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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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning 07-0	1-2008 and ending 06-30-200)9	D 5	**************************************
		pplicable	Please	C Name of organization ASCENSION HEALTH			D Employer idei	ntification number
Add	dress ch	nange	use IRS label or	Doing Business As			31-1662309 E Telephone nu	
Na	me cha	nge	print or type. See	Boning Business 715				
Init	tial retu	rn	Specific Instruc-		x if mail is not delivered to street addre	ess) Room/suite	(314) 733-8 G Gross receipt	
Tei	mınatıc	on	tions.	PO Box 45998			d dross recept	3 \$ 300,013,202
┌ Am	ended	return		City or town, state or country,	and ZIP + 4	I	1	
Г _{Арі}	olication	n pending		St Louis, MO 631455998				
			F Nan	ne and address of Principal (O fficer	H(a) Is the	s a group return	for
				y R Tersigni		affilia	•	⊤Yes ▼No
				k 45998 s,MO 631455998		U/h) Are el	l affiliates include	d?
I Ta	x-exem	npt status) (3) ◀ (insert no))(1) or	' '		See instructions)
	eb sit	e: ► ww	w ascensio	nhealth org			p Exemption Nur	
К Тур	e of org	ganızatıon	Corporat	ion trust association oth	er 🕨	L Year of Fo		State of legal domicile
							мо	
Pa	rt I		mary	e organization's mission or i	most significant activities			
	_	•		•	ROFIT HEALTH SYSTEM, serv	una THE DOO		A RI E
ತ		NATIO	N 3 LANGL	131 CATHOLIC AND NONF	ROTTI III ALIII 3131LIII, SEIV	ing The FOO	KAND VOLNER	ADLL
₫								
≣	١,	Charle	this hav F	if the average attended and the		of or o thou 3		
Governance			•		ued its operations or disposed			
	3				ody (Part VI, line 1a)			14
φ ()	4				governing body (Part VI, line 1	b)		13
Ě	5			nployees (Part V, line 2a)			5 _	653
Activities &	6			olunteers (estimate if necess	• •		6 _	160
Q,	1				Part VIII, line 12, column (C)		-	38,949,589
	Ь	Net unr	elated busi	iness taxable income from F	orm 990-1, line 34		7b	-1,281,282
						Pric	or Year	Current Year
<u> </u>	8 Contributions and grants (Part VIII, line 1h)							603,494
Revenue	9	_		, , , , , , , , , , , , , , , , , , , ,		•	388,262,895	409,067,877
₩	10				nes 3, 4, and 7d)		13,227,109	-32,049,023
	11		-	art VIII, column (A), lines 5			5,476,951	2,235,854
	12	12)	revenue—a	ad lines 8 through 11 (must	equal Part VIII, column (A), lır		406,966,955	379,858,202
	13	Grants	and simila	ar amounts paid (Part IX, co	lumn (A), lines 1-3)		1,223,785	1,671,921
	14	Benefi	ts paid to c	or for members (Part IX, colu	ımn (A), lıne 4)			0
.e.	15	Saları	es, other co	ompensation, employee bene	efits (Part IX, column (A), lines			
8		10)					106,296,412	112,531,054
Expenses	16a			raising fees (Part IX, colum				0
ठ	Ь	•	_	penses, Part IX, column (D), line 2	·			
	17	Other	expenses ((Part IX, column (A), lines 1	1a-11d, 11f-24f)		366,865,416	327,930,780
	18	Total	expenses—	-add lines 13–17 (must equa	al Part IX, line 25, column (A))		474,385,613	442,133,755
	19	Reven	ue less exp	penses Subtract line 18 from	n line 12		-67,418,658	-62,275,553
₩ ₩ ₩						Beginni	ng of Year	End of Year
toge Begge	20	Total	assets (Par	rt X, line 16)		4,	447,099,737	4,494,220,053
Not Assets or Fund Balances	21	Total	liabilities (F	Part X, line 26)		4,	370,673,421	4,391,857,162
\$ <u>2</u>	22	Netas	sets or fun	id balances Subtract line 21	. from line 20		76,426,316	102,362,891
Pai	rt II	Sign	ature Blo	ock		,	·	
					ned this return, including accompanying			
		and bel	ief, it is true, i	correct, and complete Declaration	of preparer (other than officer) is base	ed on all informat I	ion of which prepare	r has any knowledge
Plea Sigr		Sign	ature of office	ar .		2010- Date	-05-17	
Her],				Date		
			beth foshage e or print nam					
		F ''			D-4-	Charles	D	Con Con Truck)
.		Preparei signatur			Date	Check if self-	Preparer's PTIN (see Gen Inst)
Paid		-	<u> </u>			empolyed 🕨 🦵		
•	arer's		ame (or yours	deloitte tax llp			EIN Þ	
Use (Uniy		and ZIP + 4	250 e fifth street suite 1900				
				cıncınnatı, OH 45202			Phone no 🕨 (51	13) 784-7100
Mav ·	the IR	S discus	s this retu	·	bove? (See instructions)			▼ Yes

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization				
		and vulnerable Ascension F	y its religious sponsors in transforming lealth's System Office supports the ef		
2	Did the organization unde	rtake any significant pi	rogram services during the yea	ar which were not listed on	
	the prior Form 990 or 990				┌ Yes ┌ No
	If "Yes," describe these n				
3	services?		significant changes in how it co	onducts any program	┌ Yes ┌ No
	If "Yes," describe these c	hanges on Schedule O			
4	Section 501(c)(3) and (4) organizations and 49	each of the organization's three 47(a)(1) trusts are required to or each program service repor	report the amount of grants a	
4a	special attention to those who	focused organization guided are poor and vulnerable T	3,315,459 including grants of \$ I by its religious sponsors in transform hrough the services described below, munities See Schedule O for complete	Ascension Health's System Office su	pports the efforts of its hospitals
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
1-1	Other program comme	(December in Cabadala	0.)		
4d	Other program services (Expenses \$	•	grants of \$) (Revenue \$)
4e	Total program service e			X, Line 25, column (B).	,
	. J.a. p. Jg. a.m. Jan 1100 0.		-,- = -,	·, = ==, == (=),	

art IV	Check	dist of	Required	Schedules
	CIICCE		IXC GGII CG	Schoules

			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? 🕏	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? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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, 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 hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{80}$	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as 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 U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	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 percent 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

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	614			
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 t	o ven	dors and reportable	4-	V	
-	gaming (gambling) winnings to prize winners?	 i		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	653			
b	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50	163	
-1 a	over, a financial account in a foreign country (such as a bank account, securities acacount)?	-	•	4a	Yes	
b	If "Yes," enter the name of the foreign country CJ					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp			36		
·	Tax Shelter Transaction?	•	• • •	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
_	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	•		9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	٠, د		9b		
10	Section 501(c)(7) organizations. Enter		1			
	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					
а	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	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section I	<u>A. Govern</u>	<u>ing Body</u>	and Managen	<u>ient</u>

							res	NO
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, processes, or changes in Schedule O. See instructions.	desc	ribe the d	arcumst a nc	es,			
1a	Enter the number of voting members of the governing body	1a			14			
ь	Enter the number of voting members that are independent	1b			13			
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?							Νο
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? .							Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
ь	Are any decisions of the governing body subject to approval by members, stockholde	ers, o	rotherp	ersons? .		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written action year by the following	ns ur	ndertake	n during the	2			
а	the governing body?				. [4	3a	Yes	
ь	each committee with authority to act on behalf of the governing body?				. 4	3b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?				9	a Pa	Yes	
b	If "Yes," does the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with those of the or			•	,	ъ	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it w must describe in Schedule O the process, if any, the organization uses to review the			-		LO	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sch	,				L1		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MO , IN
- 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 make these available. Check all that apply
 - own website another's website vpon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Rob Binek PO Box 45998 St Louis,MO 631455998

(314) 733-8252

(311)/33 023

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							-				

Part VII Continued

			tion that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Prector	Institutional Trustee	Оппо	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-				1			
							1			
							-			
			+				+			
							t			
			<u> </u>				1			
			-				1			
							1			
1b Total	<u> </u>						►	13,065,540)	291,097

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►175

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

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

\$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
Deloitte Consulting PO BOX 7247-6447 Philadelphia, PA 191706447	Consulting	11,687,118
Ernst & Young BOA 96760 Collections Center Drive Chicago, IL 60693	Audit/Consulting	6,856,804
Hall Render PO Box 5905 Indianapolis, IN 46255	Legal Services	2,594,873
Otis Elevator PO BOX 13716 Newark, NJ 071880716	Maint and Repair	2,384,338
Catholic Health Association 1875 Eye Street NW Ste 1000 Washington, DC 20006	Maintenance Fee	1,857,716
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	100,000 in compensation	102

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a					
维維	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	С	1b Fundraising events					
ĭfts, ≅ran	d	1c Related organizations1d					
je Bije	e	Government grants (contributions) 1e					
ons sír	f	All other contributions, gifts, grants, and	603,494		-		
buti ther	•	similar amounts not included above					
ntri do	g	Noncash contributions included in					
Co an		lines 1a-1f \$		602.404			
	h	Total (Add lines 1a-1f)	· · · · ·	603,494			
e			Business Code				
nua	2a	TRIMEDX SERVICE FEES	541,511	148,098,349	111,601,897	36,496,452	
Реу	ь	CDMS FEES - INTEREST	541,610	135,380,231	135,380,231		
93	с	SERVICE FEES	541,610	81,761,275	81,614,054	147,221	
Xer v	d	ADMINISTRATION FEES	541,610	27,928,242	27,789,296	138,946	
Ē	e f	RISK MGMT SERVICE	541,610	99,788		99,788	
Program Service Revenue	f	All other program service revenue		15,799,992	14,515,950	1,284,042	
ξ	g	Total. Add lines 2a-2f					
	3	Investment income (including divi	dends, ınterest				
		other similar amounts)		-32,026,227			-32,026,227
	4	Income from investment of tax-exempt be	ond proceeds				
	5	Royalties			+		
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	ь	Less rental expenses					
	с	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount	134,264				
		from sales of assets other					
	ь	than inventory Less cost or	157,060				
		other basis and sales expenses					
	c	Gain or (loss)	-22,796				
	d	Net gain or (loss)	. ▶	-22,796			-22,796
	8a	Gross income from fundraising					
4.		events (not including \$					
ıπe		of contributions reported on line					
æ∧		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
æ.		\$15,000 a					
Other Revenue	b	Less direct expensesb					
δ	С	Net income or (loss) from fundrais	ing events				
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		a					
	ь	Less direct expensesb					
	С	Net income or (loss) from gaming a	activities >				
	10a	Gross sales of inventory, less					
		returns and allowances .					
	ь	a Less cost of goods sold b					
	С	Net income or (loss) from sales of	ınventory►				
		Miscellaneous Revenue	Business Code				
	11a	Investment in CHAN	541,610	783,140		783,140	
	ь	Diversified Investment	541,610	698,859	698,859		
	с	WBT Admin Fees	541,610	498,993	498,993		
	d	All other revenue		254,862	254,862		
	е	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g, 3	\$ 2,235,854 . 4. 5. 6d. 7d.	379,858,202	372,354,142	38,949,589	-32,049,023
		8c,		, ,,====	, ,,,,,,,,	,,	,,
		9c, 10c, and 11e	. •				Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,616,921	1,616,921		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	55,000	55,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,099,227	4,743,888	3,355,339	
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	88,950,401	81,120,855		_
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,735,543	3,250,913	484,630	
9	Other employee benefits	7,873,430	6,496,625	1,376,805	
10	Payroll taxes	3,872,453	3,346,543	525,910	
11	Fees for services (non-employees)				
а	Management				
Ь	Legal	6,454,254	1,565,900	4,888,354	
c	Accounting	903,407	166,150	737,257	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	39,789,028	35,917,785	3,871,243	
12	Advertising and promotion				
13	Office expenses	3,647,601	3,064,734	582,867	
14	Information technology	1,660,237	787,579	872,658	
15	Royalties				
16	Occupancy	2,034,451	1,543,265	491,186	
17	Travel	2,773,909	2,381,591	392,318	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	3,556,992	3,321,696	235,296	
20	Interest	126,380,815	126,107,698	273,117	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,752,252	3,574,542	2,177,710	
23 24	Insurance	167,589	130,356	37,233	
а	Trimedx Expense	93,470,305	93,470,305	0	0
ь	CDMS Expense	36,137,162	36,137,162	0	0
c	Special Projects	1,218,344	1,205,844	12,500	
	LObbying	1,160,000	1,160,000	0	
e	Professional Dues	1,150,208	913,203	237,005	0
f	All other expenses	1,674,226	1,236,904	437,322	
25	Total functional expenses. Add lines 1 through 24f	442,133,755	413,315,459	28,818,296	0
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. , .		rm 990 (2008)

Part X B	lance	Sheet
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						(A)		(B)
						Beginning of year		End of year
	1	Cash—non-interest-bearing				94,322,865	1	162,520,893
	2	Savings and temporary cash investments				8,509,505	2	13,009,366
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net				31,689,450	4	30,679,728
	5	Receivables from current and former officers, directors, truste other related parties Complete Part II of Schedule L			loyees or		5	
	6	Receivables from other disqualified persons (as defined under persons described in section 4958(c)(3)(B) Complete Part II of					6	
	7	Notes and loans receivable, net				4,090,609,072	7	4,003,141,011
	8	Inventories for sale or use				2,843,079	8	2,761,314
22	9	Prepaid expenses and deferred charges				4,515,311	9	5,105,008
Set	10a							
Assets		Land, buildings, and equipment cost basis	10a		64,562,938			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		51,819,077	15,661,200	100	12,743,861
	44	Investments—publicly traded securities	100		31,019,077	13,001,200	11	12,743,001
	11 12	Investments—publicly traded securities	• • Part VI	· I of	•		11	
		Schedule D				10.005.005	12	5 700 100
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.		10,285,205	13	5,726,169		
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	188,664,050	15	258,532,703			
	16	Total assets. Add lines 1 through 15 (must equal line 34)				4,447,099,737	16	4,494,220,053
	17	Accounts payable and accrued expenses .	71,878,776	17	89,447,041			
	18	Grants payable					18	
	19	Deferred revenue		1,283,679	19	1,131,248		
	20	Tax-exempt bond liabilities				4,094,480,000	20	4,030,627,548
<u>ě</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ï		persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third partie	es .				23	
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D		203,030,966	25	270,651,325		
	26	Total liabilities. Add lines 17 through 25				4,370,673,421	26	4,391,857,162
S		Organizations that follow SFAS 117, check here ▶ 🔽 and con	nplet e	lines :	27			
9		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets				76,426,316	27	102,362,891
ă	28	Temporarily restricted net assets			28			
Fund	29	Permanently restricted net assets					29	
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ a lines 30 through 34.	e					
	30	Capital stock or trust principal, or current funds	•				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31				
	32	Retained earnings, endowment, accumulated income, or other			32			
Net	33	Total net assets or fund balances				76,426,316	33	102,362,891
_	34	Total liabilities and net assets/fund balances	•			4,447,099,737	34	4,494,220,053
Pa	rt XI	Financial Statements and Reporting						

