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Part IIIS

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

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 it provides, Ascension Health's System Office supports the efforts of its nonprofit, tax exempt hospitals and health facilities providing care to individuals and communities

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 414,256,208 including grants of \$ 49,087,778 ) (Revenue \$ 279,442,790 )

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

4b

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

4c

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

4d

Other program services (Describe in Schedule O )

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





















4e

Total program service expenses \$ 414,256,208

Form 990 (2011)

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . .	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</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 ? <i>If "Yes," complete Schedule F, Part II and IV.</i> 	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i> 	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II.</i> . . .	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . .	20b	

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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 (or a family member thereof) 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	Yes	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		<b>Yes</b>	<b>No</b>			
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	189			
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0			
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes			
<b>2a</b>	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. .	<b>2a</b>	731			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes			
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes			
<b>4a</b>	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 or securities account)?	<b>4a</b>	Yes			
<b>b</b>	If "Yes," enter the name of the foreign country: <b>CJ</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>				No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	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?	<b>6a</b>				No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	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?	<b>7a</b>				No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	0			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter					
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>				
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>				
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>				
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>				No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>				

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	11		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	10
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	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶ _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <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 made 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

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Sr M Martin McEntee CSJ Board Secretary	1 00	X						0	0	0
(2) Stephen Dufilhlo Board Treasurer	1 00	X						0	0	0
(3) Rev Dennis Holtschneider CM Trustee (Sch O)	1 00	X						0	0	0
(4) Sr Mary Frances Johnson CSJ Trustee	1 00	X						0	0	0
(5) Sr Kathleen Kelly CSJ Trustee (Sch O)	1 00	X						0	0	0
(6) Sr Kieran Kneaves CSJ Trustee	1 00	X						0	0	0
(7) Br Theodore Loucks CFA Trustee	1 00	X						0	0	0
(8) Sr Jean Rhoads DC Trustee	1 00	X						0	0	0
(9) Ciro V Sumaya MD MPHTM Trustee	1 00	X						0	0	0
(10) Herbert J Vallier Trustee	1 00	X						0	0	0
(11) Dr Andrew Van de Ven Trustee	1 00	X						0	0	0
(12) Bruce C Vladeck PhD Trustee	1 00	X						0	0	0
(13) Robert J Henkel Chief Executive Officer (Sch O)	50 00	X		X				2,228,469	0	64,633
(14) Anthony R Tersigni EdD FACHE Chief Executive Officer (Sch O)	50 00	X		X				3,953,755	0	82,349
(15) Charles J Barnett Start 112 Chief Operating Officer (Sch O)	50 00			X				0	3,663,964	61,005
(16) Anthony J Speranzo Chief Financial Officer (Sch O)	50 00			X				2,161,841	0	53,254
(17) Kathy Arbuckle Chief Financial Officer (Sch O)	50 00			X				0	0	0



Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) John D Doyle Senior Vice President (Sch O)	50 00					X		1,856,834	0	67,409
(19) Matthew Herman Sr Managing Director	50 00					X		1,695,819	0	25,898
(20) David B Pryor Chief Medical Officer (Sch O)	50 00					X		1,474,074	0	56,391
(21) Joseph R Impicciche Senior Vice President (Sch O)	50 00					X		1,420,956	0	43,918
(22) Susan Nestor Levy Chief Advocacy Officer (Sch O)	50 00					X		1,364,438	0	43,823
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								16,156,186	3,663,964	498,680

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶246

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
Accenture LLP PO Box 40629 Chicago, IL 606736029	ERP and EHR Implementation & Consulting	99,871,070
Oracle America Inc 500 Oracle Parkway Redwood City, CA 94068	Software App/Hosting/Main/Training	26,146,482
Ernst & Young 96760 Collections Center Drive Chicago, IL 46282	Audit/Consulting Services	6,201,934
MedAssets PO Box 405652 Atlanta, GA 30384	GPO Fees	4,838,513
Hall Render Killian Heath Lyman One America Square Indianapolis, IN 46282	Legal Services	4,799,180
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶112		

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	3,751,910				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .		3,751,910				
Program Service Revenue			Business Code					
	2a	Service Fees	541610	187,381,619	158,372,383	29,009,236		
	b	CDMS Fees - Interest	541610	73,138,465	73,138,465			
	c	Administration Fees	541610	28,403,530	28,403,530			
	d	Smart Health Revenue	524290	9,823,568	9,823,568			
	e	ORG Consulting	900099	7,593,094	7,495,489	97,605		
	f	All other program service revenue		166,102	166,102			
	g	Total. Add lines 2a-2f . . . . .		306,506,378				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		12,565,270			12,565,270	
	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				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) . . . . .						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .	a					
	b	Less cost of goods sold . . . . .	b					
	c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code						
11a	Pension Curtailment	900099	1,315,647			1,315,647		
b	WBT Admin Fees	541610	697,773	697,773				
c	Invest Uncon Entities	541610	383,095	56,359	326,736			
d	All other revenue . . . . .		1,321,673	1,289,121		32,552		
e	Total. Add lines 11a-11d . . . . .		3,718,188					
12	Total revenue. See Instructions . . . . .		326,541,746	279,442,790	29,433,577	13,913,469		

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	49,087,778	49,087,778		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	36,000	36,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	8,429,581	5,176,912	3,252,669	
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	105,775,430	97,801,072	7,974,358	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,606,439	1,360,948	245,491	
9	Other employee benefits . . . . .	7,507,801	6,800,407	707,394	
10	Payroll taxes . . . . .	5,268,194	4,704,518	563,676	
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	7,023,055	1,496,901	5,526,154	
c	Accounting . . . . .	1,058,046	181,050	876,996	
d	Lobbying . . . . .	750,000	750,000		
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	40,507,508	40,507,508		
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	2,056,190	1,013,425	1,042,765	
14	Information technology . . . . .	1,794,973	784,890	1,010,083	
15	Royalties . . . . .				
16	Occupancy . . . . .	2,203,850	1,657,540	546,310	
17	Travel . . . . .	4,891,205	4,485,726	405,479	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	2,562,161	2,420,019	142,142	
20	Interest . . . . .	61,275,376	60,811,770	463,606	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	2,006,623	1,651,526	355,097	
23	Insurance . . . . .	443,303	393,302	50,001	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	Non-Recurring Expenses	56,706,342	56,706,342		
b	Service Fees	56,588,243	56,588,243		
c	Claims Expense	16,044,260	16,044,260		
d	CDMS Expense	2,337,904	2,337,904		
e					
f	All other expenses	5,276,381	1,458,167	3,818,214	
25	Total functional expenses. Add lines 1 through 24f	441,236,643	414,256,208	26,980,435	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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 . . . . .			242,603,032	2	143,911,503
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			42,106,629	4	67,041,019
	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 . . . . .			4,008,926,308	7	
	8	Inventories for sale or use . . . . .			2,226,793	8	93,554
	9	Prepaid expenses and deferred charges . . . . .			9,221,863	9	5,244,551
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	31,707,873	19,407,965	10c	18,838,785
	b	Less: accumulated depreciation . . . . .	10b	12,869,088			
	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 . . . . .			5,793,972	13	2,165,834
	14	Intangible assets . . . . .			162,838,427	14	279,874,855
	15	Other assets. See Part IV, line 11 . . . . .			825,573,041	15	10,128,398
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			5,318,698,030	16	527,298,499	
Liabilities	17	Accounts payable and accrued expenses . . . . .			158,539,375	17	175,952,332
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			2,613,829	19	1,085,120
	20	Tax-exempt bond liabilities . . . . .			4,089,420,000	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	0
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			389,599,926	25	153,714,607
	26	Total liabilities. Add lines 17 through 25 . . . . .			4,640,173,130	26	330,752,059
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 . . . . .			678,524,900	27	196,546,440
	28	Temporarily restricted net assets . . . . .				28	0
	29	Permanently restricted net assets . . . . .				29	0
	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 . . . . .			678,524,900	33	196,546,440
	34	Total liabilities and net assets/fund balances . . . . .			5,318,698,030	34	527,298,499

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	326,541,746
2	Total expenses (must equal Part IX, column (A), line 25)	2	441,236,643
3	Revenue less expenses Subtract line 2 from line 1	3	-114,694,897
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	678,524,900
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-367,283,563
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	196,546,440

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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 separate basis, consolidated 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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

2011

Open to Public Inspection

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

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

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An 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

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☒

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

a

☒ Type I

b

☐ Type II

c

☐ Type III - Functionally integrated

d

☐ Type III - Other
- e

☒

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
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- 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	
(A) See Part IV	453358926	See Part IV	Yes						393,665,040
Total									393,665,040

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



Part IV

**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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
Schedule A, Part IV, Supplemental Information Part I, Line 11(i) Name of Supported Organizations Ascension Health is organized and at all times shall be operated exclusively for the benefit of, to perform the functions of, and to carry out the purposes of the Daughters of Charity of St Vincent de Paul in the United States, St Louise Province, the Congregation of St Joseph, the Congregation of the Sisters of St Joseph of Carondelet, and the Congregation of Alexian Brothers of the Immaculate Conception Province - American Province by and through Ascension Health Ministries, 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 Ascension Health Ministries is the Canonical sponsor which was formed by the founding sponsors and which has been conferred public juridic personality by decree of The Congregation for Institutes of Consecrated Life and Societies of Apostolic Life of the Roman Catholic Church

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

2011

Open to Public Inspection

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

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

If the organization answered “Yes,” 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 35c (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 on behalf of or in opposition to candidates for public office in Part IV

2

Political expenditures

▶ \$

3

Volunteer hours

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

1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3

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

☐ Yes ☐ No

4a

Was a correction made?

☐ Yes ☐ No

b

If "Yes," describe in Part IV

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

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

▶ \$

3

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

▶ \$

4

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

☐ Yes ☐ No

5

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

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

Part II-A

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

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<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) 2008	(b) 2009	(c) 2010	(d) 2011	(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	
<b>1</b>	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				
	<b>a</b> Volunteers?				No
	<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				No
	<b>c</b> Media advertisements?				No
	<b>d</b> Mailings to members, legislators, or the public?		No		
	<b>e</b> Publications, or published or broadcast statements?		No		
	<b>f</b> Grants to other organizations for lobbying purposes?		No		
	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			
	<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
	<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		750,000	
<b>j</b> Total lines 1c through 1i			750,000		
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912				
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<b>d</b>	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 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities	Part II-B, Line 1	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 two 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)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
Ascension Health

Employer identification number  
31-1662309

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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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) 2011

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ 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 . . . . .

(ii)

related organizations . . . . .

