNTIES IN THE SERVICE AREA. THESE ARE EXAMPLES OF SERVICES TO THE GENERAL COMMUNITY. WE PARTNER WITH OTHER AGENCIES SERVING THE GENERAL COMMUNITY TO PROMOTE HEALTH INCLUDING GLEANERS FOOD BANK AND FORGOTTEN HARVEST TO ADDRESS FOOD INSECURITY. WE PARTNER WITH THE LOCAL FEDERALLY QUALIFIED HEALTH CENTERS VIA PARTICIPATION IN THE SOUTH EASTERN MICHIGAN FQHC COUNCIL AND MEMBERSHIP IN THE MICHIGAN PRIMARY CARE ASSOCIATION. WE PARTNER WITH THE LOCAL CHAPTER OF THE KIDNEY FOUNDATION TO PROVIDE DIABETES PREVENTION AND DIABETES MANAGEMENT EDUCATION IN SEVERAL COMMUNITY LOCATIONS. OTHER PARTNERSHIPS/COLLABORATION INCLUDE DETROIT WAYNE MENTAL HEALTH AUTHORITY, THE LOCAL SANE (SEXUAL ASSAULT NETWORK), SEVERAL DOMESTIC VIOLENCE SHELTERS, SOUTHEASTERN MICHIGAN INFANT MORTALITY REDUCTION TASK FORCE, GREATER DETROIT AREA HEALTH COUNCIL, DETROIT, WAYNE, OAKLAND, ST. CLAIR AND MACOMB HEALTH DEPARTMENTS, YOUTH CONNECTION AND OTHERS TO PROMOTE COMMUNITY HEALTH WITH SPECIAL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE. THE HEALTH SYSTEM PUBLISHES AND DISTRIBUTES OVER 80,000 BIMONTHLY EDUCATIONAL NEWSLETTERS CALLED "CARELINK" TARGETING ADULTS 55 AND OLDER, THAT INCLUDES EDUCATIONAL ARTICLES AS WELL AS A SCHEDULE OF EDUCATIONAL CLASSES ON TOPICS SUCH AS CPR, DIABETES, PREVENTING FALLS, HEART HEALTH ETC. ALL CLASSES ARE OPEN TO THE GENERAL PUBLIC AND THE MAJORITY ARE FREE OF CHARGE. FURTHER THE HEALTH SYSTEM HAS TWO MOBILE UNITS THAT PROVIDE MAMMOGRAPHY SERVICES AND HEALTH SCREENINGS TO UNINSURED AND UNDERINSURED WOMEN AT CHURCHES, COMMUNITY CENTERS, CORPORATIONS AND OTHER LOCATIONS. THE STRUCTURE OF THE HEALTH SYSTEM CALLS FOR A STATEWIDE

