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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)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Ascension Health		D Employer identification number 31-1662309
		Doing Business As		E Telephone number (314) 733-8000
		Number and street (or P O box if mail is not delivered to street address) PO Box 45998	Room/suite	G Gross receipts \$ 417,233,537
		City or town, state or country, and ZIP + 4 St Louis, MO 631455998		
		F Name and address of principal officer Anthony Tersigni PO Box 45998 St Louis, MO 631455998		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
J Website: <input checked="" type="checkbox"/> www.ascensionhealth.org		H(c) Group exemption number <input checked="" type="checkbox"/> 0928		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>			L Year of formation 1999	M State of legal domicile MO

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities Nation's largest catholic and nonprofit health system, serving the poor and vulnerable		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	1
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
	5	Total number of employees (Part V, line 2a)	5	65
	6	Total number of volunteers (estimate if necessary)	6	18
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	27,684,07
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-2,311,41
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	603,494	846,361
	9	Program service revenue (Part VIII, line 2g)	409,067,877	385,825,697
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-32,049,023	28,242,965
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,235,854	2,157,683
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	379,858,202	417,072,706
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,671,921	1,150,995
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	112,531,054	110,355,218
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	327,930,780	288,049,665
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	442,133,755	399,555,878
	19	Revenue less expenses Subtract line 18 from line 12	-62,275,553	17,516,828
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	4,494,220,053	4,847,886,931
	21	Total liabilities (Part X, line 26)	4,391,857,162	4,623,491,205
	22	Net assets or fund balances Subtract line 21 from line 20	102,362,891	224,395,726

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2011-05-16</div> </div> <div>Date</div>	
	<div> <div></div> <div>Elizabeth Foshage VP Finance</div> </div> <div>Type or print name and title</div>				
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div></div> </div>		Date	<div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div>	Preparer's identifying number (see instructions)
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>Deloitte Tax LLP</div> <div>250 E Fifth Street Suite 1900</div> <div>Cincinnati, OH 45202</div> </div> </div>		<div> <div>EIN</div> <div></div> </div>		
			<div> <div>Phone no</div> <div>(513) 784-7100</div> </div>		

1 Briefly describe the organization's mission

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code) (Expenses \$ 372,763,982 including grants of \$ 1,150,995) (Revenue \$ 360,373,340)
	Ascension Health is a mission-focused organization guided by its religious sponsors in transforming health care by providing the highest quality care to all, with special attention to those who are poor and vulnerable Through the services described below, Ascension Health's System Office supports the efforts of its hospitals and health facilities providing care to individuals and communities See Schedule O for Complete Description of Program Service Accomplishments

[illegible][illegible]

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

4e	Total program service expenses	\$ 372,763,982
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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 United States? 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 U S ? 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 U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	202		
		1b	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1c	Yes	
2a	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	657		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b If "Yes," enter the name of the foreign country <input type="text" value="CJ"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	14	
b	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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon 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

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

• 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

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

Form 990 (2009)

1b Total	15,063,943	0	404,407
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶163

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Ernst & Young Bank of America 96760 Collections C Chicago, IL 60693	Audit/Consulting Services	6,670,113
Deloitte Consulting PO Box 7247-6447 Philadelphia, PA 191706447	Consulting Services	6,056,218
Broadlane Inc PO Box 974987 Dallas, TX 753974989	Consulting	4,112,500
Accenture LLP PO Box 70629 Chicago, IL 606736029	Consulting	3,810,692
Oracle America Inc 500 Oracle Parkway Redwood City, CA 94068	Software Application Hosting & Training	3,792,257

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶105

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	846,361				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			846,361			
Program Service Revenue			Business Code					
	2a	TriMedx Service Fee	541,511	141,016,861	114,562,965	26,453,896		
	b	CMDS Fees - Interest	541,610	123,047,046	122,940,235	106,811		
	c	Service Fees	541,610	86,359,881	86,206,773	153,108		
	d	Administration Fees	541,610	28,823,420	28,823,420			
	e	Risk Mgmt Service	541,610	392,571	140,000	252,571		
	f	All other program service revenue		6,185,918	6,059,515	126,403		
	g	Total. Add lines 2a-2f			385,825,697			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			28,168,934		28,168,934	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				234,862				
				160,831				
				74,031				
	d	Net gain or (loss)			74,031		74,031	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . . .						
9a	Gross income from gaming activities See Part IV, line 19							
b	Less direct expenses	b						
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances							
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	Investment in CHAN	541,610	741,913	150,631	591,282			
b	Diversified Investment	541,610	674,907	674,907				
c	WBT Admin Fees	541,610	557,573	557,573				
d	All other revenue		183,290	183,290				
e	Total. Add lines 11a-11d			2,157,683				
12	Total revenue. See Instructions			417,072,706	360,299,309	27,684,071	28,242,965	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,139,232	1,139,232		
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	11,763	11,763		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,653,080	5,074,377	3,578,703	
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	84,627,684	80,677,645	3,950,039	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,065,690	3,596,132	469,558	
9	Other employee benefits	8,412,059	7,286,374	1,125,685	
10	Payroll taxes	4,596,705	4,133,619	463,086	
11	Fees for services (non-employees)				
a	Management				
b	Legal	7,289,902	1,792,204	5,497,698	
c	Accounting	936,974	104,930	832,044	
d	Lobbying	750,000	750,000		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	2,280,417	1,627,603	652,814	
14	Information technology	1,688,552	762,382	926,170	
15	Royalties				
16	Occupancy	1,778,221	1,310,380	467,841	
17	Travel	2,337,279	2,031,239	306,040	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,978,583	2,815,710	162,873	
20	Interest	112,263,142	112,041,230	221,912	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,272,037	2,898,896	1,373,141	
23	Insurance	42,338		42,338	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	TriMedx Expense	91,937,041	91,937,041	0	0
b	CDMS Expense	17,973,794	17,973,794	0	0
c	Non-Recurring Expenses	8,811,981	8,811,981	0	0
d	Premier	3,168,167	3,168,167	0	0
e					
f	All other expenses	29,541,237	22,819,283	6,721,954	
25	Total functional expenses. Add lines 1 through 24f	399,555,878	372,763,982	26,791,896	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			175,530,259	2	253,828,285
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			30,679,728	4	28,076,167
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			4,003,141,011	7	4,044,849,804
	8	Inventories for sale or use			2,761,314	8	1,949,939
	9	Prepaid expenses and deferred charges			5,105,008	9	5,592,872
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	113,548,185	12,743,861	10c	59,095,200
	b	Less accumulated depreciation	10b	54,452,985			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			5,726,169	13	5,996,106
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			258,532,703	15	448,498,558
16	Total assets. Add lines 1 through 15 (must equal line 34)			4,494,220,053	16	4,847,886,931	
Liabilities	17	Accounts payable and accrued expenses			89,447,041	17	134,245,065
	18	Grants payable				18	
	19	Deferred revenue			1,131,248	19	3,260,913
	20	Tax-exempt bond liabilities			4,030,627,548	20	4,119,090,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			270,651,325	25	366,895,227
	26	Total liabilities. Add lines 17 through 25			4,391,857,162	26	4,623,491,205
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			102,362,891	27	224,395,726
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			102,362,891	33	224,395,726
	34	Total liabilities and net assets/fund balances			4,494,220,053	34	4,847,886,931

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization Ascension Health		Employer identification number 31-1662309
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Part I

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

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input checked="" type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><div>a</div><div><input checked="" type="checkbox"/> Type I</div><div>b</div><div><input type="checkbox"/> Type II</div><div>c</div><div><input type="checkbox"/> Type III - Functionally integrated</div><div>d</div><div><input type="checkbox"/> Type III - Other</div></div>
e	<input checked="" type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box <input checked="" type="checkbox"/>
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i)</div><div>a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii)</div><div>a family member of a person described in (i) above?</div><div>(iii)</div><div>a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h		Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
See Part IV	311662309	See Part IV	Yes						399,555,878
Total									399,555,878

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
Schedule A , Part IV , Supplemental Information Part I, Line 11 h (i) - Supported Organization Northeast, Southeast, East Central and West Central Provinces of the Daughters of Charity of St Vincent de Paul, the Congregation of St Joseph, and the Congregation of St Joseph Carondelet 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

Additional Data

Software ID:
Software Version:
EIN: 31-1662309
Name: Ascension Health

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sr Kathleen Kelly CSJ Trustee/Chairman	1 00	X						0	0	0
William Finlayson Trustee/Vice Chairman	1 00	X						0	0	0
Andre L Delberg Trustee/Secretary	1 00	X						0	0	0
Sr Theresa Peck DC Trustee/Treasurer	1 00	X						0	0	0
Sr Jean Deblois CSJ Trustee	1 00	X						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	X						0	0	0
Sr Ellen Kron DC Trustee	1 00	X						0	0	0
John O Mudd Trustee	1 00	X						0	0	0
Sr Kathleen Natwin DC Trustee	1 00	X						0	0	0
Sr Mary Joan Walsh CSJ Trustee	1 00	X						0	0	0
Agnieszka Winkler Trustee	1 00	X						0	0	0
Anthony R Tersigni Chief Executive Officer	40 00	X		X				3,317,217	0	68,474
Robert J Henkel Chief Operating Officer	40 00			X				1,732,895	0	51,805
Anthony J Speranzo Chief Financial Officer	40 00			X				1,734,560	0	39,924
John D Doyle Senior Vice President	40 00				X			1,340,674	0	57,376
Mark D Barner Chief Technology Officer	40 00					X		745,870	0	18,186
James K Beckmann Senior Vice President	40 00					X		691,698	0	37,687
Joseph R Impicciche Senior Vice President	40 00					X		945,128	0	39,026
David B Pryor Chief Medical Officer	40 00					X		1,030,714	0	42,040
Ann G Esposito Senior Vice President	40 00					X		691,179	0	25,676
Sally E Jeffcoat End 1109 Former COO	0 00						X	1,079,555	0	12,805
Andrew W Allen End 8108 Former SVP	0 00						X	660,153	0	639
Sherry Browne End 123108 Former SVP	0 00						X	493,368	0	570

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rex P Killian End 7107 Former SVP	0 00						X	316,058	0	9,371
John Nusbaum End 123107 Former SVP	0 00						X	284,874	0	828

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

	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
TriMedx Service Fee	541,511	141,016,861	114,562,965	26,453,896	
CMD5 Fees - Interest	541,610	123,047,046	122,940,235	106,811	
Service Fees	541,610	86,359,881	86,206,773	153,108	
Administration Fees	541,610	28,823,420	28,823,420		
Risk Mgmt Service	541,610	392,571	140,000	252,571	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization Ascension Health	Employer identification number 31-1662309
--	--

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		750,000
	j Total lines 1c through 1i			750,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	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 \$750,000 and included salaries for three employees in Ascension Health's advocacy department, office expenses, travel, occupancy, IT expense, professional services and membership dues. Ascension Health does not participate in or intervene in (including the publishing or distributing of statements), any political campaign on behalf of (or in opposition to) any candidate for public office.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Ascension Health	Employer identification number 31-1662309
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►_____

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
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 end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐

☐

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐

☐

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,100,000		1,100,000
b Buildings		7,309,688	5,156,556	2,153,132
c Leasehold improvements		1,330,635	1,100,843	229,792
d Equipment		12,668,618	7,855,258	4,813,360
e Other		91,139,244	40,340,328	50,798,916
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				59,095,200

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1417,072,706
2	Total expenses (Form 990, Part IX, column (A), line 25)	2399,555,878
3	Excess or (deficit) for the year Subtract line 2 from line 1	317,516,828
4	Net unrealized gains (losses) on investments	416,211,162
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7246,127
8	Other (Describe in Part XIV)	888,058,718
9	Total adjustments (net) Add lines 4 - 8	9104,516,007
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10122,032,835

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
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 Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	

Part 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 IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	Per the financial statements of Ascension Health, there is no current year ASC 740 (fka FIN 48) footnote
Part XI, Line 8 - Other Adjustments		Net Asset Transfers From Health Ministries 182192947 Transfer to Affiliate -85026386 Seton Institute Funding (nonoperating) -400000 Additional Pension Liability -502170 Transfer in from AHIS 48443964 Unrealized Losses on Interest Rate Swaps -14242039 Other Changes -Discontinued Operations -42407598

