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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

C Name of organization
ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)

Doing business as

Number and street (or P O box if mail is not delivered to street address) 16001 West Nine Mile Road | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Southfield, MI 48075

D Employer identification number
38-1358212

E Telephone number
(314) 733-8000

G Gross receipts $ 750,322,875

F Name and address of principal officer
JOSEPH HURSHE
16001 West Nine Mile Road
Southfield, MI 48075

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

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

J Website: ▶ SEE SCHEDULE O

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

L Year of formation 1922

M State of legal domicile MI

Part I Summary

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)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	4,730
6	Total number of volunteers (estimate if necessary)	**6**	733
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	11,454
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	64,867

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	908,737	3,941,215
9	Program service revenue (Part VIII, line 2g)	707,406,452	737,260,990
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,930,545	-858,526
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,397,227	8,122,399
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	723,642,961	748,466,078
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,653,507	3,362,594
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	269,487,066	284,290,434
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	414,341,240	439,285,900
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	686,481,813	726,938,928
19	Revenue less expenses Subtract line 18 from line 12	37,161,148	21,527,150

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	498,925,092	457,544,440
21	Total liabilities (Part X, line 26)	207,037,572	156,961,879
22	Net assets or fund balances Subtract line 21 from line 20	291,887,520	300,582,561

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

****** 2019-05-14
Signature of officer 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

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 $ 529,030,212 including grants of $ 3,362,594) (Revenue $ 742,061,886)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 529,030,212

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		
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? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	512		
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**	4,730		
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**		Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶SARA OBRIEN 11775 BORMAN DRIVE MARYLAND HEIGHTS, MO 63146 (314) 733-8070

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) MARITA GROBBEL CHAIR	1 0 5 1	X		X				0	0	0
(2) KATHY RYAN VICE CHAIR	1 0 5 1	X		X				0	0	0
(3) ROB LUBERA SECRETARY	1 0 5 1	X		X				0	0	0
(4) JAMES SAWYER TREASURER	1 0 5 1	X		X				0	0	0
(5) JEAN MEYER EX-OFFICIO	0 1 49 9	X		X				0	1,925,845	45,277
(6) CHRISTINE CRADER MD TRUSTEE	1 0 5 1	X						0	0	0
(7) ISAAC GRINBERG MD TRUSTEE	1 0 5 1	X						0	0	0
(8) JAMES HRESKO TRUSTEE	1 0 8 1	X						0	0	0
(9) IA KUE DO TRUSTEE	1 0 5 1	X						0	0	0
(10) STEVEN RIVERA MD TRUSTEE	1 0 5 1	X						0	0	0
(11) DOUGLAS W WINNER CFO	1 0 49 0			X				104,380	345,707	26,207
(12) JOSEPH HURSHE PRESIDENT & CEO	49 0 1 0			X				558,291	0	39,437
(13) PETER MCCANN VP, MEDICAL AFFAIRS	50 0 0				X			491,651	0	30,377
(14) MARGARET M KLOBUCAR COO	50 0 0				X			271,101	0	22,498
(15) DENISE S MCLEAN VP, NURSING	50 0 0				X			267,641	0	21,151
(16) ANDREW J VOSBURGH MD MEDICAL DIRECTOR	50 0 0					X		556,748	0	38,428
(17) NISHAN CHOBANIAN CHAIR, MEDICAL DEPARTMENT	50 0 0					X		545,786	0	37,638

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) BRADLEY ROWENS MD MEDICAL DIRECTOR	50 0 0					X		544,516	0	23,742
(19) DAVID W LEMOS MD PHYSICIAN	50 0 0					X		518,694	0	38,439
(20) WILLIAM B BLESSED MD MEDICAL DIRECTOR	50 0 0					X		508,873	0	45,587
(21) MICHAEL WIEMANN MD FORMER OFFICER (END 5/2016)	0 0 50						X	22,299	869,412	36,385
(22) PETER KARADJOFF FORMER OFFICER (END 6/2016)	0 0 0						X	360,006	0	0
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,749,986	3,140,964	405,166

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 ▶ 264

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CARDOVASCULAR THERAPEUTICS MANAGEMENT 22250 PROVIDENCE DRIVE SUITE 705 SOUTHFIELD, MI 480756215	MEDICAL CONSULTING SERVICES	12,189,824
HEART CARDIOLOGY CONSULTANTS 22250 PROVIDENCE DR SUITE 705 SOUTHFIELD, MI 480756215	THERAPY SERVICES	11,159,481
PSJ ANESTHESIA PC 30400 TELEGRAPH RD STE 405 BINGHAM FARMS, MI 48025	ANESTHESIOLOGY SERVICES	6,397,573
MICHIGAN EAR INSTITUTE 27555 MIDDLEBELT ROAD FARMINGTON HILLS, MI 483345011	HEARING IMPAIRMENT SERVICES	5,062,750
NOVI PEDIATRIC ASSOCIATES 26850 PROVIDENCE PARKWAY SUITE 455 NOVI, MI 483741265	PEDIATRIC HEALTH CARE SERVICES	4,607,408

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 ▶ 54

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0			
	b Membership dues	1b	0			
	c Fundraising events	1c	0			
	d Related organizations	1d	3,283,542			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	657,673			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		3,941,215			
Program Service Revenue		Business Code				
	2a Net Patient Service Revenue	621990	719,894,948	719,894,948		
	b Services to Affiliates	561000	11,010,535	11,010,535		
	c Income from Joint Ventures	621990	2,261,861	2,261,861		
	d Occupational Health Services	621400	2,743,931	2,743,931		
	e Rent to Affiliates	531120	1,066,453	1,066,453		
	f All other program service revenue		283,262	283,262	0	0
	g Total. Add lines 2a-2f		737,260,990			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		-1,072,113			-1,072,113
	4 Income from investment of tax-exempt bond proceeds		0			0
	5 Royalties		0			0
		(i) Real	(ii) Personal			
	6a Gross rents	2,426,560	0			
	b Less rental expenses	1,843,324				
	c Rental income or (loss)	583,236	0			
	d Net rental income or (loss)			583,236	11,454	571,782
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	0	227,060			
	b Less cost or other basis and sales expenses		13,473			
	c Gain or (loss)	0	213,587			
	d Net gain or (loss)			213,587		213,587
	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			0		0
	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			0		0
	10a Gross sales of inventory, less returns and allowances a		0			
	b Less cost of goods sold b		0			
	c Net income or (loss) from sales of inventory			0		0
	Miscellaneous Revenue	Business Code				
	11a Cafeteria/Vending Revenue	722514	2,385,782			2,385,782
	b Escheatment Revenue	900099	276,053			276,053
	c Education Revenue	616000	156,525	156,525		
	d All other revenue		4,720,803	4,644,371	0	76,432
	e Total. Add lines 11a-11d		7,539,163			
	12 Total revenue. See Instructions		748,466,078	742,061,886	11,454	2,451,523