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	GOVERNING BOARD THAT INCLUDES MEMBERS FROM THE LOCAL HOSPITAL SERVICE AREA. FURTHER, WE HAVE A NUMBER OF ADVISORY COMMITTEES COMPOSED OF LOCAL RESIDENTS AND AGENCIES SERVING THE COMMUNITY SUCH AS THE PARENT AND SEPARATE STUDENT ADVISORY GROUPS FOR THE SCHOOL BASED HEALTH CENTERS, THE LOCAL MISSION COMMITTEE, THE LOCAL FOUNDATION BOARDS AND OTHER SERVICE SPECIFIC ADVISORY GROUPS. MEDICAL STAFF BY LAWS FOR EACH HOSPITAL PROVIDES GUIDANCE ON OFFERING PRIVILEGES TO QUALIFIED PHYSICIANS IN THE COMMUNITIES SURROUNDING EACH OF THE HOSPITALS. Each teaching hospital has a medical education department for the training of residents and fellows. Each site hosts an annual research day. This longstanding tradition, which has been in existence for over 80 years at some of our sites, brings clinicians and graduate medical students together to discuss current medical research being conducted at the hospital. This work encompasses everything from retrospective medical chart review to a analysis of the latest therapeutics and medical devices. The primary goal is to teach residents and fellows how to conduct research with the ultimate goal of improving patient care and advancing the practice of medicine. Examples of this work includes the following, "LACK OF SCREENING FOR INTIMATE PARTNER VIOLENCE IN PRIMARY CARE SETTINGS", AN EFFORT TO REDUCE 30 DAY READMISSION RATES IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE", AND "TELEMEDICINE AND TIGHTER BLOOD PRESSURE CONTROL" TO NAME A FEW. Also, the medical staff participates in an annual summer biomedical exposure program for 20 area college students. The program introduces the students to the broad field of medicine. In all, the department supports ongoing research by residents, fellows and physicians and provides Research and EIB review as well as oversight and guidance to remain in compliance with current rules and regulations.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	ST JOHN PROVIDENCE IS A MEMBER OF ASCENSION HEALTH ASCENSION HEALTH ALLIANCE D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011 ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 23 OF THE UNITED STATES AND THE DISTRICT OF COLUMBIA ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON THE PARTICIPATING ORGANIZATIONS/ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, ST LOUISE PROVINCE, THE CONGREGATION OF ST JOSEPH, THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET, THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE INC - AMERICAN PROVINCE, AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE THE SYSTEM DIRECTS ITS GOVERNANCE AND MANAGEMENT ACTIVITIES TOWARD STRONG, VIBRANT, CATHOLIC HEALTH MINISTRIES UNITED IN SERVICE AND HEALING, AND DEDICATES ITS RESOURCES TO SPIRITUALLY CENTERED CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES IT SERVES IN ACCORDANCE WITH THE SYSTEM'S MISSION OF SERVICE TO THOSE PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS, EACH HEALTH MINISTRY ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY THE SYSTEM USES FOUR CATEGORIES TO IDENTIFY THE RESOURCES UTILIZED FOR THE CARE OF PERSONS LIVING IN POVERTY AND COMMUNITY BENEFIT PROGRAMS - TRADITIONAL CHARITY CARE INCLUDES THE COST OF SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED - UNPAID COST OF PUBLIC PROGRAMS, EXCLUDING MEDICARE, REPRESENTS THE UNPAID COST OF SERVICES PROVIDED TO PERSONS COVERED BY PUBLIC PROGRAMS FOR PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS - COST OF OTHER PROGRAMS FOR PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS INCLUDES UNREIMBURSED COSTS OF PROGRAMS INTENTIONALLY DESIGNED TO SERVE THE PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS OF THE COMMUNITY, INCLUDING SUBSTANCE ABUSERS, THE HOMELESS, VICTIMS OF CHILD ABUSE, AND PERSONS WITH ACQUIRED IMMUNE DEFICIENCY SYNDROME - COMMUNITY BENEFIT CONSISTS OF THE UNREIMBURSED COSTS OF COMMUNITY BENEFIT PROGRAMS AND SERVICES FOR THE GENERAL COMMUNITY, NOT SOLELY FOR THE PERSONS LIVING IN POVERTY, INCLUDING HEALTH PROMOTION AND EDUCATION, HEALTH CLINICS AND SCREENINGS, AND MEDICAL RESEARCH DISCOUNTS ARE PROVIDED TO ALL UNINSURED PATIENTS, INCLUDING THOSE WITH THE MEANS TO PAY DISCOUNTS PROVIDED TO THOSE PATIENTS WHO DID NOT QUALIFY FOR ASSISTANCE UNDER CHARITY CARE GUIDELINES ARE NOT INCLUDED IN THE COST OF PROVIDING CARE OF PERSONS LIVING IN POVERTY AND OTHER COMMUNITY BENEFIT PROGRAMS THE COST OF PROVIDING CARE TO PERSONS LIVING IN POVERTY AND OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED BY REDUCING CHARGES FORGONE BY A FACTOR DERIVED FROM THE RATIO OF EACH ENTITY'S TOTAL OPERATING EXPENSES TO THE ENTITY'S BILLED CHARGES FOR PATIENT CARE

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 38-1359063

Name: St John Hospital & Medical Center

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	St John Hospital & Medical Center 22101 Moross Road DETROIT, MI 48236 WWW.STJOHN.ORG 1060000072	X	X	X	X			X			

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - St John Hospital & Medical Center A Steering Committee was convened to provide guidance and oversight in the development of the CHNA The committee included all of the directors from the local health departments, as well as individuals from a variety of health professions such as public health, physicians, nurses, finance, health planning, communications, behavioral health and faith-based leaders St John Community Health led the CHNA process for all St John Providence hospitals Macomb, Oakland, Wayne, St Clair and Livingston County, and Detroit Health Departments provided public health expertise about current health issues and trends Healthy Communities Institute offered us a model for the CHNA and Implementation Strategies as well as a frame work for developing implementation strategies using logic models INPUT WAS ALSO OBTAINED FROM MEMBERS OF THE COMMUNITY VIA SURVEYS AS WELL AS FROM KEY INFORMANTS WHO SERVE THE POPULATIONS KEY INFORMANTS WERE SURVEYED USING TWO MAJOR METHODS, PAPER SURVEYS AND INPUT AT MEETINGS WE ALSO SURVEYED HOSPITAL LEADERSHIP FOR THEIR INPUT ON KEY AREAS OF CONCERN DIRECT COMMUNITY INPUT WAS OBTAINED VIA SURVEYS ADMINISTERED AT A MAJOR HEALTH FAIR DONE ANNUALLY BY COMMUNITY HEALTH STAFF AND WAS HELD IN THE CITY OF DETROIT WITH PRIMARILY AFRICAN AMERICAN ATTENDEES THE MEETINGS HELD INCLUDED REPRESENTATIVES FROM THE LOCAL HEALTH DEPARTMENTS AS WELL AS SPECIAL POPULATION GROUP SUCH AS THE ARAB CHALDEAN COUNCIL SOCIAL SERVICES (ACCESS), PHYSICIAN RESIDENTS, BEHAVIORAL HEALTH PROFESSIONALS AND AN OBGYN PHYSICIAN REPRESENTING ETHNICALLY DIVERSE LOW INCOME HIGH RISK PREGNANT WOMEN AND INFANTS TO NAME A FEW

