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# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

**2011**

Open to Public Inspection

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

**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

<b>B</b> Check if applicable  <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Ascension Health Alliance Professional & General Liability Self-Insurance Trust Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4600 Edmundson Road City or town, state or country, and ZIP + 4 St. Louis, MO 63134-3806 <b>F</b> Name and address of principal officer, Elizabeth Foshage same as C above	<b>D</b> Employer identification number 36-7046706 <b>E</b> Telephone number (314) 733-8000 <b>G</b> Gross receipts \$ 91,774,478. <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <a href="http://www.ascensionhealth.org">www.ascensionhealth.org</a>		
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Year of formation: 1983		<b>M</b> State of legal domicile: MO

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities <u>Receive, hold, and invest contributions and disburse claims and expenses payable.</u>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	0	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	0.	0.	
	9	Program service revenue (Part VIII, line 2g)	76,350,300.	60,714,976.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,420,032.	29,163,941.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	429,528.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	114,199,860.	89,878,917.	
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
		16a	Professional fundraising fees (Part IX, column (A), line 11a)	0.	0.
		b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f, 11g)	66,897,872.	57,851,503.		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	66,897,872.	57,851,503.		
19	Revenue less expenses Subtract line 18 from line 12	47,301,988.	32,027,414.		
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	21	Total liabilities (Part X, line 26)	416,334,790.	388,471,309.	
	22	Net assets or fund balances Subtract line 21 from line 20	314,615,630.	297,179,681.	
		101,719,160.	91,291,628.		

**Part II Signature Block**

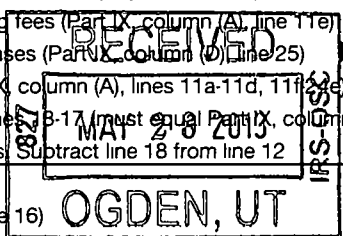
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer: <u>Elizabeth C Foshage</u> Type or print name and title: Elizabeth Foshage, VP Finance	Date: <u>5-14-13</u>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name: Alicia Janisch Firm's name: Deloitte Tax LLP Firm's address: 250 East Fifth Street, Suite 1900 Cincinnati, OH 45202	Preparer's signature: <u>Alicia Janisch</u> Date: <u>5/13/13</u>	Check if self-employed: <input type="checkbox"/>	PTIN: P00741382 Firm's EIN: 86-1065772 Phone no.: (513) 784-7100
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May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED JUN 24 2013



2

Part III Statement of Program Service Accomplishments

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

Input box for Schedule O check

1 Briefly describe the organization's mission.

To receive, hold and invest contributions for professional and general liabilities and to disburse claims and expenses payable under the program.

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

Yes No (X) input box

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No (X) input box

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 \$ 57,778,038. including grants of \$ 0. ) (Revenue \$ 60,714,976. )

Ascension Health Alliance Professional and General Liability Self-Insurance Trust (hereinafter "Trust"), was formed to maintain the self-insurance funding for the payment of claims arising against liability coverage for the tax-exempt member organizations of the sponsors of Ascension Health Alliance. The trust receives participant contributions from covered entities and pays the claims and administrative expenses of the program. Ascension Health Alliance, a tax-exempt entity, is the sponsor of the self-insurance program; all beneficiaries of the trust are tax-exempt organizations related to the sponsors of Ascension Health Alliance.

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 57,778,038.

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>	X	
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>		X
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>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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>		X
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>		X
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> 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>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a 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>		X
<b>b</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>		X
<b>26</b> 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>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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>		X
<b>33</b> 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>		X
<b>34</b> 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>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</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>	X	
<b>36 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>		X
<b>37</b> 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>		X
<b>38</b> 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	X	

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<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>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<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, securities account, or other financial account)?		X
<b>b</b> If "Yes," enter the name of the foreign country <input type="text"/> 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?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<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?		X
<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>7 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?		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<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>8 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>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter		
<b>a</b> Gross income from members or shareholders		
<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>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13 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> See the instructions for additional information the organization must report on Schedule O		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b> Enter the amount of reserves on hand		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent.		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?		X
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?		X
<b>9</b>	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.	X	

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		X
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	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?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed: None

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Cecilia Pavlacic - (314) 733-8314  
11775 Borman Dr. - Suite 200, St. Louis, MO 63146-4134

**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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (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) State St. Bank & Trust Co. Trustee	1.00		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			
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							0.	0.	0.	