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,362,594	3,362,594		
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	1,814,222	1,705,369	108,853	
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	238,965,091	225,691,947	13,273,144	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,329,208	9,755,395	573,813	
9 Other employee benefits	16,081,514	15,188,070	893,444	
10 Payroll taxes	17,100,399	16,150,034	950,365	
11 Fees for services (non-employees)				
a Management	1,902,470	1,868,791	33,679	
b Legal				
c Accounting	35,139		35,139	
d Lobbying	25,600		25,600	
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)	57,465,130	57,194,731	270,399	0
12 Advertising and promotion	93,371	77,330	16,041	
13 Office expenses	3,234,943	1,638,780	1,596,163	
14 Information technology	489,661	461,793	27,868	
15 Royalties				
16 Occupancy	13,062,524	6,902,704	6,159,820	
17 Travel	664,554	610,385	54,169	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,933,750	1,416,103	517,647	
20 Interest	5,937,138		5,937,138	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,259,663	14,140,871	22,118,792	
23 Insurance	10,063,744	660,277	9,403,467	
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 Medical Supplies	100,632,690	100,632,690		
b Purchased Services	96,510,696	47,977,156	48,533,540	
c Management Fee to Affiliates	84,306,931		84,306,931	
d Physician Fees to Affiliates	11,485,664	11,485,664		
e All other expenses	15,182,232	12,109,528	3,072,704	0
25 **Total functional expenses.** Add lines 1 through 24e	726,938,928	529,030,212	197,908,716	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	2,182,424	1	513,078
	2	Savings and temporary cash investments	9,933,930	2	7,400,718
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	76,988,400	4	78,582,883
	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	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	8,446,559	8	8,544,266
	9	Prepaid expenses and deferred charges	3,793,218	9	3,330,991
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 822,238,347			
	b	Less accumulated depreciation — 10b: 560,359,040	280,545,344	10c	261,879,307
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	16,213,201	13	15,720,914
	14	Intangible assets	9,679,413	14	5,800,530
	15	Other assets See Part IV, line 11	91,142,603	15	75,771,753
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	498,925,092	16	457,544,440
Liabilities	17	Accounts payable and accrued expenses	49,891,942	17	42,671,258
	18	Grants payable	0	18	0
	19	Deferred revenue	397,835	19	51,053
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	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	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	156,747,795	25	114,239,568
	26	**Total liabilities.** Add lines 17 through 25	207,037,572	26	156,961,879
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	290,814,233	27	300,582,561
	28	Temporarily restricted net assets	1,073,287	28	0
	29	Permanently restricted net assets	0	29	0
		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	291,887,520	33	300,582,561
	34	Total liabilities and net assets/fund balances	498,925,092	34	457,544,440

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	748,466,078
2	Total expenses (must equal Part IX, column (A), line 25)	2	726,938,928
3	Revenue less expenses Subtract line 2 from line 1	3	21,527,150
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	291,887,520
5	Net unrealized gains (losses) on investments	5	-1,935,612
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	-10,896,497
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	300,582,561

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 38-1358212
Name: ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)

Form 990 (2017)

Form 990, Part III, Line 4a:

Ascension Providence Hospital is a 670-bed hospital campus providing services without regard to patient race, creed, national origin, economic status, or ability to pay During fiscal year 2018, Ascension Providence Hospital treated 33,230 adults and children for a total of 146,445 patient days of service The hospital also provided services for 791,912 outpatient visits, which included 14,001 outpatient surgeries and 117,077 Emergency Room Visits See Schedule H for a non-exhaustive list of community benefit programs and descriptions

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134099699

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)

Employer identification number
38-1358212

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 **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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 38-1358212
Name: ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)

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

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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

2017

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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	Employer identification number
ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)	38-1358212

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
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		
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-		

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		25,600
j	Total Add lines 1c through 1i			25,600
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 Ascension Providence Hospital 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 Ascension Providence Hospital 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

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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

2017

Open to Public Inspection

Name of the organization
ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)

Employer identification number
38-1358212

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	2,376,668	1,696,500	1,534,877	1,436,211	1,371,465
b Contributions	911,647	614,789	97,528	68,800	3,570
c Net investment earnings, gains, and losses	100,956	72,954	66,895	61,961	71,276
d Grants or scholarships					
e Other expenditures for facilities and programs	117,950	7,575	6,800	32,095	10,100
f Administrative expenses			-4,000		
g End of year balance	3,271,321	2,376,668	1,696,500	1,534,877	1,436,211

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 ▶ 89 %
- c Temporarily restricted endowment ▶ 11 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		21,820,174		21,820,174
b Buildings		550,493,045	363,556,571	186,936,474
c Leasehold improvements		9,038,624	5,725,340	3,313,284
d Equipment		222,333,481	182,137,021	40,196,460
e Other	295,882	18,257,141	8,940,108	9,612,915
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				261,879,307

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) Other Current Assets	
(2) Due from Affiliates	51,777,290
(3) Other Receivables	3,038,774
(4) Deferred Compensation/Retirement/Pension Asset	19,429,573
(5) Security Deposit	6,000
(6) Estimated 3rd Party Payor Settlements	1,520,116
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	75,771,753

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
FIN48 LIABILITY	1,265
Partnership Distributions	
Other Taxes Payable	
Due to Affiliates	88,115,348
Lease Liability	28,329
Estimated 3rd Party Payor Settlement	22,403,229
Recovery Tail Liability	3,673,727
Accrued Tax Liability	17,670
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	114,239,568

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: 17005876
Software Version: 2017v2.2
EIN: 38-1358212
Name: ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)

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

1 (a) Description of Liability	(b) Book Value
FIN48 LIABILITY	1,265
Partnership Distributions	
Other Taxes Payable	
Due to Affiliates	88,115,348
Lease Liability	28,329
Estimated 3rd Party Payor Settlement	22,403,229
Recovery Tail Liability	3,673,727
Accrued Tax Liability	17,670

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 Hosp itals 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 THRE SHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A T AX 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, 2018

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)

Employer identification number
38-1358212

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			991,612	0	991,612	0 14 %
b Medicaid (from Worksheet 3, column a)			94,704,829	66,782,920	27,921,909	3 84 %
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	95,696,441	66,782,920	28,913,521	3 98 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	8	13,915	307,556	46,860	260,696	0 04 %
f Health professions education (from Worksheet 5)	3	1,735	29,857,072	14,678,422	15,178,650	2 09 %
g Subsidized health services (from Worksheet 6)	0	0	0	0	0	0 %
h Research (from Worksheet 7)	0	0	0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	39,380	396,062	0	396,062	0 05 %
j **Total.** Other Benefits	13	55,030	30,560,690	14,725,282	15,835,408	2 18 %
k **Total.** Add lines 7d and 7j	13	55,030	126,257,131	81,508,202	44,748,929	6 16 %