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		1,100,000		1,100,000
b Buildings . . . . .		7,734,107	6,659,578	1,074,529
c Leasehold improvements . . . . .		10,831,541	909,282	9,922,259
d Equipment . . . . .		11,806,401	5,300,228	6,506,173
e Other . . . . .		235,824		235,824
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				18,838,785



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	

**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
------------	------------------	-------------



OMB No. 1545-0047  
**2011**  
**Open to Public  
 Inspection**

**Employer identification number**  
31-1662309

**3** Activites per Region (Use Part V if additional space is needed )

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2011

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 Part V 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)
			Middle East and North Africa	Providing Clean Water	10,000				
			Sub-Saharan Africa	Fund the construction of a dining hall for the local grade school students	8,000				
			East Asia and the Pacific	Technology/Literacy Grant	8,000				
			Central America and the Caribbean	General Support	10,000				

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

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

**Part V**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants Outside the US		Schedule F, Part I, Line 2 Applications are sent to Ascension Health's sponsoring organization They are compiled at System Office and sent to Committee who reads and scores them on a set of criteria that are delineated in the application The Committee discusses the religious and general merits of each application in relation to the mission of Ascension Health and makes the final decisions of grants to be awarded Grants are made to religious organizations whose work supports the mission, vision, and values of Ascension Health

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

2011

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 listed in the line 1 table . . . . . ▶

22

3

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

0

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Applications are sent to Ascension Health's sponsoring organization They are compiled at System Office and sent to Committee who reads and scores them on a set of criteria that are delineated in the application The Committee discusses the religious and general merits of each application in relation to the mission of Ascension Health and makes the final decisions of grants to be awarded Grants are made to religious organizations whose work supports the mission, vision, and values of Ascension Health

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
Ascension Health AlliancePO Box 45998 St Louis, MO 63145	45-3358926	501(c)(3)		47,571,603	Book	Interest in Disregarded Entities and Partnerships	General Support
Alexandria House 426 S Alexandria Avenue Los Angeles, CA 90020	95-4809755	501(c)(3)	25,000				Provides transitional residence and house of hospitality providing safe and supportive housing for women and children in the process of moving from emergency shelter to permanent housing



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Daughters of Charity of ArkansasPO Box 158 Dumas, AR 71639	62-1712703	501(c)(3)	50,000				Diabetes Self Management Education provided through our Delta Well Care Program
Marillac Social Center212 S Francisco Chicago, IL 60621	36-2109717	501(c)(3)	25,000				This program provides comprehensive services for pregnant and parenting teens on the west side for over 30 years The program provides home visits, prenatal groups, parenting groups, field trips, educational experiences, referrals and family group activities The program also works with their children and extended families

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Our Lady of Lourdes Memorial Hospital4102 Old Vestal Road Vestal, NY 13850	15-0532221	501(c)(3)	5,300				Clinic offers improved patient convenience and a streamlined program in an effort to provide the best management of oral anticoagulation therapy
Proyecto Juan Diego Inc1906 Susan St Harlingen, TX 78526	81-0606967	501(c)(3)	50,000				A creative prevention program will extend aerobics and family education

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
San Juan Diego Catholic Regional High School5208 South Highway 494 Mission, CO 78572	26-1394000	501(c)(3)	20,000				A portion of the grant funds will be used to renovate the existing concrete recreational slab next to the Administration building to make it suitable for volleyball, basketball and other physical education activities Remaining funds will be used to offset the costs of athletic and other fitness equipment for the school
Society of St Vincent DePaul 3000 Gratiot Avenue Detroit, MI 48207	38-1359592	501(c)(3)	25,000				General Support- St Vincent DePaul Dental Clinic

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
Visitation Hospital FoundationPO Box 210270Nahiville, TN 37221	62-1774851	501(c)(3)	8,000				Water Purification
Concern America2015 N BoardWaySanta Anna, CA 92706	23-7273488	501(c)(3)	8,000				This project's goal is to build local capacity to impede the further spread of HIV and AIDS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
St Boniface Haiti Foundation400 North Main Street Randolph, MA 02368	04-3067595	501(c)(3)	8,000				Maternal and Child Healthcare
St Joseph Services 2516 W Cortez Chicago, IL 60622	35-2163901	501(c)(3)	25,000				General Support-Centered on Basketball

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOC Services of New Orleans3201 South Carrolltton Avenue New Orleans, LA 70118	72-1332678	501(c)(3)	50,000				Healthy Holly grove Biggest Loser
Interfaith Partnership for the Homeless427 Guy Park Ave Amsterdam, NY 12010	14-1666321	501(c)(3)	20,000				IPH offers programs and services including a 30-bed emergency shelter, Drop-In Center, housing program and summer youth program IPH helps individuals and families by meeting their immediate needs, providing case management services to address individual factors of homelessness so they are able to find safe, affordable housing and utilizing support through long term case management services to maintain housing and continue to build a stable lifestyle

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
Middle Tennessee Medical Center1700 Medical Center Parkway Murfreesboro, TN 37129	62-0475842	501(c)(3)	50,000				MTMC's Mission which calls us to "improve the health of individuals and communities" and to have "special attention to the poor and the vulnerable " This Collaborative effort helps achieve access to health care, helping overcome barriers and obstacles MTMC, as a faith-based institution, is motivated by the principles of Human Dignity and the Common Good
Archbishop Gala for the Today and Tomorrow Ed Foundation Archbishop May Drive St Louis, MO 63119	43-1633656	501(c)(3)	10,000				Support Today and Tomorrow Foundation

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
Catholic Medical Association29 Bala Ave Balay Caynwy, PA 190043206	20-1631325	501(c)(3)	10,000				General Support
Catholic University of AmericaCatholic Univ of America Office of the President Washington, DC 20064	53-0196583	501(c)(3)	26,100				General Support



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Congregation of St Joseph3430 Rocky Road River Dr Cleveland, OH 441112997	83-0481134	501(c)(3)	50,000				Leadership Development for 31 young members under 60 to enhance leadership in ministry, in the church and Congregation
Mercy Housing1999 Broadway Suite 100 Denver, CO 80202	94-2762529	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**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FMOL Health System Inc200 Essen Lane Baton Rouge, LA 70809	72-1028323	501(c)(3)	500,000				General Support
Ascension Health Global MissionPO Box 14018 St Louis, MO 63114	65-1205990	501(c)(3)	400,000				General Support

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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 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	No
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) Robert J Henkel	(i)	973,150	845,151	410,168	37,622	27,011	2,293,102	0
	(ii)	0	0	0	0	0	0	0
(2) Anthony R Tersigni EdD FACHE	(i)	1,489,661	1,300,563	1,163,531	52,846	29,503	4,036,104	0
	(ii)	0	0	0	0	0	0	0
(3) Charles J Barnett Start 112	(i)	0	0	0	0	0	0	0
	(ii)	734,259	676,080	2,253,625	43,687	17,318	3,724,969	2,116,399
(4) Anthony J Speranzo	(i)	907,570	777,323	476,948	26,637	26,617	2,215,095	0
	(ii)	0	0	0	0	0	0	0
(5) John D Doyle	(i)	724,057	636,724	496,053	36,086	31,323	1,924,243	0
	(ii)	0	0	0	0	0	0	0
(6) Matthew Herman	(i)	348,015	1,223,528	124,276	4,900	20,998	1,721,717	0
	(ii)	0	0	0	0	0	0	0
(7) David B Pryor	(i)	634,461	556,314	283,299	26,025	30,366	1,530,465	0
	(ii)	0	0	0	0	0	0	0
(8) Joseph R Impicciche	(i)	625,304	551,232	244,420	18,404	25,514	1,464,874	0
	(ii)	0	0	0	0	0	0	0
(9) Susan Nestor Levy	(i)	576,959	516,780	270,699	26,398	17,425	1,408,261	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.
Supplemental Information	Part III	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. Amount Contributed: Charles Barnett - \$38,787. Amounts Paid: Anthony R. Tersigni - \$139,207; John Doyle - \$166,283; Charles Barnett - \$2,116,399.

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

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
(1) Catholic Healthcare Audit Network	An Officer of AH is a Board Member	3,094,664	Payment for Audit Services		No

**Part V**

**Supplemental Information**  
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE N  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Liquidation, Termination, Dissolution or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.  
▶ Attach certified copies of any articles of dissolution, resolutions or plans.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
Ascension Health

Employer identification number  
31-1662309

Part I

Liquidation, Termination or Dissolution. Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Part III if additional space is needed.

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

2

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

a

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

2a

b

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

2b

c

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

2c

d

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

2d

e

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶



Part I Liquidation, Termination or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets) and line 26 (Total liabilities) should equal -0-

3

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a

Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b

If "Yes," did the organization provide such notice?

5

Did the organization discharge or pay all liabilities in accordance with state laws?

6a

Did the organization have any tax-exempt bonds outstanding during the year?

b

Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

c

If 'Yes' to line 6b describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

Yes

No

3

4a

4b

5

6a

6b

Part II Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Part III if additional space is needed.

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity
	Trust Investment	12-31-2011	10,661,778	Book Value of Assets	45-3358926	Ascension Health Alliance PO Box 45998 St Louis, MO 631455998	501(c)(3)
	Pooled Investments	06-30-2012	591,634,615	Book Value of Assets	45-3358926	Ascension Health Alliance PO Box 45998 St Louis, MO 631455998	501(c)(3)

2

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

a

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

b

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

c

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

d

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

Yes

No

2a

2b

2c

2d

**Part III**   **Supplemental Information.**   Complete to provide the information required by Parts I and II, and any additional information.

Identifier	Return Reference	Explanation
		Part II, Line 2e   Many of the officers, directors, trustees, and key employees were employees of Ascension Health Alliance prior to the net asset transfers and will remain employees of Ascension Health Alliance

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization Ascension Health	<b>Employer identification number</b>  31-1662309
--	---

Identifier	Return Reference	Explanation
Changes in Program Services	Form 990, Part III, line 3	During the year, Ascension Health Alliance, a newly formed 501(c)(3) organization, was created to further the mission of Ascension Health and its founding religious institutes, by serving as the parent of this sponsored, nationally integrated health system, helping to ensure that the Catholic sponsoring organizations faithfully fulfill their stewardship obligations and assisting in the efficient and effective operations of sponsored institutions. Ascension Health and Ascension Health Alliance share the philosophy of their founders and Ascension Health Ministry as they serve in the health ministry of the Roman Catholic Church. Ascension Health Alliance became the member of Ascension Health and certain health ministry oversight and system-level functions were transferred from Ascension Health to Ascension Health Alliance, including in the areas of debt management, risk management, investment management, global mission, health ventures, and resource management.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	Many of the persons listed in Part VII, Section A have a "business relationship" w ith each other by virtue of employment for Ascension Health and its related entities

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 4	Articles of Incorporation were amended to change the sole corporate member to Ascension Health Alliance, to establish the sponsorship role of Ascension Health Ministries, and to update registered agent and address

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 6	The sole corporate member of Ascension Health is Ascension Health Alliance, a Missouri nonprofit corporation that is described under Section 501(c)(3). Ascension Health Alliance and Ascension Health are sponsored by Ascension Health Ministries, a Public Juridic Person ("PJP"), which is subject to those rights and obligations which pertain to Public Juridic Persons in the Catholic Church. The Participating Entities of Ascension Health Ministries are the Daughters of Charity of St. Vincent de Paul in the United States, St. Louise Province, the Congregation of St. Joseph, the Congregation of the Sisters of St. Joseph of Carondelet, and the Congregation of Alexian Brothers of the Immaculate Conception Province - American Province.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7a	Board members shall be appointed, upon recommendation of the Board of Trustees, by the member, Ascension Health Alliance, subject to ratification by Ascension Health Ministries, the Canonical sponsor

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7b	All decisions that have a material impact to Ascension Health's financial information or corporation as a whole are subject to approval by its sole corporate member, Ascension Health Alliance. The following powers are reserved to Ascension Health Alliance: new organizations & major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, system policies & procedures.



Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	Management, including certain officers, 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 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 conflict 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	<p>In determining compensation of the organization's CEOs, 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 who 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 who 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).</p>

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
Explanation of Periods of Employment and Compensation	Form 990, Part VII, Section A	<p>Individuals noted with a "(Sch O)" served the organization for a period of time during the tax year as noted below. All compensation shown on Form 990, Part VII, Section A and Schedule J, Part II is for calendar year ended December 31, 2011. Rev. Dennis Holtschneider, Trustee, and Sr. Kathleen Kelly, Trustee, served on the Ascension Health Board until December 2011. Anthony R. Tersigni, Chief Executive Officer, Anthony J. Speranzo, Chief Financial Officer, John D. Doyle, Senior Vice President, Joseph R. Impiccicche, Senior Vice President, David B. Pryor, Chief Medical Officer, and Susan Nestor Levy, Chief Advocacy Officer were employed by Ascension Health until December 31, 2011. As of January 1, 2012, these individuals became employees of Ascension Health Alliance, a related organization. Robert J. Henkel served as Chief Operating Officer of Ascension Health until December 31, 2011. As of January 1, 2012, Robert J. Henkel became Chief Executive Officer of Ascension Health and became an employee of Ascension Health Alliance, a related organization. Charles J. Barnett became Chief Operating Officer of Ascension Health on January 1, 2012. The compensation shown is for his position as CEO during 2011 at Seton Family of Hospitals, a related organization. Kathy Arbuckle became Chief Financial Officer of Ascension Health during April 2012. Because she was not employed by Ascension Health or a related organization during calendar year 2011, no compensation has been shown.</p>

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -87,411,759 Net Asset Transfers to AHA 159,811,225 Net Asset Transfers From Health Ministries 146,670,429 Net Asset Transfer from Trusts/Other 25,053,000 Additional Pension Liability -15,499,376 Other Changes - Discontinued Operations 2,146,435 Transfer out to AHIS - 9,000,000 Change in Net Assets of Grantor Trust 2,581,098 Pooled Investment Transfer to Ascension Health Alliance -591,634,615 Total to Form 990, Part XI, Line 5 -367,283,563

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

2011

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
See Additional Data Table					

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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?		(k) Percentage ownership
							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, 35A, 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 related organization(s)

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 31-1662309

Name: Ascension Health

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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 Ministry Service Center LLC One American Square Suite 2000 Indianapolis, IN 46204 27-3138686	Healthcare	IN	140,726	85,029,122	Ascension Health
Ascension Health Ventures LLC 4600 Edmundson Road St Louis, MO 63134 31-1793943	Healthcare	MO	240,411	0	Ascension Health Alliance
Ascension Health Leadership Academy LLC 101 South Hanley Suite 450 St Louis, MO 63105	Healthcare	MO	0	0	Ascension Health Alliance
AH Holdings LLC 5451 Lakeview Parkway South Drive Indianapolis, IN 46268 27-0464821	Healthcare	IN	0	0	Ascension Health Alliance
Ascension Health Resource and Supply Management Group LLC 101 South Hanley Ste 450 St Louis, MO 63105 27-3859055	Healthcare	MO	22,848,972	0	Ascension Health Alliance
AHV Holding Company LLC 11775 Borman Dr Suite 310 St Louis, MO 63146 45-4486150	Healthcare	MO	0	0	Ascension Health Alliance
Ascension Health Ventures II LLC 11775 Borman Drive St Louis, MO 62146 26-0624407	Healthcare	MO	1,990,133		AHV Holding Company LLC
Ascension Health Ventures III LLC 11775 Borman Dr Suite 310 St Louis, MO 63146 45-4485999	Healthcare	MO	0	0	AHV Holding Company LLC
MedXcel LLC 5451 Lakeview Parkway S Drive Indianapolis, IN 46268 45-4807500	Healthcare	IN	0	0	AH Holdings LLC
AH Orion LLC 4600 Edmundson Road St Louis, MO 63134 32-0292619	Healthcare	MO	0	0	AH Holdings LLC
Axess Ultrasound LLC 5451 Lakeview Parkway S Drive Indianapolis, IN 46268 26-2953976	Healthcare	IN	5,156,571	0	MedXcel LLC
TriMedx LLC 5451 Lakeview Parkway S Drive Indianapolis, IN 46268 35-2081152	Healthcare	IN	86,410,931	0	MedXcel LLC
eProtex LLC 5451 Lakeview Parkway S Drive Indianapolis, IN 46268 27-0148607	Healthcare	IN	1,532,004	0	MedXcel LLC
TriMedx International LLC 5451 Lakeview Parkway S Drive Indianapolis, IN 46268 45-4993750	Healthcare	IN	0	0	MedXcel LLC
TriMedx Data Consulting LLC 5451 Lakeview Parkway S Drive Indianapolis, IN 46268	Inactive	IN	0	0	TriMedx LLC
TriMedx India LLC 5451 Lakeview Parkway S Drive Indianapolis, IN 46268 45-4993750	Healthcare	IN	0	0	TriMedx International LLC

