

NOTICE 2018-100

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

- A Check box if address changed
B Exempt under section 501(c)(3)
C Book value of all assets at end of year 428,741,804

Name of organization (ASCENSION ST JOHN HOSPITAL (F/K/A ST JOHN HOSPITAL & MEDICAL CENTER))
Number, street, and room or suite no (28000 DEQUINDRE ROAD)
City or town, state or province, country, and ZIP or foreign postal code (WARREN, MI 48092-2468)

D Employer identification number (38-1359063)
E Unrelated business activity codes (621500, 812930)

F Group exemption number (0928)
G Check organization type (501(c) corporation)

H Describe the organization's primary unrelated business activity (SEE STATEMENT)

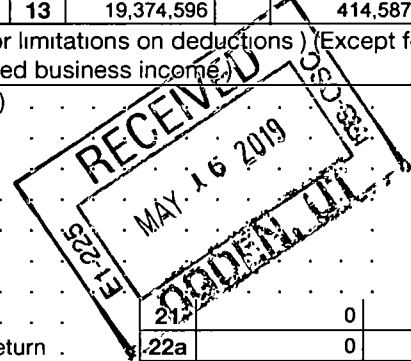
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? (Yes)

J The books are in care of (SARA O'BRIEN) Telephone number (314) 733-8070

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Less returns, Cost of goods sold, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, etc.



ENVELOPE POSTMARK DATE MAY 15 2019 6102 8 0 TNR

4

For Paperwork Reduction Act Notice, see instructions.

Cat No 11291J

Form 990-T (2017)

917

10

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	367,413
36 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	0
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	367,413

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		
b Other credits (see instructions)	41b		
c General business credit Attach Form 3800 (see instructions)	41c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
e Total credits. Add lines 41a through 41d	41e		0
42 Subtract line 41e from line 40	42		367,413
43 Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43		0
44 Total tax. Add lines 42 and 43	44		367,413
45a Payments. A 2016 overpayment credited to 2017	45a	584	
b 2017 estimated tax payments	45b	360,000	
c Tax deposited with Form 8868	45c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d		
e Backup withholding (see instructions)	45e		
f Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ 0 Total	45g	0	
46 Total payments. Add lines 45a through 45g	46		360,584
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47		
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		6,829
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		0
50 Enter the amount of line 49 you want Credited to 2018 estimated tax 0 Refunded	50		0

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here	Yes	No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer: *[Signature]* Date: 5/14/2019 Title: TAX OFFICER
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1	0	6 Inventory at end of year	6	0
2 Purchases	2	0	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0
3 Cost of labor	3	0			
4a Additional section 263A costs (attach schedule)	4a	0	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b	0			
5 Total. Add lines 1 through 4b	5	0			

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1) RENTAL INCOME		
(2) RENTAL INCOME - TIME SHARES		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	685,981	414,587
(2)	57,431	0
(3)		
(4)		
Total	0	743,412
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
743,412		414,587

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0	0
Total dividends-received deductions included in column 8			0	0

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
Totals			0	0	

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals		0		0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
Totals		0	0			0

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0	0	0		0

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0	0				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1–5)	0	0				0

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0

Alternative Minimum Tax—Corporations

2017

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

Name ASCENSION ST JOHN HOSPITAL (F/K/A ST JOHN HOSPITAL & MEDICAL CENTER) Employer identification number 38-1359063

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	1,309,498
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o.	3	1,309,498
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	1,309,498
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b	0
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	0
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You <i>must</i> enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e	0
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	1,309,498
6	Alternative tax net operating loss deduction. See instructions	6	0
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	1,309,498
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8a	0
b	Multiply line 8a by 25% (0.25)	8b	0
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8c	0
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	1,309,498
10	Multiply line 9 by 20% (0.20)	10	132,026
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	132,026
13	Regular tax liability before applying all credits except the foreign tax credit	13	367,413
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0