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	0	0	0	0	0	0 %
3	Community support	1	2,100	18,397	0	18,397	0 %
4	Environmental improvements	0	0	0	0	0	0 %
5	Leadership development and training for community members	0	0	0	0	0	0 %
6	Coalition building	0	0	0	0	0	0 %
7	Community health improvement advocacy	0	0	0	0	0	0 %
8	Workforce development	0	0	0	0	0	0 %
9	Other	0	0	0	0	0	0 %
10	Total	1	2,100	18,397	0	18,397	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	12,605,309		
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	7,727,821		
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	327,345,017		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	332,638,962		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-5,293,945		
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? **2**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

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):

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ 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 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) https //healthcare ascension org/Locations/Michigan/MIDET/Southfield-Ascension-Providence-Hospital-S			
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 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) https //healthcare ascension org/Locations/Michigan/MIDET/Southfield-Ascension-Providence-Hospital-S			
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)

A

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 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)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance/Michigan			
b	☑ The FAP application form was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance/Michigan			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance/Michigan			
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)			

Part V Facility Information *(continued)*

Billing and Collections

A

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 nonpayment?	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)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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
See Add'l Data	

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? **18**

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	Ascension Providence Hospital Community Benefit Report Fiscal Year Ended June 30, 2018 Thi s report illustrates the significant degree to which Ascension Providence Hospital contrib utes to the positive health status of the communities it serves As a member of Ascension Health, the nation's largest Catholic healthcare system, Providence Hospital continues to build and strengthen sustainable collaborative efforts that benefit the health of individu als, families, and society as a whole The goal of Providence Hospital is to perpetuate th e healing mission of the church Providence Hospital furthers this goal through delivery o f patient services, care to the elderly and indigent, patient education and health awarene ss programs for the community, and medical research Our concern for all human life and di gnity of each person leads the organization to provide medical services to all people in t he community without regard to the patient's race, creed, national origin, economic status , or ability to pay Organizational Commitment to Providing Community Benefit Ascension Pr ovidence Hospital is a regional referral teaching hospital with 670 licensed beds, a 1500+ member medical staff and more than 50 medical and surgical specialties As the largest pr ovider of inpatient care in Michigan, Ascension Providence Hospital is also an active part icipant in community health initiatives through its community-based partnerships with chur ches, schools, and civic organizations Ascension Providence Hospital 1 Operates an emer gency room that is open to all persons regardless of ability to pay 2 Has on open medica l staff with privileges available to all qualified physicians in the area 3 Has a govern ing body in which independent persons representative of the community compromise a majorit y 4 Engages in medical or scientific research programs 5 Engages in the training and e ducation of health care professionals 6 Participates in Medicaid, Medicare, Champus, Tri age and/or other government-sponsored health care programs Medical Research Ascension Pro vidence Hospital furthers its mission by contributing funds and personnel to support resea rch that has helped advance medical care Research projects include various cardiac and in terventional cardiac research projects, oncology, pediatric hematology and oncology, inter nal medicine, obstetrics and gynecology, nephrology, radiology and infectious disease rese arch Ascension Providence Hospital has a wide array of surgical specialties and sub-speci alties Our operating rooms and post-anesthesia units are open 24 hours a day, seven days a week for scheduled and emergency procedures Ascension Providence Hospital seeks to impr ove the physical, mental, social, and spiritual health status of its surrounding community and has long been known for its excellence in medical care Our clinical excellence inclu des * More than 50 medical and surgical specialties * A Level Two Trauma Center * An Accr edited Chest Pain Center * Excellence in maternal/child services * Many minimally invasive and robotic surgery options * Comprehensive cardiac care * Quality neurosciences * A netw ork of oncology specialties * Comprehensive bone and joint care * A thriving medical educa tion program Medical Education & Specialty Areas Ascension Providence Hospital believes th at 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 stj ohnprovidence org/medical professionals/medical education Along with providing care and t reatment in a wide range of areas, Ascension Providence Hospital is known for the followin g specialty areas * Advanced and Chronic Illness * Behavioral Health and Addiction * Canc er * Community Health and Wellness * Diagnostic Imaging Services * Heart and Vascular * La boratory * Neurosciences * Orthopedics * Pediatrics * Pharmacy * Rehabilitation Services * Surgery * Urgent Care and Emergency * Weight Loss * Women's Health * Vattikuti Women's Ro botic Surgery Institute Some of the services listed above operate at a loss in order to en sure that all services are available to meet community health care needs Expanding Awaren ess, Education and Health Promotion Ascension Providence Hospital believes that it is esse ntial to educate people regarding the types of behavior that improve their chances of livi ng a healthy life and has invested significantly in unique, top quality health education a nd materials to accomplish its goals Various classes provided to the community are as fol lows * Labyrinth walk * Open arms grief counseling * Prenatal and breastfeeding classes * Bereavement support group * Oncology bereavement support * Non-oncology bereavement suppo rt * Breast cancer support group * Individual counseling for cancer patients * Pediatric c ancer parent support group * Cardiac rehabilitatio

Form and Line Reference	Explanation
Schedule H, Part VI COMMUNITY BENEFIT OVERVIEW - PART I	n program * Carelink education classes for senior adults * Clinical trials * Diabetes educ ation program * Injury prevention classes to numerous schools and community groups * Free pediatric obesity program * Screenings for oral cancer * Hip and knee pain seminar * Hypno therapy for smoking cessation * Lap band support group * Transplant support group Educatio n material also is provided via our website www stjohnprovidence org