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	g Section 512 (b)(13) controlled organization	
Ascension Health Alliance  PO Box 45998 St Louis, MO 631455998 45-3358926	National Health System	MO	Section 501(C)(3)	Schedule A, Line 11a	N/A		No
Ascension Health-IS Inc  PO Box 45998 St Louis, MO 631455998 65-1257719	Supporting Organization	MO	Section 501(C)(3)	Schedule A, Line 11a	Ascension Health Alliance	Yes	
AHA 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 Alliance	Yes	
Ascension Health Welfare Benefits Trust  PO Box 46944 St Louis, MO 63146 43-1601369	Trust	MO	Section 501(C)(9)	N/A	Ascension Health Alliance	Yes	
Catholic Healthcare Investment Management Company  PO Box 45998 St Louis, MO 631455998 27-3174701	Supporting Organization	MO	Section 501(C)(3)	Schedule A, Line 11a	Ascension Health Alliance	Yes	
Seton Institute  4600 Edmundson Rd St Louis, MO 63134 65-1205990	Healthcare	MO	Section 501(C)(3)	Schedule A, Line 7	Ascension Health		No
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		No
Ascension Health Global Mission  101 South Hanley Suite 450 St Louis, MO 63105 65-1205990	Supporting Organization	MO	Section 501(c)(3)	Schedule A, Line 11a	Ascension Health Alliance	Yes	
The TriMedx Foundation  5451 Lakeview Parkway S Drive Indianapolis, IN 46268 20-1643383	Supporting Organization	IN	Section 501(c)(3)	Schedule A, Line 7	MedXcel LLC	Yes	
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	Yes	
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 Birmingham	Yes	
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	Yes	
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	Yes	
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	Yes	
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	Yes	
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	Yes	
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	Yes	
Universal Health Services  810 St Vincents Drive Birmingham, AL 35205 63-0932323	Physician Group	AL	Section 501(C)(3)	Schedule A, Line 11b	St Vincent's Health System	Yes	
Providence Hospital  6801 Airport Blvd Mobile, AL 36608 63-0288861	Hospital	AL	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
Seton Health Corporation Of South Alabama  6801 Airport Blvd Mobile, AL 36608 63-0934712	Supporting Providence Hospital	MO	Section 501(C)(3)	Schedule A, Line 11c	Ascension Health	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
Providence Building Corporation  6801 Airport Blvd Mobile, AL 36608 63-0914564	Supporting Providence Hospital	AL	Section 501(C)(2)	N/A	Seton Health Corporation Of South AL	Yes	
Providence Foundation  6801 Airport Blvd Mobile, AL 36608 63-0915493	Supporting Providence Hospital	AL	Section 501(C)(3)	Schedule A, Line 11c	Seton Health Corporation Of South AL	Yes	
Providence Healthcare Services  6801 Airport Blvd Mobile, AL 36608 63-0937705	Supporting Providence Hospital	AL	Section 501(C)(3)	Schedule A, Line 11c	Seton Health Corporation Of South AL	Yes	
Seton Medical Management  6801 Airport Blvd Mobile, AL 36608 63-0937704	Supporting Providence Hospital	AL	Section 501(C)(3)	Schedule A, Line 11b	Seton Health Corporation Of South AL	Yes	
Daughters Of Charity Services Of Arkansas  PO Box Dumas, AR 71639 62-1712703	Healthcare	AR	Section 501(C)(2)	N/A	Ascension Health	Yes	
Carondelet Health Network  2202 N Forbes Blvd Tucson, AZ 85745 86-0455920	Hospital	AZ	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
Holy Cross Hospital Inc  1171 W Target Range Rd Nogales, AZ 85621 86-0575938	Hospital	AZ	Section 501(C)(3)	Schedule A, Line 3	Carondelet Health Network	Yes	
Southwest Catholic Health Network (dba Mercy Care Plan)  4350 E Cotton Center Blvd Bldg D Phoenix, AZ 85040 86-0527381	Insurance	AZ	Section 501(C)(3)	Schedule A, Line 11a	CHN & Cthl Hlthcare W	Yes	
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	Yes	
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	Yes	
Carondelet Foundation Inc  120 N Tucson Blvd Tuscon, AZ 85716 86-0749574	Foundation	AZ	Section 501(C)(3)	Schedule A, Line 11a	Carondelet Health Network	Yes	
The Centurions  3705 S Palo Verde Rd Tucson, AZ 85713 85-4088322	Foundation	AZ	Section 501(c)(3)	Schedule A, Line 11a	Carondelet Foundation Inc	Yes	
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	Yes	
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	Yes	
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	Yes	
St Vincent's Multispecialty Group Inc  2800 Main Street Bridgeport, CT 06606 80-0458769	Physician Practices	CT	Section 501(c)(3)	Schedule A, Line 11a	St Vincent's Medical Center	Yes	
Hall-Brooke Behavioral Health Services Inc  47 Long Lots Road Westport, CT 06880 06-0813283	Behavioral Health Services	CT	Section 501(C)(3)	Schedule A, Line 9	St Vincent's Health Services Corporation	Yes	
St Vincent's Development Inc  95 Merritt Boulevard Trumbull, CT 06611 22-2554128	Real Estate Holdings	CT	Section 501(C) (25)	N/A	St Vincent's Health Services Corporation	Yes	
St Vincent's College  2800 Main Street Bridgeport, CT 06606 06-1331677	College of Health Sciences	CT	Section 501(C)(3)	Schedule A, Line 2	St Vincent's Medical Center	Yes	
St Vincent's Special Needs Center Inc  95 Merritt Boulevard Trumbull, CT 06611 06-0702617	Programs for Special Needs Individuals	CT	Section 501(C)(3)	Schedule A, Line 9	St Vincent's Health Services Corporation	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
Providence Hospital  1150 Varnum Street NE Washington, DC 20017 53-0196636	Hospital	DC	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
Providence Health Services Inc  1150 Varnum Street NE Washington, DC 20017 52-1275587	Physician Practices	DC	Section 501(C)(3)	Schedule A, Line 11a	Providence Hospital	Yes	
Providence Health Foundation Inc  1150 Varnum Street NE Washington, DC 20017 52-1275583	Fundraising	DC	Section 501(C)(3)	Schedule A, Line 11a	Providence Hospital	Yes	
St Vincent's Medical Center Inc  4205 Belfort Road Suite 4030 Jacksonville, FL 32216 59-0624449	Hospital	FL	Section 501(C)(3)	Schedule A, Line 3	St Vincent's Health System Inc	Yes	
St Luke's-St Vincent's Healthcare  4206 Belfort Road Suite 4030 Jacksonville, FL 32216 26-0479484	Hospital	FL	Section 501(C)(3)	Schedule A, Line 3	St Vincent's Health System Inc	Yes	
St Vincent's Ambulatory Care Inc  4207 Belfort Road Suite 4030 Jacksonville, FL 32216 59-2292041	Physician Practice	FL	Section 501(C)(3)	Schedule A, Line 3	St Vincent's Health System Inc	Yes	
St Vincent's Foundation Inc  4208 Belfort Road Suite 4030 Jacksonville, FL 32216 59-2219923	Fundraising	FL	Section 501(C)(3)	Schedule A, Line 7	St Vincent's Health System Inc	Yes	
St Catherine's Laboure Manor  4209 Belfort Road Suite 4030 Jacksonville, FL 32216 59-1878316	Nursing Home	FL	Section 501(C)(3)	Schedule A, Line 3	St Vincent's Health System Inc	Yes	
St Vincent's Health System Inc  4210 Belfort Road Suite 4030 Jacksonville, FL 32216 59-3650609	Parent Entity	FL	Section 501(C)(3)	Schedule A, Line 11b	Ascension Health	Yes	
Sacred Heart Health System Inc  5151 N 9th Ave Pensacola, FL 32504 59-0634434	Hospital - Healthcare	FL	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
Haven Of Our Lady Of Peace  5151 N 9th Ave Pensacola, FL 32504 59-3620346	Nursing Home	FL	Section 501(C)(3)	Schedule A, Line 9	Sacred Heart Health System	Yes	
Sacred Heart Foundation  5151 N 9th Ave Pensacola, FL 32504 59-2436597	Foundation	FL	Section 501(C)(3)	Schedule A, Line 7	Sacred Heart Health System	Yes	
Sacred Heart Health Ventures  5151 N 9th Ave Pensacola, FL 32504 57-1183283	Investment	FL	Section 501(C)(3)	Schedule A, Line 11a	Sacred Heart Health System	Yes	
StJoseph Hospital Augusta  4600 Edmundson Rd St Louis, MO 63134 58-0614997	Medical Service	GA	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
StJoseph Foundation Inc  4600 Edmundson Rd St Louis, MO 63134 58-1775301	Fundraising	GA	Section 501(C)(3)	Schedule A, Line 7	St Joseph Hospital	Yes	
StJoseph Regional Medical Center  PO Box 816 415 Sixth Street Lewiston, ID 83501 82-0204264	Hospital	ID	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
St Joseph Regional Medical Center Foundation Inc  415 Sixth Street Lewiston, ID 83501 51-0168321	Fundraising	ID	Section 501(c)(3)	Schedule A, Line 11a	St Joseph Regional Medical Center	Yes	
StMary's At Home Inc  3700 Washington Avenue Evansville, IN 47750 35-1899560	DME/Home Care	IN	Section 501(C)(3)	Schedule A, Line 11a	Seton Health Corporation Of Southern Indiana Inc	Yes	
StMary's Building Corporation  3700 Washington Avenue Evansville, IN 47750 23-7248362	Real Estate	IN	Section 501(C)(2)	N/A	Seton Health Corporation Of Southern Indiana Inc	Yes	
StMary's Warrick EMS Inc  3700 Washington Avenue Evansville, IN 47750 20-5342518	EMS	IN	Section 501(C)(4)	N/A	St Mary's Health System Of America Inc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
Medical Management Inc  3700 Washington Avenue Evansville, IN 47750 35-1831570	Dormant	IN	Section 501(C)(3)	Schedule A, Line 11c	St Mary's Health System Of America Inc	Yes	
StMary's Health System Of America Inc  3700 Washington Avenue Evansville, IN 47750 35-2057801	Health Ministry Parent	IN	Section 501(C)(3)	Schedule A, Line 11c	Ascension Health	Yes	
Seton Health Corporation Of Southern Indiana Inc  3700 Washington Avenue Evansville, IN 47750 35-1679526	Investment	IN	Section 501(C)(3)	Schedule A, Line 11c	St Mary's Health System Of America Inc	Yes	
StMary's Home Health Care Services Inc  3700 Washington Avenue Evansville, IN 47750 35-1899562	Dormant	IN	Section 501(C)(3)	Schedule A, Line 11a	Seton Health Corporation Of Southern Indiana Inc	Yes	
StMary's Medical Center Foundation Inc  3700 Washington Avenue Evansville, IN 47750 23-7045370	Fundraising	IN	Section 501(C)(3)	Schedule A, Line 11a	St Mary's Medical Center Of Evansville Inc	Yes	
StMary's Medical Center Of Evansville Inc  3700 Washington Avenue Evansville, IN 47750 35-0869065	Hospital	IN	Section 501(C)(3)	Schedule A, Line 3	St Mary's Health System Of America Inc	Yes	
StMary's Ohio Valley HeartCare LLC  901 St Marys Drive Evansville, IN 47714 27-3474697	Cardiologist Services	IN	Section 501(c)(3)	Schedule A, Line 11a	St Mary's Medical Center Of Evansville Inc	Yes	
StMary's Warrick Hospital Foundation Inc  1116 Millis Avenue Boonville, IN 47601 35-1961890	Fundraising	IN	Section 501(C)(3)	Schedule A, Line 11a	St Mary's Warrick Hospital Inc	Yes	
StMary's Warrick Hospital Inc  1116 Millis Avenue Boonville, IN 47601 35-1343019	Hospital	IN	Section 501(C)(3)	Schedule A, Line 3	St Mary's Health System Of America Inc	Yes	
Primary Physician Network LLC  3700 Washington Avenue Evansville, IN 47750 20-8775914	Physician Practice	IN	Section 501(C)(3)	Schedule A, Line 9	St Mary's Medical Center Of Evansville Inc	Yes	
StMary's Physician Network LLC  3700 Washington Avenue Evansville, IN 47750 20-5023387	Physician Practice	IN	Section 501(C)(3)	Schedule A, Line 9	St Mary's Medical Center Of Evansville Inc	Yes	
SVSM INC  2001 W 86th Street Indianapolis, IN 46260 81-0607827	Holding Company	IN	Section 501(C)(3)	Schedule A, Line 11a	St Vincent Health Inc	Yes	
Central Indiana Health System Cardiac Services Inc  2001 W 86th Street Indianapolis, IN 46260 35-1869951	Freestanding Outpatient Center	IN	Section 501(C)(3)	Schedule A, Line 11c	StVincent Hospital & Health Care Center Inc	Yes	
Jubilee Partnerships Inc  2301 N Park Avenue Indianapolis, IN 46205 35-2060765	Outreach Activities	IN	Section 501(C)(3)	Schedule A, Line 1	StJoseph Hospital & Health Center Inc	Yes	
Rehabilitation Hospital Of Indiana Inc  4141 Shore Drive Indianapolis, IN 46254 35-1786005	Rehabilitation Hospital	IN	Section 501(C)(3)	Schedule A, Line 3	StVincent Health Inc	Yes	
StVincent Medical Group Inc  8425 Harcourt Road Indianapolis, IN 46260 27-2039417	Physician Professional Services	IN	Section 501(C)(3)	Schedule A, Line 9	StVincent Health Inc	Yes	
StJohns Foundation Inc  2015 Jackson Street Anderson, IN 46016 35-2053693	Supporting Organization	IN	Section 501(C)(3)	Schedule A, Line 11a	StVincent Madison County Health System Inc	Yes	
StJoseph Hospital & Health Center Inc  1907 W Sycamore Street Kokomo, IN 46901 35-0992717	Hospital	IN	Section 501(C)(3)	Schedule A, Line 3	StVincent Health Inc	Yes	
StJoseph Foundation Of Kokomo Indiana Inc  1907 W Sycamore Street Kokomo, IN 46901 23-7313206	Supporting Organization	IN	Section 501(C)(3)	Schedule A, Line 11a	StJoseph Hospital & Health Center Inc	Yes	
StVincent Carmel Hospital Inc  13500 N Meridian Street Carmel, IN 46032 74-3107055	Hospital	IN	Section 501(C)(3)	Schedule A, Line 3	StVincent Health Inc	Yes	



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StVincent Clay Hospital Inc  1206 E National Avenue Brazil, IN 47834 35-2112529	Critical Access Hospital	IN	Section 501(C)(3)	Schedule A Line 3	StVincent Health Inc	Yes	
StVincent Dunn Hospital Inc  1600 23rd Street Bedford, IN 47421 27-2192831	Critical Access Hospital	IN	Section 501(C)(3)	Schedule A Line 3	StVincent Health Inc	Yes	
StVincent Frankfort Hospital Inc  1300 S Jackson Frankfort, IN 46041 35-2099320	Critical Access Hospital	IN	Section 501(C)(3)	Schedule A Line 3	StVincent Health Inc	Yes	
StVincent Frankfort Hospital Foundation Inc  1300 S Jackson Frankfort, IN 46041 35-1531734	Supporting Organization	IN	Section 501(C)(3)	Schedule A Line 11a	StVincent Frankfort Hospital Inc	Yes	
StVincent Health Inc  8425 Harcourt Road Indianapolis, IN 46260 35-2052591	Parent Company	IN	Section 501(C)(3)	Schedule A Line 11c	Ascension Health	Yes	
StVincent Hospital And Health Care Center Inc  2001 W 86th Street Indianapolis, IN 46260 35-0869066	Hospital	IN	Section 501(C)(3)	Schedule A Line 3	StVincent Health Inc	Yes	
StVincent Hospital Foundation Inc  10330 N Meridian Street Ste 430n Indianapolis, IN 46290 35-6088862	Supporting Organization	IN	Section 501(C)(3)	Schedule A Line 11a	StVincent Hospital & Health Care Center Inc	Yes	
StVincent Jennings Hospital Inc  301 Henry Street North Vernon, IN 47265 35-1841606	Critical Access Hospital	IN	Section 501(C)(3)	Schedule A Line 3	StVincent Health Inc	Yes	
StVincent Madison County Health System Inc  1331 South A Street Elwood, IN 46036 35-0876389	Hospital	IN	Section 501(C)(3)	Schedule A Line 3	StVincent Health Inc	Yes	
StVincent Mercy Hospital Foundation Inc  1331 South A Street Elwood, IN 46036 31-1066871	Supporting Organization	IN	Section 501(C)(3)	Schedule A Line 11a	StVincent Madison County Health System Inc	Yes	
StVincent New Hope Inc  8450 N Payne Road Indianapolis, IN 46260 35-1733591	Intermediate Care Facility	IN	Section 501(C)(3)	Schedule A Line 9	StVincent Health Inc	Yes	
StVincent Pediatric Rehab Center Inc  1707 W 86th Street Indianapolis, IN 46260 35-2048898	Specialty Hospital	IN	Section 501(C)(3)	Schedule A Line 3	StJoseph Hospital & Health Center Inc	Yes	
StVincent Randolph Hospital Inc  473 Greenville Avenue Winchester, IN 47394 35-2103153	Critical Access Hospital	IN	Section 501(C)(3)	Schedule A Line 3	StVincent Health Inc	Yes	
StVincent Randolph Hospital Foundation Inc  473 Greenville Avenue Winchester, IN 47394 35-2133006	Supporting Organization	IN	Section 501(C)(3)	Schedule A Line 11a	StVincent Randolph Hospital Inc	Yes	
StVincent Salem Hospital Inc  911 N Shelby Street Salem, IN 47167 27-0847538	Critical Access Hospital	IN	Section 501(C)(3)	Schedule A Line 3	StVincent Health Inc	Yes	
StVincent Seton Specialty Hospital Inc  8050 Township Line Road Indianapolis, IN 46260 35-1712001	Long Term Care Hospital	IN	Section 501(C)(3)	Schedule A Line 3	StVincent Health Inc	Yes	
StVincent Williamsport Hospital Inc  412 N Monroe Street Williamsport, IN 47993 35-0784551	Critical Access Hospital	IN	Section 501(C)(3)	Schedule A Line 3	StVincent Health Inc	Yes	
StVincent Williamsport Hospital Foundation Inc  412 N Monroe Street Williamsport, IN 47993 74-3130159	Supporting Organization	IN	Section 501(C)(3)	Schedule A Line 11a	StVincent Williamsport Hospital Inc	Yes	
SVSM Inc  2001 W 86th Street Indianapolis, IN 46260 81-0607827	Holding Company	IN	Section 501(C)(3)	Schedule A Line 11a	StVincent Health Inc	Yes	
St Vincent Fishers Hospital Inc  13861 Olio Road Fishers, IN 46037 45-4243702	Hospital	IN	Section 501(C)(3)	Schedule A Line 3	St Vincent Health Inc	Yes	