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

			Yes	No	
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo	
b	b Were the organization's financial statements audited by an independent accountant?				
c	If "Yes" to lines 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			
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		Νo	
ь	If "Yes," did the organization undergo the required audit or audits?	3b			

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

	ne of the organization Employer identification number						n number					
	.010.1							31	-166230	9		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The	organı	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon))				
1	Г	A church, o	convention of ch	nurches, or association of ch	nurches de	scribed ii	Section 1	170(b)(1)	(A)(i).			
2	Г	A school d	escribed in Sec l	tion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)						
3	Г	A hospital	or a cooperativ	e hospital service organizat	ıon descrı	bed in Sec	tion 170(l	b)(1)(A)(i	i ii). (A ttac	h Schedul	le H)	
4	Γ		research organı name, cıty, and	zation operated in conjuncti state	ion with a	hospital d	escribed i	n Sect ion	170(b)(1)	(A)(iii). E	nter the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
				(Complete Part II)								
6	Γ	A federal, s	state, or local g	overnment or governmental	unıt desci	ıbed ın S e	ection 170	(b)(1)(A)	(v).			
7	Г	An organiz	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental (unit or fror	n the gene	ral public	
		described	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)		_			-	·	
8	Γ			ped in Section 170(b)(1)(A)		nplete Par	tII)					
9	Γ	An organız	ation that norm	ally receives (1) more than	331/3% c	fits supp	ort from c	ontribution	ns, membe	rship fees	, and gross	
				lated to its exempt functions								
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 ta:	x) from bu	sinesses	
		acquired b	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)	
11	고	one or mor the box tha	e publicly suppo	and operated exclusively foorted organizations describe type of supporting organiza Type II c	ed in secti tion and c	on 509(a) omplete l	(1) or sec	tıon 509(a hrough 11	a)(2) See	Section 5		
e	Γ	other than section 50	foundation man 9(a)(2)	rtify that the organization is agers and other than one or	more pub	licly supp	orted orga	nızatıons	described	ın sectior	1 509(a)(1) or	
f		_		d a written determination fro	om the IRS	that it is	a Type I,	Type II o	r Type III	supportir		n, ✓
g		check this Since Augi		as the organization accepte	d anv aift	or contrib	ution from	anv of the	2			
•		following p			, y			,				
		(i) a perso	n who directly o	r indirectly controls, either	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	,
		• •	, -	ng body of the the supporte	_	tion?				11g	(i) No	_
				erson described in (i) above						11g(ii) No	<u>, </u>
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) a	bove?				11g(iii) No	
h		Provide the	e following infori	mation about the organization	ons the org	janızatıon	supports					
	(i) N	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) 1	s the	(vii) A mount	t of
		oorted		(described on lines 1-9		ation in	_	inization	_	ation in	support?	
	O rgar	nization		above or IRC section (See Instructions))		listed in verning		of your port?	of your col (i) organized rt? in the US?			
				(See Instructions))		ment?	Supp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"" ""	03.		
					Yes	No	Yes	No	Yes	No	1	
See F	Part IV		311662309	Part IV	Yes			No		No		0
									<u> </u>		1	
			 		 	 	 	 	1	 	+	

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

- 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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 tion analysis of "Vac " to Form 000 Port IV Line & (Provy Toy)

	ection 501(c)(4), (5), or (6) organ me of the organization	1		Employer iden	tification number
	CENSION HEALTH				
Dar	t I-A To be completed I	by all organizations exemp	t under section	31-1662309 n 501(c) and section	527
		ee the instructions for Schedule			
1	Provide a description of the or	ganızatıon's dırect and ındırect pol	litical campaign act	tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	t I-B To be completed I for Schedule C for d	by all organizations exemp letails.)	ot under section	n 501(c)(3). (See the	instructions
1	Enter the amount of any excis	e tax incurred by the organization i	under section 4955	5	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955				\$
3	If the organization incurred in	a section 4955 tax, did it file Form	n 4720 for this year	r?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par	(See the instructions	by all organizations exemp s for Schedule C for details.)		. , , .	ion 501(c)(3).
1	·	ended by the filing organization for		•	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organızatıon's ınternal funds contrı	buted to other orga	nizations for section	\$
3	Total of direct and indirect exc 1120-POL, line 17b	empt function expenditures Add lir	nes 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file	Form 1120-POL for this year?			│ Yes │ No
5	State the names, addresses a were made Enter the amount political contributions receive segregated fund or a political	g organization's own interna olitical organization, such a:	l funds or were s a separate		
(a) Name		(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter - 0 -
					Form 990 or 990-E7) 200

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	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	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)	
		Yes	No	A mount	
L	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				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo		
i	Other activities If "Yes," describe in Part IV	Yes		1,160,000	
j	Total lines 1c through 1			1,160,000	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
ь	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		ļ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
· -	\bullet To be completed by all exceptions example under section $EO(1/\epsilon)(A)$ s		E04/-	\ <u> </u>	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
а	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 (line 2c total minus 3 and 4)	5 \$

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Explanation of Other Lobbying A ctivities	LOBBYING ACTIVITIES INCLUDED MAILINGS AND DIRECT CONTACT WITH LEGISLATORS AND/OR STAFF MEMBERS OF THE UNITED STATES SENATE, HOUSE OF REPRESENTATIVES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, EXECUTIVE OFFICE OF THE PRESIDENT, CENTERS FOR MEDICARE AND MEDICAID SERVICES, DEPARTMENT OF LABOR, AND DEPARTMENT OF COMMERCE LOBBYING ISSUES WERE RELATED TO CARRYING OUT PROGRAMS TO SERVICE THE UNINSURED TOTAL EXPENDITURES WERE APPROXIMATELY \$1,160,000 AND PRIMARILY INCLUDED TRAVEL EXPENSES FOR THREE EMPLOYEES IN ASCENSION HEALTH'S ADVOCACY DEPARTMENT ASCENSION HEALTH DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS), ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN

1 \$

Part IV Supplemental I	Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation					

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Inspection

Employer identification number

ASC	ENSION HEALTH		31-1662309
Pa	rt I Organizations Maintaining Donor Ac	dvised Funds or Other Similar Fu	
	organization answered "Yes" to Form 99		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be
Dai	rt II Conservation Easements. Complete	if the organization answered "Ves" to	<u> </u>
1	Purpose(s) of conservation easements held by the or		7 TOTHI 550, FAIL IV, line 7.
_	Preservation of land for public use (e.g., recreati	<u> </u>	historically importantly land area
	Protection of natural habitat	<u> </u>	tified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the form	of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easement:	s	2b
c	Number of conservation easements on a certified hi		2c
d	Number of conservation easements included in (c) a	` ,	2d
3	Number of conservation easements modified, transfe	•	
3		rred, rereased, extinguished, or terminated	a by the organization during
	the taxable year ►		
4	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		tions, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing easements during the ye	ar ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sect	Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial	· · · · · · · · · · · · · · · · · · ·
Par	t III Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research in	·
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		▶ \$

b Assets included in Form 990, Part X

Part	Organizations Maintaining Collection	ctions of Art, His	tori	<u>cal Treası</u>	<u>ıres, or Othe</u>	r Similar A	<u>ssets (</u>	continued)
3	Using the organization's accession and other recitems (check all that apply)	ords, check any of th	ne fol	lowing that ar	e a significant u	se of its collec	tion	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collect Part XIV	tions and explain hov	w the	y further the o	organization's ex	empt purpose	ın	
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be					ular	Г Yes	┌ No
Par	Trust, Escrow and Custodial Arra Part IV, line 9, or reported an amou				nızatıon answ	ered "Yes" to	Form	990,
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	or other intermediary	for c	ontributions	or other assets I	not	┌ Yes	┌ No
b	If "Yes," explain why in Part XIV and complete t	he following table						
						Α	mount	
с	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?					☐ Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if th							
_		a)Current Year (b))Prior	Year (c)IW	o Years Back (d)	Three Years Back	(e)Four	Years Back
1a	Beginning of year balance							
b	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year en	d balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
С	Term endowment ►							
3a	Are there endowment funds not in the possessio	n of the organization	thata	are held and a	admınıstered for	the		
	organization by					Γ_	Yes	s No
	(i) unrelated organizations		•				(i)	
L	(ii) related organizations					` ' ' ├─	(ii)	
ь 4	If "Yes" to 3a(II), are the related organizations II Describe in Part XIV the intended uses of the or	•				🗀	ВЬ	
	t VI Investments—Land, Buildings, a				art V line 10			
FŒI	investments—Land, Bundings, a	nu Equipment. 3			•		\neg	
	Description of investment			Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciatio	1 (d) [Book value
1a	and		<u> </u>		1,100,000	'n		1,100,000
b	Buildings				7,235,817	4,843,0	12	2,392,805
c	_easehold improvements				1,263,026	811,5	39	451,487
d	Equipment			·	12,196,237	8,098,5	10	4,097,727
е	Other	<u> </u>			42,767,858	38,066,0	16	4,701,842
Tota	I. Add lines 1a-1e (Column (d) should equal Form S	990, Part X, column (B)), line	10(c).)				12,743,861
						Schedule	D (Form	990) 200

Part VII Investments—Other Securities. Se	ee Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		i of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Desired Translation Discours Deleted (See Ferrer 000 Perit V Ive	12	
Part VIII Investments—Program Related. S			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	*		
Part IX Other Assets. See Form 990, Part X,			
(a) Desc			(b) Book value
Retirement Assets			6,950,738
Other Board Designated Investments			3,464,041
Other Investments			2,765,311
Interest Rate Swap Assets			38,870,714
Health System Depository Account			206,481,899
Total. (Column (b) should equal Form 990, Part X, col.(B) lin	e 15.)		258,532,703
Part X Other Liabilities. See Form 990, Par			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Centralized Debt Management System	68,311,362		
Premiums/Discounts	51,391,076		
Pension Plans Administered by AH	19,044,226		
Retirement Liabilities	6,950,738		
Other Debt	1,063,747		
Interest Rate Swap Liabilities	122,347,137		
Other Liabilities	560,336		
AHV Long Term Incentive Compensation Accruals	982,703		
Total. (Column (b) should equal Form 990. Part X. col (B) line 25.)	270 651 325		

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	379,858,202
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	442,133,755
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-62,275,553
4	Net unrealized gains (losses) on investments	4	-13,817,935
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	151,358
8	Other (Describe in Part XIV)	8	101,878,705
9	Total adjustments (net) Add lines 4 - 8	9	88,212,128
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	25,936,575
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	
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		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities	1	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d	1	
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		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
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		
а	Donated services and use of facilities	1 1	
b	Prior year adjustments	1	
С	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV)		
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Pai	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - O ther Adjustments		Net Asset Transfers From Health Ministries 100225000 Consolidation Adjustment (AHV Revenue) 2122251 Seton Institute Funding (nonoperating) -612500 Additional Pension Liability -6498780 Transfer in from AHIS 800000 Unrealized Losses on Interest Rate Swaps -1662210 Pottsville Adjustment 10513857 Other Adjustment - 3008913

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As Filed Data -

Statement of Activities Outside the United States

DLN: 93493137055010

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

▶ Attach to Form 990. Complete if the organization answered "Yes" to Department of the Treasury Form 990, Part IV, line 14b. Internal Revenue Service

Open to Public

itoiiit	ai ricvende ocivioc					Inspection
	ne of the organization				Employer id	entification number
150	CENSION HEALTH				31-166230)9
Pā	General Infor "Yes" to Form 9			de the United States	s. Complete if the orga	nızatıon answered
1				ecords to substantiate	the amount of the gran	ts or
_					lection criteria used to	
	·		-			
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of grant funds outsi	de the
3	Activites per Region (U	se Schedule F-1	(Form 990) If add	ditional space is needed)		
				(d) Activities conducted in	(e) If activity listed in (d)
	(a) Region	(b) Number of offices in the	(c) Number of employees or	region (by type) (i e , fundraising, program services,	is a program service,	(f) Total expenditures in
	(a) Region	region	agents in region		describe specific type of service(s) in region	f region
Cen	tral A merica and the			Grants to recipients		10,000
	bbean			located in the region		
1ıd	dle East and North Africa			Grants to recipients located in the region		25,000
Sub	-Saharan Africa			Grants to recipients		20,000
, 45	Sunurun Ameu			located in the region		20,000
	tral America and the bbean	0	1	program services	offshore captive	691,799
_ ari	рреап				management	+
						+
						+
		1	1	I	1	i

Totals ▶

746,799

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Provide Clean Drinking Water	10,000	Wire Transfer			
			Provide Clean Drinking Water	20,000	Wire Transfer			
			Drınkıng Water & Latrınes	10,000	Wire Transfer			
		Middle East and North Africa	Construction of a Clinic	10,000	Wire Transfer			
		Middle East and North Africa	Transportation for Medical Care	5,000	Wire Transfer			

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

	Complete this part to	provide the information required	in Part I, line 2, and any other additional information.
Procedure fo Outside the	Identifier r Monitoring Grants U S	ReturnReference	Explanation Schedule F, Part I, Line 2 Applications are sent to Ascension Health's sponsoring organizations. They are compiled at the
			System Office and sent to Committee who reads and scores them on a set of criteria that are delineated in the application. The Committee discusses the merits of each application and makes
			the final decisions of grants to be awarded
_			

Software ID:

Software Version:

EIN: 31-1662309

Name: ASCENSION HEALTH

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Provide Clean Drinking Water	10,000	Wire Transfer			
			Provide Clean Drinking Water	20,000	Wire Transfer			
			Provide Clean Drinking Water & Latrines	10,000	Wire Transfer			
		Middle East and North Africa	Construction of a Clinic	10,000	Wire Transfer			
			Transportation for Medical Care	5,000	Wire Transfer			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493137055010

OMB No 1545-0047

2008

Open to Public

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Inspection

Name of the organization						Employer identif	ication number
ASCENSION HEALTH						31-1662309	
Part I General Inform	nation on Gra	nts and Assistance	e			•	
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the gra	nts or assistance?			libility for the grants or as:	sistance, and · · · · · · · ·	✓ Yes 🗀
Part II Grants and Oth Form 990, Part I Part IV and Sche needed	V, line 21 for ai edule I-1 if addi	ny recipient that rece tional space is	and Organizations erved more than \$5,0	in the United Sta	tes. Complete if the or if no one recipient rece	rganization answered elved more than \$5,	d "Yes" on 000. Use
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of con-	tion F01/a\/2\ ===	d government					19
2 Enter total number of seconganizations					•		
3 Enter total number of other							•

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Applications are sent to Ascension Health's sponsoring organizations. They are compiled at the System Office and sent to Committee who reads and scores them on a set of criteria that are delineated in the application. The Committee discusses the merits of each application and makes the final decisions of grants to be awarded.