**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 **0**

	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? If "Yes," complete Schedule J for such individual		X
<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? If "Yes," complete Schedule J for such individual		X
<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? If "Yes," complete Schedule J for such person		X

**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
Towers Watson Pennsylvania Inc., 1500 Market St., Philadelphia, PA 19102-4790	Actuarial Services	247,600.
Integro USA Inc., 14569 Collection Center Dr., Chicago, IL 60696	Insurance Broker	181,323.
Mackinaw Admin-Healthcare Risk Practice LLC P.O. Box 489, Brighton, MI 48116	Claims Management & Investigation	122,573.
Sanford T. Tolchin, M.D., 24769 Hollybrier Lane, Bonita Springs, FL 34134	Consulting Fees	120,000.
CS Stars LLC P.O. Box 201739, Dallas, TX 75320-1739	Claims System Support	109,499.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f						
<b>Program Service Revenue</b>	<b>2 a</b> Participant Cont.	Business Code 525100	60,714,976.	60,714,976.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		60,714,976.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		29,018,650.			29,018,650.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)		145,291.			145,291.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>					
		<b>b</b> Less direct expenses					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.			89,878,917.	60,714,976.	0.	29,163,941.	

**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				
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	3,487.	3,487.		
c Accounting	73,465.		73,465.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,112,080.	1,112,080.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology	213,001.	213,001.		
15 Royalties				
16 Occupancy	81,212.	81,212.		
17 Travel	75,837.	75,837.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	40,531.	40,531.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	50,515.	50,515.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Claim Payments	69,150,550.	69,150,550.	0.	0.
b Patient Comp Fund Exp	4,845,791.	4,845,791.	0.	0.
c Ascension Service Fees	4,240,020.	4,240,020.	0.	0.
d Reserve for Losses	<22,890,211.>	<22,890,211.>	0.	0.
e All other expenses	855,225.	855,225.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e	57,851,503.	57,778,038.	73,465.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	33,526,497.	1	6,792,533.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	51,444,540.	4	46,308,230.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	173,382.	9	161,721.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		10a	
	b	Less accumulated depreciation		10b	10c
	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	331,190,371.	13	335,208,825.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	416,334,790.	16	388,471,309.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	1,145,394.	17	6,599,656.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	313,470,236.	25	290,580,025.
	26	<b>Total liabilities.</b> Add lines 17 through 25	314,615,630.	26	297,179,681.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	101,719,160.	27	91,291,628.
	28	Temporarily restricted net assets		28	0.
	29	Permanently restricted net assets		29	0.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	101,719,160.	33	91,291,628.
	34	<b>Total liabilities and net assets/fund balances</b>	416,334,790.	34	388,471,309.

**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	89,878,917.
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,851,503.
3	Revenue less expenses. Subtract line 2 from line 1	3	32,027,414.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,719,160.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<42,454,946.>
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	91,291,628.

**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?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 separate 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?		X
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		

Form 990 (2011)

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **Ascension Health Alliance Professional & General Liability Self-Insurance Trust** Employer identification number **36-7046706**

**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 described in 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?
 

	Yes	No
(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 supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
  - h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
See Part IV	45-3358926	SEE PART IV	X						57,851,503.
<b>Total</b>	<b>1</b>								<b>57,851,503.</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021  
01-24-12

**Part II Support Schedule for Organizations Described in Sections 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 (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 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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a **10% -facts-and-circumstances test - 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 III Support Schedule for Organizations Described in Section 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**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.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)

Part I, Line 11 h (i) - Name of Supported Organizations:

Ascension Health Alliance Professional and General Liability

Self-Insurance Trust 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. 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 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, 8, 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 Alliance Professional & General Liability Self-Insurance Trust**

Employer identification number  
**36-7046706**

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax 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, and not on a historic structure listed in the National Register	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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

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

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

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

	Amount
1c Beginning balance	0.
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	0.