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI COMMUNITY BENEFIT OVERVIEW - PART II	Access To Care Programs Ascension Providence Hospital 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 Ascension Providence Hospital provides clothing and food pantries in 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 Ascension Providence Hospital To give underserved children an opportunity to learn a healthcare career, our human resources department participates with local Southfield Schools Medical and Natural Sciences Academy 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 Community Outreach Service Ascension Providence Hospital provides charitable contributions to a number of community organizations Ascension Providence Hospital 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 Ascension Providence Hospital is an active supporting member in community events and partners with many organizations to improve community health, such as American Red Cross, American Heart Association, Multiple Sclerosis Society, Manna Meal Soup Kitchen, Crisis Assistance Program, Physicians Who Care, Parish Nursing program, Shalom Providence Project, American Cancer Society Community service is an important part of our existence Charity Care Ascension Providence Hospital 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 Ascension Providence Hospital had 122,465 emergency department visits in fiscal 2017 Increasingly, patients are experiencing limited abilities to pay for health care services or qualify for state and federally funded programs like Medicaid that cover only a portion of the cost of services provided Ascension Providence Hospital 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 During the fiscal year ending June 30, 2018, Ascension Providence Hospital treated adults and children from the community for a total of 148,570 patient days of service Providence-Providence Park also provided services to 14,196 outpatient surgery patients Ascension Providence Hospital Uncompensated Care for Fiscal Year Ending June 30, 2018 1 Traditional charity care provided $472,629 2 Unpaid cost of public programs for persons living in poverty $18,218,456 3 Other programs for persons living in poverty and other vulnerable persons $1,701,552 4 Community benefit programs $11,128,363 5 Total care of persons living in poverty and community benefit programs $31,521,000 6 Bad debt costs attributable to charity $6,977,667 7 Medicare shortfalls/(surplus) $3,269,873 Summary Ascension Providence Hospital furthers its charitable purposes by providing a broad array of services to meet the healthcare needs of patients and organizations in the community We provide essential medical services to the community, train and recruit healthcare professionals to serve the needs of the broader community, provide appropriate charity services to those patients who are not able to pay for their own healthcare needs, provide services to other organizations that allow them to provide quality services to their patients or constituents, and present education information classes and activities to the community in order to improve its overall health status

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	St John Providence, EIN 38-2244034

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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 community driven task-forces and committees Workforce Development St John Providence promotes diversity and strives to ensure 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

990 Schedule H, Supplemental Information

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 $38,660,332 at charges, ($12,427,364 at cost)

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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 21

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - Providence Hospital Line 16a URL https //healthcare ascension org/Financial-Assistance/Michigan,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - Providence Hospital Line 16b URL https //healthcare ascension org/Financial-Assistance/Michigan,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - Providence Hospital Line 16c URL https //healthcare ascension org/Financial-Assistance/Michigan,

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, Ascension Providence, Ascension Macomb-Oakland, Ascension River District, Ascension St John Hospital 1 Emergency Data 2 Ambulatory Data These sources aid in St John Providence development of programs and services throughout the five counties we serve

990 Schedule H, Supplemental Information

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 qual ity of life within the community Research has established that factors such as economic s tatus, employment, housing, education level, and built environment can all be powerful soc ial determinants of health Additionally, helping to create greater capacity within the co mmunity to address a broad range of quality of life issues also impacts health St John P rovidence administrators and staff have provided leadership and participated on collaborat ive initiatives with Greater Detroit Area Health Council, Wayne County Health Department, The City of Detroit Department of Health and Wellness Promotion, Michigan Crime Victim Ser vices Commission, The Michigan Department of Health and Human Services, Michigan Primary C are association, area Federally Qualified Health Centers, and other community organization s to identify community needs and address community problems St John Providence has a de monstrated 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, f amily 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 appreciatio n by making a gift to support care of others that are vulnerable The spiritual essence th at's woven into the fabric of our daily operations allows members of the community to comf ortably 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 compass ionate generosity of others to make gifts that enhance the exemplary care St John Provide nce has become recognized for THE HOSPITALS PROMOTE THE HEALTH OF THE COMMUNITY IN A VARI ETY 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 SCH OOL BASED HEALTH CENTERS IN THE COUNTIES OF WAYNE, OAKLAND AND MACOMB THIS SCHOOLS ARE SE LECTED BASED ON A MINIMUM OF 70% OF STUDENTS RECEIVING FREE OR REDUCED LUNCH INDICTING A L OWER 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 IMPR OVE 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 ANNU AL HEART HEALTH FAIR AT SELECTED HOSPITALS TO PROVIDE ONSITE HEALTH SCREENING AND ASSESSME NT 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 8 0 CHURCHES ARE A VEHICLE THAT PROVIDES HEALTH EDUCATION AND SCREENING TO THE GENERAL COMMU NITY THROUGH THE FAITH COMMUNITY NURSING INITIATIVE THERE ARE TWO COMMUNITY WELLNESS CENT ERS OFFERING ENHANCED FITNESS AND OTHER PHYSICAL AND EDUCATIONAL SESSIONS OFFERED TO THE G ENERAL COMMUNITY OF TWO COUNTIES IN THE SERVICE AREA THESE ARE EXAMPLES OF SERVICES TO TH E GENERAL COMMUNITY WE PARTNER WITH OTHER AGENCIES SERVING THE GENERAL COMMUNITY TO PROMO TE HEALTH INCLUDING GLEANERS FOOD BANK AND FORGOTTEN HARVEST TO ADDRESS FOOD INSECURITY W E 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/COLLABOR ATION INCLUDE DETROIT WAYNE MENTAL HEALTH AUTHORITY, THE LOCAL SANE (SEXUAL ASSAULT NETWOR K), SEVERAL DOMESTIC VIOLENCE SHELTERS, SOUTHEASTERN MICHIGAN INFANT MORTALITY REDUCTION T ASK FORCE, GREATER DETROIT AREA HEALTH COUNCIL, DETROIT, WAYNE, OAKLAND, ST CLAIR AND MAC OMB HEALTH DEPARTMENTS, YOUTH CONNECTION AND OTHERS TO PROMOTE COMMUNITY HEALTH WITH SPECI AL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE THE HEALTH SYSTEM PUBLISHES AND DISTRIB UTES OVER 80,000 BIMONTHLY EDUCATIONAL NEWSLETTERS CALLED "CARELINK" TARGETING ADULTS 55 A ND 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 T WO MOBILE UNITS THAT PROVIDE MAMMOGRAPHY SERVICES AND HEALTH SCREENINGS TO UNINSURED AND U NDERINSURED WOMEN AT CHURCHES, COMMUNITY CENTERS, CORPORATIONS AND OTHER LOCATIONS THE ST RUCTURE 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 HA VE A NUMBER OF ADVISORY COMMITTEES COMPOSED OF LOCAL RESIDENTS AND AGENCIES SERVING THE CO MMUNITY SUCH AS THE PARENT AND SEPARATE STUDENT ADVISORY GROUPS FOR THE SCHOOL BASED HEALT H CENTERS, THE LOCAL MISSION COMMITTEE, THE LOCAL FOUNDATION BOARDS AND OTHER SERVICE SPEC IFIC ADVISORY GROUPS MEDICAL STAFF BY LAWS FOR EACH HOSPITAL PROVIDES GUIDANCE ON OFFERIN G 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 a nd fellows Each site hosts an annual research day This longstanding tradition, which has been as been in existence for over 80 years at some of our sties, brings clinicians and g raduate medical students together to discuss current medical research being conducted at t he hospital This work encompasses everything from retrospective medical chart review to a nalysis of the latest therapeutics and medical devices The primary goal is to teach resid ents and fellow how to conduct research with the ultimate goal of improving patient care a nd 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 intro duces 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 wel l 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 (1) 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 (2) 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 (3) 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 (4) 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