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - St John Hospital & Medical Center The community health needs assessment was conducted with the following facilities 1 Providence-Providence Park Hospital-Southfield 2 Providence-Providence Park Hospital-Novı 3 St John Macomb-Oakland Hospital-Warren 4 St John Macomb-Oakland Hospital-Madison Heights 5 St John River District Hospital 6 Brighton Center for Recovery

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - St John Hospital & Medical Center - Part I The significant needs identified in the most recently conducted CHNA are Obesity and Diabetes Prevention, Access to Care and Mental Health and Substance Abuse Although other health needs were identified, it was determined that the health system will work with other organizations as needed to address health needs not selected For each selected priority, strategies have been developed that focus on outreach and education, evidence-based interventions or advocacy Prioritized Need Obesity and Diabetes Prevention Goal 1 Prevent and reduce obesity in children, youth and adults (across the lifespan) Strategy 1 Implement evidence-based, breast-feeding interventions, including Mother Nurture, to improve awareness, knowledge and behaviors for preventing and reducing obesity, for communities, including those that are diverse and underserved Strategy 2 Implement 5-2-1-0 as an age-appropriate community-wide education and evidence-based intervention that improves awareness, knowledge and behaviors for preventing and reducing obesity in communities, including those that are diverse and underserved Strategy 3 Implement Enhance Fitness as an age-appropriate community wide education and evidence-based intervention to improve awareness, knowledge and behaviors for preventing and reducing obesity in communities, including those that are diverse and underserved Goal 2 Prevent and reduce risk factors for diabetes in adults Strategy 1 Implement Diabetes Prevention Program as a community-wide education and evidence-based intervention that prevents and reduces the complications of diabetes in communities, including those that are diverse and underserved Strategy 2 Implement the Diabetes Self-Management Program as a community-wide education and evidence-based intervention that prevents and reduces the complications of diabetes in communities, including those that are diverse and underserved Obesity and Diabetes Prevention The goals are to prevent and reduce obesity in children, youth and adults and prevent and reduce risk factors for diabetes in adults This priority area is being addressed by educating school aged children on the prevention of obesity and educating our adults about obesity and diabetes prevention by providing pre-diabetes education classes and offering physical activity classes through our wellness centers St John Providence partnered with the National Kidney Foundation and Macomb Health Partners to teach a Center for Disease Control (CDC) Pre-Diabetes program The Diabetes Prevention Program (DPP) is a structured, year-long and group-based program which meets weekly for 4 months, then monthly for the remainder of the year The goal of the DPP is to make it easier for people with pre-diabetes to participate in affordable, high-quality lifestyle change programs to reduce their risk of type 2 diabetes and improve their overall health Evidence from the Diabetes Prevention Program

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	ram demonstrated pre-diabetes risk can be reduced by 57% when those at high risk make mode st lifestyle changes, specifically losing 5-7% body weight and being physically active 5 d ays a week for at least 30 minutes We increased the number of DPP cohorts provided by tra ining 7 facilitators for the CDC Diabetes Prevention program

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - St John Hospital & Medical Center - Part II Prioritized Need Access to Care Goal 1 Reduce the social determinants of health barriers that impact health equity and access to healthcare Strategy 1 Implement Mobile Mammography to improve patient access to care Strategy 2 Implement Asthma Camp and Deep Breath to improve patient access to care Strategy 3 Convene a transportation workgroup to develop strategies and interventions leading to improved options for transportation to obtain needed care Strategy 4 Implement a Health Literacy Information and Education Series for physicians, staff and patients to improve knowledge about universal health literacy precautions and strategies for reducing health illiteracy Access to Care The Access to Care priority goal is to reduce the social determinants of health barriers that impact health equity and access to healthcare One of the focuses is access to mammograms for the uninsured and underinsured in the communities we serve St John Providence provides services through the Anthony L Soave Family Mobile Mammography and Health Screen Center This mobile unit offers free or low-cost breast cancer screenings and other medical tests The unit primarily serves women in Detroit neighborhoods by traveling to community-based organizations, schools, churches, and other venues five days a week In addition to providing screening, program staff spends a great deal of time in vulnerable communities providing education on the importance of breast screening and breast health The Mobile Mammography unit has served over 1093 patients Prioritized Need Mental Health & Substance Abuse Goal 1 Decrease youth risk factors for suicide, depression and substance abuse Strategy 1 Implement the Rapid Assessment for Adolescent Preventive Services (RAAPS) as a suicide risk screening and provide mental health education, counseling and referral for youth in partner schools Strategy 2 Implement Red Flags mental health education, counseling and referral for youth in partner schools Goal 2 Decrease youth and adult risk factors for suicide, depression and substance abuse Strategy 1 Implement Mental Health First Aid to focus on changing the community/culture and perception of persons with less than optimal mental health Goal 3 Decrease youth risk factors for post-traumatic stress disorder Strategy 1 Utilize the Trauma Symptoms Checklist for Children to screen for posttraumatic stress and related psychological symptomatology and provide appropriate counseling and referrals Goal 4 Prevent and reduce addiction / mental illness in children, youth and adults (across the lifespan) Strategy 1 Utilize the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Strategy 2 Provide family education to families involved with and at risk for substance use disorders Mental Health and Substance Abuse The goal is to reduce youth and adult risk factors for suicide, depression and substance abuse T