Software ID:

Software Version:

EIN: 31-1662309

Name: ASCENSION HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Caregiver Companion Program1440 West Division Road Tipton, IN 460728584	35-0975944	501(c)(3)	50,000				General Support
St John's Health (Physicians Who Care Program)2800 Dequindre Madison Heights, MI 48092	38-2262856	501(c)(3)	50,000				General Support
Center for Survivors of Torture and War Trauma1077 South Newstead St Louis, MO 63110	43-1938770	501(c)(3)	20,500				General Support
St Thomas More Catholic Parish421 Monroe Street Kalamazoo,MI 49006	38-1816518	501(c)(3)	6,375				General Support
St Martin de Porres (Mental Health and Family Preservation program)44 West Logan Street Philiadelphia,PA 19144	23-2407829	501(c)(3)	10,320				General Support
CAPACITAR (Training inPractices of CAPACITAR) 1000 Wyoming El Paso,TX 79902	74-2708432	501(c)(3)	16,675				General Support
Our Lady of Science4100 Martin Street Detroit, MI 48304	38-3424760	501(c)(3)	50,000				General Support
Baltimore Medical System 3501 Sinclair Lane Baltimore, MD 21213	52-1358241	501(c)(3)	30,450				General Support
Centro San Vincente Homeless Medical Clinic 1208 Myrtle El Paso,TX 79901	74-2505561	501(c)(3)	40,000				General Support
Cabrini Clinic (Health Care Safety Net)1234 Porter Street Detroit, MI 48226	38-3129349	501(c)(3)	20,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance or assistance ıfapplıcable FMV, appraisal, or government assistance other) 52-1284733 501(c)(3) General Support The Catholic University 15,000 of A mericaCardianl Station Aguinas 106 Washington, DC 20064 50,000 Aguinas Institute of 43-1233793 501(c)(3) General Support Theology23 S Spring Avenue St Louis, MO 63108 501(c)(3) General Support Marian Middle School 43-1873629 15,000 4130 Wyoming St Louis, MO 63116 501(c)(3) General Support Guardian Angel 43-0652636 14,200 Settlement Association PO Box 2055 St Louis, MO 63158 Purdue University 35-6002041 501(c)(3) 32,230 General Support Department of Statistics 150 North University Street West Lafayette, IN 47907 General Support 501(c)(3) Society of St Vincent De 13-5562362 10,000 Paul 58 Progress Pkwy Maryland Heights, MO 63043 St Louis Art MuseumOne 43-1374479 501(c)(3) 10,000 General Support Fine Arts Dr Forest Park St Louis, MO 63110 St Louis Regional 43-1913803 501(c)(3) 5,300 General Support Business Council7701 Forsyth Suite 205 St Louis, MO 63105 501(c)(3) 15,000 General Support Focus St Louis Old Post 43-1750172 Office 815 Olive Street Suite 110 St Louis, MO 63101

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DLN: 93493137055010

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

ın Part III

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

ASC	ENSION HEALTH			• •			
				31-1662309			
Pa	rt I Questions Regarding Compensation)					
						Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III		, ,				
	First class or charter travel	▽	Housing allowance or residence for	personal use			
	▼ Travel for companions	Г	Payments for business use of perso	nal residence			
	▼ Tax idemnification and gross-up payments		Health or social club dues or initiat	on fees			
	Discretionary spending account	<u> </u>	Personal services (e g , maid, chau	ffeur, chef)			
b	If line 1a is checked, did the organization follow a wri provision of all the expenses described above? If "No			ment or	1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive		· · · · · · · · · · · · · · · · · · ·		2	Yes	
3	Indicate which, if any, of the following the organizatio organization's CEO/Executive Director Check all the Compensation committee		ly	ı			
	✓ Independent compensation consultant	굣	Compensation survey or study				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensa	tion committee			
4	During the year, did any person listed in Form 990, P	art V I	I, Section A, line 1a				
а	Receive a severance payment or change of control pa	aymen	t?		4a	Yes	
b	Participate in, or receive payment from, a supplement	tal nor	nqualified retirement plan?		4b		Νo
С	Participate in, or receive payment from, an equity-ba	sed co	ompensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide tl	he applicable amounts for each item i	n Part III			
	501(c)(3) and 501(c)(4) organizations only must con	nplete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	ıne 1a	, did the organization pay or accrue a	ny			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a	, did the organization pay or accrue a	ny			
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			- fixed	7		No
8	Were any amounts reported in Form 990, Part VII, pa		·				

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Anthony R Tersigni	(I) (II)	1,458,790	487,500	332,268	20,364	17,505	2,316,427	
Anthony J Speranzo	(I) (II)	844,095	233,750	426,547	20,364	17,505	1,542,261	
Robert J Henkel	(ı) (ıı)	919,711	254,375	262,044	20,364	21,591	1,478,085	
John D Doyle	(ı) (ıı)	662,361	189,195	311,508	20,364	21,591	1,205,019	
David B Pryor	(ı) (ıı)	532,088	150,564	222,335	20,364	21,591	946,942	
Sherry Browne	(ı) (ıı)	311,707	87,616	718,546	20,364	4,373	1,142,606	
Sally E Jeffcoat	(ı) (ıı)	749,306	207,900	406,759	15,764	11,392	1,391,121	
Andrew W Allen	(ı) (ıı)	151,691		1,620,319	14,028	12,123	1,798,161	
John Nusbaum	(ı) (ıı)			1,524,565		11,450	1,536,015	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	ולייאן						1	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

	_	
Ident if ier	Return Reference	Explanation
		With respect to the boxes checked on Part I, Question 1a, Ascension Health has various policies in place with respect to travel, commuting and other benefits provided to its executives. Certain benefits listed and checked under this question are considered taxable compensation. In these circumstances the value of the benefit is included in that given executive's compensation. Certain other benefits listed and checked on this question are considered strictly business expenses and therefore no amount of the benefit is taxable and no amount is included in the executive's compensation. Personal services provided represent professional fees, primarily for tax return preparation and legal fees.
	Part I, Line 4a	The following individuals received a severance payment Allen, Andrew W - \$ 489,943 Nusbaum, John - \$ 276,349
		Part II, Column B(III) includes amounts for several of the executives' distributions during 2008 of non-qualified deferred compensation that had accrued in prior years
	<u> </u>	
	<u> </u>	
	1	

Software ID: Software Version:

EIN: 31-1662309

Name: ASCENSION HEALTH

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

Form 990, Schedule 3, Part 11 - Officers, Directors, Trustees, key Employees, and Highest Compensated Employees								
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Anthony R Tersigni	(ı) (ıı)		487,500	332,268	20,364	17,505	2,316,427	
Anthony J Speranzo	(I) (II)		233,750	426,547	20,364	17,505	1,542,261	
Robert J Henkel	(I)	919,711	254,375	262,044	20,364	21,591	1,478,085	
John D Doyle	(I)	(189,195	311,508	20,364	21,591	1,205,019	
David B Pryor	(1) (11)	532,088	150,564	. 222,335	20,364	21,591	946,942	
Sherry Browne	(1) (11)	311,707	87,616	718,546	20,364	4,373	1,142,606	
Sally E Jeffcoat	(1) (11)		207,900	406,759	15,764	11,392	1,391,121	
Andrew W Allen	(I) (II)			1,620,319	14,028	12,123	1,798,161	
John Nusbaum	(I) (II)			1,524,565		11,450	1,536,015	
1								,

DLN: 93493137055010

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Inspection

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Employer identification number

A S	CENSION HEALTH									31-1662	309			
	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issu	e Price	(f) Des	scription of F	Purpose	(g) De	feased	Beh	On alf of uer
											Yes	No	Yes	No
A	Series 2003A - Escambia County Health Facilities Authority (Sch O- 8)	52-1378815	296117AX2	03-13-	2003	207,	543,149		nts, addition ion of the H	s, equipping ospital		X		x
В	Series 2003B2008B - MI State Hospital Finance Authority (Sch O - 1 O -8)	38-2889417	59465E4U4	03-13-	2003	525,	400,000	To refund co	ertain bonds 1, 1999 a	issued on		×		×
С	Series 2003C - Missouri Health & Ed Facilities Authority (Sch 0 - 2 0 - 8)	43-1178966	60635HWY1	03-13-	2003	295,	375,000	ımprovemer and renovat	nts, addition ion of hospi	s, equipping tal facilities		x		х
D	Series 2003D2008D - Idaho Health Facilities Authority (Sch O - 3 O-8)	82-6051863	451295RC5	03-13-	2003	24,	700,000			s, equipping tal facilities		×		x
E	Series 2003E2008E - In Health & Ed Facility Finance Auth (Sch O-4 O-8)	35-1611409	454798ND7	03-13-	2003	498,	475,000	ımprovemer and renovat		s, equipping tal facilities		×		×
P	art III Proceeds (Optional for .	2008)				_							•	
				,	A		В		С	D			E	
1	Total Proceeds of Issue													
3	Proceeds in Refunding or Defeasar	ice Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from													
7	Capital Expenditures from Proceed	1S 												
8	Year of Substantial Completion			ļ <u>.</u>	l	1	l	1	l I	1		1	ı	
9	Were the bonds issued as part of a	current refunding is:	sue?	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
10	Were the bonds issued as part of a	n advance refunding	ıssue?											
11	Has the final allocation of proceeds	s been made?												
12	Does the organization maintain ad- final allocation of proceeds?	equate books and red	ords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008	·)				<u> </u>							
					A		В		С	D			Ę	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in a which owned property financed by		ember of an LLC,											
2	Are there any lease arrangements which may result in private busine:		nanced property											_

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

DLN: 93493137055010 OMB No 1545-0047

Open to Public

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Inspection Employer identification number

ΑS	CENSION HEALTH									31-16623	309					
Р	art I Bond Issues (Required	for 2008)														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issu	e Price	(f) Des	scription of P	urpose	(g) De	feased	Beh	On alf of suer		
											Yes	No	Yes	No		
A	Series 2005A-1 & 2005A-2 - AL Special Care Facilities Fin Auth (Sch o-9)	63-0847033	091081DF3	02-03-	2005	13,	712,418		nts, additions n of health c			x		×		
В	Series 2005A - In Health And Education Facility Finance Auth (Sch 0-5 0-9)	35-1611409	454798PS2	02-03-	2005	480,	236,983	and renovation of health care		improvements, additions, equipping and renovation of health care facilities				х		×
С	Series 2005 - Michigan State Hospital Finance Authority (Sch O - 9)	38-2889417	59465E7P2	02-03-	2005	161,	264,563	and renovation of health		improvements, additions, equippin and renovation of health care facilities				х		х
D	Series 2006A -Wisconsin Health and Educational Facilities Auth (Sch 0-10)	39-1337855	97710VT65	11-16-	2006	125,	000,611		nts, additions n of health c			х		х		
E	Series 2006B-1 2 7 & 8 - In Health & Ed Facility FIN Auth (Sch o-6 0-10)	39-1337855	454795BS3	11-16-	2006	179,	400,000		nts, additions n of health c			x		х		
P	Proceeds (Optional for)	2008)	1	1												
	Total Proceeds of Issue				A		В		С	D			E			
1	Gross Proceeds in Reserve Funds															
	Proceeds in Refunding or Defeasar	aca Eccrows														
3	Other Unspent Proceeds	ice Esciows														
<u>4</u> 5	Issuance Costs from Proceeds															
<u>-</u>	Working Capital Expenditures from	Proceeds														
7	Capital Expenditures from Proceed															
8	Year of Substantial Completion															
	Were the bonds issued as part of a	current refunding is	cua?	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No		
9													-+			
10			155 ue '										_			
11													$-\!\!\!+\!\!\!\!-$			
12	Does the organization maintain adfinal allocation of proceeds?	equate books and rec	cords to support the													
Pa	rt IIII Private Business Use	(Optional for 2008	?)	T												
					A No.		B I Na		C	D			E	N-		
1	Was the organization a partner in a		ember of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No		
_	which owned property financed by the Are there any lease arrangements		inanced property	-	-		-						+			
	which may result in private busine		manced property													

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

DLN: 93493137055010

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OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Supplemental Information on Tax Exempt Bonds

Inspection Employer identification number

	ne of the organization CENSION HEALTH									Employer id	ientificat	ion num	ber			
	CENSION HEALTH									31-16623	309					
P	art I Bond Issues (Required	for 2008)	Γ	1				T			1					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of I	Purpose	(g) Def	feased		On alfof uer		
											Yes	No	Yes	No		
A	Series 2006B-3 4 5 & 6 - In Health And Ed Facility Fin Auth (sch 0-10)	39-1337855	454795BZ7	11-16-	2006	397,	759,540	To current r bonds issue and 12/31/0	d 11/1/99,	•		х		x		
В	Series 2006C-2 - Al Special Care Finance Facilities Authority (Sch 0-10)	63-0847033	010399BY8	11-16-	2006	99,			To current refund certain prior bonds issued November 1, 1999			х		х		
С	Series 2006D - AL Special Care Facilities Financing Auth (Sch O- 10)	63-0878048	01039VAD6	11-16-	2006	105,	449,341		To current refund certain prior bonds issued November 1, 19 acquiring, constructing, equip					х		х
D	Series 2001B-1 (reissuance) - Health & Ed Board of Metro Govt of TN	62-6139016	592041QZ3	03-30-	2009	81,				, equipping are facilities		х		×		
E	Series 2006C-1 (reissuance) - AL Special Care Fin Facility Auth (Sch o-11)	63-0847033	010399CK7	05-28-	2009	35,	000,000	improvemer and renovat facilities		is, equipping h care		х		×		
P	art II Proceeds (Optional for 2	2008)				_								ı		
					4	E	3		С	D			E			
1																
		a E a rawa														
3		ice Escrows														
<u>4</u> 5																
6		Proceeds														
7																
8																
_				Yes	l No	Yes	l No	Yes	l No l	Yes	No	Yes	.	No		
9	Were the bonds issued as part of a	current refunding is:	sue?					1								
10	Were the bonds issued as part of a	n advance refunding	ıssue?													
11	Has the final allocation of proceeds	s been made?														
12	Does the organization maintain add final allocation of proceeds?	equate books and red	ords to support the													
Pa	art III Private Business Use	(Optional for 2008	·)		1											
			,		1	E	3		С	D			E			
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No		
1 —	Was the organization a partner in a which owned property financed by t		ember of an LLC,													
2	Are there any lease arrangements which may result in private busines		inanced property													

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493137055010

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspect ion

	nal Revenue Service											Inspect		
	e of the organization CENSION HEALTH									Employer i	dentificat	ion numb	er	
A 5 C	CENSION HEALIH									31-1662	309			
Pa	art I Bond Issues (Required	for 2008)						T						
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of	Purpose	(g) De	feased	Beha	On alf of suer
											Yes	No	Yes	No
A	Series 2006B-1 B-7 B-8 - Indiana Finance Authority (sch 0-7 0-11)	35-1611409	454795ET8	05-28-	2009	118,		ımprovemer & renovatıoı facılıtıes		ns, equipping care		x		×
Pa	rt III Proceeds (Optional for	2008)								1				
	Talal Bassack of Talas				4	E	3		<u> </u>	D			E	
1	Total Proceeds of Issue													
	Gross Proceeds in Reserve Funds													
	Proceeds in Refunding or Defeasar	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds												
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion													
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	;	No
9	Were the bonds issued as part of a	current refunding is	sue?											
10	Were the bonds issued as part of a	ın advance refundıng	ıssue?											
11	Has the final allocation of proceed	s been made?												
12	Does the organization maintain ad final allocation of proceeds?	equate books and red	cords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008	3)											
							3	_	<u> </u>	D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	;	No
1	Was the organization a partner in a which owned property financed by		ember of an LLC,											
2	Are there any lease arrangements which may result in private busine		inanced property											