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Software Version: 2017v2.2
EIN: 38-1358212
Name: ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)

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? **2** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Providence Hospital 16001 W NINE MILE SOUTHFIELD, MI 48037 https //healthcare ascension org/Locations/Michigan/MIDET/Southfield-Ascension-Providence-Hospital-S 1060000008	X	X		X			X			A
2	Ascension Providence Hospital 47601 GRAND RIVER AVENUE NOVI, MI 48374 https //healthcare ascension org/Locations/Michigan/MIDET/Novi-Ascension-Providence-Hospital-Novi-Ca 1060000156	X	X		X			X			A

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	To better target community resources on the service area's most pressing health needs, the hospital participated in a group discussion with organizational decision makers and community leaders to prioritize the significant community health needs while considering several criteria alignment with Ascension Health strategies of healthcare that leaves no one behind, care for the poor and vulnerable, opportunities for partnership, availability of existing programs and resources, addressing disparities of subgroups, availability of evidence-based practices, and community input 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 See Schedule H, Part V, Line 7 for the link to the CHNA and Schedule H, Part V, Line 11 for how those needs are being addressed

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - Facility Group A A Steering Committee was convened to provide guidance and oversight in the development of the CHNA The Steering Committee provided input for the CHNA from December 2015 - June 2016 The committee included directors from the local health departments in the areas that St John Providence hospitals serve The health departments were Detroit, Macomb County, Oakland County, Livingston County and St Clair County The committee also included 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 The health departments provided public health expertise about current health issues and trends in their populations with focus on the uninsured and underinsured, low income, minority, senior citizen and child populations 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 OB/GYN 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - Facility Group A - Part 1 The priority needs identified in the most recen tly conducted CHNA are Obesity and Diabetes Prevention, Access to Care and Mental Health a nd Substance Abuse Although other health needs were identified, it was determined that th e health system will work with other organizations as needed to address health needs not s elected For each selected priority, strategies have been developed that focus on outreach and education, evidence-based interventions or advocacy Prioritized Need Obesity and Di abetes Prevention There are two goals for the prioritized need obesity and diabetes preve ntion Goal (1) is to prevent and reduce obesity in children, youth and adults (across the lifespan) The implementation strategies for Goal (1) are (1) Implement evidence-based, b reast-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 (2) Implement 5-2-1-0 as an age-appropriate community-wide educat ion and evidence-based intervention that improves awareness, knowledge and behaviors for p reventing and reducing obesity in communities, including those that are diverse and unders erved (3) Implement Enhance Fitness as an age-appropriate community wide education and ev idence-based intervention to improve awareness, knowledge and behaviors for preventing and reducing obesity in communities, including those that are diverse and underserved Goal (2) is to prevent and reduce risk factors for diabetes in adults The implementation strate gies for Goal (2) are (1) Implement Diabetes Prevention Program as a community-wide educat ion and evidence-based intervention that prevents and reduces the complications of diabete s in communities, including those that are diverse and underserved, (2) Implement the Diab etes Self-Management Program as a community-wide education and evidence-based intervention that prevents and reduces the complications of diabetes in communities, including those t hat are diverse and underserved The obesity and diabetes prevention priority area is bein g addressed by educating school aged children on the prevention of obesity and educating o ur adults about obesity and diabetes prevention by providing pre-diabetes education classe s 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 Cente r 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 mon thly for the remainder of the year The goal of the DPP is to make it easier for people wi th pre-diabetes to participate in affordable, high-quality lifestyle change programs to re duce their risk of type 2 diabetes and improve their overall health Evidence from the Dia betes Prevention Program demon

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	strated pre-diabetes risk can be reduced by 5-7% when those at high risk make modest lifes tyle changes, specifically losing 5-7% body weight and being physically active 5 days a we ek for at least 30 minutes In FY 2018, 7 DPP cohorts were completed and 58% of adult part icipants decrease their weight by 5-7%, which is the recommendation from the CDC for reduc ing risk of pre-diabetes For school aged children, an evidence-based program called 5210 (5 or more servings of fruits and vegetables, 2 or fewer hours of recreational screen time , 1 or more hours of physical activity, and 0 sweetened beverages), which is a community-b ased, multi-setting childhood obesity prevention program designed for children up to the a ge of 18 was administered to 101 students in FY 2018 The six-week curriculum aims to lim it unhealthy choices for snacks and provide healthy choices, limit or eliminate sugary dri nks and increase water consumption, prohibit the use of food as a reward, provide opportun ities to get physical activity every day, and limit recreational screen time At the end o f the program the students increase their knowledge of healthy eating and physical activit y by 97% and increase their healthy eating and exercise by 93% Prioritized Need Access t o Care The goal for prioritized need access to care is to reduce the social determinants of health barriers that impact health equity and access to healthcare The implementation strategies for the goal are (1) Implement Mobile Mammography to improve patient access to care (2) Implement Asthma Camp and Deep Breath to improve patient access to care (3) Con vene a transportation workgroup to develop strategies and interventions leading to improve d options for transportation to obtain needed care (4) Implement a Health Literacy Inform ation and Education Series for physicians, staff and patients to improve knowledge about u niversal health literacy precautions and strategies for reducing health illiteracy The Ac cess to Care priority goal is to reduce the social determinants of health barriers that im pact health equity and access to healthcare One of the focuses is access to mammograms fo r 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 In FY 2018, the unit provided 1900 screenings, with 178 screenings provided to uninsured patients The unit primarily serves women in Detroit neighborhoods by traveling to commun ity-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 communiti es providing education on the importance of breast screening and breast health Health lit eracy events were conducted in the first, second, and third quarter of FY 2018 and provide d health education on mental/b

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	ehavioral health, preventative care, and chronic disease self-management to 150+ residents of the metro Detroit area Prioritized Need Mental Health & Substance Abuse There are f our goals for the prioritized need mental health and substance abuse Goal (1) Decrease yo uth risk factors for suicide, depression and substance abuse The implementation strategy for Goal (1) is to (1) Implement the Rapid Assessment for Adolescent Preventive Services (RAAPS) as a suicide risk screening and provide mental health education, counseling and ref erral for youth in partner schools (2) Implement Red Flags mental health education, couns eling and referral for youth in partner schools Goal (2) is Decrease youth and adult risk factors for suicide, depression and substance abuse The implementation strategy for Goal (2) is (1) Implement Mental Health First Aid to focus on changing the community/culture a nd perception of persons with less than optimal mental health Goal (3) is to Decrease you th risk factors for post-traumatic stress disorder The implementation strategy for Goal (3) is to (1) Utilize the Trauma Symptoms Checklist for Children to screen for posttraumati c stress and related psychological symptomatology and provide appropriate counseling and r eferrals Goal (4) is to Prevent and reduce addiction / mental illness in children, youth and adults (across the lifespan) The implementation strategies for Goal (4) is to (1) Uti lize the Screening, Brief Intervention, and Referral to Treatment (SBIRT), (2) Provide fam ily education to families involved with and at risk for substance use disorders