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	he programs provided decrease these factors as well as educate the patient and the staff h ow to identify suicide, depression and substance abuse St John Providence School Based H ealth Centers implements the Rapid Assessment for Adolescent Preventive Services (RAAPS) RAAPS is a risk assessment addressing the risk behaviors impacting health, well-being, and academic success in youth Our goal is to utilize RAAPS as a suicide risk screening and p rovide mental health education, counseling and referrals for youth in the schools In add ition, this priority has a goal to decrease post-traumatic stress disorders in youth By ut ilizing the Trauma Symptoms Checklist for Children (TSCC) we will be able to identify yout h with risk factors for post-traumatic stress and provide appropriate counseling and refer rals St John Providence Open Arms program provides grief and trauma support for children The program specializes in working with children and with others touched by homicide or other violent crime, providing individual and group therapy in hospitals, at schools, and in the workplace The goal is to help families cope with loss or trauma by finding healthy ways to handle feelings of sadness, anger, or frustration, eventually returning family me mbers to their day-to-day activities Open Arms is used to help children that identify ris k factors for trauma on the TSCC St John Providence will not address certain identified health needs and concerns because other programs are currently offering an array of servic es for the community and those particular health needs and concerns are listed below with the resources, agencies and services currently established to address them - Cardiovascul ar Disease - This is widely addressed through St John Providence and its Cardiovascular C enters of Excellence, the American Heart Association, and other programs such as the Proje ct Healthy Living multi-county screening program - Cancer - St John Providence has 4 can cer centers with 2 located in the service area Additionally, the American Cancer Society, primary care standards of practice, and other cancer centers in the area provide screenin g and community-based education Further, the state of Michigan with its BCCCP (Breast and Cervical Cancer Control Program) provides for routine mammograms for low-income and unins ured women - Asthma - Asthma is predominately a condition of children and youth in the ser vice area Through the SJP school-based health centers and other school-based health cente rs in the area, this is being addressed Asthma education, asthma screening, and summer as thma camps are provided along with the handling of acute episodes in the school clinics wi th parental consent

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
ST JOHN CLINICAL PATHOLOGY LAB 19251 MACK AVE STE MK80 GROSSE POINTE WOODS, MI 48236	Other Diagnostic
PROFESSIONAL BLDG I 22151 MOROSS RD DETROIT, MI 48236	General Medical & Surgeries
ST JOHN VAN ELSLANDER CANCER CENTER 19229 Mack Avenue GROSSE POINTE WOODS, MI 48236	General Medical & Surgeries
MACOMB AMBULATORY CARE CENTER 17700 23 MILE RD MACOMB TWP, MI 48044	General Medical & Surgeries
SCS MEDICAL CONDOMINIUM ASSOC 21000 E 12 MILE RD ST CLAIR SHORES, MI 48081	General Medical & Surgeries
PROFESSIONAL BLDG II 22201 MOROSS RD DETROIT, MI 48236	General Medical & Surgeries
NEWLAND MEDICAL ASSOCIATION-NOVI 47601 GRAND RIVER AVE STE 2 SOUTH NOVI, MI 48374	General Medical & Surgeries
LAKESHORE ENT 21000 E 12 MILE RD STE 111 ST CLAIR SHORES, MI 48081	General Medical & Surgeries
NEWLAND MEDICAL ASSOCIATION-SOUTHFIELD 22301 FOSTER WINTER DR 2ND FLR SOUTHFIELD, MI 48075	General Medical & Surgeries
WEBBER CANCER CENTER INFUSION 11800 E 12 MILE RD WARREN, MI 48093	General Medical & Surgeries
MOBILE MRI TRAILER 22101 MOROSS RD DETROIT, MI 48226	Other Mobile Clinics
MACOMB TWP (23 MILE) INFUSION 17900 23 MILE RD STE 403 MACOMB TWP, MI 48044	General Medical & Surgeries
CORNERSTONE DIAGNOSTIC & WOMEN'S CENTER 46591 ROMEO PLANK RD SUITES 137 20 0 MACOMB TWP, MI 48044	Other Diagnostic
St John Medical Center-Grosse Pointe 17141 Kercheval Grosse Pointe, MI 48230	General Medical & Surgeries
MALVIYA GYN ONCOLOGY 22301 FOSTER WINTER DR 3RD FLR SOUTHFIELD, MI 48075	General Medical & Surgeries