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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As Filed Data -

DLN: 93493137055010

OMB No 1545-0047

OMB NO 1545-004

2008

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization

Employer identification number

ASCENSION HEALTH								3	1-166	5230	3			
art I Excess Benefit Transac								(4) organı	zatıoı	ns or	ıly).			
To be completed by organization			wered "Yes	s" on F	orm 99						90-EZ		V, line	
1 (a) Name of disqualifie	d per	son				(b) Des	crıptı	on of trans	action				Yes	No
												_		
2 Enter the amount of tax imposed on									ear u	nder	_		'	
section 4958										•	\$ —— \$			
art II Loans to and/or From					ne organ	neution i	•				<u> </u>			
To be completed by organiza	ations T	that a	nswered "\	res" o	n Form 9	90, Part	IV, lı	ne 26, or F	orm 9 T	90-E			e 38a	
(a) Name of interested person and		Loan t		(6)(\riginal i	rincinal				In	Appr	oved	1	/rıtten
purpose		anızatı		(c)O riginal principal amount		(d) B	(d)Balance due		default?		ard or ittee?	-		
	Т	0	From						Yes	No	Yes	No	Yes	No
	+													<u> </u>
	+													
	+													<u> </u>
otal						▶ \$					<u> </u>	<u> </u>		
art III Grants or Assistance E							.00	Down TV Jun						
To be completed by orga	IIIZati		elationshij											
(a) Name of interested person		. ,			ganızatı			(c)A m	ount	of gra	nt or ty	pe of	assista	nce
_								+						
Part IV Business Transactions														
To be completed by orga	nızatı 		<u>ıat answe</u> elatıonshı		Yes" or	n Form 9	90,	Part IV, lir	ne 28	a, 28	b, or		(e) Sha	ring
(a) Name of interested person		betwee	en interest	ed		mount of	F	(d) Desci	rıptıon	oftr	ansactı	١,	(e) Sharing o	
			on and the anization		tra	nsaction		(,				· -	reven Yes	ues?
			ployee at			475,	896	Payment fo	rserv	ıces				No
	bo		n Health i mber at	s a										
		uall												
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Return

Return

Reference

DLN: 93493137055010

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

Inspection

Name of the organization ASCENSION HEALTH

Identifier

Form 990, Part VI,

Part VI,

line 12c

Section B,

Identifier

Form 990, Part VI, Section C, line

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Employer identification number

31-1662309

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Ascension Health is sponsored by six organizations four provinces of the Daughters of Charity, the Congregation of St Joseph, and the Sisters of St Joseph of Carondelet Each of these six organizations is a member in Ascension Health

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The members of Ascension Health have the ability to elect members to the governing body of Ascension Health

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		All decisions that have a material impact to Ascension Health financial information or corporation as a whole are subject to approval by the six memberships

Explanation

schedules in a thorough manner Prior to filing the return, all Board Members are provided the Form 990

Management, including certain Officer(s), works diligently to complete the Form 990 and attached

governing board or committee meeting will decide if conflicts of interest exist. Each director, principal officer and

member of a committee with governing board delegated powers annually signs a statement which affirms such

person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose. In addition, the General Counsel reviews all Conflict of Interest disclosures and makes an annual report to the Board on such disclosures

Explanation

The organization will provide any documents open to public inspection upon

Part I, Line 11 h (i) - Supported Organization Northeast, Southeast, East Central and West Central Provinces of

Section A, line 10		and management team members are available to answer any Board Members questions
ldentifier	Return Reference	Explanation
Form 990,		The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 15		In determining compensation of the organization's CEO, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Compensation Committee of the Board engaged an independent compensation consultant to advise the Committee with respect to the compensation of the CEO. Then the Compensation Committee review ed and approved the compensation. In the review of the compensation, the CEO was compared to individuals in other comparable organizations that hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the minutes. The Individual was not present when his compensation was decided. In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Compensation Committee of the Board engaged an independent compensation consultant to advise the Committee with respect to the executive team members. Then the Compensation Committee review ed and approved the compensation in the review of the compensation, the other officers or key employees of the organization were compared to individuals in other comparable organizations that hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the minutes. Ascension Health performed all of the above procedures to obtain the rebuttable presumption respecting compensation arrangements (per IRC Section 4958).

19		request
ldentifier	Return Reference	Explanation

Return Reference

ldentifier	Return Reference	Explanation
Schedule A Part IV	A, Supplemental Information	the Daughters of Charity of St. Vincent de Paul, the Congregation of the Sisters of St. Joseph of Nazareth, and the Congregation of the Sisters of St. Joseph of Carondelet (CSJ) and their affiliated organizations, provided that such organizations are described under Section 501(c)(3) of the code and are classified as public charities under sections 509(a)(1) and 509(a)(2) of the code

ldentifier	Return Reference	Explanation
Form 990, Part Ⅲ	Program Service Accomplishments	Ascension Health, the largest Catholic and largest nonprofit health system in the United States, is a leader within the nation's Catholic health missity. To ensure faithfulness and fidelity to the heritage and history of its religious sponsors, the organization examines all key decisions and strategies through the lens of its Mission Rocked in the bring ministry of Jesus as healer, we common consideration to those who are poor and vulnerable. Our Catholic health ministry as decision of the common control of the control of the common control of the c

in a number of quality performance improvement areas for the full continuum of care. In July 2008 Ascension H met its goal of "excellent clinical care with no preventable injuries or deaths" by dramatically reducing the mortal figure for those not admitted to the hospital for end-of-life care. In pursuit of Healthcare That Is Safe, best pract and clinical improvements are shared across the System Thanks to the work of Clinical Excellence and leaders associates in the Health Ministries, improvements in eight patient safety areas of focus called Priorities for Active been substantially better than national averages. Ascension Health is advancing the next phase of patient safe work to become a High Reliability Organization, through its Healing without Harm by 2014 initiative. The objective Healthcare That Leaves No One Behind is 100% access and 100% coverage. Through national advocacy, new models of care and transformed access leaders, Ascension Health collaborates with others with the goal of ensuring that all persons, particularly those who are uninsured or underinsured, receive healthcare services it create and support the best journey to improved health outcomes for each individual and are funded in an adec and sustainable fashion. At a national level, Ascension Health continues to advocate for legislation that support access and coverage for all by 2020. The Advocacy team provides leadership in this area, developing and implementing Ascension Health's advocacy agenda, providing leadership in the development of public-private partnerships that improve access to healthcare delivery services, and coordinating Ascension Health's advocacy agenda, providing leadership in the development of public-private partnerships that improve access to healthcare delivery services, and coordinating Ascension Health's advocacy fortis with the American Hospital Association and the Catholic Health Association of the United States in addit Ascension Health has determined that to realize its Vision through its Strategic Direction by	Reference	Explanation	
to strengthen the ministry's ability to serve those who are poor and vulnerable. The organization has worked have manage its large and complex organization in a way that ensures the continued ability to carry out its Mission.		ensuring that all persons, particularly those who are uninsured or underinsured, receive healthcare services that create and support the best journey to improved health outcomes for each individual and are funded in an adequate and sustainable fashion. At a national level, Ascension Health continues to advocate for legislation that supports access and coverage for all by 2020. The Advocacy team provides leadership in this area, developing and implementing Ascension Health's advocacy agenda, providing leadership in the development of public-private partnerships that improve access to healthcare delivery services, and coordinating Ascension Health's advocacy efforts with the American Hospital Association and the Catholic Health Association of the United States. In addition, Ascension Health has determined that to realize its Vision through its Strategic Direction by 2020 it is necessary for the organization to both perform and transform. The System's organizational approach provides clear focus and dedicated resources to optimize operations within the five-year timeframe of its Integrated Strategic, Operational and Financial Plan through the Healthcare Operations group it also dedicates discrete resources to a separate group, Transformational Development, with a longer-term focus to identify, investigate and test innovative solutions to help achieve the Strategic Direction. Through this organizational approach, Ascension Health seeks to ensure that it is best positioned to lead the transformation of healthcare. Transformational Development works to accelerate the achievement of Ascension Health's Strategic Direction by focusing its energy on "what's next" in the evolution of healthcare, beyond the five-year timeframe of the Ascension Health Integrated Strategic, Operational and Financial Plan. Transformational Development seeks to design and test new platforms for meeting the health-related needs of those served, in part by pursuing non-traditional approaches to the traditional challenges facing healthcare.	d d

ldentifier	Return Reference	Explanation
Form 990, Part IV, Line 12		Ascension Health receives a consolidated Audited Financial

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2		The Financial Statements of Ascension Health were audited on a consolidated basis. An Audit Committee has been delegated the responsibility to oversee the Audited Financial Statements and the selection of the independent Accountants that audited the Financial Statements.

	ldentifier	Return Reference	Explanation
	Schedule K, Part I	Additional INformation	Sch O-1 CUSIP for Series 2003 as originally reported on Form 8038 w as missing a digit (reported as "594654U4") Sch O-2 A portion of 2003C issuance was exchanged for 2008C bonds, transaction did not represent tax reissuance Sch O-3 2003D bonds were exchanged for 2008D bonds, transaction did not represent tax reissuance Sch O-4 A portion of 2003E issuance was exchanged for 2008E bonds, transaction did not represent tax reissuance Sch O-5 A portion of 2005A Indiana bonds were defeased, escrow no longer outstanding as of last day of tax year Sch O-6 Series 2006B-1, B-7 and B-8 were reissued for tax purposes as of 5/28/09 in connection with an interest rate conversion on the bonds Series 2006B-2 remains outstanding as originally issued Sch O-7 Series 2001B-1 was reissued for tax purposes as of 3/30/09 in connection with an interest rate conversion on the bonds Sch O-8 The Escambia 2003A, Michigan 2003B/2008B, Missouri 2003C, Idaho 2003D/2008D and Indiana 2003E/2008E Bonds are all part of a single issue for federal tax purposes although Ascension Health reserves the right to make any multipurpose allocations permitted under the Treasury Regulations Sch O-9 The Alabama 2005A, Indiana 2005A and Michigan 2005 Bonds are all part of a single issue for federal tax purposes although Ascension Health reserves the right to make any multipurpose allocations permitted under the Treasury Regulations Sch O-10 The Wisconsin 2006A, Indiana 2006B-2, B-3, B-4, B-5 and B-6, Alabama (Birmingham) 2006C-2 and Alabama (Mobile) 2006D Bonds are all part of a single issue for federal tax purposes. Within that issue, Ascension Health has elected under the Treasury Regulations to treat the Wisconsin 2006A Bonds and Indiana 2006B-2 Bonds, together, as a single issue for certain federal tax purposes, and has elected under the Treasury Regulations to treat the Indiana 2006B-3, B-4, B-5 and B-6 and the Alabama (Mobile) 2006D Bonds, together, as a single issue for certain federal tax purposes. Sch O-11 The Alabama (Birmingham) 2006C-1 and Indiana
_			

Return

Identifier

DLN: 93493137055010

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

ASCENSION HEALTH

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Related Organizations and Unrelated Partnerships

31-1662309 Part I **Identification of Disregarded Entities** Name, address, and EIN of disregarded entity Total income Primary activity Legal domicile (state End-of-year assets Direct controlling or foreign country) entity ASCENSION HEALTH VENTURES II LLC 11775 BORMAN DRIVE Ascension Health 847,403 6,894,455 healthcare MO St Louis, MO 63146 26-0624407 Travel Services Corporation 4600 Edmundson Road Ascension Health travel services МО 0 244,953 St Louis, MO 63134 26-3764978 Trimedx LLC 6325 digital way suite 400 Ascension Health healthcare IN 8,243,785 41,299,250 Indianapolis, IN 46278 35-2081152 **Identification of Related Tax-Exempt Organizations** (B) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity See Additional Data Table

(A) Name, address, and EIN of related organization	Prim	(B) Pary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	Pred Incom Inve	(E) ominant e(related, estment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	I) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	aging
										Yes	No		Yes	No
See Additional Data Table														
see Hantonal Bata Table														
Part IV Identification of Ro	elated	Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organiz		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of i-of-yea assets	(H) Percentage r ownership		
See Additional Data Table														

(3)

(4)

(5)

(6)

Part V Transactions with Related Organizations
--

Part V	Transactions with Related Organizations					
Note	. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 During	the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	·IV?			
a Rec	eıpt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled ent	erty		1a		No
b Gıft	, grant, or capital contribution to other organization(s)			1b	Yes	
c Gift,	grant, or capital contribution from other organization(s)			1c		No
d Loa	ns or loan guarantees to or for other organization(s)			1d	Yes	
e Loa	ns or loan guarantees by other organization(s)			1e		No
f Sale	of assets to other organization(s)			1f		No
g Pur	chase of assets from other organization(s)			1g		No
h Exc	hange of assets			1h		No
i Leas	e of facilities, equipment, or other assets to other organization(s)			1i	Yes	
j Leas	se of facilities, equipment, or other assets from other organization(s)			1j		No
k Per	formance of services or membership or fundraising solicitations for other org	ganızatıon(s)		1k		No
l Perf	ormance of services or membership or fundraising solicitations by other orga	anızatıon(s)		11		No
m Sha	ring of facilities, equipment, mailing lists, or other assets			1m	Yes	
n Sha	ring of paid employees			1n	Yes	
o Reir	mbursement paid to other organization for expenses			10	Yes	
	mbursement paid by other organization for expenses			1р	Yes	
q Oth	er transfer of cash or property to other organization(s)			1q	Yes	
r Oth	er transfer of cash or property from other organization(s)			1r	Yes	
2 If th	e answer to any of the above is "Yes," see the instructions for information o	n who must complete this line, including covered relationsl	hips and transaction thresholds			
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved			
(1)		-VL - V 1)				
See Additiona Data Table	al					
(2)						

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations	57	(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Additional Data

Ascension health Information Services

LIABILITY SELF INSURANCE TRUST

PO Box 45998

65-1257719

St Louis, MO631455998

4600 edmundson rd

st Louis, MO63134 36-7046706

st Louis, MO63136 43-1601369 SETON INSTITUTE

4600 edmundson rd

st Louis, MO63134 65-1205990

810 St Vincents Drive

Birmingham, AL35205

Birmingham, AL35205

810 St Vincents Drive

Birmingham, AL35205

St Vincent's Birmingham

810 St Vincents Drive

Birmingham, AL35205

150 Gilbreath Drive

Oneonta, AL35121 63-0909073 St Vincent's East

50 Medical Park East Drive

50 Medical Park East Drive

St Vincent's Foundation of Alabama Inc

Seton Health Corporation of South Alabama

Providence Building Corporation

Providence Healthcare Services

Seton Medical Management

DAUGHTERS OF CHARITY SERVICES OF ARKANSAS

Southwest Catholic Health Network (DBA Mercy Care Plan)