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☒
Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sub-Saharan Africa	Purchase of two motor bikes for transportation	6,763	Electronic Fund/Wire			
			Sub-Saharan Africa	Provide Toilets at the primary school in Elykia complex	5,000	Check			

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

▶

3

Enter total number of other organizations or entities

▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

Schedule F (Form 990) 2009

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Ascension Health

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number

31-1662309

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

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

2

Enter total number of section 501(c)(3) and government organizations

28

3

Enter total number of other organizations

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Nest Medical Clinic1828 Lyle Circle Birmingham, AL 35235	63-0909071	501(c)(3)	6,000				General Support
Daughters of Charity Services of Arkansas145 W Waterman Dumas, AK 71639	62-1712703	501(c)(3)	25,000				General Support
St Vincent's HealthcareSt Vincents Rural Health Outreach Ministry Jacksonville, FL 32204	59-2219923	501(c)(3)	16,000				General Support
Marillac Social Center-Project Hope212 S Francisco Chicago, IL 60612	36-2109717	501(c)(3)	25,000				General Support
Macomb Co Warming Center Inc24450 Gratiot Avenue Eastpoint, MI 48021	04-3594283	501(c)(3)	41,500				General Support
Our Lady of Valley Catholic Church2443 Augusta Road Cloverville, SC 29828	57-0839254	501(c)(3)	33,000				General Support
Centro Mujeres de la Esperanza100 Wyoming El Paso, TX 79902	74-2708432	501(c)(3)	24,500				General Support
Circle the City220 South 12th Avenue Pheonix, AZ 85007	26-2420730	501(c)(3)	50,000				General Support
Family Advancement Ministries570 High Place Macon, GA 31201	58-1941915	501(c)(3)	13,680				General Support
Seton Institute4600 Edmundson Road St Louis, MO 63134	65-1205990	501(c)(3)	50,000				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 organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Caregiver Companion Program1440 West Division Road Tipton,IN 46072	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
St Martin de Porres (Mental Health and Family Preservation Program)44 West Logan Street Philadelphia,PA 19144	23-2407829	501(c)(3)	10,320				General Support
St Peter and Paul Church1919 South 7th Street St Louis,MO 63104	43-0653555	501(c)(3)	9,000				General Support
Guardian Angel Settlement1127 N Vandeventer St Louis,MO 63113	43-0652636	501(c)(3)	5,000				General Support
Nazareth Living Center2 Nazareth Lane St Louis,MO 63129	43-1450394	501(c)(3)	5,000				General Support
Marian Middle School4130 Wyoming Street St Louis,MO 63116	43-1873629	501(c)(3)	15,000				General Support
St Louis Art MuseumOne Fine Arts Drive Forest Park St Louis,MO 63110	43-1374479	501(c)(3)	5,000				General Support
Providence Health Foundation1150 Varnum Street NE Washington,DC 20017	52-1275583	501(c)(3)	10,000				General Support
Ministering Together2351 E 22nd Street Cleveland,OH 44115	20-5120221	501(c)(3)	5,000				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 organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Society of St Vincent De Paul Inc58 Progress Parkway St Louis, MO 60343	13-5562362	501(c)(3)	20,000				General Support
Archdiocese of St Louis20 Archbishop May Drive St Louis, MO 63119	43-1633656	501(c)(3)	10,000				General Support
The United States Federation of the Sisters of St Joseph 29230 Boston St Clair Shores, MI 48081	43-1519323	501(c)(3)	10,000				General Support
The National Catholic Bioethics Center6399 Drexel Road Philadelphia, PA 19151	04-2871526	501(c)(3)	10,000				General Support
The Catholic University of AmericaOffice of University Development Washington, DC 20064	53-0196583	501(c)(3)	20,000				General Support
Leadership Conference of Women Religious8808 Cameron Street Silver Spring, MD 20910	38-0508823	501(c)(3)	10,000				General Support
Detroit Economic Club211 West Fort ST SU 505 Detroit, MI 48226		501(c)(3)	25,000				General Support
Diocese of AllentownPO Box F Allentown, PA 18105	23-1598116	501(c)(3)	500,000				General Support

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Ascension Health

Employer identification number
31-1662309

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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)(i)-(iii) 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Anthony R Tersigni	(i)	1,535,345	604,000	1,177,872	56,178	12,296	3,385,691	0
	(ii)	0	0	0	0	0	0	0
Robert J Henkel	(i)	991,816	392,500	348,579	35,291	16,514	1,784,700	0
	(ii)	0	0	0	0	0	0	0
Anthony J Speranzo	(i)	918,304	361,000	455,256	26,428	13,496	1,774,484	0
	(ii)	0	0	0	0	0	0	0
John D Doyle	(i)	724,775	295,704	320,195	36,205	21,171	1,398,050	0
	(ii)	0	0	0	0	0	0	0
Mark D Barner	(i)	455,951	182,515	107,404	11,025	7,161	764,056	0
	(ii)	0	0	0	0	0	0	0
James K Beckmann	(i)	435,504	184,000	72,194	18,116	19,571	729,385	0
	(ii)	0	0	0	0	0	0	0
Joseph R Impicciche	(i)	541,337	225,523	178,268	18,664	20,362	984,154	0
	(ii)	0	0	0	0	0	0	0
David B Pryor	(i)	617,613	246,000	167,101	25,526	16,514	1,072,754	0
	(ii)	0	0	0	0	0	0	0
Ann G Esposito	(i)	450,521	90,000	150,658	6,125	19,551	716,855	0
	(ii)	0	0	0	0	0	0	0
Sally E Jeffcoat (End 1109)	(i)	15,120	0	1,064,435	0	12,805	1,092,360	0
	(ii)	0	0	0	0	0	0	0
Andrew W Allen (End 8108)	(i)	0	0	660,153	0	639	660,792	0
	(ii)	0	0	0	0	0	0	0
Sherry Browne (End 123108)	(i)	0	0	493,368	76	494	493,938	0
	(ii)	0	0	0	0	0	0	0
Rex P Killian (End 7107)	(i)	0	0	316,058	0	9,371	325,429	0
	(ii)	0	0	0	0	0	0	0
John Nusbaum (End 123107)	(i)	0	0	284,874	0	828	285,702	0
	(ii)	0	0	0	0	0	0	0

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.

Identifier	Return Reference	Explanation
	Part I, Line 1a	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.
	Part I, Line 4a	Severance Payments: Sally Jeffcoat (End 1/1/09) - \$771,120; Andrew Allen (End 8/1/08) - \$656,625; Sherry Browne (End 12/31/08) - \$327,524; Rex Killian (End 7/1/07) - \$311,322; John Nusbaum (End 12/31/07) - \$280,601. Part I, Line 4b: Executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. Amounts Paid: Anthony Tersigni - \$236,547; Robert Henkel - \$77,939; Anthony Speranzo - \$98,470; John Doyle - \$49,859; Mark Barner - \$33,471; Joseph Impicciche - \$49,497; Sherry Brown (End 12/31/08) - \$80,886; Sally Jeffcoat (End 1/1/09) - \$85,921.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Ascension Health

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number
31-1662309

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A Escambia County Health Fac Auth	52-1378815	296117AX2	03-13-2003	207,543,149	See Schedule O		X		X
B Health and Ed Fac Auth of MO	43-1178966	60635HWY1	03-13-2003	295,375,000	See Schedule O		X		X
C IN Health Fac Fin Auth	35-1611409	454798ND7	03-13-2003	498,475,000	See Schedule O		X		X
D AL Spl Care Fac Fin Auth of Birmingham	63-0847033	091081DF3	02-03-2005	13,712,418	See Schedule O		X		X
E IN Health Fac Fin Auth	35-1611409	454798PS2	02-03-2005	480,236,983	See Schedule O	X			X

Part II Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	212,236,716		302,747,889		509,527,682		13,728,432		481,002,150	
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds	1,565,056		1,565,056		7,381,512					
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	30,195,905		41,386,146		74,231,795		13,728,432		386,333,409	
8	Year of substantial completion	2003		2003		2003		2005		2007	
9	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
			X	X			X		X	X	
10	Were the bonds issued as part of an advance refunding issue?	X		X		X			X		X
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X		X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D		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?	X		X		X		X		X	
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X		X		X		X	
3c	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?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 220 %		0 220 %		0 220 %		0 540 %		0 540 %	
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 section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 070 %		0 070 %	
6	Total of lines 4 and 5	0 220 %		0 220 %		0 220 %		0 610 %		0 610 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X		X		X		X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X	X		X			X		X
b	Name of provider	See Schedule O		See Schedule O		See Schedule O					
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	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?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X		X	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Ascension Health

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number
31-1662309

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	MI State Hospital Fin Auth	38-2889417	59465E7P2	02-03-2005	161,264,563	See Schedule O		X		X
B	WI Health and Ed Fac Auth	39-1337855	97710VT65	11-16-2006	125,000,611	See Schedule O		X		X
C	IN Health and Ed Fac Fin Auth	35-1611409	454795BZ7	11-16-2006	397,759,540	See Schedule O		X		X
D	AL Spl Care Fac Fin Auth of Birmingham	63-0847033	010399BY8	11-16-2006	99,762,733	See Schedule O		X		X
E	AL Spl Care Fac Fin Auth of Mobile	63-0878048	01039VAD6	11-16-2006	105,449,341	See Schedule O		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	161,286,156		125,831,752		397,759,540		99,762,733		105,449,341	
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds										
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	112,721,346		125,831,752							
8	Year of substantial completion	2008		2010							
		Yes	No	Yes	No						
9	Were the bonds issued as part of a current refunding issue?	X			X	X		X		X	
10	Were the bonds issued as part of an advance refunding issue?		X		X		X		X		X
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X			X		X		X		X

Part III

Private Business Use (Continued)

		A		B		C		D		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?	X		X		X		X		X	
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X		X		X		X	
3c	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?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 540 %		0 %		0 %		0 %		0 %	
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 section 501(c)(3) organization, or a state or local government	0 070 %		0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 610 %		0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X		X		X		X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X	X		X			X	X	
b	Name of provider	AIG		AIG		See Schedule O				Morgan Stanley	
c	Term of GIC	0 9000000000000		0 9000000000000						0 2000000000000	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X		X				X	
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X		X	

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>							OMB No 1545-0047	
								2009	
								Open to Public Inspection	
Department of the Treasury Internal Revenue Service Name of the organization Ascension Health							Employer identification number 31-1662309		

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Hlth&Ed Bd of NashvilleDavidson Cnty	62-6139016	592041QZ3	03-30-2009	81,500,000	See Schedule O		X		X
B	AL Spl Care Fac Fin Auth of Birmingham	63-0847033	010399CK7	05-28-2009	35,000,000	See Schedule O		X		X
C	IN Health Fac Fin Auth	35-1611409	454795BS3	11-16-2006	179,400,000	See Schedule O		X		X
D	IN Fin Auth	35-1611409	454795ET8	05-28-2009	118,690,000	See Schedule O		X		X
E	Tarrant Cnty Cultural Ed Fac Fin Corp	04-3833551	87638TEB5	03-25-2010	64,632,770	See Schedule O		X		X

Part II Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	81,500,000		35,000,000		179,400,000		118,690,000		64,632,770	
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds										
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	179,400,000				179,400,000				64,632,770	
8	Year of substantial completion	2007		2007				2009			
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X		X			X	X			X
10	Were the bonds issued as part of an advance refunding issue?		X		X		X		X		X
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		

Part III

Private Business Use (Continued)

		A		B		C		D		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?	X		X		X		X			
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X		X		X			
3c	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?	X		X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 300 %		0 300 %		0 300 %		0 %			
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 section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %			
6	Total of lines 4 and 5	0 300 %		0 300 %		0 300 %		0 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X			

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X		X		X		X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	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?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X		X	

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).</div> <div>▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization Ascension Health	Employer identification number 31-1662309
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Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	CT Health and Ed Fac Auth	06-0806186	20774UY58	03-25-2010	94,900,868	See Schedule O		X		X
B	MI State Hospital Fin Auth	38-2889417	59465HNC6	03-25-2010	872,106,861	See Schedule O		X		X
C	WI Health and Ed Fac Auth	39-1337855	97710BSU7	03-25-2010	168,792,011	See Schedule O		X		X
D	Health & Ed Fac Bd of Rutherford Cnty TN	62-1342304	78324PAB5	03-25-2010	146,828,804	See Schedule O		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	94,900,868		872,106,861		168,792,011		146,828,804			
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds										
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	79,333,604		2,470,815		168,792,011		146,828,804			
8	Year of substantial completion	2010		2008		2010		2010			
9	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		X		X			X		X		
10	Were the bonds issued as part of an advance refunding issue?		X		X		X		X		
11	Has the final allocation of proceeds been made?		X	X			X		X		
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X	X			X		X		

Part III

Private Business Use (Continued)

		A		B		C		D		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?	X		X		X		X			
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X		X		X			
3c	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?	X		X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 320 %		0 %		0 %			
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 section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 320 %		0 %		0 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X			

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		
2	Is the bond issue a variable rate issue?	X		X		X		X			
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		
b	Name of provider										
c	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?		X		X		X		X		
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X			

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Ascension Health

Employer identification number
31-1662309

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Catholic Healthcare Audit Network	An Officer of AH is a Board Member at CHAN	2,321,230	Payment for Services		No

Software ID:
Software Version:
EIN: 31-1662309
Name: Ascension Health

SCHEDULE O
(Form 990)

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

Name of the organization
Ascension Health

Employer identification number
31-1662309

Identifier	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 Congregation of St. Joseph of Carondelet. Each of these six organizations is a member in Ascension Health.