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	Facility A, 2 - FACILITY GROUP A - PART 2 The goal is to reduce youth and adult risk fact ors for suicide, depression and substance abuse The programs provided decrease these fact ors as well as educate the patient and the staff how to identify suicide, depression and s ubstance abuse St John Providence School Based Health Centers implements the Rapid Asses sment for Adolescent Preventive Services (RAAPS) RAAPS is a risk assessment addressing th e risk behaviors impacting health, well-being, and academic success in youth Our goal is to utilize RAAPS as a suicide risk screening and provide mental health education, counseli ng and referrals for youth in the schools In addition, this priority has a goal to decrea se post-traumatic stress disorders in youth By utilizing the Trauma Symptoms Checklist fo r Children (TSCC) we will be able to identify youth with risk factors for post-traumatic s tress and provide appropriate counseling and referrals St John Providence Open Arms prog ram provides grief and trauma support for children The program specializes in working wit h children and with others touched by homicide or other violent crime, providing individua l and group therapy in hospitals, at schools, and in the workplace The goal is to help fa milies cope with loss or trauma by finding healthy ways to handle feelings of sadness, ang er, or frustration, eventually returning family members to their day-to-day activities Op en Arms is used to help children that identify risk factors for trauma on the TSCC St Jo hn Providence will not address certain identified health needs and concerns because other programs are currently offering an array of services for the community and those particula r health needs and concerns are listed below with the resources, agencies and services cur rently established to address them - Cardiovascular Disease - This is widely addressed th rough St John Providence and its Cardiovascular Centers of Excellence, the American Heart Association, and other programs such as the Project Healthy Living multi-county screening program - Cancer - St John Providence has 4 cancer centers with 2 located in the servic e area Additionally, the American Cancer Society, primary care standards of practice, and other cancer centers in the area provide screening and community-based education Further , the state of Michigan with its BCCCP (Breast and Cervical Cancer Control Program) provid es for routine mammograms for low-income and uninsured women - Asthma - Asthma is predomin ately a condition of children and youth in the service area Through the SJP school-based health centers and other school-based health centers in the area, this is being addressed Asthma education, asthma screening, and summer asthma camps are provided along with the h andling of acute episodes in the school clinics with parental consent Infant Mortality - SJP will continue working on the reduction of Infant Mortality through our Infant Mortalit y Program, Mother Nurture, Out

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	patient breastfeeding clinics, and through collaborations with Women-Inspired Neighborhood Network (WIN network) and local health departments and sponsorship for March of Dimes

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

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

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

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

	Name and address	Type of Facility (describe)
1	Farmington Hills Medical Center 30055 Northwestern Hwy Farmington Hills, MI 48334	Physician Group
1	Family Health Center 210 N Lafayatte South Lyon, MI 48178	Physician Group
2	Dearborn Internal Medicine 23874 Kean Street Dearborn, MI 48125	Physician Group
3	Ambulatory Surgery CenterMission Health 37595 Seven Mile Road Livonia, MI 48152	Urgent Care Center
4	Milford Family Practice 1050 Corporate Office Drive Milford, MI 48381	Physician Group
5	Advanced Cardio Vascular Health 37799 Professional Center Drive Livonia, MI 48154	Physician Group
6	West Oakland Interns 44000 W 12 Mile Road Suite 200 Novi, MI 48377	Physician Group
7	Brighton OBGYN 8641 West Grand River Brighton, MI 48116	Physician Group
8	Providence Medical Building 22250 PROVIDENCE DRIVE SOUTHFIELD, MI 48075	Physician Group
9	Pavilion Office Building 22255 Greenfield Southfield, MI 48075	Physician Group
10	Neuro Medical Office Building 26850 Providence Parkway Novi, MI 48374	Physician Group
11	Ascension Medical Center Livingston - Byron Road Medical 1225 South Latson Road Suite 350 Howell, MI 48843	Physician Group
12	Professional Service Building 37650 Professional Center Drive Novi, MI 48374	Physician Group
13	Novi Orthopaedic Center 26750 Providence Parkway Suite 210 Novi, MI 48374	Physician Group
14	Dr Alsaadi Internal Medicine 26206 West 12 Mile Suite 105 Southfield, MI 48034	Physician Group

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

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

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

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

	Name and address	Type of Facility (describe)
16	Ascension Medical Center Livingston 1225 South Latson Road Howell, MI 48843	Physician Group
1	Livonia Medical Center 9216 Middlebelt Road Livonia, MI 48152	Clinic
2	John B Rasor DO 7960 Grand River Avenue Brighton, MI 48115	Physician Group

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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

2017

Open to Public Inspection

Name of the organization
ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)

Employer identification number
38-1358212

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 9

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 Providence 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: 17005876
Software Version: 2017v2.2
EIN: 38-1358212
Name: ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)

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
ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH FKA ST JOHN COMMUNITY HEALTH INVESTMENT CORPORATION 28000 DEQUINDRE ROAD WARREN, MI 48092	38-2262856	501(c)(3)	2,100,732				GENERAL SUPPORT
CITY OF NOVI 45175 TEN MILE ROAD NOVI, MI 48375		GOVT	20,000				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
BALL FOUNDATION PO BOX 44103 DETROIT, MI 48244	46-2668237	501(C)(3)	20,000				GENERAL SUPPORT
CITY OF SOUTHFIELD 26000 EVERGREEN ROAD SOUTHFIELD, MI 48076		GOVT	20,000				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
FNDN OF MI ASSOC PHY OF INDIAN HERITAGE 28235 SOUTHFIELD RD LATHRUP VILLIAGE, MI 48076	38-3032459	501(C)(3)	6,666				GENERAL SUPPORT
ALTERNATIVES FOR GIRLS 903 W GRAND BLVD DETROIT, MI 48208	38-2766412	501(C)(3)	20,000				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
LIVING AND LEARNING ENRICHMENT CENTER 315 GRISWOLD STREET NORTHVILLE, MI 48167	82-2324359	501(C)(3)	7,000				GENERAL SUPPORT
CHALDEAN AMERICAN LADIES OF CHARITY 2033 AUSTIN DRIVE TROY, MI 48083	38-2336363	501(C)(3)	12,750				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
ASCENSION PROVIDENCE FOUNDATION (FKA PROVIDENCE HEALTH FOUNDATION) 22101 MOROSS DETROIT, MI 48236	38-3526629	501(C)(3)	1,079,515				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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