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Daughters Of Charity Services Of New Orleans  4162 Canal Street New Orleans, LA 70119 72-1332678	Hospital	LA	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
Daughters of Charity of New Orleans Foundation  4164 Canal Street New Orleans, LA 70119 72-1658000	Provide Support to the Daughters of Charity Services of New Orleans	LA	Section 501(c)(3)	Schedule A, Line 9	Daughters of Charity of New Orleans	Yes	
St Joseph's Ministries Inc  331 South Seton Avenue Emmitsburg, MD 21727 52-1835288	Fundraising	MD	Section 501(C)(3)	Schedule A, Line 9	Ascension Health	Yes	
St Agnes Healthcare Inc  900 Caton Avenue Baltimore, MD 21229 52-0591657	Healthcare	MD	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
St Agnes Foundation  900 Caton Avenue Baltimore, MD 21229 52-1415083	Provides Funding to the Hospital and the Community	MD	Section 501(C)(3)	Schedule A, Line 11a	St Agnes Hospital	Yes	
Seton Medical Group  900 Caton Avenue Baltimore, MD 21229 39-2064992	Provide Health Care Services to the Community	MD	Section 501(C)(3)	Schedule A, Line 3	St Agnes Hospital	Yes	
StAgnes Auxiliary  900 Caton Avenue Baltimore, MD 21229 52-0643673	Fundraising	MD	Section 501(C)(3)	Schedule A, Line 9	St Agnes Hospital	Yes	
Genesys Health System  One Genesys Parkway Grand Blanc, MI 484398065 38-3339703	Health System Parent	MI	Section 501(C)(3)	Schedule A, Line 11c	Ascension Health	Yes	
Genesys Ambulatory Health Services  5445 Ali Drive Dept 200 Grand Blanc, MI 484395195 38-2371754	Hlth Srvcs/Staffing/Prop Mgmnt	MI	Section 501(C)(3)	Schedule A, Line 11b	Genesys Health System	Yes	
Genesys Convalescent Center  8481 Holly Road Grand Blanc, MI 484391812 38-2317364	Convalescent Center	MI	Section 501(C)(3)	Schedule A, Line 3	Genesys Ambulatory Health Services	Yes	
Genesys Health Foundation  One Genesys Parkway Grand Blanc, MI 484398065 38-3591148	Foundation	MI	Section 501(C)(3)	Schedule A, Line 11b	Genesys Health System	Yes	
Genesys Home Health & Hospice  5445 Ali Dr Dept 500 600 Grand Blanc, MI 484395195 38-2177968	Home Health/Hospice	MI	Section 501(C)(3)	Schedule A, Line 11b	Genesys Ambulatory Health Services	Yes	
Genesys Regional Medical Center  One Genesys Parkway Grand Blanc, MI 484398065 38-2377821	Hospital	MI	Section 501(C)(3)	Schedule A, Line 3	Genesys Health System	Yes	
Genesys Volunteers  One Genesys Parkway Grand Blanc, MI 484398065 38-1472646	GRMC Support	MI	Section 501(C)(3)	Schedule A, Line 11a	Genesys Health System	Yes	
The Health Source Group  5445 Ali Drive Dept 200 Grand Blanc, MI 484395195 38-2427678	Program Related Investments	MI	Section 501(C)(3)	Schedule A, Line 11b	Genesys Health System	Yes	
Center For Gerontology  7280 State Road Goodrich, MI 48438 38-2514708	Adult Day Care	MI	Section 501(C)(3)	Schedule A, Line 11b	Genesys Ambulatory Health Services	Yes	
St John Health  28000 Dequindre Warren, MI 48092 38-2244034	Parent	MI	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
St John Senior Community  18300 E Warren Detroit, MI 48224 38-2631907	Medical Care	MI	Section 501(C)(3)	Schedule A, Line 9	St John Health	Yes	
St John Hospital & Medical Center  28000 Dequindre Warren, MI 48092 38-1359063	Hospital	MI	Section 501(C)(3)	Schedule A, Line 3	St John Health	Yes	
St John Macomb-Oakland Hospital  28000 Dequindre Warren, MI 48092 38-3322109	Hospital	MI	Section 501(C)(3)	Schedule A, Line 3	St John Health	Yes	

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Father Murray Nursing Center  28000 Dequindre Road Warren, MI 48092 38-2601348	Medical Care	MI	Section 501(C)(3)	Schedule A, Line 9	St John Health	Yes	
St John River District Hospital  4100 River Road East China, MI 48054 38-3160564	Hospital	MI	Section 501(C)(3)	Schedule A, Line 3	St John Health	Yes	
Medical Resources Group  43800 Garfield Road Suite 201 Clinton Township, MI 48038 38-3494637	Medical Care	MI	Section 501(C)(3)	Schedule A, Line 9	St John Health	Yes	
St John Community Health Investment Corp  28000 Dequindre Road Warren, MI 48092 38-2262856	Medical Care	MI	Section 501(C)(3)	Schedule A, Line 3	St John Health	Yes	
Eastwood Community Clinics  28000 Dequindre Road Warren, MI 48092 38-1958763	Medical Care	MI	Section 501(C)(3)	Schedule A, Line 9	St John Health	Yes	
St John Home Care  37650 Garfield Road Clinton Township, MI 48036 38-3408684	Medical Care	MI	Section 501(C)(3)	Schedule A, Line 7	St John Health	Yes	
Macomb Hospital Center Auxiliary  11800 E Twelve Mile Warren, MI 48093 38-6091287	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 11c	St John Macomb - Oakland Hospital Corp	Yes	
Our Lady of Providence League  28000 Dequindre Warren, MI 48092 38-6108200	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 11c	Providence Hospital	Yes	
Fontbonne Auxiliary of St John Hospital  28000 Dequindre Warren, MI 48092 38-6082173	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 11c	St John Health	Yes	
St John Hospital Guild  28000 Dequindre Warren, MI 48092 38-6091110	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 11c	St John Hospital and Medical Center	Yes	
Providence Hospital  16001 West Nine Mile Rd Southfield, MI 48307 38-1358212	Hospital	MI	Section 501(C)(3)	Schedule A, Line 3	St John Health	Yes	
Providence Health Foundation  22101 Moross Suite 102 Detroit, MI 48236 38-3526629	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 11c	St John Health	Yes	
Seton Health Corp Of SE MI  16001 West Nine Mile Rd Southfield, MI 48037 38-2820107	Medical Care	MI	Section 501(C)(3)	Schedule A, Line 11c	St John Health	Yes	
St John Hospital Foundation  22101 Moross Rd Mack Office Bldg St Detroit, MI 48236 20-2961579	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 7	St John Health	Yes	
Brighton Hospital  12851 Grand River Brighton, MI 48116 38-1576680	Hospital	MI	Section 501(C)(3)	Schedule A, Line 3	St John Health	Yes	
Brighton National Addiction Foundation  12851 Grand River Brighton, MI 48116 26-0694680	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 7	Brighton Hospital	Yes	
Borgess Health Alliance Inc  1521 Gull Road Kalamazoo, MI 49048 38-2335286	Health System Parent	MI	Section 501(C)(3)	Schedule A, Line 11c	Ascension Health	Yes	
Borgess Medical Center  1521 Gull Road Kalamazoo, MI 49048 38-1360526	Healthcare Services	MI	Section 501(C)(3)	Schedule A, Line 3	Borgess Health Alliance Inc	Yes	
Borgess Ambulatory Care Corporation  1521 Gull Road Kalamazoo, MI 49048 38-2468823	Holding Company	MI	Section 501(C)(3)	Schedule A, Line 3	Borgess Health Alliance Inc	Yes	
Borgess Foundation  1521 Gull Road Kalamazoo, MI 49048 23-7222558	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 11c	Borgess Health Alliance Inc	Yes	