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
MACK OFFICE BLDG-STES 19251 MACK AVE STES-MK101MK190MK333 MK340MK390MK405MK420 GROSSE POINTE WOODS, MI 48236	General Medical & Surgeries
NEWLAND MEDICAL ASSOCIATION-BINGHAM FARMS 31500 TELEGRAPH RD STE 225 BINGHAM FARMS, MI 48025	General Medical & Surgeries
ST JOHN MEDICAL CENTERHARRISON TOWNSHIP 25990 CROCKER BLVD HARRISON TWP, MI 48045	General Medical & Surgeries
SJHMC ROCHESTER HILLS INFUSION 1901 STAR BATT DRIVE ROCHESTER HILLS, MI 48309	General Medical & Surgeries
MASONIC MEDICAL CENTER 21099 MASONIC BLVD ST CLAIR SHORES, MI 48082	General Medical & Surgeries
FAMILY MEDICAL CTR 24911 LITTLE MACK AVE ST CLAIR SHORES, MI 48080	General Medical & Surgeries
ROMEO PLANK PHYSICAL THERAPY 46591 ROMEO PLANK RD UNIT 7-CONDO MACOMB TWP, MI 48044	Other Rehab & Other Outpatient
TAPAZOGLOU INFUSION 11900 E 12 MILE RD STE 210 WARREN, MI 48093	General Medical & Surgeries
GLCMS - RDH INFUSION 4014 RIVER RD BLDG 1 EAST CHINA, MI 48054	General Medical & Surgeries
ST JOHN CENTER FOR WELLNESS & FAMILY CTR 18303 E 10 MILE RD STE 500 ROSEVILLE, MI 48066	General Medical & Surgeries
23 MILE ROAD PROFESSIONAL BUILDING 17900 23 MILE RD MACOMB TWP, MI 48044	General Medical & Surgeries
St John Childrens Center 17900 23 Mile Road Suite 101 MACOMB, MI 480441161	General Medical & Surgeries
HARPER FAMILY PRACTICE 19901 10 MILE RD ST CLAIR SHORES, MI 48080	General Medical & Surgeries
DR KAPORDELIS & DR GARY BILL 21421 KELLY RD EASTPOINTE, MI 48021	General Medical & Surgeries
LAKEFRONT INTERNISTS 18263 E 10 MILE RD STE E ROSEVILLE, MI 48066	General Medical & Surgeries

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
WARREN CORNERSTONE FAMILY PRACTICE 11270 E 13 MILE RD STE 4 WARREN, MI 48093	General Medical & Surgeries
ST CLAIR ADULT MEDICINE SPECIALISTS 23411 JEFFERSON AVE SUITE 100 ST CLAIR SHORES, MI 48080	General Medical & Surgeries
PREMIER FAMILY PHYSICIANS 24100 LITTLE MACK AVE ST CLAIR SHORES, MI 48080	General Medical & Surgeries
GLCMS MACOMB TWP OCOLOGY 17900 23 MILE RD STE 402 MACOMB TWP, MI 48044	General Medical & Surgeries
MACK OFFICE BUILDING 19251 MACK AVE STE MK100 GROSSE POINTE WOODS, MI 48236	General Medical & Surgeries
GREAT LAKES CANCER CARE SPECIALISTS 11885 E 12 MILE RD STE 100 A WARREN, MI 48093	General Medical & Surgeries
DR KUZAWA 25990 CROCKER BLVD HARRISON TWP, MI 48045	General Medical & Surgeries
DR YENCHICK 18285 E 10 MILE RD STE 150 ROSEVILLE, MI 48044	General Medical & Surgeries
Mobile Mammography Coach 22101 MOROSS RD DETROIT, MI 48236	Other Mobile Clinics

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
St John Hospital & Medical Center

Employer identification number
38-1359063

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?

☒ Yes ☐ No

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

(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

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

1

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	THE MAJORITY OF THE ASSISTANCE GIVEN IS TO RELATED ORGANIZATIONS WHICH HAVE A COMMON CONTROLLING PARENT For assistance given to unrelated organizations, St John Hospital & Medical Center ensures that funds are distributed appropriately according to Ascension's strategic business plan and consistent with corporate policies and procedures There are various levels of review that take place prior to final approval

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 38-1359063
Name: St John Hospital & Medical Center

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
ST JOHN COMMUNITY HEALTH INVESTMENT CORPORATION 28000 DEQUINDRE WARREN, MI 48092	38-2262856	501(C)(3)	1,908,243				OPERATING SUPPORT
St John Hospital Guild 22151 Moross Rd Detroit, MI 48236	38-6091110	501(c)(3)	25,000				General Support

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
LOCHMOOR CLUB 1018 SUNNINGDALE DR GROSSE POINTE WOODS, MI 48236	38-0768670	501(c)(7)	12,500				GENERAL SUPPORT
FNDN OF MI ASSOC OF PHYS OF INDIAN HERITAGE 28235 SOUTHFIELD RD LATHRUP VILLAGE, MI 480762843	38-3032459	501(C)(3)	6,667				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	No Yes No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5a 5b	No 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? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6a 6b	No 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 3 Arrangement used to establish the top management official's compensation	ASCENSION HEALTH, A RELATED ORGANIZATION OF ST. JOHN HOSPITAL & MEDICAL CENTER, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Schedule J, Part I, Line 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 B in the year paid. The following individuals received payment from the supplemental nonqualified retirement plan in the amount as noted: Deborah A. Condino - \$110,790; Tomasine F. Marx - \$27,353.