Return Reference - Identifier	Explanation
PART II - LINE 3 - NAME	RECOVERY (F/K/A BRIGHTON CENTER FOR RECOVERY)
PART II - LINE 5 - NAME	(F/K/A LEE MEMORIAL HOSPITAL CORPORATION)
PART II - LINE 6 - NAME	HEALTH(F/K/A EASTWOOD COMMUNITY CLINICS)
PART II - LINE 8 - NAME	HOSPITAL (F/K/A ST JOHN MACOMB-OAKLAND HOSPITAL)
PART II - LINE 9 - NAME	(F/K/A PROVIDENCE-PROVIDENCE PARK HOSPITAL)
PART III - LINE 3 - NAME	RECOVERY (F/K/A BRIGHTON CENTER FOR RECOVERY)
PART III - LINE 5 - NAME	(F/K/A LEE MEMORIAL HOSPITAL CORPORATION)
PART III - LINE 6 - NAME	HEALTH(F/K/A EASTWOOD COMMUNITY CLINICS)
PART III - LINE 8 - NAME	HOSPITAL (F/K/A ST JOHN MACOMB-OAKLAND HOSPITAL)
PART III - LINE 9 - NAME	(F/K/A PROVIDENCE-PROVIDENCE PARK HOSPITAL)
PART IV - LINE 3 - NAME	RECOVERY (F/K/A BRIGHTON CENTER FOR RECOVERY)
PART IV - LINE 5 - NAME	(F/K/A LEE MEMORIAL HOSPITAL CORPORATION)
PART IV - LINE 6 - NAME	HEALTH(F/K/A EASTWOOD COMMUNITY CLINICS)
PART IV - LINE 8 - NAME	HOSPITAL (F/K/A ST JOHN MACOMB-OAKLAND HOSPITAL)
PART IV - LINE 9 - NAME	(F/K/A PROVIDENCE-PROVIDENCE PARK HOSPITAL)

Description	Amount
PARKING	
(1) EMPLOYEE FRINGE BENEFIT INCOME	17,952
Total for Part I, Line 12	17,952

Description	Amount
OUTREACH LABORATORY	
(1) CITY OF DETROIT TAXES	26,745
Total for Part II, Line 19	26,745

Description	Amount
GOOD AND SERVICES	
(1) PURCHASED SERVICES	1,232,633
(2) SUPPLIES	58,149
(3) OTHER	8,287
Total	1,299,069
OUTREACH LABORATORY	
(4) LAB EXPENSES	16,323,697
Total for Part II, Line 28	17,622,766

1	Enter unrelated business taxable income (line 34, page 1, Form 990-T)	1,309,498
2	Enter line 1 or corporation's share of the \$50,000 taxable income bracket, whichever is less	
3	Subtract line 2 from line 1	
4	Enter line 3 or corporation's share of the \$25,000 taxable income bracket, whichever is less	
5	Subtract line 4 from line 3	
6	Enter line 5 or corporation's share of the \$9,925,000 taxable income bracket, whichever is less	
7	Subtract line 6 from line 5	1,309,498
8	Enter 15% of line 2	
9	Enter 25% of line 4	
10	Enter 34% of line 6	
11	Enter 35% of line 7	458,324
12	If the taxable income of the controlled group exceeds \$100,000, enter this member's share of the smaller of (a) 5% of the excess over \$100,000, or (b) \$11,750 (see instructions for additional 5% and additional 3% tax)	
13	If the taxable income of the controlled group exceeds \$15 million, enter this member's share of the smaller of (a) 3% of the excess over \$15 million, or (b) \$100,000 (see instructions for additional 5% and additional 3% tax)	
14	Add lines 8 through 13. Enter here and on line 35c, page 2, Form 990-T	367,413

Date	Amount
11/10/2017	360,000
Totals	360,000

Part II Taxable Income Apportionment (continued)