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  0.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Claim Payment Funds	18,206,985.	End-of-Year Market Value
(2) Investment - M&T Bank	2,666,749.	End-of-Year Market Value
(3) CHIMCO Alpha Fund, LLC	314,335,091.	End-of-Year Market Value
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		335,208,825.

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Reserve for Losses	290,580,025.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

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

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

**Part 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, line 2, 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.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization	Ascension Health Alliance Professional & General Liability Self-Insurance Trust	Employer identification number	36-7046706
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Form 990, Part VI, Section A, line 4: The organization's governing documents have been changed. The governing documents have been updated for the name change from Ascension Health Professional and General Self Insurance Trust to Ascension Health Alliance Professional and General Self-Insurance Trust and for the change in plan sponsor from Ascension Health to Ascension Health Alliance.

Form 990, Part VI, Section A, line 7a: Ascension Health Alliance is the plan sponsor of Ascension Health Alliance Professional and General Liability Self-Insurance Trust, and as plan sponsor reserved the right to amend the Trust. The reserved right to amend the Trust includes the ability to appoint a new trustee.

Form 990, Part VI, Section A, line 7b: Ascension Health Alliance is the plan sponsor of the Ascension Health Alliance Professional and General Liability Self-Insurance Trust. As plan sponsor, Ascension Health Alliance holds certain rights as provided in the trust agreement.

Form 990, Part VI, Section A, line 8a: Ascension Health Alliance Professional and General Liability Self-Insurance Trust did not hold meetings of the governing body during the year. All decisions of the organization were made by the plan sponsor, Ascension Health Alliance.

Form 990, Part VI, Section A, line 8b: There are no committees with authority to act on behalf of the governing body. This question is more appropriately answered as not applicable.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

Name of the organization Ascension Health Alliance Professional & General Liability Self-Insurance Trust	Employer identification number 36-7046706
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Form 990, Part VI, Section B, line 11: Ascension Health Alliance

Management works diligently to complete the Form 990 and attached schedules in a thorough manner. Prior to filing the return, the Plan Sponsor is provided the Form 990 to review.

Form 990, Part VI, Section B, line 12: Ascension Health Alliance

Professional and General Liability Self-Insurance Trust does not have officers, directors, trustees or key employees; therefore, these questions are more appropriately answered not applicable.

Form 990, Part VI, Section B, Line 15: Ascension Health Alliance

Professional and General Liability Self-Insurance Trust does not have a CEO, Executive Director, top management official, or any other officers or key employees; therefore, these questions are more appropriately answered not applicable.

Form 990, Part VI, Section C, Line 19: The organization will provide any documents open to public inspection upon request.

Form 990, Part VI, Line 9:

Alternate Mailing Address(es):

State Street Bank and Trust Company - #1 Lincoln Center, Boston, MA 02111

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized losses on investments: -19,081,946.









**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproportion- ate 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			
CHV II, LLC - 36-0534243 101 South Hanley Rd., Ste 200 Clayton, MO 63105	Investing	MO	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CHV III, LLC - 45-4486925 101 South Hanley Rd., Ste 200 Clayton, MO 63105	Investing	MO	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CHIMCO Alpha Fund - 90-0786464, 12443 Olive Boulevard, Suite 102, Creve Coeur, MO 63141	Investing	DE	Ascension Health Alliance	Excluded	5,594,147.	377,767,051.	X	X	N/A	X	3.49%