Identifier	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.

Identifier	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.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Management, including certain Officer(s), works diligently to complete the Form 990 and attached schedules in a thorough manner. Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members questions.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee 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.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 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 reviewed 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 reviewed 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).

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization will provide any documents open to public inspection upon request.

Identifier	Return Reference	Explanation
Schedule K, Part I, Column F, Description of Purpose		Issuer: Escambia County Health Facilities Authority CUSIP No. 296117AX2 Description of Purpose: 2003A - To finance and refinance certain improvements, additions, equipping and renovation of the Hospital, and to refund certain bonds issued November 1, 1999. Issuer: Health and Educational Facilities Authority of the State of Missouri CUSIP No. 60635HWY1 Description of Purpose: 2003C - To finance and refinance certain improvements, additions, equipping and renovation of hospital facilities, to refund bonds issued November 1, 1999 and commercial paper issued December 5, 2002 and to pay the premium on policies of bond insurance. Issuer: Indiana Health Facility Financing Authority Cusip No. 454798ND7 Description of Purpose: 2003E/2008E - To finance and refinance certain improvements, additions, equipping and renovation of hospital facilities, to refund bonds issued November 1, 1999 and to pay the premium on policies of bond insurance. Issuer: Alabama Special Care Facilities Financing Authority of Birmingham CUSIP No. 091081DF3 Description of Purpose: 2005A-1 and A-2 - To provide funds to finance certain improvements, additions, equipping and renovation of certain health care facilities. Issuer: Indiana Health Facility Financing Authority CUSIP No. 454798PS2 Description of Purpose: 2005A - To provide funds to refund commercial paper issued September 30, 2004 and December 16, 2004 which financed certain improvements, additions, equipping and renovation of health care facilities and to finance certain improvements, additions, equipping and renovation of health care facilities. Issuer: Michigan State Hospital Finance Authority CUSIP No. 59465E7P2 Description of Purpose: 2005 - To provide funds to refund commercial paper issued September 30, 2004 and December 16, 2004 which financed certain improvements, additions, equipping and renovation of health care facilities and to finance certain improvements, additions, equipping and renovation of health care facilities. Issuer: Wisconsin Health and Educational Facilities Authority CUSIP No. 97710VT65 Description of Purpose: 2006A - To provide funds to finance certain improvements, additions, equipping and renovation of certain health care facilities. Issuer: Indiana Health And Educational Facility Financing Authority CUSIP No. 454795BZ7 Date Issued: 11/16/2006 & 12/01/2006 Description of Purpose: 2006B-3, B-4, B-5 and B-6 - To current refund certain prior bonds issued November 1, 1999, December 4, 2001 and December 31, 2001. Issuer: Alabama Special Care Facilities Financing Authority of Birmingham CUSIP No. 010399BY8 Description of Purpose: 2006C-2 - To current refund certain prior bonds issued November 1, 1999. Issuer: Alabama Special Care Facilities Financing Authority of the City of Mobile CUSIP No. 010399VAD6 Description of Purpose: 2006D - To current refund certain prior bonds issued November 1, 1999. Issuer: Health and Educational Board of Metropolitan Government of Nashville and Davidson County, TN CUSIP No. 592041QZ3 Description of Purpose: 2001B-1 - Transaction represents an amendment of terms (i.e., reissuance) of certain prior bonds issued December 31, 2001, which bonds provided funds to finance or refinance the costs of acquiring, constructing, equipping and renovating certain health care facilities. Issuer: Alabama Special Care Facilities Financing Authority of Birmingham CUSIP No. 010399CK7 Description of Purpose: 2006C-1 - Transaction represents an amendment of terms (i.e., reissuance) of certain prior bonds issued November 16, 2006, which bonds provided funds to finance certain improvements, additions, equipping and renovation of health care facilities. Issuer: Indiana Health And Educational Facility Financing Authority CUSIP No. 454795BS3 Description of Purpose: 2006B-1, B-2, B-7 and B-8 - To provide reimbursement for previous expenditures related to additions, equipping and renovation of certain health care facilities. Issuer: Indiana Finance Authority CUSIP No. 454795ET8 Description of Purpose: 2006B-1, B-7 and B-8 - Transaction represents an amendment of terms (i.e., reissuance) of certain prior bonds issued November 16, 2006, which bond provided reimbursement for previous expenditures related to additions, equipping and renovation of certain health care facilities. Issuer: Tarrant County Cultural Education Facilities Finance Corporation CUSIP No. 87638TEB5 Description of Purpose: 2010D - To finance the costs of acquiring, constructing, improving and equipping facilities of Senior Credit Group Members. Issuer: State of Connecticut Health and Educational Facilities Authority CUSIP No. 20774UY58 Description of Purpose: 2010A - To provide funds to refund commercial paper issued January 21, 2010 and finance the costs of acquiring, constructing, improving and equipping facilities of Senior Credit Group Members. Issuer: Michigan State Hospital Finance Authority CUSIP No. 59465HNC6 Description of Purpose: 2010B/2010F - To finance the costs of acquiring, constructing, improving and equipping facilities of Senior Credit Group Members, and to refinance the indebtedness of the Senior Credit Group through the current refunding of the Refunded Bonds issued April 8, 2008, April 15, 2008, April 22, 2008, May 6, 2008 and commercial paper issued 1/21/2010. Issuer: Wisconsin Health and Educational Facilities Authority CUSIP No. 97710BSU7 Description of Purpose: 2010E - To finance the costs of acquiring, constructing, improving and equipping facilities of Senior Credit Group Members. Issuer: The Health and Educational Facilities Board of Rutherford County, Tennessee CUSIP No. 78324PAB5 Description of Purpose: 2010C - To finance the costs of acquiring, constructing, improving and equipping facilities of Senior Credit Group Members.

Identifier	Return Reference	Explanation
Schedule K, Part I	Bond Issues	1. A portion of the Missouri Series 2003C issuance was exchanged for 2008C bonds, the transaction did not represent a tax reissuance. 2. A portion of the Indiana Series 2003E issuance was exchanged for 2008E bonds, the transaction did not represent a tax reissuance. 3. A portion of the Indiana 2005A issuance was defeased, escrow no longer outstanding as of last day of tax year. 4. CUSIP number for Michigan Series 2005 as originally reported on Form 8038 was incorrect (reported as "59455E7P2"). 5. Tennessee Series 2001B-1 was reissued for tax purposes as of 3/30/09 in connection with an interest rate conversion on the bonds. 6. Indiana 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. Indiana Series 2006B-2 remains outstanding as originally issued. 7. The Indiana Health and Educational Facility Financing Authority was merged into the Indiana Finance Authority on 7/1/07. 8. CUSIP number for Michigan Series 2010B and 2010F as originally reported on Form 8038 was incorrect (no CUSIP was reported). 9. The Escambia 2003A, Missouri 2003C and Indiana 2003E/2008E Bonds, along with other, now-retired bonds from Michigan and Idaho issuers, are all part of a single issue for certain federal tax purposes. Within that issue, an election has been made to treat the Michigan bonds as a separate issue for purposes of IRC section 141. Ascension Health and the issuers reserve the right to make any further multipurpose allocations permitted under the Treasury Regulations. 10. The Alabama 2005A, Indiana 2005A and Michigan 2005 Bonds are all part of a single issue for certain federal tax purposes although Ascension Health and the issuers reserve the right to make any multipurpose allocations permitted under the Treasury Regulations. 11. The Wisconsin 2006A, Indiana 2006B (all sub-series), Alabama (Birmingham) 2006C-1 and C-2 and Alabama (Mobile) 2006D Bonds are all part of a single issue for certain federal tax purposes. Within that issue, an election has been made under the Treasury Regulations to treat the Wisconsin 2006A, Indiana 2006B-3, B-4, B-5 and B-6, Alabama (Birmingham) 2006C-2 and the Alabama (Mobile) 2006D Bonds, together, as a single issue for IRC section 141 purposes. Also, an election has been made under the Treasury Regulations to treat the Indiana 2006B-1, B-2, B-7 and B-8, and the Alabama (Birmingham) 2006C-1, together, as a single issue for IRC section 141 purposes. Ascension Health and the issuers reserve the right to make any further multipurpose allocations permitted under the Treasury Regulations. 12. The Connecticut 2010A, Michigan 2010B/2010F, Tennessee 2010C, Tarrant County 2010D and Wisconsin 2010E bonds are a single issue for certain federal tax purposes. Within that issue, elections have been made to treat each of the foregoing as separate issues for purposes of IRC section 141. Ascension Health and the issuers reserve the right to make any further multipurpose allocations permitted under the Treasury Regulations. 13. Ascension Health believes, and has prepared Schedule K in a manner consistent with such belief, that the Part III exclusion provided in the instructions for bonds that refund a pre-2003 bond issue applies to certain of the bonds reflected herein, though allocations under Regulations section 1.141-13(d) may not have yet been elected, this submission does not constitute an allocation election under Regulations section 1.141-13(d) for any issue or portion of an issue.

Identifier	Return Reference	Explanation
Schedule K, Part II	Proceeds	1. The "Issuance costs from proceeds" for the Missouri Series 2003C (\$1,565,056) and the Indiana Series 2003E (\$7,381,512) are due to credit enhancement and not issuance costs. 2. Nonrefunding proceeds of the issue amount for the Indiana 2003 as originally reported on Form 8038 was incorrect (reported as "58,013,974"). 3. For purposes of Schedule K, Part II, Ascension Health is assuming that there is no "year of substantial completion" with respect to refunding bonds.