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Borgess Nursing Home  3057 Gull Road Kalamazoo, MI 49048 38-2555589	Residential Care	MI	Section 501(C)(3)	Schedule A, Line 3	Borgess Health Alliance Inc	Yes	
Lee Memorial Hospital Corporation  420 W High Street Dowagiac, MI 49047 38-1490190	Healthcare Services	MI	Section 501(C)(3)	Schedule A, Line 3	Borgess Health Alliance Inc	Yes	
Lee Memorial Foundation  420 W High Street Dowagiac, MI 49047 38-2860459	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 11c	Borgess Health Alliance Inc	Yes	
ProMed Healthcare  1521 Gull Road Kalamazoo, MI 49048 38-3193801	Healthcare Services	MI	Section 501(C)(3)	Schedule A, Line 9	Borgess Health Alliance Inc	Yes	
Visiting Nurse & Hospice Services Of SW MI  348 North Burdick Kalamazoo, MI 49007 38-1359216	Home Nursing and Rehabilitation Services	MI	Section 501(C)(3)	Schedule A, Line 9	Borgess Health Alliance Inc	Yes	
Visiting Nurses Home Care dba Borgess VNA Home Care  348 North Burdick Kalamazoo, MI 49007 38-2717691	Home Healthcare Services	MI	Section 501(C)(3)	Schedule A, Line 9	Borgess Health Alliance Inc	Yes	
St Mary's Health  800 S Washington Saginaw, MI 48601 38-3477071	Hospital Parent	MI	Section 501(C)(3)	Schedule A, Line 11a	St Mary's of Michigan Medical Center	Yes	
St Mary's Of Michigan Medical Center  800 S Washington Saginaw, MI 48601 38-0997730	Hospital	MI	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
St Mary's Hospital Foundation  800 S Washington Saginaw, MI 48601 38-2246366	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 11c	St Mary's of Michigan Medical Center	Yes	
Field Neurosciences Institute  800 S Washington Saginaw, MI 48601 38-2790703	Medical Research Organization	MI	Section 501(C)(3)	Schedule A, Line 9	St Mary's of Michigan Medical Center	Yes	
Field Neurosciences Institute Foundation  800 S Washington Saginaw, MI 48601 38-3638165	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 11	St Mary's of Michigan Medical Center	Yes	
Standish Hospital  805 W Cedar Street Standish, MI 48658 38-1671120	Hospital	MI	Section 501(C)(3)	Schedule A, Line 3	St Mary's Health	Yes	
St Joseph Health System  200 Hemlock Road Tawas City, MI 48763 38-1443395	Hospital	MI	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
St Joseph Health System Foundation  200 Hemlock Road Tawas City, MI 48763 01-0790428	Fundraising	MI	Section 501(C)(3)	Schedule A, Line 11a	St Joseph Health System	Yes	
Carondelet Health Corp & Affiliates Employee Health & Dental Care  1000 Carondelet Drive Kansas City, MO 641144673 43-1116849	VEBA	MO	Section 501(C)(9)	N/A	Carondelet Health	Yes	
Carondelet Home Care Services  11050 Roe Suite 120 Overland Park, KS 66211 43-1379352	Home Health Care Services	KS	Section 501(C)(3)	Schedule A, Line 3	Carondelet Health	Yes	
Carondelet Long-Term Care Facilities Inc  1000 Carondelet Drive Kansas City, MO 641144673 74-2505427	Long Term Care	MO	Section 501(C)(3)	Schedule A, Line 9	Carondelet Health	Yes	
St Joseph Medical Center  1000 Carondelet Drive Kansas City, MO 641144673 44-0546292	Health Care	MO	Section 501(C)(3)	Schedule A, Line 3	Carondelet Health	Yes	
St Joseph Medical Center Foundation  1000 Carondelet Drive Kansas City, MO 641144673 43-1388461	Fundraising	MO	Section 501(C)(3)	Schedule A, Line 11c	Carondelet Health	Yes	
St Mary's Medical Center  201 West RD Mize Rd Blue Springs, MO 64014 43-1284526	Health Care	MO	Section 501(C)(3)	Schedule A, Line 3	Carondelet Health	Yes	

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St Mary's Medical Center Foundation  1000 Carondelet Drive Kansas City, MO 641144673 43-1918107	Fundraising	MO	Section 501(C)(3)	Schedule A, Line 11c	Carondelet Health	Yes	
Carondelet Health  1000 Carondelet Drive Kansas City, MO 641144673 43-1276738	System Parent	MO	Section 501(C)(3)	Schedule A, Line 11c	Ascension Health	Yes	
Seton Center Inc  2816 East 23rd Street Kansas City, MO 64127 43-0926003	Fundraising	MO	Section 501(c)(3)	Schedule A, Line 7	Ascension Health	Yes	
Our Lady Of Lourdes Memorial Hospital Inc  169 Riverside Drive Binghamton, NY 13905 15-0532221	Hospital	NY	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
Lourdes Realty Corporation  169 Riverside Drive Binghamton, NY 13905 22-2873637	Rental Of Health Care Facilities	NY	Section 501(C)(2)	N/A	Our Lady Of Lourdes Memorial Hospital Inc	Yes	
Medical Services Enhancement Inc  427 Guy Park Avenue Amsterdam, NY 12010 14-1776546	Rental Of Medical And Professional Office Space	NY	Section 501(C)(25)	N/A	St Mary's Healthcare	Yes	
St Mary's Healthcare  427 Guy Park Avenue Amsterdam, NY 12010 14-1347719	Hospital	NY	Section 501(c)(3)	Schedule A, Line 3	Ascension Health	Yes	
The Foundation Of St Mary's Healthcare  427 Guy Park Avenue Amsterdam, NY 12010 13-3254655	Supporting Organization	NY	Section 501(C)(3)	Schedule A, Line 11c	N/A	Yes	
Mount St Mary's Hospital Of Niagara Falls  5310 Military Rd Lewiston, NY 140921998 16-1523353	Hospital	NY	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
Our Lady Of Peace Inc  5285 Lewiston Rd Lewiston, NY 140921997 16-1608735	Nursing Home	NY	Section 501(C)(3)	Schedule A, Line 3	Mount St Mary's Hospital of Niagara Falls	Yes	
Mount St Mary's Hospital Child Care Center  5310 Military Rd Lewiston, NY 140921997 16-1523352	Child Care Center	NY	Section 501(C)(3)	Schedule A, Line 9	Mount St Mary's Hospital of Niagara Falls	Yes	
Mount St Mary's Hospital Foundation  5300 Military Rd Lewiston, NY 140921997 16-1360884	Foundation	NY	Section 501(C)(3)	Schedule A, Line 11a	Mount St Mary's Hospital of Niagara Falls	Yes	
Saint Thomas Health  4220 Harding Road Nashville, TN 37205 58-1716804	System Parent	TN	Section 501(C)(3)	Schedule A, Line 11c	Ascension Health	Yes	
Baptist Health Care Affiliates Inc  2000 Church Street Nashville, TN 37236 58-1509251	Community Health Promotion	TN	Section 501(C)(3)	Schedule A, Line 11a	Seton Corporation	Yes	
Baptist Healthcare Group  2000 Church Street Nashville, TN 37236 62-1529858	Healthcare Provider	TN	Section 501(C)(3)	Schedule A, Line 3	Seton Corporation	Yes	
Baptist Saint Thomas Home Care  2000 Church Street Nashville, TN 37236 51-0172298	Inactive	TN	Section 501(C)(3)	Schedule A, Line 9	Seton Corporation	Yes	
Baptist Hospital Foundation of Nashville Inc  2000 Church Street Nashville, TN 37236 58-1861378	Inactive	TN	Section 501(c)(3)	Schedule A, Line 11a	Seton Corporation	Yes	
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	Yes	
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	Yes	
Middle Tennessee Medical Center Foundation  1700 Medical Center Parkway Murfreesboro, TN 37219 62-1167917	Foundation	TN	Section 501(C)(3)	Schedule A, Line 11a	Middle Tennessee Medical Center Inc	Yes	

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Middle Tennessee Medical Center Inc  1700 Medical Center Parkway Murfreesboro, TN 37219 62-0475842	Hospital	TN	Section 501(C)(3)	Schedule A, Line 3	St Thomas Health	Yes	
Saint Thomas Health Foundation  PO Box 380 Nashville, TN 37202 58-1663055	Operates Foundation	TN	Section 501(C)(3)	Schedule A, Line 7	Saint Thomas Network	Yes	
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	Yes	
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	Yes	
St Thomas Hospital  4220 Harding Road Nashville, TN 37205 62-0347580	Hospital	TN	Section 501(C)(3)	Schedule A, Line 3	St Thomas Health	Yes	
Covenant Care Inc  102 Woodmont Blvd Suite 800 Nashville, TN 37205 62-1695737	Inactive	TN	Section 501(c)(3)	Schedule A, Line 11a	Saint Thomas Network	Yes	
Seton Family of Hospitals  1345 Philomena Street Austin, TX 78723 74-1109643	Hospital	TX	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
Twenty-Six Doors Inc  1345 Philomena Street Austin, TX 78723 74-2855201	To Hold Title To Real Property	TX	Section 501(C)(25)	N/A	Seton Fund Of The Daughters Of Charity Of St Vincent De Paul	Yes	
Austin Children's Chest Associates II  1345 Philomena Street Austin, TX 78723 26-0163261	Delivery of Health Care Services	TX	Section 501(C)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
Blue Ladies Minerals Inc  1345 Philomena Street Austin, TX 78723 74-2971975	Own Oil And Mineral Rights, Real Estate	TX	Section 501(C)(3)	Schedule A, Line 11c	Seton Fund Of The Daughters Of Charity Of St Vincent De Paul	Yes	
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 Family	Yes	
Fickett 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	Yes	
Institute Of Reconstructive Plastic Surgery Of Central Texas  1345 Philomena Street Austin, TX 78723 26-2908163	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
Pediatric Critical Care Associates  1345 Philomena Street Austin, TX 78723 42-1670843	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
Pediatric Surgical Subspecialists  1345 Philomena Street Austin, TX 78723 20-8957311	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
Seton Family of Pediatric Surgeons  1345 Philomena Street Austin, TX 78723 27-1311790	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
Seton Family of Pediatricians  1345 Philomena Street Austin, TX 78723 27-1311909	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
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 Family	Yes	
Seton Hays Foundation  1345 Philomena Street Austin, TX 78723 26-2842608	Fundraising	TX	Section 501(C)(3)	Schedule A, Line 11a	Seton Healthcare Family	Yes	
Seton Medical Group  1345 Philomena Street Austin, TX 78723 74-2861106	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	