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
Ascension Health Insurance Limited P.O. Box 1159 Grand Cayman BWI, CAYMAN ISLANDS	Insurance	Cayman Islands	N/A	C CORP	N/A	N/A	N/A
Travel Services Corporation - 26-3764978 P.O. Box 45998 St. Louis, MO 63145-5998	Travel Services	MO	N/A	C CORP	N/A	N/A	N/A
AH Incubations Accelerator, Inc. - 45-5078523 101 South Hanley Rd., Ste 450 St. Louis, MO 63105	Medical Service	MO	N/A	C CORP	N/A	N/A	N/A
TriMedx, Inc. - 46-0563336 5451 Lakeview Parkway South Dr. Indianapolis, IN 46268	Medical Equipment	IN	N/A	C CORP	N/A	N/A	N/A

**Part IV** Continuation of 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
TriMedx India Pvt., Ltd.		India	N/A	TRUST	N/A	N/A	N/A
5451 Lakeview Parkway South Dr.	Trust						
Indianapolis, IN 46268							
Smart Health, Inc. - 45-4413419	Medical Service	MO	N/A	C CORP	N/A	N/A	N/A
101 South Hanley Rd., Ste 200							
Clayton, MO 63105							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to 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 of this schedule

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 or (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)

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	Yes	No
(1)	Ascension Health	O	4,240,020	Service Fees		X
(2)	Ascension Health	Q	23,373,000	Net Asset Transfer		X
(3)						
(4)						
(5)						
(6)						



**Part VII** Supplemental Information

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

Lined area for supplemental information.

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868*

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time . You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization or other filer, see instructions Ascension Health Professional and General Liability Self Insurance Trust	Employer identification number (EIN) or <input checked="" type="checkbox"/> 36-7046706
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 4600 Edmundson Road	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions St. Louis, MO 63134	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Cecilia Pavlacic

- The books are in the care of ▶ 11775 Borman Dr. - Suite 200 - St. Louis, MO 63146-4134  
 Telephone No ▶ (314) 733-8677 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2011, and ending JUN 30, 2012

**2** If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).  
 Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions Ascension Health Professional and General Liability Self Insurance Trust	Employer identification number (EIN) or <input checked="" type="checkbox"/> 36-7046706
	Number, street, and room or suite no. If a P O box, see instructions. 4600 Edmundson Road	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions St. Louis, MO 63134	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

Cecilia Pavlacic

• The books are in the care of  11775 Borman Dr. - Suite 200 - St. Louis, MO 63146-4134  
 Telephone No  (314) 733-8677 FAX No

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until May 15, 2013
- For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2011, and ending JUN 30, 2012
- If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension  
Additional time is requested to gather information to file a complete and accurate return.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date

**SECOND AMENDED AND RESTATED TRUST AGREEMENT  
FOR THE  
ASCENSION HEALTH ALLIANCE PROFESSIONAL AND GENERAL LIABILITY  
SELF INSURANCE PROGRAM**

This Second Amended and Restated Trust Agreement for the Ascension Health Alliance Self Insurance Program (the "Agreement") is made effective the 29th day of June, 2012 by and between Ascension Health, Ascension Health Alliance, on behalf of Ascension Health Ministries and those Related Organizations of Ascension Health Ministries covered from time to time under the Ascension Health Alliance Self Insurance Program, as amended from time to time (the "Program"), and State Street Bank and Trust Company (the "Trustee").

***WITNESSETH:***

**WHEREAS**, for the purpose of providing professional liability and general liability coverage, Ascension Health Alliance operates a Program of self insurance for the System, some of which are service providers as defined under Title XVIII of the Social Security Act and the regulations promulgated thereunder (such Medicare providers being referred to in this Agreement as "Providers");

**WHEREAS**, to facilitate the operation of the Program, to set aside funds for the payment of claims and expenses covered under the Program, and to comply with certain requirements of the Medicare program, Ascension Health established a Trust (as defined herein), the Trustee of which is a state-chartered trust company unrelated to Ascension Health;