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 38-1359063

Name: St John Hospital & Medical Center

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JEAN MEYER PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	740,242	1,164,009	244,754	17,225	27,309	2,193,539	0
1DEBORAH A CONDINO FORMER OFFICER (END 2/2014)	(i)	0	0	110,790	0	0	110,790	110,790
	(ii)	0	0	0	0	0	0	0
2FRANK W POMA FORMER OFFICER (END 2/2013)	(i)	0	0	0	0	0	0	0
	(ii)	231,152	130,808	40,235	16,573	16,101	434,869	0
3ROBERT HOBAN HOSPITAL PRESIDENT	(i)	494,020	268,350	161,404	17,225	17,731	958,730	0
	(ii)	0	0	0	0	0	0	0
4TOMASINE F MARX VP FINANCE & CFO (END 5/2017)	(i)	284,965	97,458	79,158	17,225	26,607	505,413	27,353
	(ii)	0	0	0	0	0	0	0
5DOUGLAS W WINNER CFO - Acute Care Operations (START 5/2017)	(i)	0	0	0	0	0	0	0
	(ii)	253,281	86,595	29,985	14,478	10,408	394,747	0
6KEVIN GRADY MD CHIEF MEDICAL OFFICER	(i)	417,622	97,818	65,717	17,225	19,529	617,911	0
	(ii)	0	0	0	0	0	0	0
7GAYLE NOVACK VP-Nursing	(i)	174,969	33,308	11,701	12,852	8,408	241,238	0
	(ii)	0	0	0	0	0	0	0
8RENATO CASABAR MD PHYSICIAN	(i)	477,461	97,584	4,966	17,225	19,527	616,763	0
	(ii)	0	0	0	0	0	0	0
9MARC L CULLEN MD PHYSICIAN	(i)	601,415	58,866	62,924	14,575	1,633	739,413	0
	(ii)	0	0	0	0	0	0	0
10RICHARD D FESSLER MD CHIEF - SECTION	(i)	623,153	0	2,622	6,625	16,218	648,618	0
	(ii)	0	0	0	0	0	0	0
11ZYAD KAFRI MD PHYSICIAN	(i)	426,237	408,079	1,020	10,525	26,745	872,606	0
	(ii)	0	0	0	0	0	0	0
12DEEPAK PATEL MD PHYSICIAN	(i)	500,053	126,805	3,235	17,225	24,235	671,553	0
	(ii)	0	0	0	0	0	0	0

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DLN: 93493135135248

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization
St John Hospital & Medical Center

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

38-1359063

Part I

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

2

Did or will any officer, director, trustee, or key employee of the organization

a

Become a director or trustee of a successor or transferee organization?

b

Become an employee of, or independent contractor for, a successor or transferee organization?

c

Become a direct or indirect owner of a successor or transferee organization?

d

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e

If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶

Yes

No

2a

2b

2c

2d

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Cat No 50087Z

Schedule N (Form 990 or 990-EZ) (2016)

Part I Liquidation, Termination, or Dissolution (continued)**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-**Yes** **No****3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III**3****4a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?**4a****b** If "Yes," did the organization provide such notice?**4b****5** Did the organization discharge or pay all of its liabilities in accordance with state laws?**5****6a** Did the organization have any tax-exempt bonds outstanding during the year?**6a****b** If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?**6b****c** If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.**

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	NET ASSETS TRANSFERRED TO SYSTEM OFFICE	06-01-2016	305,312,681	ACTUAL COST (CASH)	45-3358926	ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 63145	501(C)(3)

2 Did or will any officer, director, trustee, or key employee of the organization**Yes** **No****a** Become a director or trustee of a successor or transferee organization?**2a** No**b** Become an employee of, or independent contractor for, a successor or transferee organization?**2b** No**c** Become a direct or indirect owner of a successor or transferee organization?**2c** No**d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?**2d** No**e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ►

Part III **Supplemental Information.**

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
St John Hospital & Medical Center