Birmingham, AL35235

Birmingham, AL35235

810 St Vincents Drive

Birmingham, AL35205

810 St Vincents Drive

Birmingham, AL35205

Universal Health Services

63-0578923

63-0909071

63-0868068

63-0932323 Providence Hospital

6801 Airport Blvd

Mobile, AL36608 63-0288861

6801 Airport Blvd

Mobile, AL36608 63-0934712

6801 Airport Blvd

Mobile, AL36608 63-0914564

6801 Airport Blvd

Mobile, AL36608 63-0915493

6801 Airport Blvd

Mobile, AL36608 63-0937705

6801 Airport Blvd

Mobile, AL36608 63-0937704

DUMAS, AR71639 62-1712703

2202 N Forbes BLVD

Holy Cross Hospital Inc

2202 N Forbes BLVD

2202 N Forbes BLVD

2202 N Forbes BLVD

Tucson, AZ85745 86-0749574

2800 Main Street

2800 Main Street

2800 Main Street

47 Iona lots road

westport, CT06880 06-0813283

95 Merritt boulevard

trumbull, CT06611 22-2554128 St Vincent's college

2800 Main Street

Bridgeport, CT06606 06-1331677

St Vincent's development Inc

22-2558132

Bridgeport, CT06606

Bridgeport, CT06606 06-0646886

22-2558134

Bridgeport, CT06606

St Vincent's medical Center

Carondelet Foundation Inc

St Vincent's Health Services Corporation

St Vincent's medical Center foundation inc

Hall-Brooke Behavioral Health Services Inc

Tucson, AZ85745 86-0527381

Tucson, AZ85745 86-0575938

Tucson, AZ85745 86-0455920

Carondelet Health Network

PO BOX

Providence Foundation

63-0931008

63-0952490

23-7326976

63-0288864 St Vincent's Blount

St Vincent's Health System

American Sports medicine Institute

Seton Property Corporation of North Alabama

St Vincent's East Foundation FKA Eastern Health Foundation

2660 10th Avenue South No 505

PO Box 46944

Return to Form

(F)

Direct Controlling

Entity

ascension health

Ascension health

Ascension health

ascension health

Ascension Health

St Vincent's Health

Ascension Health

Ascension Health

Seton Health Corporation of South

Seton Health Corporation of South

Seton Health Corporation of South

Seton Health

Corporation of South

Ascension Health

Carondelet Health

Carondelet Health

Carondelet Health

Ascension Health

St Vincent's Health

St Vincent's Health

Services Corporation

St Vincent's Health

St Vincent's Health

St Vincent's Health

Services Corporation

Services Corporation

Services Corporation

Services Corporation

Network

Network

Network

ΑL

System

System

System

System

System

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System

Software ID: **Software Version:**

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

rt II -	Identifica	tion of Re	lated _, Tax	c-Exempt	Organiz	zatio

ed T	ax-Exempt Organiz	zations		
		(C)	(D)	

(State

or Foreign

Country)

МΟ

МΟ

МО

МΟ

ΑL

ΑR

ΑZ

ΑZ

ΑZ

ΑZ

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 CT

СТ

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(D)

Exempt Code

section

section 501(c)(3)

Section 501(c)(3)

section 501(c)(9)

section 501(c)(3)

Section 501(c)(3)

Section 501(c)(3)

Section 501(c)(2)

Section 501(c)(3)

section 501(c)(2)

section 501(c)(3)

section 501(c)(3)

section 501(c)(3)

SECTION 501(C)

section 501(c)(3)

(3)

(E)

Public charity status

(If 501(c)(3))

Schedule A, line 11a

Schedule A, Line 11a

schedule a, line 7

Schedule A, Line 11c

Schedule A , Line 7

Schedule A, Line 3

Schedule A, Line 3

Schedule A, Line 3

Schedule A, Line 7

Schedule A . Line 7

Schedule A , Line 3

Schedule A, Line 3

Schedule A, line 11c

Schedule A, line 11c

Schedule A, line 11c

Schedule A, line 11b

Schedule A, Line 3

Schedule A, Line 3

Schedule A , Line 11a

Schedule A, Line 11a

Schedule A, Line 11a

Schedule A , Line 3

Schedule A, Line 7

Schedule A , Line 9

Schedule A , Line 2

N/A

SCHEDULE A, LINE 9 Ascension Health

n/a

N/A

N/A

Legal Domicile (A) (B)

orm 990,	Schedule R, Part I	[- Identification o	of Related Tax	-Exempt Organiz
•	·			

Name, address, and EIN of related organization

ASCENSION HEALTH PROFESSIONAL AND GENERAL

ASCENSION HEALTH WELFARE BENEFITS TRUST

Name: ASCENSION HEALTH

EIN: 31-1662309

Primary Activity

Supporting

Supporting

Trust

Healthcare

Health System Parent

Sports Medicine

Real Estate

Hospital

Hospital

Hospital

fundraising

fundraising

Hospital

Supporting

Supporting

|fundraising

Supporting

Supporting

healthcare

Hospital

Hospital

Health Care

fundraising

System parent

Hospital

Fundraising

services

behavioral health

real estate holdings

college of nursing

Organization

O rganızatıon

O rganızatıon

O rganızatıon

Physician group

O rganızatıon

O rganızatıon

Form 990, Schedule R, Part II - Identification of Related	l Tax-Exempt Organiza 	tions (C)			
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
95 Merritt Boulevard trumbull, CT06611 06-0702617	Programs for handicapped individuals	СТ	Section 501(c)(3)	Schedule A , Line 9	St Vincent's Health Services Corporation
Washington, DC20017 52-1347245	fundraising	DC	section 501(c)(3)	Schedule A , Line 11c	Providence Hospital
Washington, DC20017 53-0196636	Hospital	DC	Section 501(c)(3)	schedule A, Line 3	Ascension Health
washington, DC20017 52-1275587	Physician Practices	DC	Section 501(c)(3)	Schedule A, Line 11a	Providence Hospital
Providence Health Foundation inc 1150 Varnum Street NE Washington, DC20017 52-1275583 St Vincent's Medical Center Inc	fundraising	DC	Section 501(c)(3)	Schedule A, Line 11a	Providence Hospital
	Hospital	FL	section 501(c)(3)	schedule a, line 3	St Vincent's Health System Inc
	Hospital	FL	section 501(c)(3)	schedule a, line 4	St Vincent's Health System Inc
2565 Park Street jacksonville, FL32204 59-2292041 St Vincent's Foundation Inc	hospital	FL	section 501(c)(3)	schedule a, line 3	st Vincent's Health System Inc
1 Shircliff Way Jacksonville, FL32204 59-2219923 St Catherine's Laboure Manor	Fundraising	FL	section 501(c)(3)	schedule a, line 7	St Vincent's Health System Inc
2565 Park Street jacksonville, FL32204 59-1878316 St Vincent's Health System Inc	hospital	FL	section 501(c)(3)	schedule a, line 3	st Vincent's Health System Inc
2565 Park Street jacksonville, FL32204 59-3650609 Sacred Heart Health System Inc	hospital	FL	section 501(c)(3)	schedule a, line 11b	st Vincent's Health System Inc
	Hospital	FL	section 501(c)(3)	Schedule A, Line 3	Ascension Health
	Nursing Home	FL	section 501(c)(3)	Schedule A, Line 9	Sacred Heart Health System
	fundraising	FL	section 501(c)(3)	Schedule A, Line 7	Sacred Heart Health System
5151 N 9th Ave Pensacola, FL32504 57-1183283 st joseph hospital augusta	Investment	FL	section 501(c)(3)	Schedule A, Line 11a	Sacred Heart Health System
4600 edmundson rd st Louis, MO 631343806 58-0614997 st joseph Foundation Inc	medical service	GA	section 501(c)(3)	schedule a, line 3	ascension health
	fundraising	GA	section 501(c)(3)	schedule a, line 7	St Joseph Hospital
	Hospital	ID	section 501(c)(3)	Schedule A, line 3	Ascension Health
3700 Washington Avenue Evansville, IN47750 35-1899560 St Mary's Building Corporation	Home Care Services/Durable Medical Equipment	IN	SECTION 501(C)	schedule A, line 11a	Seton Health Corporation of Southern Indiana Inc
	Building Rental	IN	SECTION 501(C)	N/A	Seton Health Corporation of Southern Indiana Inc
, , , , , , , , , , , , , , , , , , ,	EMS/A mbulance	IN	SECTION 501(C) (4)	N/A	St Mary's Health System of America Inc
	DORMANT	IN	SECTION 501(C)	schedule a, line 3	St Mary's Health System of America Inc
	Health Ministry Parent	IN	SECTION 501(C)	schedule A, line 11c	Ascension Health
	Investment	IN	SECTION 501(C)	schedule a, line 3	St Mary's Health System of America Inc
	DORMANT	IN	SECTION 501(C)	schedule A , line 11a	Seton Health Corporation of Southern Indiana Inc
3700 Washington Avenue Evansville, IN47750 23-7045370 St Mary's Medical Center of Evansville Inc	Fundraising	IN	SECTION 501(C)	schedule A, line 11a	St Mary's Medical Center of Evansville Inc
	Hospital	IN	SECTION 501(C)	schedule a, line 3	St Mary's Health System of America Inc
1116 Millis Avenue Boonville, IN47601 35-1961890 St Mary's Warrick Hospital Inc	Fundraising	IN	SECTION 501(C)	schedule A, line 11a	St Mary's Warrick Hospital Inc
	Hospital	IN	SECTION 501(C)	schedule a, line 3	St Mary's Health System of America Inc
2001 W 86th Street Indianapolis, IN46260 35-1869951	Freestanding outpatient center	IN	section 501(c)(3)	Schedule A, line 11c	St Vincent Hospital & Health Care Center Inc

Form 990, Schedule R, Part II - Identification of Relate		(C)	/B)		<u> </u>
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Jubilee Partnerships Inc 2301 N Park Avenue Indianapolis, IN46205 35-2060765	Outreach activities	IN	section 501(c)(3)		St Joseph Hospital & Health Center Inc
Rehabiliation Hospital of Indiana Inc	Rehabiliation hospital	IN	section 501(c)(3)	schedule A , line 3	St Vincent Health Inc
St Johns Foundation Inc 2015 Jackson Street Anderson, IN46016 35-2053693	FUNDRAISING	IN	section 501(c)(3)	Schedule A, line 11a	St Vincent Madison County Health System Inc
St Joseph Hospital & Health Center Inc 1907 W Sycamore Street Kokomo, IN46901 35-0992717	Hospital	IN	section 501(c)(3)	schedule A , line 3	St Vincent Health Inc
St Joseph Foundation of Kokomo Indiana Inc 1907 W Sycamore Street Kokomo, IN46901 23-7313206	FUNDRAISING	IN	section 501(c)(3)		St Joseph Hospital & Health Center Inc
St Vincent Carmel Hospital Inc 13500 N Meridian Street Carmel, IN46032 74-3107055	Hospital	IN	section 501(c)(3)	schedule A, line 3	St Vincent Health Inc
St Vincent Clay Hospital Inc 1206 E National Avenue Brazil, IN47834 35-2112529	Critical access hospital	IN	section 501(c)(3)	schedule A, line 3	St Vincent Health Inc
St Vincent Frankfort Hospital Inc 1300 S Jackson Frankfort, IN46041 35-2099320	Critical access hospital	IN	section 501(c)(3)	schedule A , line 3	St Vincent Health Inc
St Vincent Frankfort Hospital Foundation Inc 1300 S Jackson Frankfort, IN46041 35-1531734	Supporting organization	IN	section 501(c)(3)	Schedule A, line 11a	St Vincent Frankfort Hospital Inc
Indianapolis, IN46260 35-2052591	Parent company	IN	section 501(c)(3)	Schedule A, line 11c	Ascension Health
Indianapolis, IN46260 35-0869066	Hospital	IN	section 501(c)(3)	schedule A , line 3	St Vincent Health Inc
St Vincent Hospital Foundation Inc 10330 N Meridian Street Ste 430N Indianapolis, IN46290 35-6088862	fundraising	IN	section 501(c)(3)	Schedule A, line 11a	St Vincent Hospital & Health Care Center Inc
St Vincent Jennings Hospital Inc 301 Henry Street North Vernon, IN47265 35-1841606	Critical access hospital	IN	section 501(c)(3)	schedule A , line 3	St Vincent Health Inc
St Vincent Madison County Health System Inc 1331 South A Street Elwood, IN46036 35-0876389	Hospital	IN	section 501(c)(3)	schedule A, line 3	St Vincent Health Inc
St Vincent Mercy Hospital Foundation Inc 1331 South A Street Elwood, IN46036 31-1066871 St Vincent New Hope Inc	Supporting organization	IN	section 501(c)(3)	Schedule A, line 11a	St Vincent Madison County Health System Inc
8450 N Payne Road Indianapolis, IN46260 35-1733591 St Vincent Pediatric Rehab Center Inc	Intermediate care facility	IN	section 501(c)(3)	schedule A, line 9	St Vincent Health Inc
1707 W 86th Street Indianapolis, IN46260 35-2048898 St Vincent Randolph Hospital Inc	Specialty hospital	IN	section 501(c)(3)		St Joseph Hospital & Health Center Inc
473 Greenville Avenue Winchester, IN47394 35-2103153 St Vincent Randolph Hospital Foundation Inc	Critical access hospital	IN	section 501(c)(3)	schedule A, line 3	St Vincent Health Inc
	fundraising	IN	section 501(c)(3)	Schedule A, line 11a	St Vincent Randolph Hospital Inc
8050 Township Line Road Indianapolis, IN46260 35-1712001 St Vincent Williamsport Hospital Inc	Long term care hospital	IN	section 501(c)(3)	schedule A, line 3	St Vincent Health Inc
412 N Monroe Street Williamsport, IN47993 35-0784551 St Vincent Williamsport Hospital Foundation Inc	Critical access hospital	IN	section 501(c)(3)	schedule A , line 3	St Vincent Health Inc
	fundraising	IN	section 501(c)(3)	Schedule A, line 11a	St Vincent Williamsport Hospital Inc
2001 W 86th Street Indianapolis, IN46260 81-0607827 DAUGHTERS OF CHARITY SERVICES OF NEW ORLEANS	Holding company	IN	section 501(c)(3)	Schedule A, line 11a	St Vincent Health Inc
	Hospital	LA	section 501(c)(3)	schedule A , line 3	Ascension Health
	HOSPITAL	MD	section 501(c)(3)	SCHEDULE A, LINE 9	Ascension Health
-	Hospital	MD	section 501(c)(3)	Schedule A, line 3	Ascension Health
900 CATON AVENUE BALTIMORE, MD21229 03-0384382	PROVIDE HEALTH RELATED PROGRAMS TO THE COMMUNITY PROVIDE	MD	section 501(c)(4)		St Agnes Healthcare Inc
900 CATON AVENUE BALTIMORE, MD21229	GOVERNMENT SUPPORT FOR HOSPITAL ACTIVITIES & PROGRAMS	MD	Section 527	N/A	St Agnes Healthcare Inc
900 CATON AVENUE BALTIMORE, MD21229 52-1415083 SETON MEDICAL GROUP	Fundraising	MD	section 501(c)(3)	Schedule A, Line 11a	St Agnes Healthcare Inc
900 CATON AVENUE BALTIMORE, MD21229 39-2064992	healthcare	MΠ	FORM 1023 PENDING IR	Schedule A, line 3	St Agnes Healthcare Inc