**WHEREAS**, the Trust established by Ascension Health for the purposes herein described is a continuation of the Trust originally established on July 1, 1983 by one of Ascension Health's predecessor organizations, The Daughters of Charity Support Systems, Inc., with Continental Illinois National Bank and Trust Company of Chicago as its trustee. Such trust was amended and restated effective November 30, 1984, to remove Continental Illinois Bank and Trust Company of Chicago as trustee and appoint The First National Bank of Chicago as replacement trustee;

**WHEREAS**, The First National Bank of Chicago was subsequently replaced as trustee by the Trustee pursuant to an Amendment to the Amended and Restated Medical Professional/General Liability Trust Agreement by and between Daughters of Charity National Health System, Inc. and State Street Bank and Trust Company, effective March 1, 1995;

**WHEREAS**, the Trust was subsequently amended effective January 1, 2000 by an Endorsement which recognized the consolidation of the health ministries of Daughters of Charity National Health System, Inc. and Sisters of St. Joseph Health System, Inc. to form Ascension Health. Such amendment also provided that the Trust would be continued, but with Ascension Health becoming the grantor of the Trust effective January 1, 2000, and the name of the Trust changed to the "Ascension Health Professional and Commercial General Liability Self Insurance Trust".

WHEREAS, the Trust was further amended and restated effective July 1, 2005 to change the name of the Trust to the "Ascension Health Professional and General Liability Self Insurance Trust", and to modernize the Trust language and to incorporate all provisions necessary or desirable so that the trust may obtain an exemption from U.S. federal income taxation under Section 501(a) of the Internal Revenue Code of 1986, as amended (the "Code") as an organization described in Section 501(c)(3) of the Code, on the basis of the Trust's status as a supporting organization of the Sponsor of the System as defined in this Agreement. In so amending and restating the trust agreement, Ascension Health Alliance desires and intends that the Trust continue in effect and that all relevant provisions of the Medicare reimbursement requirements continue to be met.

WHEREAS, the Sponsor and the organizational structure of Ascension Health has changed such that the sponsor is now Ascension Health Ministries, a public juridic person, and Ascension Health Alliance is the parent organization and sole member of Ascension Health.

WHEREAS, this amendment and restatement recognizes the change in the sponsor to a public juridic person, the formation of Ascension Health Alliance as the sole member of Ascension Health, the continuation of the Trust with Ascension Health Alliance becoming the grantor of the Trust effective January 1, 2012, and the name of the Trust changing to the "Ascension Health Alliance Professional and General Liability Self-Insurance Trust".

WHEREAS, the Trustee is desirous of continuing to serve as the trustee of such trust pursuant to the amended and restated provisions herein.

**NOW, THEREFORE**, in consideration of the premises and the mutual covenants herein contained, Ascension Health, Ascension Health Alliance and the Trustee do hereby covenant and agree as follows:

## **I. THE TRUST**

A. Ascension Health Alliance has established with the Trustee a trust (the "Trust") consisting of such payments of money or other property as have been or will be delivered from time to time to the Trustee by or on behalf of the Sponsor and Providers, covered from time to time under the Program to fund the Program, along with such earnings, profits, increments and other accruals thereon and thereto as may occur from time to time, which payments and accruals shall constitute and are hereinafter referred to as the "Trust Fund."

B. The terms of this Agreement shall always be construed and applied in a manner so as to permit the Trust to qualify as an organization exempt from federal income tax described in Section 501(c)(3) of the Code, and as a supporting organization under Section 509(a)(3) of the Code. Accordingly, the Trust is organized to operate and is operated exclusively for Charitable Purposes within the meaning of Section 501(c)(3) of the Code, and in accomplishment of such purposes, the Trust shall provide a benefit to, perform the functions of and carry out those purposes of the Sponsor of Ascension Health Alliance which are contained in Section 501(c)(3) of the Code. Notwithstanding anything in this Agreement to the contrary:

1. No part of the earnings of the Trust shall inure to the benefit of any private individual;
2. No part of the activities of the Trust shall be the carrying on of propaganda or otherwise attempting to influence legislation, and the Trust shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office;
3. The Trust shall not conduct or carry on any activity not permitted to be conducted or carried on by an organization described in Section 501(c)(3) of the Code or by an organization, contributions to which are deductible under Section 170(c)(2) of the Code; and
4. The sole purpose for which the Trust is established is exclusively for the benefit of the Sponsor within the meaning of Section 509(a)(3) of the Code and no action shall be taken by or on behalf of the Trust and no participant shall be covered under the Program if such action taken by the Trust, or coverage of such participant, would jeopardize the status of the Trust, Trust Fund, Ascension Health Alliance, Ascension Health or any entity within the System as exempt from federal income taxation under Section 501(c)(3) of the Code.

C. The philosophy of the Trust is that of the Sponsor as articulated and promoted through statements of mission, vision and values of the Trust in accordance with the official teachings of the Roman Catholic Church and the *Ethical and Religious Directives for Catholic Health Care Services* as approved and promulgated, from time to time, by the United States Conference of Catholic Bishops.

D. It is the intention of Ascension Health Alliance, the Providers, and the Trustee that this Agreement conform to the requirements of the Medicare program pertaining to self insurance trust funds.

## II. TRUSTEE'S DUTIES

A. The Trustee shall hold legal title to the Trust Fund in trust hereunder and shall control and administer the same in accordance with the terms and for the purposes hereof.

B. The Trustee shall have a duty at all times to act with reasonable care and good faith with respect to the Trust Fund. The Trustee shall not be liable to Ascension Health Alliance or any covered person under the Program for any acts or omissions of the Trustee, its officers, directors, employees or agents, except in the event of negligence, willful misconduct, or dishonesty by the Trustee or its officers, directors, employees and agents.

C. Notwithstanding anything herein contained, the Trustee shall have no responsibility for compliance with those government programs commonly known as Medicare and Medicaid, the laws, rules and regulations pertaining thereto, and any state law, rule or regulation related thereto.

### **III. INVESTMENT OF THE TRUST FUND**

A. The Trust Fund shall be invested in accordance with the investment policy adopted by Ascension Health Alliance, as amended from time to time (the "Investment Policy"), a copy of which is attached hereto as Exhibit A. Ascension Health Alliance shall provide copies of any amendments or revisions to such Investment Policy to the Trustee in advance of the effective date of such amendments or revisions. All income and other investment returns on the Trust Fund shall become part of the Trust Fund.

B. Ascension Health Alliance may from time to time appoint a person or entity to serve as the investment manager of assets held in the Trust Fund (the "Investment Manager"). The Trustee may serve as the Investment Manager pursuant to a separate written agreement. Ascension Health Alliance shall provide the Trustee with written notice of the appointment, removal or replacement of any such Investment Manager. The Trustee shall comply with all written instructions of the Investment Manager with respect to the investment of assets in the Trust Fund and shall be under no liability for any action undertaken in accordance with the written instructions of the Investment Manager. At any time when no Investment Manager has been appointed, Ascension Health Alliance shall be deemed to be the Investment Manager and all provisions of this Agreement applicable to the Investment Manager shall be deemed to apply to Ascension Health Alliance. The Trustee shall have no responsibility for the investment of any assets held in the Trust Fund unless it also serves as Investment Manager pursuant to a separate written agreement.

C. Upon the direction of Ascension Health Alliance or the Investment Manager, the Trustee may invest all or part of the Trust Fund in interest-bearing deposits with the Trustee in its banking capacity, or with another bank or similar financial institution, including but not limited to investments in time deposits, saving deposits, certificates of deposit or time accounts which bear a reasonable rate of interest. The Trustee is specifically authorized to hold cash uninvested or on deposit with any bank or trust company, including itself, which deposit may be insured by an agency of the United States Government, only for the purpose of anticipated expenses and other amounts immediately payable out of the Trust Fund. The Trustee may hold such cash on deposit with itself, or to its credit, without any liability for interest, except as may be required by law.