2017

Open to Public Inspection

Name of the organization
ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)

Employer identification number
38-1358212

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" 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 Ascension Providence Hospital (F/K/A Providence-Providence Park Hospital), 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 of Compensation Committee
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individual(s) received severance payments from the organization or a related organization Peter Karadjoff - $360,006
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 No payments were made to listed persons in Part VII under the non-qualified retirement plan during the year

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 38-1358212
Name: ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)

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	(I)	0	0	0	0	0	0	0
EX-OFFICIO	(II)	768,960	987,366	169,519	17,550	27,727	1,971,122	0
1MICHAEL WIEMANN MD	(I)	21,027	0	1,273	904	736	23,940	0
FORMER OFFICER (END 5/2016)	(II)	526,021	177,883	165,507	16,496	18,249	904,157	0
2PETER KARADJOFF	(I)	0	0	360,006	0	0	360,006	0
FORMER OFFICER (END 6/2016)	(II)	0	0	0	0	0	0	0
3DOUGLAS W WINNER	(I)	92,467	0	11,913	4,111	3,585	112,076	0
CFO	(II)	235,583	88,263	21,860	10,739	7,772	364,218	0
4JOSEPH HURSHE	(I)	391,747	108,600	57,944	14,850	24,587	597,728	0
PRESIDENT & CEO	(II)	0	0	0	0	0	0	0
5PETER MCCANN	(I)	366,417	80,544	44,689	13,500	16,877	522,028	0
VP, MEDICAL AFFAIRS	(II)	0	0	0	0	0	0	0
6MARGARET M KLOBUCAR	(I)	208,734	45,591	16,776	8,996	13,502	293,599	0
COO	(II)	0	0	0	0	0	0	0
7DENISE S MCLEAN	(I)	203,135	44,592	19,914	12,650	8,501	288,792	0
VP, NURSING	(II)	0	0	0	0	0	0	0
8ANDREW J VOSBURGH MD	(I)	341,197	210,375	5,177	17,550	20,878	595,176	0
MEDICAL DIRECTOR	(II)	0	0	0	0	0	0	0
9NISHAN CHOBANIAN	(I)	543,164	0	2,622	10,154	27,484	583,424	0
CHAIR, MEDICAL DEPARTMENT	(II)	0	0	0	0	0	0	0
10BRADLEY ROWENS MD	(I)	322,569	218,856	3,091	16,200	7,542	568,258	0
MEDICAL DIRECTOR	(II)	0	0	0	0	0	0	0
11DAVID W LEMOS MD	(I)	469,485	46,725	2,484	16,200	22,239	557,133	0
PHYSICIAN	(II)	0	0	0	0	0	0	0
12WILLIAM B BLESSED MD	(I)	462,158	40,050	6,665	16,200	29,387	554,459	0
MEDICAL DIRECTOR	(II)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)

Employer identification number
38-1358212

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 20b Audited Financial Statements	The activity of Ascension Providence Hospital is reported in the consolidated financial st atements of Ascension Health Alliance No individual audit of Ascension Providence Hospita lis completed Therefore, the attached audited financial statements are of Ascension Healt h Alliance and Affiliates, which include the activity of Ascension Providence Hospital

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 b y Ascension Health, a related organization of Ascension Providence Hospital, included a re view and approval by independent persons, comparability data, and contemporaneous substant iation of the deliberation and decision The audit committee reviewed and approved the com pensation In the review of the compensation, the President & CEO was compared to individu als at other hospitals 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 Ind ividual 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	In determining compensation of other officers of the organization, the process performed b y Ascension Michigan, a related organization of Ascension Providence Hospital, and its sub sidiary organizations, included a review and approval by independent persons, comparabilit y data, and contemporaneous substantiation of the deliberation and decision The audit com mittee reviewed and approved the compensation In the review of the compensation, the othe r officers of the organization were compared to individuals who work at similarly sized or ganizations as well as organizations similar in complexity of operations, revenues and job responsibilities across the nation During the review and approval of the compensation, d ocumentation 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	Ascension Providence Hospital 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	Ascension Providence Hospital has a single corporate member, Ascension Michigan, who has t he ability to elect members to the governing body of Providence-Providence Park Hospital

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 Ascension Providence Hospital 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 conf lict of interest policy in that any director, officer, key employee or member of a committ ee 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 dis close all material facts to the directors and members of the committees with governing boa rd delegated powers considering the proposed transaction or arrangement The remaining ind ividuals on the governing board or committee will decide if conflicts of interest exist E ach director, officer, key employee and member of a committee with governing board delegat ed powers annually signs a statement which affirms such person has received a copy of the conflict of interest policy, has read and understands the policy, has agreed to comply wit h 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 2f Other Program Service Revenue	Other Program Revenue - Total Revenue 34823, Related or Exempt Function Revenue 34823, U nrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Contracted Services Revenue - Total Revenue -1080, Related or Exempt Function Revenue -1 080, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 5 14 , Management Fee - Total Revenue 249519, Related or Exempt Function Revenue 249519, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Medical Records Fees - Total Revenue 76432, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 76432, Miscellaneous Revenue - Total Revenue 4644371, Related or Exempt Function Revenue 4644371 , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfer to/from Affiliates - 65414, FAS 158 - 1035341, Transfer to Alpha Fund - -11559223, Temporary Restricted Fund Other - -438029,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c Audit Committee	Ascension Providence Hospital is included in the consolidated financial statements of Asce nsion The Finance and Audit committee of Ascension's Board assumes responsibility for the consolidated organization as a whole

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, ITEM J ENTITY WEBSITE	https //healthcare ascension org/Locations/Michigan/MIDET/Novi-Ascension-Providence-Hospital-Novi-Campus

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)

Employer identification number
38-1358212

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	(g) Section 512(b)(13) controlled entity? 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) TOWNE CENTRE SURGERY CENTER LLC 4599 TOWNE CENTRE SAGINAW, MI 48604 20-4943843	OUTPATIENT SERVICES	MI	NA	N/A								
(2) Open MRI of Michigan 411 W 13 MILE ROAD MADISON HEIGHTS, MI 48071 38-3544539	MRI Center	MI	NA	N/A								
(3) The Michigan Institute for Advanced Surgery LLC 1375 S Lapeer Rd 109 Lake Orion, MI 48360 03-0444972	OUTPATIENT SERVICES	MI	NA	N/A								
(4) Hospital Consolidated Laboratories LLC 39595 W 10 Mile Rd Novi, MI 48375 38-3318428	LAB SERVICES	MI	NA	N/A	0	0						79 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

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

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 38-1358212
Name: ASCENSION PROVIDENCE HOSPITAL (FKA PROVIDENCE-PROVIDENCE PARK HOSPITAL)