(a) Group member's name	(a) Employer identification number	(b) Tax year end (Yr- Mo)	(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))
(10) ASCENSION RIVER DISTRICT HOSPITAL (F/K/A ST. JOHN RIVER DISTRICT HOSPITAL)	38-3160564	18-06	0	0	0	0	0
(11) ASCENSION STANDISH HOSPITAL (F/K/A STANDISH COMMUNITY HOSPITAL)	38-1671120	18-06	0	0	0	14,203	14,203
(12) ASCENSION ST. JOHN HOSPITAL (F/K/A ST. JOHN HOSPITAL & MEDICAL CENTER)	38-1359063	18-06	0	0	0	1,309,498	1,309,498
(13) ASCENSION ST. MARY'S HOSPITAL (F/K/A ST. MARY'S OF MICHIGAN)	38-0997730	18-06	0	0	0	5,464	5,464
(14) BEECHER BALLENGER SERVICES	38-2497922	18-06	0	0	0	0	0
(15) BORGESS AMBULATORY CARE CORPORATION	38-2468823	18-06	0	0	0	0	0
(16) BORGESS HEALTH ALLIANCE, INC	38-2335286	18-06	0	0	0	1,877	1,877
(17) CRITTENTON DEVELOPMENT CORPORATION	38-2594115	17-12	0	0	0	0	0
(18) ASCENSION PROVIDENCE ROCHESTER HOSPITAL F/K/A CRITTENTON HOSPITAL MEDICAL CENTER	38-1359247	18-06	0	0	0	0	0
(19) CRITTENTON MEDICAL PHARMACY	20-3773341	17-12	0	0	0	0	0
(20) GENESYS AMBULATORY HEALTH SERVICES	38-2371754	18-06	0	0	0	321,551	321,551
(21) GENESYS PRACTICE PARTNERS	03-0516871	17-12	0	0	0	0	0
(22) SETON HEALTH CORPORATION OF SOUTHEAST MICHIGAN	38-2820107	18-06	0	0	0	3,770	3,770
(23) ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH F/K/A ST. JOHN COMMUNITY HEALTH INVESTMENT CORPORATION	38-2262856	18-06	0	0	0	0	0
(24) ST. JOHN PROVIDENCE	38-2244034	18-06	0	0	0	210,237	210,237
(25) ST. JOSEPH HEALTH ENTERPRISES, INC	38-2666747	18-06	0	0	0	130,043	130,043
(26) ASCENSION ST. JOSEPH'S HOSPITAL F/K/A ST. JOSEPH HEALTH SYSTEM, INC	38-1443395	18-06	0	0	0	0	0
(27) TEXTILE SYSTEMS, INC	38-2705047	18-06	0	0	0	6,098	6,098
(28) THE HEALTH SOURCE GROUP	38-2427678	18-06	0	0	0	0	0

Part III Income Tax Apportionment (continued)