D. Notwithstanding any other provision of this Agreement or the Investment Policy to the contrary (i) the Trustee shall make only such investments and reinvestments as directed and as are authorized by applicable state law with respect to the investment of trust funds generally; and (ii) the Trustee shall not make any loans from the Trust Fund to Ascension Health Alliance, the Sponsor or the Related Organizations.

### **IV. PAYMENTS FROM THE TRUST FUND**

A. The Trustee, upon receipt of written authorization from Ascension Health Alliance or from such person or entity as Ascension Health Alliance shall direct by written authorization delivered to the Trustee, shall cause to be paid from the Trust Fund

such amounts to such persons or entities as are designated in such written authorization. The procedures for transfers or withdrawals from the Trust Fund are set forth on Exhibit B and the names of the persons currently authorized by Ascension Health Alliance to provide such direction to the Trustee are set forth on Exhibits C and D attached hereto, which may be amended at any time in accordance with Section XI(A) of this Agreement.

B. Ascension Health Alliance shall not direct the Trustee to make any payments other than for the following:

1. Expenses of establishing the Trust, including legal fees, actuarial fees and fiduciary fees;
2. Expenses for administering the professional and general liability claims management, loss prevention, risk management and related programs of Ascension Health Alliance;
3. Expenses associated with the purchase of primary or excess insurance or reinsurance coverage including but not limited to insurance or reinsurance from a captive insurance company owned wholly or in part by Ascension Health Alliance;
4. Legal, actuarial and fiduciary expenses in connection with the maintenance, administration and operation of the Trust; and
5. Professional liability claims, general liability and other types of claims covered under the Program, and legal expenses, costs and interest incurred in connection therewith, which are permitted to be paid under the Program.

C. A written authorization delivered to the Trustee for payment to be made under this Agreement shall contain the following:

1. The amount of the requested distribution;
2. To whom the distribution is payable;
3. A certification by a person or persons currently authorized by Ascension Health Alliance to provide such direction to the Trustee, as set forth on Exhibit B; and
4. A brief description of the nature of the distribution.

D. The Trustee shall be under no liability for making any payment in accordance with the written authorization of Ascension Health Alliance or failing to make any payment for which sufficient funds are not available in the Trust Fund.

## **V. POWERS OF THE TRUSTEE**

A. Subject to the provisions of Articles III and IV above, the Trustee shall have and exercise the following powers and authority upon direction of the Investment

Manager or upon direction of Ascension Health Alliance, as the case may be, for all investment matters relating to the Trust:

1. To invest and reinvest the principal and income of the Trust Fund in real, personal and mixed property; to invest in, retain or sell any stocks, shares, bonds, notes, debentures, participations, obligations, or personal or real property (including without limitation any interests in or obligation of any corporation, association, business trust, investment trust, common trust fund, or investment company) and to sell, exchange, convey, transfer or dispose of, and also grant options with respect to, any property, whether real or personal, at any time held by it, and any sale may be made by private contract or by public auction, for cash or upon credit or partly for cash and partly upon credit;
2. To compromise, compound and settle any debt or obligation due to or from it as Trustee and to reduce the rate of interest on, to extend or otherwise modify, or to foreclose upon, default or otherwise enforce or act with respect to any such obligation;
3. To vote, in person or by general or limited proxy, any stocks or other securities at any time held in the Trust, at any meeting of stockholders or security holders, in respect to any business which may come before the meeting; to exercise any options appurtenant to any stocks, bonds or other securities for the conversion thereof into other stocks, bonds or securities; to exercise or sell any conversion, exchange or subscription rights appurtenant to any stocks, bonds or other securities at any time held in the Trust Fund, and to make any and all necessary payments therefor; to join in, and to approve, or to dissent from and oppose, any corporate act or proceeding, including any reorganization, recapitalization, consolidation, merger, dissolution, liquidation, sale of assets or other action by or plan in respect of corporations or properties, the stocks or securities of which may at any time be held in the Trust Fund; to deposit with any committee or depository, pursuant to any plan or agreement of protection, reorganization, consolidation, sale, merger or other readjustment, any property held in the Trust Fund; and to make payment from the Trust Fund of any charges or assessments imposed by the terms of any such plan or agreement;
4. To accept and hold any securities or other property received by it under the provisions of any of the subdivisions of this Article V whether or not the Trustee would be authorized hereunder then to invest therein;
5. Subject to prior written approval from Ascension Health Alliance in accordance with the System Authority Matrix, borrow or raise moneys for the purposes of the Trust to the extent that the Trustee shall deem desirable, and for any sums so borrowed or advanced to issue its promissory note as trustee and to secure repayment thereof by pledging all or any part of the Trust Fund;
6. To enforce any right, obligation or claim and in general to protect in any way the interests of the Trust Fund, either before or after default, and if so directed, to