Identifier	Return Reference	Explanation
Schedule K, Part IV	Arbitrage	1. Line 21(e) of the Form 8038 was incorrectly marked "4.8472%" for the Tarrant County Series 2010D bond issue, the bonds actually constitute a variable yield issue for arbitrage purposes. 2. Line 40 of the Form 8038 was incorrectly not checked for the Missouri Series 2003C and the Indiana Series 2003E/2008E bond issues. 3. The hedge providers for the Missouri Series 2003C bond issue are Citibank and Morgan Stanley. The Citibank hedges have original terms of 6.7 and 23.7 years. The Morgan Stanley hedges have original terms of 6.7 and 23.6 years. 4. The hedge providers for the Indiana Series 2003E/2008E bond issue are Citibank and Morgan Stanley. The Citibank hedges have original terms of 6.7 and 33.7 years. The Morgan Stanley hedges have original terms of 23.6, 33.6 and 33.7 years. 5. GIC for Indiana Series 2006B-3, B-4, B-5 and B-6 was held at Citigroup and Morgan Stanley with a term of 0.3 and 0.2 years respectively.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Ascension Health

Employer identification number
31-1662309

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Ascension Health Ventures II LLC 11775 Borman Drive St Louis, MO 63146 26-0624407	Healthcare	MO	-1,006,915	10,021,430	Ascension Health
TriMedx LLC 6325 Digital Way Suite 400 Indianapolis, IN 46278 35-2081152	Biomedical Engineering	IN	7,908,355	45,393,732	Ascension Health
Axess Ultrasound LLC 8148 Woodland Drive Indianapolis, IN 46278 26-2953976	Healthcare	IN	237,297	5,153,975	Ascension Health

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

[illegible]

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
Ascension Health Information Services PO Box 45998 St Louis, MO 631455998 65-1257719	Supporting Organization	MO	Section 501(C)(3)	Schedule A, Line 11a	Ascension Health
Ascension Health Professional And General Liability Self Insurance Trust 4600 Edmundson Rd St Louis, MO 63134 36-7046706	Supporting Organization	MO	Section 501(C)(3)	Schedule A, Line 11a	Ascension Health
Ascension Health Welfare Benefits Trust PO Box 46944 St Louis, MO 63146 43-1601369	Trust	MO	Section 501(C)(3)	N/A	Ascension Health
Seton Institute 4600 Edmundson Rd St Louis, MO 63134 65-1205990	Healthcare	MO	Section 501(C)(3)	Schedule A, Line 7	Ascension Health
Daughters of Charity Foundation of St Louis 231 South Bemiston Suite 735 St Louis, MO 63105 43-1736970	Supporting Organization	MO	Section 501(C)(3)	Schedule A, Line 11a	Ascension Health
St Vincent's Health System 810 St Vincents Drive Birmingham, AL 35205 63-0931008	Health System Parent	AL	Section 501(C)(3)	Schedule A, Line 11c	Ascension Health
American Sports Medicine Institute 2660 10th Avenue South No 505 Birmingham, AL 35205 63-0952490	Sports Medicine	AL	Section 501(C)(3)	Schedule A, Line 7	St Vincent's Health System
Seton Property Corporation Of North Alabama 810 St Vincents Drive Birmingham, AL 35205 23-7326976	Real Estate	AL	Section 501(C)(2)	N/A	St Vincent's Health System
St Vincent's Birmingham 810 St Vincents Drive Birmingham, AL 35205 63-0288864	Hospital	AL	Section 501(C)(3)	Schedule A, Line 3	St Vincent's Health System
St Vincent's Blount 150 Gilbreath Drive Oneonta, AL 35121 63-0909073	Hospital	AL	Section 501(C)(3)	Schedule A, Line 3	St Vincent's Health System
St Vincent's East 50 Medical Park East Drive Birmingham, AL 35235 63-0578923	Hospital	AL	Section 501(C)(3)	Schedule A, Line 3	St Vincent's Health System
St Vincent's East Foundation fka Eastern Health Foundation 50 Medical Park East Drive Birmingham, AL 35235 63-0909071	Fundraising	AL	Section 501(C)(3)	Schedule A, Line 7	St Vincent's Health System
St Vincent's Foundation Of Alabama Inc 810 St Vincents Drive Birmingham, AL 35205 63-0868068	Fundraising	AL	Section 501(C)(3)	Schedule A, Line 7	St Vincent's Health System
Universal Health Services 810 St Vincents Drive Birmingham, AL 35205 63-0932323	Physician Group	AL	Section 501(C)(3)	Schedule A, Line 3	St Vincent's Health System
Providence Hospital 6801 Airport Blvd Mobile, AL 36608 63-0288861	Hospital	AL	Section 501(C)(3)	Schedule A, Line 3	Ascension Health
Seton Health Corporation Of South Alabama 6801 Airport Blvd Mobile, AL 36608 63-0934712	Supporting Organization	AL	Section 501(C)(3)	Schedule A, Line 11c	Ascension Health
Providence Building Corporation 6801 Airport Blvd Mobile, AL 36608 63-0914564	Supporting Organization	AL	Section 501(C)(2)	N/A	Seton Health Corporation Of South AL
Providence Foundation 6801 Airport Blvd Mobile, AL 36608 63-0915493	Supporting Organization	AL	Section 501(C)(3)	Schedule A, Line 11c	Seton Health Corporation Of South AL
Providence Healthcare Services 6801 Airport Blvd Mobile, AL 36608 63-0937705	Supporting Organization	AL	Section 501(C)(3)	Schedule A, Line 11c	Seton Health Corporation Of South AL
Seton Medical Management 6801 Airport Blvd Mobile, AL 36608 63-0937704	Supporting Organization	AL	Section 501(C)(3)	Schedule A, Line 11b	Seton Health Corporation Of South AL
Daughters Of Charity Services Of Arkansas PO Box Dumas, AR 71639 62-1712703	Healthcare	AR	Section 501(C)(3)	Schedule A, Line 9	Ascension Health
Carondelet Health Network 2202 N Forbes Blvd Tucson, AZ 85745 86-0455920	Hospital	AZ	Section 501(C)(3)	Schedule A, Line 3	Ascension Health
Holy Cross Hospital Inc 2202 N Forbes Blvd Tucson, AZ 85745 86-0575938	Hospital	AZ	Section 501(C)(3)	Schedule A, Line 3	Carondelet Health Network
Southwest Catholic Health Network (dba Mercy Care Plan) 2202 N Forbes Blvd Tucson, AZ 85745 86-0527381	Health Care	AZ	Section 501(C)(3)	Schedule A, Line 11a	Carondelet Health Network
Carondelet Heart and Vascular Institute 4888 N Stone Ave Tucson, AZ 85704 56-1943271	Hospital	AZ	Section 501(C)(3)	Schedule A, Line 3	Carondelet Health Network
Chalon Living Inc 8553 E San Alberto Dr Scottsdale, AZ 85258 86-0805615	Elderly/Disabled Housing	AZ	Section 501(C)(3)	Schedule A, Line 7	Holy Cross Hospital
Carondelet Foundation Inc 2202 N Forbes Blvd Tucson, AZ 85745 86-0749574	Fundraising	AZ	Section 501(C)(3)	Schedule A, Line 11a	Carondelet Health Network
St Vincent's Health Services Corporation 2800 Main Street Bridgeport, CT 06606 22-2558134	System Parent	CT	Section 501(C)(3)	Schedule A, Line 11a	Ascension Health
St Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606 06-0646886	Hospital	CT	Section 501(C)(3)	Schedule A, Line 3	St Vincent's Health Services Corporation
St Vincent's Medical Center Foundation Inc 2800 Main Street Bridgeport, CT 06606 22-2558132	Fundraising	CT	Section 501(C)(3)	Schedule A, Line 7	St Vincent's Health Services Corporation

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
Hall-Brooke Behavioral Health Services Inc 47 Long Lots Road Westport, CT06880 06-0813283	Behavioral Health Services	CT	Section 501(C)(3)	Schedule A, Line 9	St Vincent's Health Services Corporation
St Vincent's Development Inc 95 Merritt Boulevard Trumbull, CT06611 22-2554128	Real Estate Holdings	CT	Section 501(C)(3)	N/A	St Vincent's Health Services Corporation
St Vincent's College 2800 Main Street Bridgeport, CT06606 06-1331677	College Of Nursing	CT	Section 501(C)(3)	Schedule A, Line 2	St Vincent's Health Services Corporation
St Vincent's Special Needs Center Inc 95 Merritt Boulevard Trumbull, CT06611 06-0702617	Programs For Handicapped Individuals	CT	Section 501(C)(3)	Schedule A, Line 9	St Vincent's Health Services Corporation
Depaul Foundation Inc 1150 Varnum Street NE Washington, DC20017 52-1347245	Fundraising	DC	Section 501(C)(3)	Schedule A, Line 11c	Providence Hospital
Providence Hospital 1150 Varnum Street NE Washington, DC20017 53-0196636	Hospital	DC	Section 501(C)(3)	Schedule A, Line 3	Ascension Health
Providence Health Services Inc 1150 Varnum Street NE 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	Fundraising	DC	Section 501(C)(3)	Schedule A, Line 11a	Providence Hospital
St Vincent's Medical Center Inc 1 Shircliff Way Jacksonville, FL32204 59-0624449	Hospital	FL	Section 501(C)(3)	Schedule A, Line 3	St Vincent's Health System Inc
St Luke's-St Vincent's Healthcare 2565 Park Street Jacksonville, FL32204 26-0479484	Hospital	FL	Section 501(C)(3)	Schedule A, Line 4	St Vincent's Health System Inc
St Vincent's Ambulatory Care Inc 2565 Park Street Jacksonville, FL32204 59-2292041	Hospital	FL	Section 501(C)(3)	Schedule A, Line 3	St Vincent's Health System Inc
St Vincent's Foundation Inc 1 Shircliff Way Jacksonville, FL32204 59-2219923	Fundraising	FL	Section 501(C)(3)	Schedule A, Line 7	St Vincent's Health System Inc
St Catherine's Laboure Manor 2565 Park Street Jacksonville, FL32204 59-1878316	Nursing Home	FL	Section 501(C)(3)	Schedule A, Line 3	St Vincent's Health System Inc
St Vincent's Health System Inc 2565 Park Street Jacksonville, FL32204 59-3650609	Health System Parent	FL	Section 501(C)(3)	Schedule A, Line 11b	St Vincent's Health System Inc
Sacred Heart Health System Inc 5151 N 9th Ave Pensacola, FL32504 59-0634434	Hospital	FL	Section 501(C)(3)	Schedule A, Line 3	Ascension Health
Haven Of Our Lady Of Peace 1900 Summit Blvd Pensacola, FL32503 59-3620346	Nursing Home	FL	Section 501(C)(3)	Schedule A, Line 9	Sacred Heart Health System
Sacred Heart Foundation 5151 N 9th Ave Pensacola, FL32504 59-2436597	Fundraising	FL	Section 501(C)(3)	Schedule A, Line 7	Sacred Heart Health System
Sacred Heart Health Ventures 5151 N 9th Ave Pensacola, FL32504 57-1183283	Investment	FL	Section 501(C)(3)	Schedule A, Line 11a	Sacred Heart Health System
Methodist Home of the Aging 1520 Cooper Hill Rd Birmingham, FL35201 63-0376518	Elder Care Facilities	AL	Section 501(C)(3)	Schedule A, Line 9	N/A
St Joseph Hospital Augusta 4600 Edmundson Rd St Louis, MO631343806 58-0614997	Medical Service	GA	Section 501(C)(3)	Schedule A, Line 3	Ascension Health
St Joseph Foundation Inc 4600 Edmundson Rd St Louis, MO631343806 58-1775301	Fundraising	GA	Section 501(C)(3)	Schedule A, Line 7	St Joseph Hospital
St Joseph Regional Medical Center PO Box 416 415 Sixth Street Lewiston, ID83501 82-0204264	Hospital	ID	Section 501(C)(3)	Schedule A, Line 3	Ascension Health
St Mary's At Home Inc 3700 Washington Avenue Evansville, IN47750 35-1899560	DME/Home Care	IN	Section 501(C)(3)	Schedule A, Line 11a	Seton Health Corporation Of Southern Indiana Inc
St Mary's Building Corporation 3700 Washington Avenue Evansville, IN47750 23-7248362	Real Estate	IN	Section 501(C)(2)	N/A	Seton Health Corporation Of Southern Indiana Inc
St Mary's Warrick EMS Inc 3700 Washington Avenue Evansville, IN47750 20-5342518	EMS	IN	Section 501(C)(4)	N/A	St Mary's Health System Of America Inc
Medical Management Inc 3700 Washington Avenue Evansville, IN47750 35-1831570	Dormant	IN	Section 501(C)(3)	Schedule A, Line 3	St Mary's Health System Of America Inc
St Mary's Health System Of America Inc 3700 Washington Avenue Evansville, IN47750 35-2057801	Health Ministry Parent	IN	Section 501(C)(3)	Schedule A, Line 11c	Ascension Health
Seton Health Corporation Of Southern Indiana Inc 3700 Washington Avenue Evansville, IN47750 35-1679526	Investment	IN	Section 501(C)(3)	Schedule A, Line 3	St Mary's Health System Of America Inc
St Mary's Home Health Care Services Inc 3700 Washington Avenue Evansville, IN47750 35-1899562	Dormant	IN	Section 501(C)(3)	Schedule A, Line 11a	Seton Health Corporation Of Southern Indiana Inc
St Mary's Medical Center Foundation Inc 3700 Washington Avenue Evansville, IN47750 23-7045370	Fundraising	IN	Section 501(C)(3)	Schedule A, Line 11a	St Mary's Medical Center Of Evansville Inc