(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (add columns (b) through (g))
(10) ASCENSION RIVER DISTRICT HOSPITAL (F/K/A ST JOHN RIVER DISTRICT HOSPITAL)	0	0	0	0	0	0	0
(11) ASCENSION STANDISH HOSPITAL (F/K/A STANDISH COMMUNITY HOSPITAL)	0	0	0	3,985	0	0	3,985
(12) ASCENSION ST JOHN HOSPITAL (F/K/A ST JOHN HOSPITAL & MEDICAL CENTER)	0	0	0	367,413	0	0	367,413
(13) ASCENSION ST MARY'S HOSPITAL (F/K/A ST MARY'S OF MICHIGAN)	0	0	0	1,533	0	0	1,533
(14) BEECHER BALLENGER SERVICES	0	0	0	0	0	0	0
(15) BORGESS AMBULATORY CARE CORPORATION	0	0	0	0	0	0	0
(16) BORGESS HEALTH ALLIANCE, INC	0	0	0	527	0	0	527
(17) CRITTENTON DEVELOPMENT CORPORATION	0	0	0	0	0	0	0
(18) ASCENSION PROVIDENCE ROCHESTER HOSPITAL F/K/A CRITTENTON HOSPITAL MEDICAL CENTER	0	0	0	0	0	0	0
(19) CRITTENTON MEDICAL PHARMACY	0	0	0	0	0	0	0
(20) GENESYS AMBULATORY HEALTH SERVICES	0	0	0	90,219	0	0	90,219
(21) GENESYS PRACTICE PARTNERS	0	0	0	0	0	0	0
(22) SETON HEALTH CORPORATION OF SOUTHEAST MICHIGAN	0	0	0	1,058	0	0	1,058
(23) ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH F/K/A ST JOHN COMMUNITY HEALTH INVESTMENT CORPORATION	0	0	0	0	0	0	0
(24) ST JOHN PROVIDENCE	0	0	0	58,987	0	0	58,987
(25) ST JOSEPH HEALTH ENTERPRISES, INC	0	0	0	45,515	0	0	45,515
(26) ASCENSION ST JOSEPH'S HOSPITAL F/K/A ST JOSEPH HEALTH SYSTEM, INC	0	0	0	0	0	0	0
(27) TEXTILE SYSTEMS, INC	0	0	0	635	0	0	635
(28) THE HEALTH SOURCE GROUP	0	0	0	0	0	0	0

Part IV Other Apportionments (continued)

(a) Group member's name	(a) Accumulated earnings credit	(b) AMT exemption amount	(c) Phaseout of AMT exemption amount	(d) Penalty for failure to pay estimated tax	(e) Other
(10) ASCENSION RIVER DISTRICT HOSPITAL (F/K/A ST JOHN RIVER DISTRICT HOSPITAL)	0	0	0	0	0
(11) ASCENSION STANDISH HOSPITAL (F/K/A STANDISH COMMUNITY HOSPITAL)	0	0	0	0	0
(12) ASCENSION ST JOHN HOSPITAL (F/K/A ST JOHN HOSPITAL & MEDICAL CENTER)	0	0	0	0	0
(13) ASCENSION ST MARY'S HOSPITAL (F/K/A ST MARY'S OF MICHIGAN)	0	0	0	0	0
(14) BEECHER BALLENGER SERVICES	0	0	0	0	0
(15) BORGESS AMBULATORY CARE CORPORATION	0	0	0	0	0
(16) BORGESS HEALTH ALLIANCE, INC	0	0	0	0	0
(17) CRITTENTON DEVELOPMENT CORPORATION	0	0	0	0	0
(18) ASCENSION PROVIDENCE ROCHESTER HOSPITAL F/K/A CRITTENTON HOSPITAL MEDICAL CENTER	0	0	0	0	0
(19) CRITTENTON MEDICAL PHARMACY	0	0	0	0	0
(20) GENESYS AMBULATORY HEALTH SERVICES	0	0	0	0	0
(21) GENESYS PRACTICE PARTNERS	0	0	0	0	0
(22) SETON HEALTH CORPORATION OF SOUTHEAST MICHIGAN	0	0	0	0	0
(23) ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH F/K/A ST JOHN COMMUNITY HEALTH INVESTMENT CORPORATION	0	0	0	0	0
(24) ST JOHN PROVIDENCE	0	0	0	0	0
(25) ST JOSEPH HEALTH ENTERPRISES, INC	0	0	0	0	0
(26) ASCENSION ST JOSEPH'S HOSPITAL F/K/A ST JOSEPH HEALTH SYSTEM, INC	0	0	0	0	0
(27) TEXTILE SYSTEMS, INC	0	0	0	0	0
(28) THE HEALTH SOURCE GROUP	0	0	0	0	0

RENTAL		
(1) RENTAL INCOME	Description	Amount
	RENTAL EXPENSES	378,192
	RENTAL EXPENSES - TIME SHARES	36,395
	Total	414,587
Total for Schedule C, Line 3(a), Deductions directly connected with the income in columns 2(a) and 2(b)		414,587