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

38-1359063

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	In determining compensation of other officers of the organization, the process performed by Ascension Michigan, a related organization of St John Hospital & Medical Center, and its subsidiary organizations, included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The audit committee reviewed and approved the compensation. In the review of the compensation, the other officers of the organization were compared to individuals who work at similarly sized organizations as well as organizations similar in complexity of operations, revenues and job responsibilities across the nation. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS INCLUDING FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN UPON COMPLETION, THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S INTERNAL TAX DEPARTMENT WHICH CONSISTS OF ATTORNEYS AND CPAS A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO THE ORGANIZATION'S PRESIDENT, FINANCIAL OFFICER, AND/OR OTHER KEY OFFICERS IN LIEU OF THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Revenue - Total Revenue 15399311, Related or Exempt Function Revenue 14101503, Unr elated Business Revenue 1297808, Revenue Excluded from Tax Under Sections 512, 513, or 51 4 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Net Assets Released to/from Related Organizations - 1476664, Transfer to/from Affiliates - -439280654,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2b Audited Financial Statements	THE ACTIVITY OF ST JOHN HOSPITAL & MEDICAL CENTER IS REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE. NO INDIVIDUAL AUDIT OF ST JOHN HOSPITAL & MEDICAL CENTER IS COMPLETED. THEREFORE, THE ATTACHED AUDITED FINANCIAL STATEMENTS ARE OF ASCENSION HEALTH ALLIANCE AND AFFILIATES, WHICH INCLUDE THE ACTIVITY OF ST JOHN HOSPITAL & MEDICAL CENTER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c Audit Committee	St John Hospital & Medical Center is included in the consolidated financial statements of Ascension The Finance and Audit committee of Ascension's Board assumes responsibility fo r the consolidated organization as a whole

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SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .				OMB No 1545-0047
					2016
	Department of the Treasury Internal Revenue Service	Name of the organization St John Hospital & Medical Center			Employer identification number 38-1359063

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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								
(2) TOWNE CENTRE SURGERY CENTER 4599 TOWNE CENTRE SAGINAW, MI 48604 20-4943843	OUTPATIENT SERVICES	MI	NA	N/A								

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

See Additional Data Table

(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

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	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Schedule R, Part II ProMed Healthcare, Inc	Due to a corporate reorganization during FY 2017, the sole corporate member of ProMed Healthcare, Inc changed from Borgess Health Alliance, Inc to Ascension Medical Group, a disregarded entity of Ascension Health, EIN 31-1662309 At that time, ProMed Healthcare, Inc ceased to be a member of the Ascension Michigan group

Return Reference	Explanation
Schedule R, Part II Medical Resources Group	Due to a corporate reorganization during FY 2017, Medical Resources Group changed its name to Ascension Medical Group Michigan. The sole corporate member of Ascension Medical Group Michigan (f/k/a Medical Resources Group) changed from St. John Providence, Inc. to Ascension Medical Group, a disregarded entity of Ascension Health, EIN 31-1662309. At that time, Ascension Medical Group Michigan (f/k/a Medical Resources Group) ceased to be a member of the Ascension Michigan group.



Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 38-1359063
Name: St John Hospital & Medical Center