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St Mary's Medical Center Of Evansville Inc 3700 Washington Avenue Evansville, IN47750 35-0869065	Hospital	IN	Section 501(C)(3)	Schedule A, Line 3	St Mary's Health System Of America Inc
St Mary's Warrick Hospital Foundation Inc 1116 Millis Avenue Boonville, IN47601 35-1961890	Fundraising	IN	Section 501(C)(3)	Schedule A, Line 11a	St Mary's Warrick Hospital Inc
St Mary's Warrick Hospital Inc 1116 Millis Avenue Boonville, IN47601 35-1343019	Hospital	IN	Section 501(C)(3)	Schedule A, Line 3	St Mary's Health System Of America Inc
Central Indiana Health System Cardiac Services 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
Jubilee Partnerships Inc 2301 N Park Avenue Indianapolis, IN46205 35-2060765	Outreach Activities	IN	Section 501(C)(3)	Schedule A, Line 1	St Joseph Hospital & Health Center Inc
Rehabilitation Hospital Of Indiana Inc 4141 Shore Drive Indianapolis, IN46254 35-1786005	Rehabilitation 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	Supporting Organization	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	Supporting Organization	IN	Section 501(C)(3)	Schedule A, Line 11a	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 Dunn Hospital Inc 1600 23rd Street Bedford, IN47421 27-2192831	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
St Vincent Health Inc 8425 Harcourt Road Indianapolis, IN46260 35-2052591	Parent Company	IN	Section 501(C)(3)	Schedule A, Line 11c	Ascension Health
St Vincent Hospital And Health Care Center Inc 2001 W 86th Street 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	Supporting Organization	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	Supporting Organization	IN	Section 501(C)(3)	Schedule A, Line 11a	St Vincent Madison County Health System Inc
St Vincent New Hope Inc 8450 N Payne Road Indianapolis, IN46260 35-1733591	Intermediate Care Facility	IN	Section 501(C)(3)	Schedule A, Line 9	St Vincent Health Inc
St Vincent Pediatric Rehab Center Inc 1707 W 86th Street Indianapolis, IN46260 35-2048898	Specialty Hospital	IN	Section 501(C)(3)	Schedule A, Line 3	St Joseph Hospital & Health Center Inc
St Vincent Randolph Hospital Inc 473 Greenville Avenue Winchester, IN47394 35-2103153	Supporting Organization	IN	Section 501(C)(3)	Schedule A, Line 3	St Vincent Health Inc
St Vincent Randolph Hospital Foundation Inc 473 Greenville Avenue Winchester, IN47394 35-2133006	Supporting Organization	IN	Section 501(C)(3)	Schedule A, Line 11a	St Vincent Randolph Hospital Inc
St Vincent Salem Hospital Inc 911 N Shelby Street Salem, IN47167 27-0847538	Critical access hospital	IN	Section 501(C)(3)	Schedule A, Line 3	St Vincent Health Inc
St Vincent Seton Specialty Hospital Inc 8050 Township Line Road Indianapolis, IN46260 35-1712001	Long Term Care Hospital	IN	Section 501(C)(3)	Schedule A, Line 3	St Vincent Health Inc
St Vincent Williamsport Hospital Inc 412 N Monroe Street Williamsport, IN47993 35-0784551	Critical Access Hospital	IN	Section 501(C)(3)	Schedule A, Line 3	St Vincent Health Inc
St Vincent Williamsport Hospital Foundation Inc 412 N Monroe Street Williamsport, IN47993 74-3130159	Fundraising	IN	Section 501(C)(3)	Schedule A, Line 11a	St Vincent Williamsport Hospital Inc
SVSM Inc 2001 W 86th Street Indianapolis, IN46260 81-0607827	Holding Company	IN	Section 501(C)(3)	Schedule A, Line 11a	St Vincent Health Inc
Daughters Of Charity Services Of New Orleans 4162 Canal Street New Orleans, LA70119 72-1332678	Hospital	LA	Section 501(C)(3)	Schedule A, Line 3	Ascension Health

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St Catherine Nursing Center 331 South Seton Avenue Emmitsburg, MD21727 52-1835288	Fundraising	MD	Section 501(C)(3)	Schedule A, Line 9	Ascension Health
St Agnes Healthcare Inc 900 Caton Avenue Baltimore, MD21229 52-0591657	Hospital	MD	Section 501(C)(3)	Schedule A, Line 3	Ascension Health
Caton Health Corporation 900 Caton Avenue Baltimore, MD21229 03-0384382	Provide Health Related Programs To The Community	MD	Section 501(C)(4)	N/A	St Agnes Healthcare Inc
Caton Health Corporation-Pac 900 Caton Avenue Baltimore, MD21229 90-0108494	Provide Government Support For Hospital Activities & Programs	MD	Section 527	N/A	St Agnes Healthcare Inc
St Agnes Foundation 900 Caton Avenue Baltimore, MD21229 52-1415083	Fundraising	MD	Section 501(C)(3)	Schedule A, Line 11a	St Agnes Healthcare Inc
Seton Medical Group 900 Caton Avenue Baltimore, MD21229 39-2064992	Healthcare	MD	Form 1023 Pending Ir	Schedule A, Line 3	St Agnes Healthcare Inc
St Agnes Auxiliary 900 Caton Avenue Baltimore, MD21229 52-0643673	Fundraising	MD	Section 501(C)(3)	Schedule A, Line 9	St Agnes Healthcare Inc
Genesys Health System One Genesys Parkway Grand Blanc, MI484398065 38-3339703	Health System Parent	MI	Section 501(C)(3)	Schedule A, Line 11c	Ascension Health
Genesys Ambulatory Health Services 5445 Ali Drive Dept 200 Grand Blanc, MI48439 38-2371754	Occur Hlthstaffing/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 5445 Ali Drive Dept 200 Grand Blanc, MI48439 38-2177968	Home Health/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	Germ Support	MI	Section 501(C)(3)	Schedule A, Line 11d	Genesys Health System
Health Source Group 5445 Ali Drive Dept 200 Grand Blanc, MI48439 38-2427678	Program 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	MI	Section 501(C)(3)	Schedule A, Line 3	Ascension Health
St John Health System Foundation Inc 1471 E Twelve Mile Madison Heights, MI48071 38-2769385	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 7	St John Health
St John Senior Community Center 18300 E Warren Detroit, MI48224 38-2631907	Health Care	MI	Section 501(C)(3)	Schedule A, Line 9	St John Health
St John Hospital & Medical Center 28000 Dequindre Warren, MI48092 38-1359063	Hospital	MI	Section 501(C)(3)	Schedule A, Line 3	St John Health
St John Macomb-Oakland Hospital 28000 Dequindre Warren, MI48092 38-3322109	Hospital	MI	Section 501(C)(3)	Schedule A, Line 3	St John Health
Fr Murray Nursing Center 8444 Engleman Center Line, MI48015 38-2601348	Health Care	MI	Section 501(C)(3)	Schedule A, Line 9	St John Health
St John River District Hospital 4100 River Road East China, MI480542909 38-3160564	Hospital	MI	Section 501(C)(3)	Schedule A, Line 3	St John Health
Medical Resources Group 43800 Garfield Road Suite 201 Clinton Township, MI48038 38-3494637	Health Care	MI	Section 501(C)(3)	Schedule A, Line 9	St John Health
St John Home Care Services 37650 Garfield Road Clinton Township, MI480362055 38-3408684	Health Care	MI	Section 501(C)(3)	Schedule A, Line 7	St John Health
St John Health System Comm Inv Corp 22101 Moross Detroit, MI48236 38-2262856	Health Care	MI	Section 501(C)(3)	Schedule A, Line 3	St John Health
Eastwood Community Clinics 28000 Dequindre Warren, MI48092 38-1958763	Health Care	MI	Section 501(C)(3)	Schedule A, Line 9	St John Health
St John Home Care Services 37650 Garfield Road Clinton Township, MI480362055 38-3408684	Health Care	MI	Section 501(C)(3)	Schedule A, Line 7	St John Health
Macomb Hospital Center Auxiliary 11800 E Twelve Mile Warren, MI48093 38-6091287	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 11c	St John Macomb - Oakland Hospital Corp
Macomb Hospital Foundation 1471 E Twelve Mile Madison Heights, MI43800 20-2962353	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 7	St John Health

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St John Community Health Investment Corp 28000 Dequindre Warren, MI48092 38-2262856	Health Care	MI	Section 501(C) (3)	Schedule A, Line 3	St John Health
Our Lady of Providence League 28000 Dequindre Warren, MI48092 38-6108200	Fundraising	MI	Section 501(C) (3)	Schedule A, Line 11c	Providence Hospital
Fontbonne Auxiliary of St John Hospital 28000 Dequindre Warren, MI48092 38-6082173	Fundraising	MI	Section 501(C) (3)	Schedule A, Line 11c	St John Health
St John Hospital Guild 28000 Dequindre Warren, MI48092 38-6091110	Fundraising	MI	Section 501(C) (3)	Schedule A, Line 7	St John Hospital and Medical Center
Providence Hospital 16001 West Nine Mile Southfield, MI48307 38-1358212	Hospital	MI	Section 501(C) (3)	Schedule A, Line 3	St John Health
Providence Health Foundation 1471 E Twelve Mile Madison Heights, MI48071 38-3526629	Fundraising	MI	Section 501(C) (3)	Schedule A, Line 11	St John Health
Seton Health Corp Of SE MI 16001 West Nine Mile Southfield, MI48037 38-2820107	Health Care	MI	Section 501(C) (3)	Schedule A, Line 11	St John Health
St John Macomb Foundation 28000 Dequindre Warren, MI48092 20-2962353	Fundraising	MI	Section 501(C) (3)	Schedule A, Line 7	St John Health
St John Hospital Foundation 1471 E Twelve Mile Madison Heights, MI48071 20-2961579	Fundraising	MI	Section 501(C) (3)	Schedule A, Line 7	St John Health
Brighton Hospital 12851 Grand River Brighton, MI48116 38-1576680	Hospital	MI	Section 501(C) (3)	Schedule A, Line 3	St John Health
Brighton National Addiction Foundation 12851 Grand River Brighton, MI48116 26-0694680	Fundraising	MI	Section 501(C) (3)	Schedule A, Line 7	Brighton Hospital
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
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
Borgess Foundation 1521 Gull Road Kalamazoo, MI49048 23-7222558	Fundraising	MI	Section 501(C) (3)	Schedule A, Line 11c	Borgess Health Alliance Inc
Borgess Nursing Home 537 Chicago Avenue Kalamazoo, MI49048 38-2555589	Residential Care	MI	Section 501(C) (3)	Schedule A, Line 3	Borgess Health Alliance Inc
Lee Memorial Hospital Corporation 420 W High Street Dowagiac, MI49047 38-1490190	Healthcare Services	MI	Section 501(C) (3)	Schedule A, Line 3	Borgess Health Alliance Inc
Lee Memorial Foundation 420 W High Street Dowagiac, MI49047 38-2860459	Fundraising	MI	Section 501(C) (3)	Schedule A, Line 11c	Borgess Health Alliance Inc
Promed Healthcare 1521 Gull Road Kalamazoo, MI49048 38-3193801	Healthcare Services	MI	Section 501(C) (3)	Schedule A, Line 9	Borgess Health Alliance Inc
Visiting Nurse & Hospice Services Of SW MI 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
Visiting Nurses Home Care dba Borgess VNA Home Care 348 North Burdick Kalamazoo, MI49007 38-2717691	Home Healthcare Services	MI	Section 501(C) (3)	Schedule A, Line 9	Borgess Health Alliance Inc
St Mary's Health 800 S Washington Saginaw, MI48601 38-3477071	Local Health System Parent	MI	Section 501(C) (3)	Schedule A, Line 11	Ascension Health
St Mary's Of Michigan Medical Center 800 S Washington Saginaw, MI48601 38-0997730	Hospital	MI	Section 501(C) (3)	Schedule A, Line 3	St Mary's Health
Seton Health Corporation Of East Central Michigan 800 S Washington Saginaw, 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	Medical Transport	MI	Section 501(C) (3)	Schedule A, Line 9	Seton Health Corporation Of East Central Michigan
St Mary's Hospital Foundation 800 S Washington Saginaw, MI48601 38-2246366	Fundraising	MI	Section 501(C) (3)	Schedule A, Line 11c	Seton Health Corporation Of East Central Michigan
Field Neurosciences Institute 800 S Washington Saginaw, MI48601 38-2790703	Medical Research Organization	MI	Section 501(C) (3)	Schedule A, Line 9	Seton Health Corporation Of East Central Michigan
Field Neurosciences Institute Foundation 800 S Washington Saginaw, MI48601 38-3638165	Fundraising	MI	Section 501(C) (3)	Schedule A, Line 11	Seton Health Corporation Of East Central Michigan
Standish Community Hospital 805 Cedar Street Standish, MI48658 38-1671120	Hospital	MI	Section 501(C) (3)	Schedule A, Line 3	St Mary's Health
St Joseph Health System 200 Hemlock Road Tawas City, MI48763 38-1443395	Hospital	MI	Section 501(C) (3)	Schedule A, Line 3	Ascension Health