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
PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2631907	HEALTH CARE	MI	501(c)(3)	10	ASCENSION HEALTH		No
1521 GULL ROAD KALAMAZOO, MI 49048 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
12851 GRAND RIVER BRIGHTON, MI 48116 38-1576680	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2377821	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
420 WEST HIGH STREET DOWAGIAC, MI 49047 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-1359063	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-3322109	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2244034	PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
4100 RIVER ROAD EAST CHINA, MI 48054 38-3160564	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
200 HEMLOCK ROAD TAWAS CITY, MI 48763 38-1443395	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 46-1084363	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-0997730	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
805 WEST CEDEAR STREET STANDISH, MI 48658 38-1671120	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
TER 1101 W UNIVERSITY DR ROCHESTER, MI 48307 38-1359247	GENERAL HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-2468823	HOLDING COMPANY	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 23-7222558	FUNDRAISING	MI	501(c)(3)	Type III-FI	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
420 W HIGH STREET DOWAGIAC, MI 49047 38-2860459	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS-LEE HOSPITAL FKA LEE MEMORIAL HOSPITAL CORPORATION	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-1958763	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
22101 MOROSS DETROIT, MI 48236 38-3526629	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN PROVIDENCE	Yes	
28000 DEQUINDRE WARREN, MI 48092 38-2820107	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
INVESTMENT CORPORATION 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2262856	HEALTH CARE	MI	501(c)(3)	3	ST JOHN PROVIDENCE	Yes	
22101 MOROSS DETROIT, MI 48236 20-2961579	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2601348	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
200 HEMLOCK ROAD TAWAS CITY, MI 48763 01-0790428	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION ST JOSEPH'S HOSPITAL FKA ST JOSEPH HEALTH SYSTEM INC	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2790703	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	10	ASCENSION ST MARY'S HOSPITAL FKA ST MARY'S OF MICHIGAN	Yes	
NAW MICHIGAN 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2246366	FUNDRAISING	MI	501(c)(3)	Type II	ASCENSION ST MARY'S HOSPITAL FKA ST MARY'S OF MICHIGAN	Yes	
1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-2627336	SUPPORTING	MI	501(c)(3)	Type I	ASCENSION PROVIDENCE ROCHESTER HOSPITAL FKA CRITTENTON HOSPITAL MEDICAL CEN TER	Yes	
1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-3239057	CANCER TREATMENT	MI	501(c)(3)	10	ASCENSION PROVIDENCE ROCHESTER HOSPITAL FKA CRITTENTON HOSPITAL MEDICAL CEN TER	Yes	
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	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3591148	FOUNDATION	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
5455 ALI DRIVE DEPT200 GRAND BLANC, MI 484395195 38-2514708	ADULT DAY CARE	MI	501(c)(3)	Type I	GENESYS AMBULATORY HEALTH SERVICES	Yes	
8481 HOLLY ROAD GRAND BLANC, MI 484391812 38-2317364	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	Yes	
PO BOX 2043 SOUTHFIELD, MI 48037 38-6108200	FUNDRAISING	MI	501(c)(3)	Type III-FI	NA		No
47601 GRAND RIVER AVENUE NOVI, MI 48374 39-2058690	FUNDRAISING	MI	501(c)(3)	Type III-FI	NA		No

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
ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747	OTHER MEDICAL	MI	NA	C Corporation				Yes	
GENESYS PRACTICE PARTNERS 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 03-0516871	EMPLOYED PHY PRACTICE	MI	NA	C Corporation				Yes	
BEECHER BALLENGER SERVICES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation				Yes	
ADVENT INC 28000 DEQUINDRE WARREN, MI 48092 38-2971743	RENTAL REAL ESTATE	MI	NA	C Corporation				Yes	
AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				Yes	
St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017	Dormant	MI	NA	C Corporation				Yes	
TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047	LAUNDRY SERVICES	MI	NA	C Corporation				Yes	
CRITTENTON DEVELOPMENT CORPORATION 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115	REAL ESTATE	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
ASCENSION PROVIDENCE FOUNDATION (FKA PROVIDENCE HEALTH FOUNDATION)	L	82,465	FAIR MARKET VALUE
ASCENSION PROVIDENCE FOUNDATION (FKA PROVIDENCE HEALTH FOUNDATION)	P	1,501,490	FAIR MARKET VALUE
ASCENSION PROVIDENCE FOUNDATION (FKA PROVIDENCE HEALTH FOUNDATION)	Q	5,591,151	FAIR MARKET VALUE
ASCENSION MACOMB OAKLAND HOSPITAL FKA ST JOHN MACOMB-OAKLAND HOSPITAL	L	125,707	FAIR MARKET VALUE
ASCENSION MACOMB OAKLAND HOSPITAL FKA ST JOHN MACOMB-OAKLAND HOSPITAL	Q	150,263	FAIR MARKET VALUE
ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH FKA ST JOHN COMMUNITY HEALTH INVESTMENT CORPORATION	Q	155,936	FAIR MARKET VALUE
ST JOHN PROVIDENCE	L	95,180,830	FAIR MARKET VALUE
ST JOHN PROVIDENCE	Q	16,577,044	FAIR MARKET VALUE
ST JOHN PROVIDENCE	R	498,965,086	FAIR MARKET VALUE
ST JOHN PROVIDENCE	S	39,610,819	FAIR MARKET VALUE
SETON HEALTH CORPORATION OF SOUTHEAST MICHIGAN	L	130,048	FAIR MARKET VALUE
SETON HEALTH CORPORATION OF SOUTHEAST MICHIGAN	P	85,457	FAIR MARKET VALUE
ST JOHN PROVIDENCE PHYSICIANS CMG	L	314,183	FAIR MARKET VALUE
ST JOHN PROVIDENCE PHYSICIANS CMG	Q	74,796	FAIR MARKET VALUE
ASCENSION ST JOHN HOSPITAL FKA ST JOHN HOSPITAL & MEDICAL CENTER	O	555,699	FAIR MARKET VALUE
ASCENSION ST JOHN HOSPITAL FKA ST JOHN HOSPITAL & MEDICAL CENTER	P	439,166	FAIR MARKET VALUE
ASCENSION ST JOHN HOSPITAL FKA ST JOHN HOSPITAL & MEDICAL CENTER	Q	1,605,287	FAIR MARKET VALUE
ASCENSION PROVIDENCE FOUNDATION (FKA PROVIDENCE HEALTH FOUNDATION)	C	3,268,427	FAIR MARKET VALUE
ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH FKA ST JOHN COMMUNITY HEALTH INVESTMENT CORPORATION	B	2,100,732	Fair Market Value
ASCENSION PROVIDENCE FOUNDATION (FKA PROVIDENCE HEALTH FOUNDATION)	B	1,079,515	FAIR MARKET VALUE