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
(1) PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
(2) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2631907	HEALTH CARE	MI	501(c)(3)	10	ASCENSION HEALTH		No
(3) 1521 GULL ROAD KALAMAZOO, MI 49048 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
(4) 1521 GULL ROAD KALAMAZOO, MI 49048 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(5) 12851 GRAND RIVER BRIGHTON, MI 48116 38-1576680	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(6) ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
(7) ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2377821	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(8) 420 WEST HIGH STREET DOWAGIAC, MI 49047 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(9) 16001 WEST NINE MILE ROAD SOUTHFIELD, MI 48037 38-1358212	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(10) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-3322109	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(11) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2244034	PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
(12) 4100 RIVER ROAD EAST CHINA, MI 48054 38-3160564	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(13) 200 HEMLOCK ROAD TAWAS CITY, MI 48763 38-1443395	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(14) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 46-1084363	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
(15) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-0997730	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(16) 805 WEST CEDEAR STREET STANDISH, MI 48658 38-1671120	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(17) 1521 GULL ROAD KALAMAZOO, MI 49048 38-2468823	HOLDING COMPANY	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
(18) 1521 GULL ROAD KALAMAZOO, MI 49048 23-7222558	FUNDRAISING	MI	501(c)(3)	Type III-FI	BORGESS HEALTH ALLIANCE INC	Yes	
(19) 1521 GULL ROAD KALAMAZOO, MI 49048 38-3193801	HEALTHCARE SERVICES	MI	501(c)(3)	10	BORGESS HEALTH ALLIANCE INC	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
(21) 5455 ALI DRIVE DEPT200 GRAND BLANC, MI 484395195 38-2514708	ADULT DAY CARE	MI	501(c)(3)	Type I	GENESYS AMBULATORY HEALTH SERVICES	Yes	
(1) 8481 HOLLY ROAD GRAND BLANC, MI 484391812 38-2317364	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	Yes	
(2) 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	
(3) ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3591148	FOUNDATION	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
(4) 5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
(5) 420 W HIGH STREET DOWAGIAC, MI 49047 38-2860459	FUNDRAISING	MI	501(c)(3)	Type III-FI	LEE MEMORIAL HOSPITAL CORPORATION	Yes	
(6) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-1958763	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
(7) 43800 GARFIELD CLINTON TOWNSHIP, MI 48038 38-3494637	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
(8) 22101 MOROSS DETROIT, MI 48236 38-3526629	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN PROVIDENCE	Yes	
(9) 28000 DEQUINDRE WARREN, MI 48092 38-2820107	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
(10) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2262856	HEALTH CARE	MI	501(c)(3)	3	ST JOHN PROVIDENCE	Yes	
(11) 22101 MOROSS DETROIT, MI 48236 20-2961579	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
(12) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2601348	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
(13) 200 HEMLOCK ROAD TAWAS CITY, MI 48763 01-0790428	FUNDRAISING	MI	501(c)(3)	Type I	ST JOSEPH HEALTH SYSTEM	Yes	
(14) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2790703	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	10	STMARY'S OF MICHIGAN MEDICAL CENTER	Yes	
(15) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2246366	FUNDRAISING	MI	501(c)(3)	Type II	STMARY'S OF MICHIGAN MEDICAL CENTER	Yes	
(16) 28000 Dequindre Road Warren, MI 48092 38-6091110	Fundraising	MI	501(c)(3)	Type III-FI	St John Hospital & Medical Center	Yes	
(17) 28000 Dequindre Road Warren, MI 48092 38-6082173	Fundraising	MI	501(c)(3)	Type III-FI	St John Hospital & Medical Center	Yes	
(18) 1101 W UNIVERSITY DR ROCHESTER, MI 48307 38-1359247	GENERAL HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(19) 1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-2627336	SUPPORTING	MI	501(c)(3)	Type I	CRITTENTON HOSPITAL MEDICAL CENTER	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
(41) 1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-3239057	CANCER TREATMENT	MI	501(c)(3)	10	CRITTENTON HOSPITAL MEDICAL CENTER	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747	OTHER MEDICAL	MI	NA	C Corporation				Yes	
(1) GENESYS PRACTICE PARTNERS 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 03-0516871	EMPLOYED PHY PRACTICE	MI	NA	C Corporation				Yes	
(2) BEECHER BALLENGER SERVICES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation				Yes	
(3) ADVENT INC 28000 DEQUINDRE WARREN, MI 48092 38-2971743	RENTAL REAL ESTATE	MI	NA	C Corporation				Yes	
(4) AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				Yes	
(5) St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017	Dormant	MI	NA	C Corporation				Yes	
(6) TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047	LAUNDRY SERVICES	MI	NA	C Corporation				Yes	
(7) CRITTENTON DEVELOPMENT CORPORATION 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115	REAL ESTATE	MI	NA	C Corporation				Yes	
(8) CRITTENTON MEDICAL PHARMACY 1101 W UNIVERSITY DR ROCHESTER, MI 48307 20-3773341	PHARMACY SALES	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)	Affiliated Health Services	L	709,664	FMV
(1)	Affiliated Health Services	O	696,505	FMV
(2)	Affiliated Health Services	P	143,756	FMV
(3)	Brighton Center for Recovery	P	377,932	FMV
(4)	Medical Resources Group	L	1,174,868	FMV
(5)	Medical Resources Group	M	128,936	FMV
(6)	Medical Resources Group	O	290,664	FMV
(7)	Medical Resources Group	P	3,750,900	FMV
(8)	Medical Resources Group	Q	9,240,439	FMV
(9)	Medical Resources Group	S	2,571,314	FMV
(10)	Medical Resources Group	R	62,347	FMV
(11)	Providence - Providence Park	L	3,460,698	FMV
(12)	Providence Hospital Foundation	P	75,141	FMV
(13)	St John Hospital Foundation	C	3,670,960	FMV
(14)	St John Hospital Foundation	L	1,186,599	FMV
(15)	St John Hospital Foundation	P	7,360,856	FMV
(16)	St John Hospital Foundation	Q	2,224,605	FMV
(17)	St John Hospital Foundation	S	4,443,203	FMV
(18)	St John Community Health Investment Corp	P	285,890	FMV
(19)	St John Community Health Investment Corp	B	1,908,243	FMV
(20)	St John Providence	P	20,514,990	FMV
(21)	St John Providence	S	130,788,965	FMV
(22)	St John Providence	R	164,797,970	FMV
(23)	St John Macomb-Oakland Hospital	L	567,397	FMV
(24)	St John Macomb-Oakland Hospital	O	1,158,891	FMV

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) SETON HEALTHCARE CORP OF SOUTHEAST MICHIGAN	L	187,312	FMV
(1) SETON HEALTHCARE CORP OF SOUTHEAST MICHIGAN	O	85,800	FMV
(2) SETON HEALTHCARE CORP OF SOUTHEAST MICHIGAN	P	51,723	FMV
(3) SETON HEALTHCARE CORP OF SOUTHEAST MICHIGAN	Q	79,560	FMV
(4) St John Providence Physicians CMG	L	222,837	FMV