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St Joseph Health System Foundation 201 Hemlock Road Tawas City, MI48763 01-0790428	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 11a	St Joseph Health System
St Joseph Health System Foundation 200 Hemlock Road Tawas City, MI48763 01-0790428	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 11a	N/A
Carondelet Health Corp & Affiliates Employee Health & Dental Care 1000 Carondelet Drive Kansas City, MO641144673 43-1116849	Veba	MO	Section 501(C)(9)	N/A	Carondelet Health
Carondelet Home Care Services 11050 Roe Suite 120 Overland Park, KS66211 43-1379352	Home Health Care Services	MO	Section 501(C)(3)	Schedule A, Line 3	Carondelet Health
Carondelet Long-Term Care Facilities Inc 1000 Carondelet Drive Kansas City, MO641144673 74-2505427	Long Term Care	MO	Section 501(C)(3)	Schedule A, Line 9	Carondelet Health
St Joseph Medical Center 1000 Carondelet Drive Kansas City, MO641144673 44-0546292	Health Care	MO	Section 501(C)(3)	Schedule A, Line 3	Carondelet Health
St Joseph Medical Center Foundation 1000 Carondelet Drive Kansas City, MO641144673 43-1388461	Fundraising	MO	Section 501(C)(3)	Schedule A, Line 11c	Carondelet Health
St Mary's Medical Center 201 West RD Mize Rd Blue Springs, MO64014 43-1284526	Health Care	MO	Section 501(C)(3)	Schedule A, Line 3	Carondelet Health
St Mary's Medical Center Foundation 1000 Carondelet Drive Kansas City, MO641144673 43-1918107	Fundraising	MO	Section 501(C)(3)	Schedule A, Line 11c	Carondelet Health
Carondelet Health 1000 Carondelet Drive Kansas City, MO641144673 43-1276738	System Parent	MO	Section 501(C)(3)	Schedule A, Line 11c	Ascension Health
Seton Center Inc 2816 East 23rd Street Kansas City, MO64127 43-0926003	Fundraising	MO	Section 501(c)(3)	Schedule A, Line 7	Ascension Health
Seton Health System Inc 1300 Massachusetts Ave Troy, NY12180 14-1776186	Hospital	NY	Section 501(C)(3)	Schedule A, Line 3	Ascension Health
Seton Auxiliary Inc 1300 Massachusetts Ave Troy, NY12180 14-1505031	Supporting Organization	NY	Section 501(C)(3)	Schedule A, Line 9	Seton Health System Inc
Seton Health At Schuyler Ridge Residential Healthcare 1 Abele Blvd Clifton Park, NY12065 14-1756230	Skilled Nursing Facility	NY	Section 501(C)(3)	Schedule A, Line 9	Seton Health System Inc
Seton Health Foundation 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
St Mary's Woodland Village Inc 1300 Massachusetts Ave Troy, NY12180 14-1675183	Discontinued Operations	NY	Section 501(C)(3)	Schedule A, Line 9	Seton Health System Inc
Vincentian Health Services Inc 1300 Massachusetts Ave Troy, NY12180 14-1685163	Discontinued Operations	NY	Section 501(C)(3)	Schedule A, Line 11a	Seton Health System Inc
Our Lady Of Lourdes Memorial Hospital Inc 169 Riverside Drive Binghamton, NY13905 15-0532221	Hospital	NY	Section 501(C)(3)	Schedule A, Line 3	Ascension Health
Lourdes Realty Corporation 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
Medical Services Enhancement Inc Guy Park Avenue Amsterdam, NY12010 14-1776546	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	Supporting Organization	NY	Section 501(C)(3)	Schedule A, Line 11c	N/A
Mount St Mary's Hospital Of Niagara Falls 5310 Military Rd Lewiston, NY140921997 16-1523353	Hospital	NY	Section 501(C)(3)	Schedule A, Line 3	Ascension Health
Our Lady Of Peace Inc 5285 Lewiston Rd Lewiston, NY140921997 16-1608735	Nursing Home	NY	Section 501(C)(3)	Schedule A, Line 3	Mount St Mary's Hospital
Mount St Mary's Hospital Child Care Center 5310 Military Rd Lewiston, NY140921997 16-1523352	Child Care Center	NY	Section 501(C)(3)	Schedule A, Line 9	Mount St Mary's Hospital
Mount St Mary's Hospital Foundation 5300 Military Rd Lewiston, NY140921997 16-1360884	Fundraising	NY	Section 501(C)(3)	Schedule A, Line 11a	Mount St Mary's Hospital
Saint Thomas Health Services 4220 Harding Road Nashville, TN37205 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, TN37236 58-1509251	Community Health Promotion	TN	Section 501(C)(3)	Schedule A, Line 11a	Seton Corporation
Baptist Healthcare Group 2000 Church Street Nashville, TN37236 62-1529858	Healthcare Provider	TN	Section 501(C)(3)	Schedule A, Line 3	Seton Corporation

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Baptist Saint Thomas Home Care 2000 Church Street Nashville, TN 37236 51-0172298	Home Health Care	TN	Section 501(C)(3)	Schedule A, Line 9	Seton Corporation
Hickman Community Health Care Services Inc 135 East Swann Centerville, TN 37033 58-1737573	Hospital	TN	Section 501(C)(3)	Schedule A, Line 3	Baptist Health Care Affiliates Inc
Hickman Community Home Care Inc 135 East Swan St Centerville, TN 37033 62-1836937	Home Health Care	TN	Section 501(C)(3)	Schedule A, Line 9	Hickman Community Health Care Services Inc
Middle Tennessee Medical Center Development Foundation 400 N Highland Avenue Murfreesboro, TN 37219 62-1167917	Fundraising	TN	Section 501(C)(3)	Schedule A, Line 11a	Middle Tennessee Medical Center Inc
Middle Tennessee Medical Center Inc 400 N Highland Avenue Murfreesboro, TN 37219 62-0475842	Hospital	TN	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, TN 37205 58-1663055	Fundraising	TN	Section 501(C)(3)	Schedule A, Line 7	Saint Thomas Network
Saint Thomas Network 4220 Harding Road Nashville, TN 37205 62-1284994	Health Investment Entity	TN	Section 501(C)(3)	Schedule A, Line 9	St Thomas Health Services
Seton Corporation 4220 Harding Road Nashville, TN 37205 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, TN 37205 62-0347580	Hospital	TN	Section 501(C)(3)	Schedule A, Line 3	St Thomas Health Services
Seton Healthcare 1345 Philomena Street Austin, TX 78723 74-1109643	Hospital	TX	Section 501(C)(3)	Schedule A, Line 3	Ascension Health
Twenty-Six Doors 1345 Philomena Street Austin, TX 78723 74-2855201	To Hold Title To Real Property	TX	Section 501(C)(25)	N/A	Seton Fund
Austin Children's Chest Associates II 1345 Philomena Street Austin, TX 78723 26-0163261	Healthcare	TX	Section 501(C)(3)	Schedule A, Line 3	Seton Healthcare
Blue Ladies Minerals Inc 1345 Philomena Street Austin, TX 78723 74-2971975	Real Estate	TX	Section 501(C)(3)	Schedule A, Line 11c	Seton Healthcare
CMC Foundation Of Central Texas 1345 Philomena Street Austin, TX 78723 20-0468031	Fundraising	TX	Section 501(C)(3)	Schedule A, Line 11a	Seton Healthcare
CTMF Inc 1345 Philomena Street Austin, TX 78723 74-2869762	Healthcare	TX	Section 501(C)(3)	Schedule A, Line 3	Seton Healthcare
Picket Health Legacy 1345 Philomena Street Austin, TX 78723 27-2843709	To Hold Title To Real Property	TX	Section 501(C)(25)	N/A	Twenty-Six Doors Inc
Institute Of Reconstructive Plastic Surgery Of Central Texas 1345 Philomena Street Austin, TX 78723 26-2908163	Healthcare	TX	Section 501(C)(3)	Schedule A, Line 3	Seton Healthcare
Pediatric Critical Care Associates 1345 Philomena Street Austin, TX 78723 42-1670843	Healthcare	TX	Section 501(C)(3)	Schedule A, Line 3	Seton Healthcare
Pediatric Surgical Subspecialists 1345 Philomena Street Austin, TX 78723 20-8957311	Healthcare	TX	Section 501(C)(3)	Schedule A, Line 3	Seton Healthcare
Seton Family of Pediatric Surgeons 1345 Philomena Street Austin, TX 78723 27-1311790	Healthcare	TX	Section 501(C)(3)	Schedule A, Line 3	Seton Healthcare
Seton Family of Pediatricians 1345 Philomena Street Austin, TX 78723 27-1311909	Healthcare	TX	Section 501(C)(3)	Schedule A, Line 3	Seton Healthcare
Seton Fund 1345 Philomena Street Austin, TX 78723 74-2212968	Fundraising	TX	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, TX 78723 74-2212968	Fundraising	TX	Section 501(C)(3)	Schedule A, Line 11a	Seton Healthcare
Seton Hays Foundation 1345 Philomena Street Austin, TX 78723 26-2842608	Fundraising	TX	Section 501(C)(3)	Schedule A, Line 11a	Seton Healthcare
Seton Medical Group 1345 Philomena Street Austin, TX 78723 74-2861106	Healthcare	TX	Section 501(C)(3)	Schedule A, Line 3	Seton Healthcare
Seton Williamson Foundation 1345 Philomena Street Austin, TX 78723 20-5330986	Fundraising	TX	Section 501(C)(3)	Schedule A, Line 11a	Seton Healthcare
Specially For Children 1345 Philomena Street Austin, TX 78723 74-2800601	Healthcare	TX	Section 501(C)(3)	Schedule A, Line 3	Seton Healthcare
The Seton Cove Inc 1345 Philomena Street Austin, TX 78723 74-2727509	Spirituality Center	TX	Section 501(C)(3)	Schedule A, Line 11a	Seton Healthcare
Tri-County Clinical 1345 Philomena Street Austin, TX 78723 26-4562712	Healthcare	TX	Section 501(C)(3)	Schedule A, Line 3	Seton Healthcare
Tri-County Practice Associates 1345 Philomena Street Austin, TX 78723 26-4562522	Healthcare	TX	Section 501(C)(3)	Schedule A, Line 3	Seton Healthcare