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Seton Williamson Foundation  1345 Philomena Street Austin, TX 78723 20-5330986	Fundraising	TX	Section 501(C)(3)	Schedule A, Line 11a	Seton Healthcare Family	Yes	
Specially For Children-Children's Hospital Subspecialist Of Central Texas  1345 Philomena Street Austin, TX 78723 74-2800601	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
SetonUT Southwestern University Physicians Group  1345 Philomena Street Austin, TX 78723 74-2869762	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
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 Family	Yes	
Tri-County Clinical  1345 Philomena Street Austin, TX 78723 26-4562712	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
Adult Inpatient Medical Services  1345 Philomena Street Austin, TX 78723 45-2498998	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 9	Seton Family of Hospitals	Yes	
Seton ENT  1345 Philomena Street Austin, TX 78723 27-3220659	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
Childrens Bone Joint & Spine Center  1345 Philomena Street Austin, TX 78723 45-2499113	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
Healthcare Collaborative  1345 Philomena Street Austin, TX 78723 27-3220767	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 11a	Seton Clinical Enterprise Corporation	Yes	
Tri-County Practice Associates  1345 Philomena Street Austin, TX 78723 26-4562522	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 9	Seton Family of Hospitals	Yes	
Primaria Health  1345 Philomena Street Austin, TX 78723 45-3047469	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 11a	Seton Clinical Enterprise Corporation	Yes	
Seton Healthcare Family  1345 Philomena Street Austin, TX 78723 45-4364243	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 11a	Ascension Health	Yes	
Seton Clinical Enterprise Corporation  1345 Philomena Street Austin, TX 78723 45-4360468	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 11a	Seton Healthcare Family	Yes	
Seton Insurance Services Corporation  1345 Philomena Street Austin, TX 78723 45-4364813	Delivery of Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 11a	Seton Healthcare Family	Yes	
Providence Health Services Of Waco  6901 Medical Pkwy Waco, TX 76713 74-1109636	Healthcare Services	TX	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
Providence Foundation Inc  6901 Medical Pkwy Waco, TX 76712 74-2683112	Support Charitable Purpose of PHSW	TX	Section 501(C)(3)	Schedule A, Line 11a	Providence Health Services Of Waco	Yes	
Providence Health Alliance  6901 Medical Pkwy Waco, TX 76712 74-2696970	Physician Practices	TX	Section 501(C)(3)	Schedule A, Line 3	Providence Health Services Of Waco	Yes	
Our Lady Of Lourdes Hospital At Pasco  520 North 4th Avenue Pasco, WA 99301 91-0349750	Hospital	WA	Section 501(C)(3)	Schedule A, Line 3	Ascension Health	Yes	
Lourdes Foundation  520 North 4th Avenue Pasco, WA 99301 91-1528577	Fundraising	WA	Section 501(C)(3)	Schedule A, Line 11a	Our Lady Of Lourdes Hospital At Pasco	Yes	
Columbia St Mary's Inc  4425 North Port Washington Road Milwaukee, WI 53212 39-1834639	Health System	WI	Section 501(C)(3)	Schedule A, Line 11	N/A	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
Columbia College Of Nursing  4425 North Port Washington Road Milwaukee, WI 53212 39-1596986	College	WI	Section 501(C)(3)	Schedule A, Line 2	Columbia St Mary's Hospital Milwaukee Inc	Yes	
Sacred Heart Rehabilitation Institute  4425 North Port Washington Road Milwaukee, WI 53212 39-0902199	Rehab Facility	WI	Section 501(C)(3)	Schedule A, Line 3	Columbia St Mary's Hospital Milwaukee Inc	Yes	
Seton Children's School  4425 North Port Washington Road Milwaukee, WI 53212 39-1391245	School	WI	Section 501(C)(3)	Schedule A, Line 9	Columbia St Mary's Hospital Milwaukee Inc	Yes	
Columbia St Mary's Hospital Milwaukee  4425 North Port Washington Road Milwaukee, WI 53212 39-0806315	Hospital	WI	Section 501(C)(3)	Schedule A, Line 3	Columbia St Mary's Inc	Yes	
St Mary's Hospital Ozaukee  4425 North Port Washington Road Milwaukee, WI 53212 39-0807063	Hospital	WI	Section 501(C)(3)	Schedule A, Line 3	Columbia St Mary's Inc	Yes	
Horizon Home Care & Hospice Inc  8949 N Deerbrook Trl Milwaukee, WI 53223 39-1171298	Home Care/Hospice	WI	Section 501(C)(3)	Schedule A, Line 3	Columbia St Mary's Inc	Yes	
Columbia Health System  4425 North Port Washington Road Milwaukee, WI 53212 39-1494977	Health System	WI	Section 501(C)(3)	Schedule A, Line 11	N/A	Yes	
Columbia St Mary's Foundation Inc  4426 North Port Washington Road Milwaukee, WI 53213 39-1494981	Foundation	WI	Section 501(C)(3)	Schedule A, Line 7	N/A	Yes	
Alexian Brothers Health System  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3260495	Support Provision of Healthcare Services for Related Corporations	IL	Section 501(c)(3)	Schedule A, Line 11c	Ascension Health	Yes	
Alexian Brothers Bonaventure House  825 Wellington Avenue Chicago, IL 60657 36-3527899	Housing and Supportive Care Services for Persons with HIV/AIDS	IL	Section 501(c)(3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
Alexian Brothers Health System Inc Investment Trust  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3801585	Manages Pooled Investments of Related Not-For- Profit Entities	IL	Section 501(c)(3)	Schedule A, Line 11c	Alexian Brothers Health System	Yes	
Alexian Brothers Specialty Group  3040 W Salt Creek Lane Arlington Heights, IL 60005 80-0710751	Specialty Pysician Practice Group	IL	Section 501(c)(3)	Schedule A, Line 3	Alexian Brothers Health System	Yes	
Alexian Brothers of San Jose Inc  3040 W Salt Creek Lane Arlington Heights, IL 60005 94-1530037	Acute Care Hospital (Sold in 1998)	TX	Section 501(c)(3)	Schedule A, Line 11c	Alexian Brothers Health System	Yes	
Alexian Brothers Services Inc  3040 W Salt Creek Lane Arlington Heights, IL 60005 43-1295333	HUD Housing	MO	Section 501(c)(3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
Alexian Village of Milwaukee Inc  9301 N 76th Street Milwaukee, WI 53223 39-1351584	Continuing Care Retirement Community	WI	Section 501(c)(3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
Alexian Brothers Community Services  425 Cumberland Street Suite 110 Chattanooga, TN 37404 36-4344423	Provides Comprehensive & Coordinated Community Based Services	IL	Section 501(c)(3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
Alexian Brothers Senior Neighbors  250 East 10th Street Chattanooga, TN 37402 62-0646376	Supports the Provision of Community Services for Senior Citizens	TN	Section 501(c)(3)	Schedule A, Line 7	Alexian Brothers Health System	Yes	
Alexian Village of Tennessee  437 Alexian Way Signal Mountain, TN 37377 62-1136742	Continuing Care Retirement Community	TN	Section 501(c)(3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
Alexian Brothers Senior Ministries  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-4484290	Supports the Provision of Healthcare Services for Related Corporations	IL	Section 501(c)(3)	Schedule A, Line 11c	Alexian Brothers Health System	Yes	
Alexian Elderly Services Inc  3040 W Salt Creek Lane Arlington Heights, IL 60005 39-2039667	Community O utreach	WI	Section 501(c)(3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	



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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
Alexian Brothers Lansdowne Village  4624 Lansdowne St Louis, MO 63116 43-1470362	Skilled Nursing Facility	MO	Section 501(c)(3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
Alexian Brothers Sherbrooke Village  4005 Ripa Avenue St Louis, MO 63125 43-1592502	Skilled Nursing Facility	MO	Section 501(c)(3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
Alexian Brothers of St Louis Inc  3040 W Salt Creek Lane Arlington Heights, IL 60005 43-0653236	Acute Care Hospital (Sponsorship Transferred in 1997)	MO	Section 501(c)(3)	Schedule A, Line 11c	Alexian Brothers Health System	Yes	
Alexian Brothers Hospital Network  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3276552	Supports the Provision of Healthcare Services for Related Corporations	IL	Section 501(c)(3)	Schedule A, Line 11c	Alexian Brothers Health System	Yes	
Savelli Properties Inc  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3308965	Owns or Leases Properties where Healthcare Services are Delivered	IL	Section 501(c)(2)	N/A	Alexian Brothers Health System	Yes	
Alexian Brothers Center for Mental Health  3436 N Kennicott Avenue Arlington Heights, IL 60004 36-3045007	Outpatient Community Mental Health Services	IL	Section 501(c)(3)	Schedule A, Line 7	Alexian Brothers Health System	Yes	
Alexian Brothers Behavioral Health Hospital  1650 Moon Lake Blvd Hoffman Estates, IL 60194 36-4251848	Behavioral Health Hospital	IL	Section 501(c)(3)	Schedule A, Line 3	Alexian Brothers Health System	Yes	
St Alexius Medical Center  1555 Barrington Road Hoffman Estates, IL 60194 36-4251846	Acute Care Hospital	IL	Section 501(c)(3)	Schedule A, Line 3	Alexian Brothers Health System	Yes	
Alexian Brothers Ambulatory Group  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-4336931	Physician Services	IL	Section 501(c)(3)	Schedule A, Line 3	Alexian Brothers Health System	Yes	
Alexian Brothers Medical Center  800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381	Acute Care Hospital	TX	Section 501(c)(3)	Schedule A, Line 3	Alexian Brothers Health System	Yes	









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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Eastside Ventures 810 St Vincents Drive Birmingham, AL 35205 63-0846221	Misc Healthcare Services	AL	N/A	C			
Vincentian Ventures of North Alabama Inc 810 St Vincents Drive Birmingham, AL 35205 63-0965456	Misc Healthcare Services	AL	N/A	C			
Ascension Ventures Corporation 810 St Vincents Drive Birmingham, AL 35205 63-1217059	Misc Healthcare Services	AL	N/A	C			
Providence Park PO Box 850429 Mobile, AL 36685 63-0886846	Real Estate	AL	N/A	C			
Anesthesia Solutions Of Mobile Inc 6701 Airport Blvd Suite D- 430b Mobile, AL 36608 82-0547505	Anesthesia Services	AL	N/A	C			
Gulf Coast Regional Preferred PO Box 3201 Mobile, AL 36652 63-0931788	Professional Association	AL	N/A	C			
Carondelet Medical Group PC 2202 N Forbes Blvd Tucson, AZ 85745 86-0836126	Medical Group	AZ	N/A	C			
Carondelet Specialist Group Inc 2202 N Forbes Blvd Tucson, AZ 85745 28-1558773	Physician Practice	AZ	N/A	C			
Vincentures Inc 95 Merritt Boulevard Trumbull, CT 06611 06-1211417	Inactive	CT	N/A	C			
Pequot Medical Associates 115 Technology Drive Trumbull, CT 06611 06-1498813	Inactive	CT	N/A	C			
Mission Resources Inc 1150 Varnum St NE Washington, DC 20017 52-1347248	Holding Company	DC	N/A	C			
Resource Pharmacies Inc 1150 Varnum St NE Washington, DC 20017 52-1410076	Retail Pharmacy	DC	N/A	C			
Consolidated Pharmacy Services Inc 4205 Belfort Road Suite 4030 Jacksonville, FL 32216 59-3398033	Retail Pharmacy & Patient Transport	FL	N/A	C			
First Coast Primary Care 4205 Belfort Road Suite 4030 Jacksonville, FL 32216 20-5746243	Primary Care	FL	N/A	C			
Family Medicine Condominium Association Inc 1 Shircliff Way Jacksonville, FL 32204 26-1983355	Condominium Association	FL	N/A	C			
St Vincent's Physician Enterprise Inc 4205 Belfort Road Suite 4030 Jacksonville, FL 32216 27-1927603	Primary Care	FL	N/A	C			
Gulf Coast Diversified Inc 5154 N 9th Ave Pensacola, FL 32507 59-2432798	Investment	FL	N/A	C			
Travel Services Corporation PO Box 45998 St Louis, MO 631455998 26-3764978	Travel Services	MO	N/A	C			
St Joseph Ventures Inc 4600 Edmundson Rd St Louis, MO 631343806 58-1772748	Medical Service	GA	N/A	C			
St Joseph Health Services 4600 Edmundson Rd St Louis, MO 631343806 58-1772748	Medical Service	GA	N/A	C			