Form 990, Schedule R, Part II - Identification of Relate	d Tax-Exempt Organiza	ations (c)	(D)		
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal Domicile (State or Foreign Country)	Evennt Code	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
ST AGNES AUXILIARY 900 CATON AVENUE BALTIMORE, MD21229 52-0643673	FUNDRAISING	MD	section 501(c)(3)	Schedule A, Line 9	St Agnes Healthcare Inc
Grand Blanc, MI484398065 38-3339703	Health System Parent	MI	section 501(c)(3)	Schedule A, line 11c	Ascension Health
Genesys Ambulatory Health Services 3935 Beecher Road Flint, MI485323602 38-2371754	Occ HIthStaffing/Prop Mgmnt	MI	section 501(c)(3)	Schedule A , line 11b	genesys Health System
Genesys Convalescent Center One Genesys Parkway Grand Blanc, MI484398065 38-2317364	Convalescent Center	MI	section 501(c)(3)	schedule A , line 3	Genesys Health System
Genesys Health Foundation One Genesys Parkway Grand Blanc, MI484398065 38-3591148	fundraising	MI	section 501(c)(3)	schedule A, line 11a	genesys Health System
Genesys Home Health & Hospice 3933 Beecher Road Flint, MI485323602 38-2177968	Home Hith/Hospice	MI	section 501(c)(3)	schedule A, line 11a	Genesys Ambulatory Health Services
Genesys Regional Medical Center one Genesys Parkway grand Blanc, MI484398065 38-2377821	Hospital	MI	section 501(c)(3)	schedule A , line 3	genesys Health System
Genesys Volunteers One Genesys Parkway Grand Blanc, MI484398065 38-1472646	GRMC Support	MI	section 501(c)(3)	Schedule A, line 11D	genesys Health System
Flint, MI485323602 38-2427678	Prg Related Investments	MI	section 501(c)(3)	schedule A, line 11b	genesys Health System
Center for Gerontology 3919 Beecher Road FLINT, MI485323699 38-2514708	Adult Day Care	MI	section 501(c)(3)	schedule A, line 11b	genesys Health System
ST JOHN HEALTH SYSTEM 28000 DEQUINDRE WARREN, MI48092 38-2244034	HEALTH CARE		SECTION 501(C)	schedule a, line 3	Ascension Health
ST JOHN HEALTH SYSTEM FOUNDATION INC 28000 DEQUINDRE WARREN, MI48092 38-2769385	FUNDRAISING		SECTION 501(C)	schedule a, line 7	ST JOHN HEALTH
ST JOHN SENIOR COMMUNITY CENTER 18300 E WARREN DETROIT, MI48224 38-2631907	HEALTH CARE		SECTION 501(C)	SCHEDULE A, LINE 9	ST JOHN HEALTH
ST JOHN HOSPITAL & MEDICAL CENTER 28000 DEQUINDRE WARREN, MI48092 38-1359063	Hospital		SECTION 501(C)	schedule a, line 3	ST JOHN HEALTH
WARREN, MI48092 38-3322109	Hospital	I MI	SECTION 501(C)	schedule a, line 3	ST JOHN HEALTH
CENTER LINE, MI48015 38-2601348	HEALTH CARE		SECTION 501(C)	SCHEDULE A, LINE 9	ST JOHN HEALTH
EAST CHINA, MI480542909 38-3160564	Hospital	I MI	SECTION 501(C)	schedule a, line 3	ST JOHN HEALTH
CLINTON TOWNSHIP, MI48038 38-3494637	HEALTH CARE		SECTION 501(C)	SCHEDULE A, LINE 9	ST JOHN HEALTH
CLINTON TOWNSHIP, MI480362055 38-3408684	HEALTH CARE		SECTION 501(C)	schedule a, line 7	ST JOHN HEALTH
ST JOHN HEALTH SYSTEM COMM INV CORP 22101 MOROSS DETROIT, MI48236 38-2262856	HEALTH CARE		SECTION 501(C)	schedule a, line 3	ST JOHN HEALTH
SOUTHFIELD, MI48037 38-1958763	HEALTH CARE		SECTION 501(C)	SCHEDULE A, LINE 9	ST JOHN HEALTH
ST JOHN HOME CARE SERVICES 37650 GARFIELD ROAD CLINTON TOWNSHIP, MI480362055 38-3408684	HEALTH CARE		SECTION 501(C)	schedule a, line 7	ST JOHN HEALTH
PROVIDENCE HOSPITAL 28000 DEQUINDRE WARREN, MI48092 38-1358212	HEALTH CARE	MI	SECTION 501(C)	schedule a, line 3	ST JOHN HEALTH
SOUTHFIELD, MI48075 38-3526629	FUNDRAISING	I MI	SECTION 501(C)	schedule A, line 11	ST JOHN HEALTH
SOUTHFIELD, MI48037 38-2820107	HEALTH CARE	I IVI I	SECTION 501(C)	schedule A, line 11	ST JOHN HEALTH
ST JOHN MACOMB FOUNDATION 28000 DEQUINDRE WARREN, MI48092 20-2962353	FUNDRAISING		SECTION 501(C)	schedule a, line 7	ST JOHN HEALTH
ST JOHN HOSPITAL FOUNDATION 28000 DEQUINDRE WARREN, MI48092 20-2961579	FUNDRAISING	I MI	SECTION 501(C)	schedule a, line 7	ST JOHN HEALTH
Columbia St Mary's Inc 12851 GRAND RIVER BRIGHTON, MI48116 38-1576680	Health care		SECTION 501(C)	schedule a, line 3	ST JOHN HEALTH
BRIGHTON NATIONAL ADDICTION FOUNDATION 12851 GRAND RIVER BRIGHTON, MI48116 26-0694680	FUNDRAISING		SECTION 501(C)	schedule a, line 7	ST JOHN HEALTH
Borgess Health Alliance Inc 1521 Gull Road Kalamazoo, MI49048 38-2335286	Health System Parent	MI	section 501(c)(3)	Schedule A, line 11c	Ascension Health

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations								
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity			
Borgess Medical Center 1521 Gull Road Kalamazoo, MI49048 38-1360526	Healthcare Services	MI	section 501(c)(3)	Schedule A, line 3	Borgess Health Alliance Inc			
Borgess Ambulatory Care Corporation 1521 Gull Road Kalamazoo, MI49048 38-2468823	Holding Company	MI	section 501(c)(3)	Schedule A , line 3	Borgess Health Alliance Inc			
Kalamazoo, MI49048 23-7222558	Fundraising	MI	section 501(c)(3)	Schedule A, line 11c	Borgess Health Alliance Inc			
Kalamazoo, MI49048 38-2555589	Residential Care	MI	section 501(c)(3)	Schedule A, line 3	Borgess Health Alliance Inc			
Dowagiac, MI49047 38-1490190	Healthcare Services	MI	section 501(c)(3)	Schedule A , line 3	Borgess Health Alliance Inc			
Dowagiac, MI49047 38-2860459	Fundraising	MI	section 501(c)(3)	Schedule A, line 11c	Borgess Health Alliance Inc			
Kalamazoo, MI49048 38-3193801	Healthcare Services	MI	section 501(c)(3)	Schedule A , Line 9	Borgess Health Alliance Inc			
348 North Burdick Kalamazoo, MI49007 38-1359216	Home Nursing and Rehabilitation Services	MI	section 501(c)(3)	Schedule A , Line 9	Borgess Health Alliance Inc			
348 North Burdick Kalamazoo, MI49007 38-2717691	Home Healthcare Services	MI	section 501(c)(3)	Schedule A , Line 9	Borgess Health Alliance Inc			
Saginaw, MI48601 38-3477071	Local Health System Parent	MI	Section 501(c)(3)	Schedule A, Line 11	Ascension Health			
Sagınaw, MI48601 38-0997730	Hospital	MI	Section 501(c)(3)	Schedule A , Line 3	St Mary's Health			
Sagınaw, MI48601 38-2698629	Supporting Organization	MI	Section 501(c)(3)	Schedule A, Line 11	St Mary's Health			
Emergency Medical Services of Saginaw Inc 800 S Washington Saginaw, MI48601 38-2497240 St Mary's Hospital Foundation	Medical Transport	MI	Section 501(c)(3)	Schedule A , Line 9	Seton Health Corporation of East Central Michigan			
	Fundraising	MI		Schedule A , Line 11c	Seton Health Corporation of East Central Michigan			
800 S Washington	Medical Research Organization	MI	Section 501(c)(3)	Schedule A , Line 9	Seton Health Corporation of East Central Michigan			
	Fundraising	MI	Section 501(c)(3)	Schedule A, Line 11	Seton Health Corporation of East Central Michigan			
'	Hospital	MI	section 501(c)(3)	Schedule A , Line 3	St Mary's Health			
	hospital	MI	section 501(c)(3)	Schedule A , line 3	Ascension Health			
	fundraising	MI	ISACTION SILLICACE	Schedule A , Line 11a	St Joseph Health System			
	Fundraising	MI	section 501(c)(3)	Schedule A , Line 11a	N/A			
Care	VEBA	МО	section 501(c)(9)	N/A	Carondelet Health			
11050 Roe Suite 120 Overland Park, KS66211 43-1379352	Home Health Care Services	МО	section 501(c)(3)	Schedule A, line 3	Carondelet Health			
Kansas City, MO641144673 74-2505427	Long Term Care	мо	section 501(c)(3)	schedule A, line 9	Carondelet Health			
Kansas City, MO 641144673 44-0546292	Health Care	МО	section 501(c)(3)	schedule A , line 3	Carondelet Health			
Kansas City, MO641144673 43-1388461	Fundraising	мо	section 501(c)(3)	schedule A, line 11c	Carondelet Health			
Blue Springs, MO64014 43-1284526	Health Care	МО	section 501(c)(3)	schedule A , line 3	Carondelet Health			
Kansas City, MO641144673 43-1918107	Fundraising	мо	section 501(c)(3)	schedule A, line 11c	Carondelet Health			
Kansas City, MO641144673 43-1276738	System parent	МО	Section 501(c)(3)	schedule A, line 11c	Ascension Health			
Carondelet Health Corp & Affiliates Employee Health & Dental Care 1000 Carondelet Drive Kansas City, MO641144673 43-1116849	VEBA	мо	section 501(c)(9)	N/A	Carondelet Health			
Carondelet Home Care Services	Home Health Care Services	МО	section 501(c)(3)	Schedule A , line 3	Carondelet Health			

Form 990, Schedule R, Part II - Identification of Related	Fax-Exempt Organiza	ntions			1
(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 501(c)(3))	(F) Direct Controlling Entity
Kansas City, MO 641144673 74-2505427	Long Term Care	МО	section 501(c)(3)	schedule A, line 9	Carondelet Health
Kansas City, MO641144673 44-0546292	Health Care	МО	section 501(c)(3)	schedule A, line 3	Carondelet Health
Kansas City, MO 641144673 43-1388461	Fundraising	МО	section 501(c)(3)	schedule A, line 11c	Carondelet Health
Blue Springs, MO 64014 43-1284526	Health Care	МО	section 501(c)(3)	schedule A, line 3	Carondelet Health
Kansas City, MO 641144673 43-1918107	Fundraising	МО	section 501(c)(3)	schedule A, line 11c	Carondelet Health
Seton Health System Inc 1300 Massachusetts Ave Troy, NY12180 14-1776186 Seton Auxiliary Inc	Health System	NY	Section 501(c)(3)	schedule A, Line 3	Ascension Health
	Supporting Organization	NY	Section 501(c)(3)	1	Seton Health System Inc
	Skilled nursing facility	NY	Section 501(c)(3)	Schedule A, line 9	Seton Health System Inc
1300 Massachusetts Ave Troy, NY12180 22-2345416	Supporting Organization	NY	Section 501(c)(3)	Schedule A, Line 11a	Seton Health System Inc
Seton Licensed Home Care Inc 1300 Massachusetts Ave Troy, NY12180 14-1809134	Licensed Home Health Agency	NY	Section 501(c)(3)	schedule A , Line 3	Seton Health System Inc
1300 Massachusetts Ave Troy, NY12180 14-1675183	Discontinued operations	NY	Section 501(c)(3)	Schedule A , line 9	Seton Health System Inc
Troy, NY12180 14-1685163	Discontinued operations	NY	Section 501(c)(3)	Schedule A , Line 11a	Seton Health System Inc
Binghamton, NY13905 15-0532221	Hospital	NY	Section 501(c)(3)	schedule A , Line 3	Ascension Health
169 Riverside Drive Binghamton, NY13905 22-2873637	Rental of health care facilities	NY	section 501(c)(2)	N/A	Our Lady of Lourdes Memorial Hospital Inc
St Mary's Hospital at Amsterdam 427 Guy Park Avenue Amsterdam, NY12010 14-1347719	Hospital	NY	Section 501(c)(3)	schedule A, Line 3	Ascension Health
Guy Park Avenue	Rental of Medical and Professional Office Space	NY	Section 501(c)(2)	N/A	St Mary's Hospital at Amsterdam
The Foundation of St Mary's Hospital at Amsterdam 427 Guy Park Avenue Amsterdam, NY12010 13-3254655	fundraising	NY	Section 501(c)(3)	Schedule A, Line 11c	N/A
Lewiston, NY140921997 16-1523353	Hospital	NY	Section 501(c)(3)	schedule A, Line 3	Ascension Health
Lewiston, NY140921997 16-1608735	Nursing Home	NY	section 501(c)(3)	schedule A, Line 3	Mount St Mary's Hospital
Lewiston, NY140921997 16-1523352	Child Care Center	NY	section 501(c)(3)	Schedule A, line 9	Mount St Mary's Hospital
Lewiston, NY140921997 16-1360884	fundraising	NY	section 501(c)(3)	Schedule A, Line 11a	Mount St Mary's Hospital
Nashville, TN 37205 58-1716804	health system parent	TN	section 501(c)(3)	schedule A, line 11c	Ascension Health
Baptist Health Care Affiliates Inc 2000 Church Street Nashville, TN 37 236 58-1509251	community health promotion	TN	section 501(c)(3)	Schedule A, line 11a	Seton Corporation
Nashville, TN 37 2 3 6 62 - 1 5 2 9 8 5 8	healthcare provider	TN	section 501(c)(3)	Schedule A , line 3	Seton Corporation
Baptist Saint Thomas Home Care 2000 Church Street Nashville, TN37236 51-0172298	home health care	TN	section 501(c)(3)	Schedule A , line 9	Seton Corporation
Centerville, TN 37033 58-1737573	hospital	TN	section 501(c)(3)	Schedule A , line 3	Baptist Health Care Affiliates Inc
Centerville, TN 37 0 3 3 62-18 3 69 3 7	Home Health Care	TN	section 501(c)(3)	Schedule A, line 9	Hickman Community Health Care Services Inc
Murfreesboro, TN37219 62-1167917	fundraising	TN	section 501(c)(3)	Schedule A, line 11a	Mıddle Tennessee Medical Center Inc
Murfreesboro, TN 37 2 1 9 62 - 04 7 5 8 4 2	hospital	ΤN	section 501(c)(3)	Schedule A, line 3	St Thomas Health Services
Saint Thomas Health Services Fund fka St Thomas Foundation 4220 Harding Road Nashville, TN37205 58-1663055	fundraising	TN	section 501(c)(3)	Schedule A , line 7	Saint Thomas Network

Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organiza			I	
(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 501(c)(3))	(F) Direct Controlling Entity
Saint Thomas Network 4220 Harding Road Nashville, TN37205 62-1284994	health investment entity	TN	section 501(c)(3)	Schedule A , line 9	St Thomas Health Services
Seton Corporation 4220 harding road Nashville, TN37205 62-1869474	acute care hospital	TN	section 501(c)(3)	Schedule A , line 3	St Thomas Health Services
St Thomas Hospital 4220 Harding Road Nashville, TN37205 62-0347580	hospital	TN	section 501(c)(3)	Schedule A , line 3	St Thomas Health Services
SETON HEALTHCARE 1345 PHILOMENA STREET AUSTIN, TX78723 74-1109643	Hospital	тх	section 501(c)(3)	Schedule A , line 3	Ascension Health
TWENTY-SIX DOORS 1345 PHILOMENA STREET AUSTIN, TX78723 74-2855201	to hold title to real property	тх	section 501(c)(25)	N/A	Seton Fund
AUSTIN CHILDREN'S CHEST ASSOCIATES II 1345 PHILOMENA STREET AUSTIN, TX78723 26-0163261	Healthcare	тх	section 501(c)(3)	Schedule A, line 3	Seton Healthcare
BLUE LADIES MINERALS INC 1345 PHILOMENA STREET AUSTIN, TX78723 74-2971975	real estate	тх	section 501(c)(3)	Schedule A , Line 11c	Seton Healthcare
CMC FOUNDATION OF CENTRAL TEXAS 1345 PHILOMENA STREET AUSTIN, TX78723 20-0468031	Fundraising	тх	section 501(c)(3)	Schedule A , Line 11a	Seton Healthcare
CTMF INC 1345 PHILOMENA STREET AUSTIN, TX78723 74-2869762	healthcare	тх	section 501(c)(3)	Schedule A, line 3	Seton Healthcare
INSTITUTE OF RECONSTRUCTIVE PLASTIC SURGERY OF CENTRAL TEXAS 1345 PHILOMENA STREET AUSTIN, TX78723 26-2908163	healthcare	тх	section 501(c)(3)	Schedule A , line 3	Seton Healthcare
PEDIATRIC CRITICAL CARE ASSOCIATES 1345 PHILOMENA STREET AUSTIN, TX78723	healthcare	тх	section 501(c)(3)	Schedule A, line 3	Seton Healthcare
42-1670843 PEDIATRIC SURGICAL SUBSPECIALISTS 1345 PHILOMENA STREET AUSTIN, TX78723 20-8957311	healthcare	тх	section 501(c)(3)	Schedule A, line 3	Seton Healthcare
SETON FUND 1345 PHILOMENA STREET AUSTIN, TX78723 74-2212968	FUNDRAISING	тх	section 501(c)(3)	Schedule A , Line 11a	Seton Healthcare
SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC 1345 PHILOMENA STREET AUSTIN, TX78723	FUNDRAISING	тх	section 501(c)(3)	Schedule A , Line 11a	Seton Healthcare
74-2212968 SETON HAYS FOUNDATION 1345 PHILOMENA STREET AUSTIN, TX78723	FUNDRAISING	тх	Isection 501(c)(3)	Schedule A, Line 11a	Seton Healthcare
26-2842608 SETON MEDICAL GROUP 1345 PHILOMENA STREET AUSTIN, TX78723	healthcare	тх	section 501(c)(3)	Schedule A, line 3	Seton Healthcare
74-2861106 SETON WILLIAMSON FOUNDATION 1345 PHILOMENA STREET AUSTIN, TX78723	FUNDRAISING	ТХ	section 501(c)(3)	Schedule A , Line 11a	Seton Healthcare
20-5330986 SPECIALLY FOR CHILDREN 1345 PHILOMENA STREET AUSTIN, TX78723	healthcare	тх	section 501(c)(3)	Schedule A , line 3	Seton Healthcare
74-2800601 THE SETON COVE INC 1345 PHILOMENA STREET AUSTIN, TX78723	spirituality center	тх	section 501(c)(3)	Schedule A , Line 11a	Seton Healthcare
74-2727509 TRI-COUNTY CLINICAL	healthcare	тх	section 501(c)(3)	Schedule A , line 3	Seton Healthcare
26-4562712 TRI-COUNTY PRACTICE ASSOCIATES 1345 PHILOMENA STREET AUSTIN, TX78723	healthcare	тх	section 501(c)(3)	Schedule A , line 3	Seton Healthcare
26-4562522 Daughters of Charity Services of San Antonio 7607 Somerset Road San Antonio, TX78211	Healthcare	тх	section 501(c)(3)	Schedule A, Line 11a	Ascension Health
Waco, TX76713	Hospital	тх	section 501(c)(3)	Schedule A, line 3	Ascension Health
74-1109636 Providence Foundation Inc 6901 Medical Pkwy Waco, TX76713	Fundraising	ТХ	section 501(c)(3)	Schedule A, Line 11a	Providence Healthcare network
74-2683112 Providence Health Alliance 6901 Medical Pkwy Waco, TX76713	outpatient clinics	ТХ	section 501(c)(3)	Schedule A , line 3	Providence Healthcare network
74-2692670 OUR LADY OF LOURDES HOSPITAL AT PASCO 520 NORTH 4TH AVENUE PASCO, WA99301	hospital	WA	section 501(c)(3)	Schedule A , line 3	Ascension Health
91-0349750 LOURDES FOUNDATION 520 NORTH 4TH AVENUE PASCO, WA99301	FUNDRAISING	WA	section 501(c)(3)	Schedule A , Line 11a	OUR LADY OF LOURDES HOSPITAL AT PASCO
91-1528577 COLUMBIA ST MARY'S INC 4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212	HEALTH SYSTEM	WI	section 501(c)(3)	Schedule A, Line 11	Ascension health
39-1834639 COLUMBIA COLLEGE OF NURSING 4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212	college of nursing	WI	section 501(c)(3)	Schedule A , line 2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC
39-1596986 SACRED HEART REHABILITATION INSTITUTE 4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212	REHAB FACILITY	WI	section 501(c)(3)	Schedule A , line 3	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC
39-0902199					

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

39-1171298

(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 501(c)(3))	(F) Direct Controlling Entity
SETON CHILDREN'S SCHOOL 4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212 39-1391245	SCHOOL	WI	section 501(c)(3)	Schedule A line 9	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC
COLUMBIA ST MARY'S HOSPITAL MILWAUKEE 4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212 39-0806315	HOSPITAL	WI	section 501(c)(3)		COLUMBIA ST MARY'S INC
ST MARY'S HOSPITAL OZAUKEE 4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212 39-0807063	Hospital	WI	section 501(c)(3)	Schedule A, line 3	COLUMBIA ST MARY'S INC
HORIZON HOME CARE & HOSPICE INC 8949 N DEERBROOK TRL MILWAUKEE, WI53223	HOME CARE/HOSPICE	WI	section 501(c)(3)		COLUMBIA ST MARY'S INC

orm 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership									71)		
(A) Name, address, and EIN of related organization	(B) Primary activity	Legal Domicile (State or	(D) Direct Controlling Entity	(E) Predominant income(related, investment,	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)		prtionate	Code V-UBI amount on Box 20 of Schedule K- 1 (Form 1065)	Gen Mar	eral or naging tner?
		Foreign Country)		unrelated)			Yes	No	(\$)	Yes	No
St Vincent Outpatient Surgery Services LLC 810 St Vincents Drive Birmingham, AL35205 20-0708162 Choctaw Investment Company Inc	O utpatient Surgery	ΑL	N/A								
	real estate	AL	N/A								
	real estate	AL	N/A								
Center LLC	Healthcare	AL	N/A								
Tucson Heart Hospital LLC 4888 N Stone Ave Tucson, AZ85704 56-1943271	Healthcare	ΑZ	N/A								
Washington, DC20017 52-1129539	Rental Property	DC	N/A								
	Cardiovascular Services	FL	N/A								
Interventional Rehabilitation Center LLC	Medical Services	FL	N/A								
420 Pensacola, FL32503 59-3673361 PET LLC											
5149 North 9th Ave Suite 124 Pensacola, FL32504 59-3788701 Emerald Coast Radiation Oncology Center LLC	Medical Services	FL	N/A								
7720 Us Highway 98 W Miramar Beach, FL32550 68-0507481 Endoscopy Group LLC	Medical Services	FL	N/A								
	Medical Services	FL	N/A								
Oncology MSO LLC	Medical Services	FL	N/A								
	Ambulatory Surgery Center	IN	N/A								
Company LLC	Real Estate	IN	N/A								
Henderson Dialysis Investment Company LLC 3700 Washington Ave Evansville, IN47750 35-2028145	Real Estate	IN	N/A								
Genesis Health Alliance LLC	Group Purchasing Organization	IN	N/A								
Radiation Oncology Center of Soutwest Indiana LLC 3699 Epworth Rd Newburgh, IN47630 26-3429077	Management	IN	N/A								
Memorial HospitalSeton Health Corporation Sleep Management LLC	Management	IN	N/A								
800 West 9th Street Jasper, IN47546 26-3635457 St Mary's Acute Dialysis Services LLC	Planagement	IN	N/A								
	Management	IN	N/A								
3700 Washington Ave Evansville, IN47750 27-0451316 St Mary's Freestanding Cath	Equipment Rental	IN	N/A								
Lab LLC 3700 Washington Ave Evansville, IN47750 32-0086252 St Mary's Peripheral Vascular	Management	IN	N/A								
Services Management Company LLC 3700 Washington Ave Evansville, IN47750	Management	IN	N/A								
20-5062635 CIHS Newco LLC 8425 Harcourt Road Indianapolis, IN46260 35-2174403	Land holding company	IN	N/A								
Endoscopy Center LLC	Endoscopy center	IN	N/A								
Med One of St John's LLC 4925 Scatterfield Road Anderson, IN46013 35-1959875	Medical services	IN	N/A								
Kokomo, IN46901 74-2979291	Physician practices	IN	N/A								
Kokomo, IN46901 02-0137212	Management company	IN	N/A								
10330 N Meridian St Ste 430N Indianapolis, IN46290	Sale and rental services	IN	N/A								
8333 Naab Road Ste 200 Indianapolis, IN46960	Management of cardiovascular service lines	IN	N/A								
22-3937477 Carmel Ambulatory Surgery Center LLC 13421 Old Meridian St Ste 150	A mbulatory surgery center	IN	N/A								
Carmel, IN46032 32-0014795											

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	Related Orga (D) Direct Controlling Entity	(E) Predominant Income(related, Investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disprop allocati	ortionate	(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) (\$)	Manag Partne 65)	
	Home care IV/infusion services	IN	N/A				Yes	No		Yes	No
Cooperative Managed Care Services LLC 6602 E 75th Street Suite 300 Indianapolis, IN46250 35-1999227	Case management	IN	N/A								
Carmel, IN46032 32-0029881	Endoscopy center	IN	N/A								
Fishers Ambulatory Surgery Center LLC 136914 E State Road 238 Fishers, IN46037 26-2001288 Hancock Physician Network	A mbulatory surgery center	IN	N/A								
LLC 801 N State Street Greenfield, IN46140 35-2051598	Primary care physician practices	IN	N/A								
Mishawaka, IN46544 38-3750811	Cardiac care services	IN	N/A								
Meridian Heights Associates LLC 6100 W 96th Street Ste 250 Indianapolis, IN46278 26-4020296 Neuro Oncology Equipment	Real estate holding	IN	N/A								
LLC 10330 N Meridian St Ste 430N Indianapolis, IN46290 74-3103803	Sale and rental services	IN	N/A								
Northside Cardiac Cath Lab Partnership 2001 W 86th Street Indianapolis, IN46260 35-1854388 Saint John's Ambulatory	O utpatient cath lab	IN	N/A								
Surgery Center LLC	Surgery center	IN	N/A								
A ddison, TX75001 20-3749962	Holding company	IN	N/A								
St Vincent Heart Center of Indiana LLC 10580 N Meridian Street Indianapolis, IN46290 36-4492612 St Vincent Northwest	Heart hospital	IN	N/A								
Radiology LLC 5756 W 71st Street Indianapolis, IN46278 35-2047427	MRI facilities	IN	N/A								
The Care Labs LLC 2001 W 86th Street Indianapolis, IN46260 35-1854352 ADVENT PARTNERS LP	O utpatient vascular lab	IN	N/A								
22255 GREENFIELD ROAD SUITE 423 southfield, MI48075 38-3494197 OPEN MRI OF MICHIGAN	REAL ESTATE RENTAL	MI	N/A								
LLC	DIA GNO STIC SERVICES	MI	N/A								
A venue Saginaw, MI48601 38-3473938	Physician and Hospital Organization	ΜI	N/A								
Saginaw, MI48604 20-4943843	Surgery Center	MI	N/A								
st joseph medical office building 4600 edmundson rd st Louis, MO 631343806 58-1897718 Lourdes Health Support LLC	medical service	МО	N/A								
7246 Janus Park Drive Liverpool, NY13088 16-1611707 Baptist Womens Health Center	Medical equipment provider	NY	N/A								
LLC dba the Center for Spinal Surgery 2011 Murphy Avenue Nashville, TN37203 62-1772195	Owns and operates specialty hospital	ΤN	N/A								
Middle Tennessee Ambulatory	O perates outpatient surgery center	TN	N/A								
LLC 400 N Highland Avenue Murfreesboro, TN37219 01-0570490	diagnostic imaging center	ΤN	N/A								
Murfereesboro Diagnostic Imaging LLC 400 N Highland Avenue Murfreesboro, TN37219 20-0291952	diagnostic imaging center	ΤN	N/A								
Nashville Diagnostic Imaging LLC 30 Burton Hills Blvd Ste 165 Nashville, TN37215	Inactive	TN	N/A								
STHS Sleep Center LLC 618 Church Street Suite 520 Nashville, TN37219 20-3664894 ORTHOPAEDIC HOSPITAL	operates a sleep center	TN	N/A								
OF WISCONSIN LLC 575 RIVERWOODS PKWY GLENDALE, WI53212 39-2015655	HEALTH CARE	WI	N/A								
Catholic Healthcare Audit Network LLC 231 South Bemiston Ste 300 St Louis, MO63105 43-1780399	health CARE		Ascension Health	related	1,055,757	1,843,307		No	783,140		Νο