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
Daughters Of Charity Services Of San Antonio 7607 Somerset Road San Antonio, TX78211 74-6106876	Healthcare	TX	Section 501(C) (3)	Schedule A, Line 11a	Ascension Health
Providence Health Services Of Waco 6901 Medical Pkwy Waco, TX76713 74-1109636	Healthcare Services	TX	Section 501(C) (3)	Schedule A, Line 3	Ascension Health
Providence Foundation Inc 6901 Medical Pkwy Waco, TX76713 74-2683112	Supporting Organization	TX	Section 501(C) (3)	Schedule A, Line 11a	Providence Healthcare Network
Providence Health Alliance 6901 Medical Pkwy Waco, TX76713 74-2692670	Outpatient Clinics	TX	Section 501(C) (3)	Schedule A, Line 3	Providence Healthcare Network
Our Lady Of Lourdes Hospital At Pasco 520 North 4th Avenue Pasco, WA99301 91-0349750	Hospital	WA	Section 501(C) (3)	Schedule A, Line 3	Ascension Health
Lourdes Foundation 520 North 4th Avenue Pasco, WA99301 91-1528577	Fundraising	WA	Section 501(C) (3)	Schedule A, Line 11a	Our Lady Of Lourdes Hospital At Pasco
Columbia St Mary's Inc 4425 North Port Washington Road Milwaukee, WI53212 39-1834639	Health System	WI	Section 501(C) (3)	Schedule A, Line 11	Ascension Health
Columbia College Of Nursing 4425 North Port Washington Road Milwaukee, WI53212 39-1596986	College Of Nursing	WI	Section 501(C) (3)	Schedule A, Line 2	Columbia St Mary's Hospital Milwaukee Inc
Sacred Heart Rehabilitation Institute 4425 North Port Washington Road Milwaukee, WI53212 39-0902199	Rehab Facility	WI	Section 501(C) (3)	Schedule A, Line 3	Columbia St Mary's Hospital Milwaukee Inc
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)	Schedule A, Line 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 39-1171298	Home Care/Hospice	WI	Section 501(C) (3)	Schedule A, Line 3	Columbia St Mary's Inc
Columbia Health System 4425 North Port Washington Road Milwaukee, WI53212 39-1494977	Health System	WI	Section 501(C) (3)	Schedule A, Line 11	N/A

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
St Vincent Outpatient Surgery Services Loc 810 St Vincents Drive Birmingham, AL35205 20-0708162	Outpatient Surgery	AL	N/A								
Choctaw Investment Company Inc PO Box 968 Birmingham, AL35201 63-1276435	Real Estate	AL	N/A								
Limestone Land Company Inc PO Box 968 Birmingham, AL35201 63-1281739	Real Estate	AL	N/A								
St Vincent's Sleep Disorder Center LLC 810 St Vincents Drive Birmingham, AL35202 63-1282288	Healthcare	AL	N/A								
RLC LLC 677 N Wilmot Rd Tucson, AZ85711 26-2750704	Radiology Services	AZ	N/A								
Dependable Medical Equipment Inc 1120 S Swan Rd Tucson, AZ85712 80-3641408	Medical Equipment Sales	AZ	N/A								
Dependable Home Health Inc 1120 S Swan Rd Tucson, AZ85712 38-3641407	Home Health Services	AZ	N/A								
Carondelet Surgical Centers LLC 2202 N Forbes Blvd Tucson, AZ85745 26-4470740	Outpatient Surgery	AZ	N/A								
Carondelet St Mary's Northwest LLC 2220 B Orange Grove Rd Tucson, AZ85742 20-1141542	Outpatient Surgery	AZ	N/A								
St Joseph's Family Practice 2202 N Forbes Blvd Tucson, AZ85745 86-0617581	Medical Office Rentals	AZ	N/A								
Tucson Mountain Medical Building Associates LLC 5690 N Camino Arthuro Tucson, AZ85718 86-0370895	Medical Office Rentals	AZ	N/A	Related	40,909	50,126		No			No
Tucson Heart Hospital LLC 4888 N Stone Ave Tucson, AZ85704 56-1943271	Healthcare	AZ	N/A								
Providence Medical Building 1140 Varnum St NE Washington, DC20017 52-1129539	Rental Property	DC	N/A								
Park Avenue Heart And Vascular Center LLC 2562 Park Street Jacksonville, FL32204 20-3071260	Cardiovascular Services	FL	N/A								
Interventional Rehabilitation Center LLC 1549 Airport Blvd Ste 420 Pensacola, FL32503 59-3673361	Medical Services	FL	N/A								
Pet LLC 5149 North 9th Ave Suite 124 Pensacola, FL32504 59-3788701	Medical Services	FL	N/A								
Emerald Coast Radiation Oncology Center LLC 7720 Us Highway 98 W Miramar Beach, FL32550 68-0507481	Medical Services	FL	N/A								
Endoscopy Group LLC 4810 North Davis Hwy Pensacola, FL32503 59-3519881	Medical Services	FL	N/A								
Gulf Region Radiation Oncology MSO LLC 5147 N 9th Ave Pensacola, FL32504 26-0623827	Medical Services	FL	N/A								
Ambulatory Care Center LLC 1125 Professional Blvd Evansville, IN47714 35-2006018	Outpatient Surgery	IN	N/A								
Evansville Dialysis Investment Company LLC 3700 Washington Ave Evansville, IN47750 35-2080575	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 3700 Washington Ave Evansville, IN47750 20-8223181	Group Purchasing Organization	IN	N/A								
Radiation Oncology Center Of Southwest Indiana LLC 3699 Epworth Rd Newburgh, IN47630 26-3429077	Management	IN	N/A								
Memorial HospitalSeton Health Corporation Sleep Management LLC 800 West 9th Street Jasper, IN47546 26-3635457	Management	IN	N/A								
St Mary's Acute Dialysis Services LLC 3700 Washington Ave Evansville, IN47750 27-1346179	Management	IN	N/A								
Seton Health Services LLC 3700 Washington Ave Evansville, IN47750 27-0451316	Equipment Rental	IN	N/A								
St Mary's Freestanding Cath Lab LLC 3700 Washington Ave Evansville, IN47750 32-0086252	Management	IN	N/A								
St Mary's Peripheral Vascular Services Management Company LLC 3700 Washington Ave Evansville, IN47750 20-5062635	Management	IN	N/A								
CIHS Newco LLC 8425 Harcourt Road Indianapolis, IN46260 35-2174403	Land Holding Company	IN	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Endoscopy Center LLC 3755 E 82nd St Ste 270 Indianapolis, IN46240 32-0029881	Endoscopy Center	IN	N/A								
Med One Of St John's LLC 4925 Scatterfield Road Anderson, IN46013 35-1959875	Medical Services	IN	N/A								
St Joseph Primary Care LLC 1907 W Sycamore Street Kokomo, IN46901 74-2979291	Physician Practices	IN	N/A								
St Joseph Surgical Management Co LLC 1907 W Sycamore Street Kokomo, IN46901 02-0137212	Management Company	IN	N/A								
Breast MRI Leasing Company LLC 10330 N Meridian St Ste 430n Indianapolis, IN46290 42-6662493	Sale And Rental Services	IN	N/A								
Care Group Cardiovascular Management LLC 8333 Naab Road Ste 200 Indianapolis, IN46960 22-3937477	Management Of Cardiovascular Service Lines	IN	N/A								
Carmel Ambulatory Surgery Center LLC 13421 Old Meridian St Ste 150 Carmel, IN46032 32-0014795	Ambulatory Surgery Center	IN	N/A								
Chartwell Midwest Indiana LLC 8040 Castleway Drive Indianapolis, IN46250 35-1985233	Home Care Iv/Infusion Services	IN	N/A								
Cooperative Managed Care Services LLC 6602 E 75th Street Suite 300 Indianapolis, IN46250 35-1999227	Case Management	IN	N/A								
Endoscopy Center LLC 13421 Old Meridian St Ste 150 Carmel, IN46032 32-0029881	Endoscopy Center	IN	N/A								
Fishers Ambulatory Surgery Center LLC 136914 E State Road 238 Fishers, IN46037 26-2001288	Ambulatory Surgery Center	IN	N/A								
Hancock Physician Network LLC 801 N State Street Greenfield, IN46140 35-2051598	Primary Care Physician Practices	IN	N/A								
HRH SVH Real Estate Development Co LLC 10330 N Meridian St Ste 430N Indianapolis, IN46290 27-2933470	Real estate holding	IN	StVincent Hospital & Health Care Center Inc	Related		900,000		No			No
Indiana Orthopedic Hospital LLC 8450 Northwest Boulevard Indianapolis, IN46278 47-0933538	Orthopedic surgery center	IN	StVincent Hospital & Health Care Center Inc	Related	995,841	41,008,337		No			No
Lafayette Heart Program Holding LLC 11515 W Dragoon Trail Mishawaka, IN46544 38-3750811	Cardiac Care Services	IN	N/A								
Meridian Heights Associates LLC 6100 W 96th Street Ste 250 Indianapolis, IN46278 26-4020296	Real Estate Holding	IN	N/A								
Neuro Oncology Equipment 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	Outpatient Cath Lab	IN	N/A								
Saint John's Ambulatory Surgery Center LLC 2015 Jackson Street Anderson, IN46016 01-0822977	Surgery Center	IN	N/A								
St Vincent HealthUSP LLC 15305 Dallas Parkway Ste 1600 Addison, TX75001 20-3749962	Holding Company	IN	N/A								
St Vincent Heart Center Of Indiana LLC 10580 N Meridian Street Indianapolis, IN46290 36-4492612	Heart Hospital	IN	N/A								
St Vincent Northwest Radiology LLC 5756 W 71st Street Indianapolis, IN46278 35-2047427	Mir Facilities	IN	N/A								
The Care Labs LLC 2001 W 86th Street Indianapolis, IN46260 35-1854352	Outpatient Vascular Lab	IN	N/A								
South Kansas City Surgical Center LLC 10730 Nall Ste 100 Overland Park, KS66211	Health Care	KS		Related				No			No
Advent Partners LP 28000 Dequindre Warren, MI48092 38-3494197	Investment	MI	N/A								
Open MRI Of Michigan LLC 28000 Dequindre Warren, MI48092 38-3544539	Diagnostic Services	MI	N/A								
St Mary's Of Michigan PHO LLC 1015 South Washington Avenue Saginaw, MI48601 38-3473938	Physician And Hospital Organization	MI	N/A								
Towne Centre Surgery Center LLC 4599 Towne Centre Saginaw, MI48604 20-4943843	Outpatient Surgery	MI	N/A								
St Joseph Medical Office Building 4600 Edmundson Rd St Louis, MO631343806 58-1897718	Medical Service	MO	N/A								
Lourdes Health Support LLC 7246 Janus Park Drive Liverpool, NY13088 16-1611707	Medical Equipment Provider	NY	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V - UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Baptist Women's Health Center LLC dba The Center For Spinal Surgery 2011 Murphy Avenue Nashville, TN 37203 62-1772195	Owns And Operates Specialty Hospital	TN	N/A								
Middle Tennessee Ambulatory Surgery Center LP 500 N Highland Ave Murfreesboro, TN 37130	Operates Outpatient Surgery Center	TN	N/A								
Middle Tennessee Imaging LLC 400 N Highland Avenue Murfreesboro, TN 37219 01-0570490	Diagnostic Imaging Center	TN	N/A								
Murfreesboro Diagnostic Imaging LLC 400 N Highland Avenue Murfreesboro, TN 37219 20-0291952	Diagnostic Imaging Center	TN	N/A								
Nashville Diagnostic Imaging LLC 30 Burton Hills Blvd Ste 165 Nashville, TN 37215	Inactive	TN	N/A								
STHS Sleep Center LLC 618 Church Street Suite 520 Nashville, TN 37219 20-3664894	Operates A Sleep Center	TN	N/A								
Orthopedic Hospital Of Wisconsin LLC 575 Riverwoods Pkwy Glendale, WI 53212 39-2015655	Health Care	WI	N/A								
Catholic Healthcare Audit Network LLC 231 South Bemiston Ste 300 St Louis, MO 63105 43-1780399	Health Care	MO	Ascension Health	Related				No			No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership	
Vincentian Ventures Of North Alabama Inc 810 St Vincents Drive Birmingham, AL35205 63-0965456	Misc Healthcare Services	AL	N/A	C				
Ascension Ventures Corporation 810 St Vincents Drive Birmingham, AL35205 63-1217059	Misc Healthcare Services	AL	N/A	C				
Eastside Ventures 810 St Vincents Drive Birmingham, AL35205 63-0846221	Misc Healthcare Services	AL	N/A	C				
Vincentian Ventures Of North Alabama Inc 810 St Vincents Drive Birmingham, AL35205 63-0965456	Misc Healthcare Services	AL	N/A	C				
Ascension Ventures Corporation 810 St Vincents Drive Birmingham, AL35205 63-1217059	Misc Healthcare Services	AL	N/A	C				
Eastside Ventures 810 St Vincents Drive Birmingham, AL35205 63-0846221	Misc Healthcare Services	AL	N/A	C				
Providence Park Po Box 850429 Mobile, AL36685 63-0886846	Real Estate	AL	N/A	C				
Anesthesia Solutions Of Mobile Inc 6701 Airport Blvd Suite D-430b Mobile, AL36608 82-0547505	Anesthesia Services	AL	N/A	C				
Gulf Coast Regional Preferred Po Box 3201 Mobile, AL36652 63-0931788	Professional Assoc	AL	N/A	C				
Carondelet Medical Group Inc 2202 N Forbes Blvd Tucson, AZ85745 86-0836126	Physician Group	AZ	N/A	C				
Carondelet Specialist Group 2202 N Forbes Blvd Tucson, AZ85745 28-1558773	Physician Group	AZ	N/A	C				
Vincentures Inc 95 Merritt Boulevard Trumbull, CT06611 06-1211417	Inactive	CT	N/A	C				
Pequot Medical Associates 115 Technology Drive Trumbull, CT06611 06-1498813	Inactive	CT	N/A	C				
Mission Resources Inc 1150 Varnum St NE Washington, DC20017 52-1347248	Holding Company	DC	N/A	C				
Resource Pharmacies Inc 1150 Varnum St NE Washington, DC20017 52-1410076	Retail Pharmacy	DC	N/A	C				
Consolidated Pharmacy Services Inc 2565 Park Street Jacksonville, FL32204 59-3398033	Retail Pharmacy & Patient Transport	FL	N/A	C				
First Coast Primary Care 2565 Park Street Jacksonville, FL32204 20-5746243	Primary Care	FL	N/A	C				
Family Medicine Condominium Association Inc 1 Shircliff Way Jacksonville, FL32204	Condominium Association	FL	N/A	C				
Gulf Coast Diversified Inc 5154 N 9th Ave Pensacola, FL32507 59-2432798	Investment	FL	N/A	C				
Travel Services Corporation 4600 Edmundson Rd St Louis, MO631343806 26-3764978	Travel Services	MO	N/A	C				
St Joseph Ventures Inc 4600 Edmundson Rd St Louis, MO631343806 58-1772748	Medical Service	GA	St Joseph Hospital	C				100 000 %
St Joseph Ventures Inc 4600 Edmundson Rd St Louis, MO631343806 58-1772748	Medical Service	GA	N/A	C				
St Mary's Medical Group Inc 3700 Washington Ave Evansville, IN47750 35-2076827	Investment	IN	N/A	C				
Ohio Valley Heart Care Inc 901 St Marys Drive Suite 300 Evansville, IN47714 35-1487233	Cardiology Group	IN	N/A	C				
Carondelet Management Company Inc 11050 Roe Suite 110 Overland Park, KS66211 43-1352545	Health Management	KS	N/A	C				
St Agnes Health Ventures Inc 900 Caton Avenue Baltimore, MD21229 52-1733632	Holding Company	MD	N/A	C				
Affiliated Health Svcs Inc 28000 Dequindre Warren, MI48092 38-2292922	Medical Services	MI	N/A	C				
Advent Inc 28000 Dequindre Warren, MI48092 38-2971743	Medical Services	MI	N/A	C				
Beecher Ballenger Services One Genesys Parkway Grand Blanc, MI484398065 38-2497922	Holding Company	MI	N/A	C				
Genesys Health Enterprises 3909 Beecher Rd Flint, MI48532 38-2536250	Medical Equipment	MI	N/A	C				
Genesys Practice Partners 3943 Beecher Rd Flint, MI48532 03-0516871	Employed Physician Practice	MI	N/A	C				
Genesys Therapy Services 3943 Beecher Rd Flint, MI48532 20-8115382	Therapy Services	MI	N/A	C				
Genesys Vascular Services 3943 Beecher Rd Flint, MI48532 20-8959988	Medical Equipment	MI	N/A	C				
Textile Systems Inc 817 Walbridge Kalamazoo, MI49007 38-2705047	Laundry Services	MI	N/A	C				
Homewild Medical Buildings Inc 110 Elm Street Jackson, MI49201 38-2411606	Real Estate Rentals	MI	N/A	C				
St Mary's of Michigan Specialists 800 South Washington Saginaw, MI48601 20-5959777	Physician Group	MI		C				
St Joseph Health Enterprises 200 Hemlock Road Tawas City, MI48763 38-2682747	Other Medic	MI	N/A	C				
Health Partners Of NE MI 200 Hemlock Road Tawas City, MI48763 38-3378622	Other Medic	MI	N/A	C				
Indian Creek Center Inc 1000 O Carondelet Drive Kansas City, MO641144673 48-0956627	Management	MO	N/A	C				
Carondelet Pharmacy 1000 Carondelet Drive Kansas City, MO641144673 43-1699329	Pharmacy	MO	N/A	C				
Carondelet Primary Care Network Inc 1000 Carondelet Drive Kansas City, MO641144673 43-1596702	Health Care	MO	N/A	C				
Saint Joseph Ambulatory Surgical Center LLC 1000 Carondelet Drive Kansas City, MO641144673 25-1905706	Health Care	MO	N/A	C				
Carondelet Occupational Health Wellness & Educational Serv Inc 1000 Carondelet Drive Kansas City, MO641144673 86-1144194	Health Care	MO	N/A	C				
Carondelet Physician Services 1000 Carondelet Drive Kansas City, MO641144673 56-2661163	Health Care	MO	N/A	C				
Carondelet Medical Enterprises 1000 Carondelet Drive Kansas City, MO641144673 56-2661165	Office Admin Services	MO	N/A	C				
Corondelet Cardiology Services 1000 Carondelet Drive Kansas City, MO641144673 27-1322670	Health Care	MO		C				
Affiliated Management Services Corp 1300 Massachusetts Ave Troy, NY12180 14-1668024	Real Estate	NY	N/A	C				
Corbett Corporation 169 Riverside Drive Binghamton, NY13905 16-1258267	Property Management	NY	N/A	C				
Mid-State Properties Inc 2000 Church Street Nashville, TN37236 62-1232018	Pharmacy	TN	N/A	C				
Sova Inc 102 Woodmont Blvd Suite 700 Nashville, TN37205 26-1319630	Health Services	TN	N/A	C				
Vincentian Ventures Inc 4220 Harding Road Nashville, TN37205 62-1331896	Health Services	TN	N/A	C				
Comp Plus Inc 2000 Church Street Nashville, TN37236 62-1626010	Healthcare	TN	N/A	C				
Manaco Management Services Inc 400 North Highland Avenue Murfreesboro, TN37130 62-1718479	Health Services	TN	N/A	C				
St Thomas Medical Clinic 4220 Harding Road Nashville, TN37205 62-1583605	Health Services	TN	N/A	C				
Baptist Health Care Ventures Inc 2000 Church Street Nashville, TN37236 62-0469214	Holding Company	TN	N/A	C				
Middle Tennessee Network Inc 2000 Church Street Nashville, TN37236 62-1570989	Health Services	TN	N/A	C				
Health Net Reserve Inc 44 Vantage Way Suite 300 Nashville, TN37202 62-1540604	Health Management	TN	N/A	C				
Advantage Healthco Inc 1345 Philomena Street Austin, TX78723 74-2698151	Health Services	TX	N/A	C				
Advantage Management Services Organization 1345 Philomena Street Austin, TX78723 74-2677756	Health Services	TX	N/A	C				
Seton Health Plan Inc 1345 Philomena Street Austin, TX78723 74-2725348	HMO	TX	N/A	C				
Seton MSO Inc 1345 Philomena Street Austin, TX78723 74-2870455	Health Services	TX	N/A	C				
Seton Physician Hospital Network 1345 Philomena Street Austin, TX78723 74-2643825	Health Services	TX	N/A	C				
The Topfler Building Condominium Association 1345 Philomena Street Austin, TX78723 74-3007869	Commercial Building	TX	N/A	C				
CSM Strategic Alliance 4425 North Port Washington Rd Glendale, WI53212 39-1871856	Healthcare	WI	N/A	C				
Madison Medical Affiliates Inc 4425 North Port Washington Rd Glendale, WI53212 39-1855720	Healthcare	WI	N/A	C				
Prospect Medical Commons Condo Association 4425 North Port Washington Rd Glendale, WI53212 20-8042108	Condo Assoc	WI	N/A	C				