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Clinical Holdings Corp 101 South Hanley Rd Ste 200 Clayton, MO 63105 45-3802297	Holding Company	MO	N/A	C			
Ascension Health Worker's Compensation Self-Insurance Trust 11775 Borman Drive Ste 200 St Louis, MO 63146	Trust	MO	N/A	T			
Ascension Health Insurance Limited PO Box 1159 Grand Cayman BWI CJ	Insurance	CJ	N/A	C			
Ascension Health Risk Purchasing Group 101 South Hanley Rd Ste 450 St Louis, MO 63105 27-4176480	Supporting Organization	MO	N/A	C			
AH Incubations Accelerator Inc 101 South Hanley Rd Ste 450 St Louis, MO 63105 45-5078523	Medical Service	MO	N/A	C			
TriMedx Inc 5451 Lakeview Parkway South Dr Indianapolis, IN 46268 46-0563336	Medical Equipment	IN	N/A	C			
TriMedx India Pvt Ltd 5451 Lakeview Parkway South Dr Indianapolis, IN 46268	Trust	IN	N/A	T			
Smart Health Inc 101 South Hanley Rd Ste 200 Clayton, MO 63105 45-4413419	Medical Service	MO	N/A	C			
St Mary's Medical Group Inc 3700 Washington Ave Evansville, IN 47750 35-2076827	Investment	IN	N/A	C			
Carondelet Management Company Inc 11050 Roe Suite 110 Overland Park, KS 66211 43-1352545	Health Management	KS	N/A	C			
Affiliated Health Svcs Inc 28000 Dequindre Warren, MI 48092 38-2292922	Maintain Rental Space & Provide Medical Mgmt	MI	N/A	C			
Advent Inc 28000 Dequindre Warren, MI 48092 38-2971743	Investment	MI	N/A	C			
Beecher Ballenger Services One Genesys Parkway Grand Blanc, MI 484398065 38-2497922	Holding Company	MI	N/A	C			
Genesys Health Enterprises 3909 Beecher Rd Flint, MI 48532 38-2536250	Medical Equipment	MI	N/A	C			
Genesys Practice Partners 5445 Ali Drive Dept 200 Grand Blanc, MI 48439 03-0516871	Employed Physician Practice	MI	N/A	C			
Textile Systems Inc 817 Walbridge Kalamazoo, MI 49007 38-2705047	Laundry Services	MI	N/A	C			
St Joseph Health Enterprises 200 Hemlock Road Tawas City, MI 48764 38-2682747	Other Medical	MI	N/A	C			
Health Partners Of NE MI 200 Hemlock Road Tawas City, MI 48764 38-3378622	Other Medical	MI	N/A	C			
Indian Creek Center Inc 1000 Carondelet Drive Kansas City, MO 641144673 48-0956627	Management	MO	N/A	C			
Carondelet Pharmacy 1000 Carondelet Drive Kansas City, MO 641144673 43-1699329	Pharmacy	MO	N/A	C			

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
Carondelet Primary Care Network Inc 1000 Carondelet Drive Kansas City, MO 641144673 43-1596702	Health Care	MO	N/A	C			
Saint Joseph Ambulatory Surgical Center LLC 1000 Carondelet Drive Kansas City, MO 641144673 25-1905706	Health Care	MO	N/A	C			
Carondelet Occupational Health Wellness & Educational Serv Inc 1000 Carondelet Drive Kansas City, MO 641144673 86-1144194	Health Care	MO	N/A	C			
Carondelet Physician Services 1000 Carondelet Drive Kansas City, MO 641144673 56-2661163	Health Care	MO	N/A	C			
Carondelet Medical Enterprises 1000 Carondelet Drive Kansas City, MO 641144673 56-2661165	Office Admin Services	MO	N/A	C			
Carondelet Cardiology Services 1000 Carondelet Drive Kansas City, MO 641144673 27-1322670	Cardiology Services	MO	N/A	C			
Corbett Corporation 169 Riverside Drive Binghamton, NY 13905 16-1268267	Property Management	NY	N/A	C			
Sova Inc 102 Woodmont Blvd Suite 700 Nashville, TN 37205 26-1319638	Health Services	TN	N/A	C			
Vincentian Ventures Inc PO Box 380 Nashville, TN 37202 62-1331896	Health Services	TN	N/A	C			
St Thomas Medical Clinic 4220 Harding Road Nashville, TN 37205 62-1583605	Health Services	TN	N/A	C			
Baptist Health Care Ventures Inc 2000 Church Street Nashville, TN 37236 62-0469214	Holding Company	TN	N/A	C			
Middle Tennessee Network Inc 2000 Church Street Nashville, TN 37236 62-1570989	Health Services	TN	N/A	C			
MissionPoint Health Partners 102 Woodmont Boulevard Suite 700 Nashville, TN 37205 45-2958482	Accountable Care Organization	TN	N/A	C			
Advantage Healthco Inc 1345 Philomena Street Austin, TX 78723 74-2698151	Health Services	TX	N/A	C			
Advantage Management Services Organization 1345 Philomena Street Austin, TX 78723 74-2677756	Health Services	TX	N/A	C			
Seton Health Plan Inc 1345 Philomena Street Austin, TX 78723 74-2725348	HMO	TX	N/A	C			
Seton MSO Inc 1345 Philomena Street Austin, TX 78723 74-2870455	Health Services	TX	N/A	C			
Seton Physician Hospital Network 1345 Philomena Street Austin, TX 78723 74-2643825	Health Services	TX	N/A	C			
The Topfer Building Condominium Association 1345 Philomena Street Austin, TX 78723 74-3007869	Commercial Building Association	TX	N/A	C			
CSM Strategic Alliance 4425 North Port Washington Rd Glendale, WI 53212 39-1871856	Healthcare	WI	N/A	C			



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
Madison Medical Affiliates Inc 4425 North Port Washington Rd Glendale, WI 53212 39-1855720	Healthcare	WI	N/A	C			
Prospect Medical Commons Condo Association 4425 North Port Washington Rd Glendale, WI 53212 20-8042108	Condo Association	WI	N/A	C			
St Agnes Health Ventures Inc 900 Caton Avenue Baltimore, MD 21229 52-1733632	Holding Company	MD	N/A	C			
St John Health Partners 28000 Dequindre Warren, MI 48092 38-3333157	Health Care Management Services	MI	N/A	C			
Ascension Health Master Pension Trust 11775 Borman Drive Ste 200 St Louis, MO 63146 36-6891022	Trust	MO	Ascension Health	T			100 000 %
St Mary's of Michigan Specialists 800 South Washington Saginaw, MI 48601 20-5959777	Physician Practices	MI	N/A	C			
Thelen Corporation 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3266316	Owns/Leases Property, Joint Venture Partner	IL	N/A	C			
Alexian Brothers Health Providers Association Inc 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3853286	Messenger Model IPA	IL	N/A	C			
Alexian Brothers Corpus Christi Housing Project LLC 3040 W Salt Creek Lane Arlington Heights, IL 60005 94-3465394	Tax Credit Financed Housing	IL	N/A	C			
Alexian Village of Elk Grove 3040 W Salt Creek Lane Arlington Heights, IL 60005 35-2211303	Tax Credit Financed Housing	IL	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 (\$)	(d) Method of determining amount involved
(1) Ascension Health Alliance	R	153,066,924	Actual Amount Transferred
(2) Ascension Health Information Services	R	146,263,037	Actual Amount Transferred
(3) Middle Tennessee Medical Center	B	50,000	Actual Amount Transferred
(4) The Resource Group	R	25,432,313	Actual Amount Transferred
(5) Ascension Ventures Corporation	R	3,915,621	Actual Amount Transferred
(6) Catholic Healthcare Investment Management Company	R	15,682,902	Actual Amount Transferred
(7) Daughters of Charity St Louis	R	489,927	Actual Amount Transferred
(8) Ascension Health Global Mission	R	302,601	Actual Amount Transferred
(9) StJoseph Hospital & Health Center Inc	C	2,500,000	Fair Market Value
(10) StVincent Carmel Hospital Inc	C	10,000,000	Fair Market Value
(11) St Vincent Hospital and Health Care Center Inc	C	38,041,313	Fair Market Value
(12) StVincent Madison County Health System Inc	C	1,000,000	Fair Market Value
(13) StMary's Medical Center of Evansville Inc	D	6,179,763	Fair Market Value
(14) StMary's Medical Center of Evansville Inc	P	35,635,919	Fair Market Value
(15) StMary's Medical Center of Evansville Inc	R	7,408,686	Fair Market Value
(16) StMary's Warrick Hospital Inc	D	163,269	Fair Market Value
(17) StMary's Warrick Hospital Inc	P	258,661	Fair Market Value
(18) StMary's Health System of America Inc	P	3,808,249	Fair Market Value
(19) Standish Community Hospital	P	1,773,396	Actual Amount Paid
(20) Genesys Ambulatory Health Services	R	253,966	Cost

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(21)	Center for Gerontology	R	69,987	Cost
(22)	Genesys Convalescent Center	R	276,216	Cost
(23)	Genesys Home Health & Hospice	R	317,355	Cost
(24)	Genesys Regional Medical Center	R	22,647,162	Cost
(25)	Genesys Regional Medical Center	R	20,144,134	Cost
(26)	Providence Hospital	P	2,125,536	Fair Market Value
(27)	Lee Memorial Hospital Corporation	R	3,557,553	Fair Market Value
(28)	Borgess Medical Center	R	4,295,511	Fair Market Value
(29)	Our Lady of Lourdes Memorial Hospital Inc	R	3,446,879	Fair Market Value
(30)	Carondelet Health Network	R	4,832,907	Actual Amount Paid
(31)	St Vincent Health System	O	35,946,539	Journal Entry Transaction
(32)	Hall-Brooke Behavioral Health Services	P	1,239,171	Actual Amount Paid
(33)	Hall-Brooke Behavioral Health Services	Q	259,056	Actual Amount Paid
(34)	St Vincent College	Q	539,546	Amount Transferred
(35)	St Vincent Medical Center	B	157,107	Actual Amount Transferred
(36)	St Vincent Medical Center	P	2,692,414	Actual Amount Transferred
(37)	St Vincent Medical Center	R	7,609,669	Actual Amount Transferred
(38)	St Vincent Medical Center Foundation	R	55,900	Actual Amount Transferred
(39)	St Vincent Special Needs Center Inc	Q	1,498,392	Actual Amount Transferred
(40)	St Vincent Special Needs Center Inc	P	6,502,435	Actual Amount Transferred

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(41)	Seton Family of Hospitals	B	248,513	Actual Amount Paid
(42)	Seton Family of Hospitals	R	231,156,631	Cash Transfer
(43)	Saint Thomas Health	Q	294,129	Actual Amount Transferred
(44)	Saint Thomas Hospital	Q	1,313,770	Actual Amount Transferred
(45)	Saint Thomas Network	R	167,148	Actual Amount Transferred
(46)	Middle Tennessee Medical Center	Q	1,323,042	Actual Amount Transferred
(47)	Seton Corporation	Q	5,206,323	Actual Amount Transferred
(48)	Baptist Health Care Group	Q	21,116,669	Actual Amount Transferred
(49)	Hickman Community Health Services Inc	R	632,455	Actual Amount Transferred
(50)	Carondelet Health	Q	414,770	Actual Amount Transferred
(51)	Columbia St Mary's Inc	D	163,319,615	Actual Amount Transferred
(52)	Columbia St Mary's Inc	R	8,779,729	Actual Amount Transferred
(53)	Columbia St Mary's Inc	R	4,721,668	Actual Amount Transferred
(54)	Columbia St Mary's Hospital Milwaukee	D	111,450,875	Actual Amount Transferred
(55)	Columbia St Mary's Hospital Ozaukee Inc	D	48,950,269	Actual Amount Transferred
(56)	Providence Health Services of Waco	P	3,797,503	Cost
(57)	St Jospeh Regional Medical Center	R	2,442,490	Actual Amount Transferred
(58)	St Mary's Healthcare	R	2,902,547	Actual Amount Transferred
(59)	St Mary's Healthcare	E	64,263	Actual Amount Transferred
(60)	St Mary's Healthcare	P	7,175,803	Actual Amount Transferred

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(61)	Mount St Mary's Hospital of Niagara Falls	D	2,166,649	Actual Amount Transferred
(62)	Our Lady of Lourdes Hospital at Pasco	P	9,352,099	Actual Amount Paid
(63)	Our Lady of Lourdes Hospital at Pasco	R	1,117,028	Actual Amount Paid
(64)	Our Lady of Lourdes Hospital at Pasco	Q	129,622	Actual Amount Paid