Form 990, Schedule R, Part IV - Identical (A) Name, address, and EIN of related organization	(B)	elated Organiza (C) Legal Domicile (State or Foreign Country)	tions Taxable as (D) Direct Controlling Entity	s a Corporation (E) Type of entity (C corp, S corp, or trust)	or Trust (F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
Vincentian Ventures of North Alabama Inc 810 St Vincents Drive Birmingham, AL35205	Misc Healthcare Services	AL	N/A	С		(4)	
Ascension Ventures Corporation 810 St Vincents Drive Birmingham, AL35205	Misc Healthcare Services	AL	N/A	С			
63-1217059 Eastside Ventures 810 St Vincents Drive Birmingham, AL35205 63-0846221	Misc Healthcare Services	AL	N/A	С			
Vincentian Ventures of North Alabama Inc 810 St Vincents Drive Birmingham, AL35205 63-0965456	Misc Healthcare Services	AL	N/A	С			
Ascension Ventures Corporation 810 St Vincents Drive Birmingham, AL35205 63-1217059	Misc Healthcare Services	AL	N/A	С			
Eastside Ventures 810 St Vincents Drive Birmingham, AL35205	Misc Healthcare Services	AL	N/A	С			
63-0846221 Providence Park PO Box 850429 Mobile, AL36685	Real Estate	AL	N/A	С			
63-0886846 Anesthesia Solutions of Mobile Inc 6701 Airport Blvd Suite D-430B Mobile, AL36608	ANESTHESIA SERVICES	AL	N/A	С			
82-0547505 gulf coast regional preferred PO Box 3201 mobile, AL36652 63-0931788	professional assoc	AL	N/A	С			
Carondelet Medical Group Inc 2202 N Forbes BLVD Tucson, AZ85745	Physician Group	ΑZ	N/A	С			
86-0836126 Carondelet Specialist Group 2202 N Forbes BLVD Tucson, AZ85745 28-1558773	Physician Group	ΑZ	N/A	С			
Vincentures Inc 95 Merritt boulevard trumbull, CT06611 06-1211417	Inactive	СТ	N/A	С			
Pequot Medical Associates 115 Technology Drive trumbull, CT06611 06-1498813	Inactive	СТ	N/A	С			
Mission Resources Inc 1150 Varnum St NE Washington, DC20017 52-1347248	Holding company	DC	N/A	С			
Resource Pharmacies Inc 1150 Varnum St NE Washington, DC20017 52-1410076	Retail pharmacy	DC	N/A	С			
Consolidated Pharmacy Services Inc 2565 Park Street Jacksonville, FL32204	Retail Pharmacy & Patient	FL	N/A	С			
59-3398033 First Coast Primary Care 2565 Park Street Jacksonville, FL32204	Transport Primary Care	FL	N/A	С			
20-5746243 Family Medicine Condominium Association Inc 1 Shircliff Way Jacksonville, FL32204	Condominium Association	FL	N/A	С			
Gulf Coast Diversified Inc 5154 N 9th Ave Pensacola, FL32507 59-2432798	Investment	FL	N/A	С			
st joseph ventures inc 4600 edmundson rd st Louis, MO 631343806 58-1772748	medical service	GA	St Joseph Hospital	С		6,681,025	100 000 %
st joseph ventures inc 4600 edmundson rd st Louis, MO 631343806 58-1772748	medical service	GA	N/A	С			
St Mary's Medical Group Inc 3700 Washington Ave Evansville, IN47750 35-2076827	Investment	IN	N/A	С			
Ohio Valley Heart Care Inc 901 St Marys Drive Suite 300 Evansville, IN47714 35-1487233	Cardiology Group	IN	N/A	С			
Carondelet Management Compay Inc 11050 Roe Suite 110 Overland Park, KS66211 43-1352545	Health Management	KS	N/A	С			
ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD21229 52-1733632	HOLDING COMPANY	MD	N/A	С			
AFFILIATED HEALTH SVCS INC 28000 DEQUINDRE ROAD WARREN, MI48092 38-2292922	MEDICAL SERVICES	MI	N/A	С			
ADVENT INC PO BOX 2043 SOUTHFIELD, MI48037 38-2971743	MEDICAL SERVICES	МІ	N/A	С			
Beecher Ballenger Services One Genesys Parkway Grand Blanc, MI484398065 38-2497922	Holding Company	MI	N/A	С			
Genesys Health Enterprises 3909 Beecher Rd Flint, MI48532 38-2536250	Medical Equipment	MI	N/A	С			
Genesys Practice Partners 3943 Beecher Rd Flint, MI48532	Employed Phy Practice	MI	N/A	С			
03-0516871 Genesys Therapy Services 3943 Beecher Rd Flint, MI48532	Therapy Services	MI	N/A	С			
Genesys Vascular Services 3943 Beecher Rd Flint, MI48532	Medical Equipment	MI	N/A	С			
20-8959988 Textile Systems Inc 817 Walbridge Kalamazoo, MI49007	Laundry Services	MI	N/A	С			
38-2705047 Homewild Medical Buildings Inc 110 Elm Street Jackson, MI49201	Real Estate Rentals	MI	N/A	С			
38-2411606 St Joseph Health Enterprises 200 Hemlock Road Tawas City, MI48763	Other Medic	MI	N/A	С			
38-2682747 Health Partners of NE MI 200 Hemlock Road Tawas City, MI48763	Other Medic	MI	N/A	С			
38-3378622 Indian Creek Center inc 1000 Carondelet Drive Kansas City, MO641144673	Management	МО	N/A	С			
48-0956627 Carondelet Pharmacy 1000 Carondelet Drive Kansas City, MO641144673	Pharmacy	МО	N/A	С			
Carondelet Primary Care Network Inc 1000 Carondelet Drive Kansas City, MO 641144673	Health Care	МО	N/A	С			
43-1596702 Saint Joseph Ambulatory Surgical Center LLC 1000 Carondelet Drive Kansas City, MO641144673	Health Care	МО	N/A	С			
25-1905706 Carondelet Occupational Health Wellness & Educational Serv Inc 1000 Carondelet Drive	Health Care	МО	N/A	С			
Kansas City, MO 641144673 86-1144194 Carondelet Physician Services 1000 Carondelet Drive	Health Care	МО	N/A	С			
Kansas City, MO641144673 Carondelet Medical Enterprises 1000 Carondelet Drive Kansas City, MO641144673	Office Admin Services	мо	N/A	С			
56-2661165 Affiliated Management Services Corp 1300 Massachusetts Ave Troy, NY12180	Real estate	NY	N/A	С			
14-1668024 Corbett Corporation 169 Riverside Drive Binghamton, NY13905	Property Management	NY	N/A	С			
16-1268267 Mid-State Properties Inc 2000 Church Street Nashville, TN 37 2 3 6	pharmacy	TN	N/A	С			
62-1232018 Sova Inc 102 Woodmont Blvd Suite 700 Nashville, TN 37205	health services	TN	N/A	С			
26-1319638 Vincentian Ventures Inc 4220 Harding Road Nashville, TN 37205	health services	TN	N/A	С			
62-1331896 Comp Plus Inc 2000 Church Street Nashville, TN 37236	healthcare	TN	N/A	С			
62-1626010 MANACO MANAGEMENT SERVICES INC 400 NORTH HIGHLAND AVENUE Murfreesboro, TN37130	health services	TN	N/A	С			
62-1718479 ST THOMAS MEDICAL CLINIC 4220 Harding Road Nashville, TN 37205	health services	TN	N/A	С			
62-1583605 BAPTIST HEALTH CARE VENTURES INC 2000 Church Street Nashville, TN 37236	holding company	TN	N/A	С			
62-0469214 MIDDLE TENNESSEE NETWORK INC 2000 Church Street Nashville, TN 37 236	health services	TN	N/A	С			
62-1570989 HEALTH NET RESERVE INC 44 VANTAGE WAY SUITE 300 Nashville, TN 37202	health management	TN	N/A	С			
62-1540604 ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX78723	health services	тх	N/A	С			
74-2698151 ADVANTAGE MANAGEMENT SERVICES ORGANIZATION 1345 PHILOMENA STREET	health services	TX	N/A	С			
AUSTIN, TX78723 74-2677756 SETON HEALTH PLAN INC 1345 PHILOMENA STREET	нмо			C			
AUSTIN, TX78723 74-2725348 SETON MSO INC 1345 PHILOMENA STREET	HMO	TX	N/A				
AUSTIN, TX78723 74-2870455 SETON PHYSICIAN HOSPITAL NETWORK 1345 PHILOMENA STREET	health services	TX	N/A	С			
AUSTIN, TX78723 74-2643825 THE TOPFER BUILDING CONDOMINIUM ASSOCIATION		TX	N/A	С			
ASSOCIATION 1345 PHILO MENA STREET AUSTIN, TX78723 74-3007869 CSM STRATEGIC ALLIANCE	Condominium Association	ТХ	N/A	С			
4425 NORTH PORT WASHINGTON RD GLENDALE, WI53212 39-1871856 MADISON MEDICAL AFFILIATES INC	HEALTHCARE	WI	N/A	С			
MADISON MEDICAL AFFILIATES INC 4425 NORTH PORT WASHINGTON RD GLENDALE, WI53212 39-1855720 PROSPECT MEDICAL COMMONS CONDO	HEALTHCARE	WI	N/A	С			
ASSOCIATION 4425 NORTH PORT WASHINGTON RD GLENDALE, WI53212 20-8042108	CONDO ASSOC	WI	N/A	С			

Form	990, Schedule R, Part V - Transactions with Related Organizations		
	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	Ascension Health Information Services	R	800,000
(2)	Ascension Health Information Services	N	1,615,398
(3)	Ascension Health Information Services	R	3,934,352
(4)	Ascension Health Information Services	Q	7,014,487
(5)	Ascension Health Master Pension Trust	Q	1,318,172
(6)	Ascension Health Master Pension Trust	R	4,904,709
(7)	Ascension Health Professional & General Liability Self Insurance Trust	R	4,350,528
(8)	Ascension Health Welfare Benefit Trust	R	1,435,956
(9)	Ascension Health Welfare Benefit Trust	Q	7,075,962
(10)	Borgess Medical Center	R	2,234,000
(11)	Catholic Health Audit Network	Q	1,236,816
(12)	Columbia St Mary's Hospital Milwaukee	R	319,690
(13)	Columbia St Mary's Hospital Milwaukee	R	3,957,996
(14)	Columbia St Mary's Inc	D	97,038,114
(15)	Genesys Regional Medical Center	R	38,195,900
(16)	Our Lady of Lourdes Hospital at Pasco	Q	354,856
(17)	Our Lady of Lourdes Hospital at Pasco	R	511,580
(18)	Our Lady of Lourdes Hospital at Pasco	P	5,325,578
(19)	Our Lady of Lourdes Memorial Hospital Inc	R	1,698,757
(20)	PROVIDENCE HEALTH SERVICES OF WACO dba PROVIDENCE HEALTHCARE NETWORK	P	1,800,000
(21)	Providence Hospital	R	314,273
(22)	Providence Hospital	R	17,751,922
(23)	Sacred Heart Rehabilitation Institute	R	2,314,294
(24)	Seton Health at Schuyler Ridge Residential Healthcare	D	10,189,781
(25)	Seton Health System Inc	R	6,545,039
(26)	Seton Institute	R	462,979
(27)	Seton Institute	Q	612,500
(28)	St Catherine Nursing Home	R	967,577
(29)	St John Health	P	82,953
(30)	St John Health	N	183,040

Form 9	990, Schedule R, Part V - Transactions with Related Organizations	1	
	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(31)	St John Health	0	301,638
(32)	St John Health	Р	358,470
(33)	St John Health	С	1,114,697
(34)	St John Health	Q	2,531,691
(35)	St Joseph Health System	Р	2,366,600
(36)	St Joseph Hospital Foundation at Augusta	R	995,612
(37)	St Joseph Regional Medical Center	R	629,004
(38)	St Mary's Health System of America	Р	2,376,996
(39)	St Mary's Hospital at Amsterdam	D	113,868
(40)	St Mary's Hospital at Amsterdam	E	114,245
(41)	St Mary's Hospital at Amsterdam	Р	201,849
(42)	St Mary's Hospital at Amsterdam	L	447,000
(43)	St Mary's Hospital at Amsterdam	R	815,786
(44)	St Mary's Hospital at Amsterdam	Р	7,598,290
(45)	St Mary's Hospital Ozaukk Inc	D	49,565,869
(46)	St Mary's Medical Center of Evansville Inc	R	4,985,250
(47)	St Mary's Medical Center of Evansville Inc	Р	30,607,268
(48)	St Mary's of Michigan Medical Center	R	4,055,582
(49)	St Mary's Warrick Emergency Medical	Р	146,512
(50)	St Mary's Warrick Hospital Inc	D	181,375
(51)	St Mary's Warrick Hospital Inc	Р	425,037
(52)	St Vincent's Birmingham	R	435,276
(53)	St Vincent's Health System	R	3,015,281
(54)	St Vincent's Health System Inc	Q	80,844
(55)	St Vincent's Health System Inc	R	5,348,113
(56)	St Vincent's Hospital and Health Care Center Inc	R	19,977,250
(57)	St Vincent's Medical Center Inc	R	1,147,452
(58)	Standish Community Hospital	Р	1,135,719

Software ID: Software Version:

EIN: 31-1662309

Name: ASCENSION HEALTH

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C non (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
SR KATHLEEN KELLY CSJ , TRUSTEE/CHAIRMAN	1 00	Х						0	0	0
WILLIAM FINLAYSON , TRUSTEE/V CHAIRMAN	1 00	×						0	0	0
Andre' DELBECQ , Trustee/Secretary	1 00	Х						0	0	0
SR THERESA PECK DC , Trustee/Treasurer	1 00	×						0	0	0
SR JEAN DEBLOIS CSJ , Trustee	1 00	Х						0	0	0
SR JEAN RHOADS DC , Trustee	1 00	X						0	0	0
CIRO V SUMAYA MD , Trustee	1 00	X						0	0	0
Herbert J Vallier , Trustee	1 00	Х						0	0	0
Sr Ellen Kron DC , Trustee	1 00	Х						0	0	0
JOHN O MUDD , Trustee	1 00	X						0	0	0
Sr Kathleen Natwin DC , Trustee	1 00	Х						0	0	0
Sr Mary Joan Walsh CSJ , Trustee	1 00	Х						0	0	0
Agnieszka Winkler , Trustee	1 00	Х						0	0	0
Anthony R Tersigni , Chief Executive Officer	40 00	Х		х				2,278,558	0	37,869
Anthony J Speranzo , chief Financial Officer	40 00			х				1,504,392	0	37,869
Robert J Henkel , CHief Operating Officer	40 00			Х				1,436,130	0	41,955
John D Doyle , Chief Strategy Officer	40 00				Х			1,163,064	0	41,955
David B Pryor , Chief Medical Officer	40 00					Х		904,987	0	41,955
Sherry Browne , Chief info officer	40 00					Х		1,117,869	0	24,737
Sally E Jeffcoat , Chief Operating Officer	40 00					Х		1,363,965	0	27,156
Andrew W Allen , Sr VP (Thru 03/08)	40 00					Х		1,772,010	0	26,151
John Nusbaum , Sr VP (Thru 06/08)	40 00					Х		1,524,565	0	11,450

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

<i>.</i>					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a TRIMEDX SERVICE FEES	541,511	148,098,349	111,601,897	36,496,452	
b CDMS FEES - INTEREST	541,610	135,380,231	135,380,231		
c SERVICE FEES	541,610	81,761,275	81,614,054	147,221	
d ADMINISTRATION FEES	541,610	27,928,242	27,789,296	138,946	
e RISK MGMT SERVICE	541,610	99,788		99,788	