Form 990, Schedule R, Part V - Transactions With Related Organizations		
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) Ascension Health Information Services	R	48,443,964
(2) Ascension Health Information Services	R	2,201,874
(3) Ascension Health Information Services	Q	2,836,610
(4) Ascension Health Information Services	Q	8,215,630
(5) Ascension Health Information Services	N	2,045,255
(6) Ascension Health Master Pension Trust	P	1,393,873
(7) Ascension Health Professional & General Liability Self Insurance Trust	P	3,998,520
(8) Ascension Health Welfare Benefit Trust		
(9) Borgess Medical Center	R	4,919,058
(10) Catholic Health Audit Network	R	
(11) Columbia St Mary's Hospital Milwaukee	D	113,171,594
(12) Columbia St Mary's Hospital Milwaukee	R	639,119
(13) Columbia St Mary's Inc	D	145,678,466
(14) Columbia St Mary's Inc	R	11,025,484
(15) Genesys Ambulatory Health Services	P	194,710
(16) Genesys Ambulatory Medical Center	R	16,843,064
(17) Genesys Convalescent Center	P	231,435
(18) Genesys Home Health and Hospice	P	295,173
(19) Genesys Regional Medical Center	P	21,579,820
(20) Mount St Mary's Hospital at Niagara Falls	R	2,402,175
(21) Our Lady of Lourdes Hospital at Pasco	P	5,970,852
(22) Our Lady of Lourdes Hospital at Pasco	R	927,130
(23) Our Lady of Lourdes Hospital at Pasco	Q	146,704
(24) Our Lady of Lourdes Memorial Hospital Inc	R	2,491,119
(25) Providence Health Services of Waco dba Providence Healthcare Network	P	3,927,108
(26) Providence Hospital	N	2,039,004
(27) Providence Hospital	P	15,444,011
(28) Sacred Heart Rehabilitation Institute		
(29) Seton Health at Schuyler Ridge Residential Healthcare	A	847,770
(30) Seton Health at Schuyler Ridge Residential Healthcare	D	9,885,229
(31) Seton Health at Schuyler Ridge Residential Healthcare	K	82,334
(32) Seton Healthcare	B	163,666
(33) Seton Health Corporation of Sothern Indiana	C	56,000
(34) Seton Health System Inc	R	1,025,146
(35) Seton Institute		
(36) St Catherine Nursing Center	R	950,128
(37) St John Health		
(38) St Joseph Health System		
(39) St Joseph Hospital Foundation at Augusta		
(40) St Joseph Regional Medical Center		
(41) St Joseph Hospital & Health Center Inc	R	1,548,479
(42) St Luke's - St Vincent's Healthcare	R	334,336
(43) St Mary's Health System of America	P	2,445,000
(44) St Mary's Hospital at Amsterdam	R	1,812,915
(45) St Mary's Hospital at Amsterdam	E	116,792
(46) St Mary's Hospital at Amsterdam	P	8,831,994
(47) St Mary's Hospital at Amsterdam	D	47,784
(48) St Mary's Hospital at Amsterdam	O	111,824
(49) St Mary's Hospital Ozaukee	D	49,706,025
(50) St Mary's Hospital Ozaukee	R	140,156
(51) St Mary's Medical Center of Evansville Inc	D	5,843,996
(52) St Mary's Medical Center of Evansville Inc	P	38,421,536
(53) St Mary's Medical Center of Evansville Inc	R	7,783,000
(54) St Mary's of Michigan Medical Center	R	7,539,047
(55) St Mary's Warneck Emergency Medical		
(56) St Mary's Warneck Hospital Inc	D	155,450
(57) St Mary's Warneck Hospital Inc	P	521,315
(58) St Vincent's Birmingham		
(59) St Vincent Carmel Hospital Inc	C	5,861,588
(60) St Vincent's Health System	O	1,271,307
(61) St Vincent's Health System Inc	R	8,151,783
(62) St Vincent Madison County Health System Inc	C	979,780
(63) St Vincent Hospital and Health Care Center Inc	R	38,322,500
(64) St Vincent's Medical Center Inc	R	1,574,472
(65) Standish Community Hospital	P	1,327,191