abstain from the enforcement of any right, obligation or claim and to abandon any property, whether real or personal, which at any time may be held by the Trustee;

7. To make, execute, acknowledge and deliver any and all deeds, leases, assignments, transfers, conveyances and any and all other instruments necessary or appropriate to carry out any powers herein granted;
8. To trade in financial options and futures, including index options and options on futures and derivative securities of other types including contracts for exchange of a notional principal value, and to sell short securities; and to execute in connection therewith such account agreements;
9. To appoint trustees, sub-trustees, custodians or sub-custodians to hold title to property of the Trust in those jurisdictions in which the Trustee is not authorized to do business or as may otherwise be reasonable and necessary to carry out the purposes of the Trust, and, subject to the provisions of this Agreement, to define the scope of the responsibilities of each such trustee, sub-trustee, custodian and sub-custodian;
10. To employ suitable agents and counsel and to pay their reasonable and proper expenses and compensation;
11. To purchase and sell foreign exchange and contracts for foreign exchange, including transactions entered into with Trustee, its agents or subcustodians;
12. To cause any investments from time to time held by it hereunder to be registered in, or transferred into, its name as Trustee or the name of its nominee or nominees, and with or without designation of fiduciary capacity, or to retain any investments unregistered or in form permitting transfer by delivery, but the books and records of the Trustee shall at all times show that all such investments are part of the Trust Fund;
13. To hold any part or all of the Trust Fund uninvested in accordance with Section III(C) of this Agreement;
14. To invest at Trustee (i) in any type of interest bearing investments (including, but not limited to savings accounts, money market accounts, certificates of deposit and repurchase agreements) and (ii) in noninterest bearing accounts (including but not limited to checking accounts); and
15. To invest in any pooled investment vehicle or arrangement administered by Ascension Health Alliance or an affiliate acting as agent, in which the Trust Fund is commingled with assets of Ascension Health Alliance and its affiliated Charitable Organizations in a unitized fund.

B. Notwithstanding the appointment of an Investment Manager, the Trustee shall have the following powers and authority, to be exercised in its sole discretion, with respect to the Trust Fund:



1. To employ suitable agents, custodians and counsel and to pay their reasonable expenses and compensation;
2. To register any securities held by it hereunder in its own name or in the name of a nominee with or without the addition of words indicating that such securities are held in a fiduciary capacity and to hold any securities in bearer form and to deposit any securities or other property in a depository or clearing corporation;
3. To make, execute and deliver, as Trustee, any and all deeds, leases, mortgages, conveyances, waivers, releases or other instruments in writing necessary or desirable for the accomplishment of any of the foregoing powers; and
4. Generally to do all ministerial acts, whether or not expressly authorized, which the Trustee may deem necessary or desirable in carrying out its duties under this Agreement.

#### **VI. REIMBURSEMENT FOR EXPENSES; TRUSTEE'S FEES**

The reasonable expenses incurred by the Trustee in or as a result of the performance of its duties hereunder, as approved or consented to in advance by Ascension Health Alliance, including reasonable fees and expenses for agency and legal services rendered to the Trustee, and such compensation to the Trustee shall be chargeable against and deducted from the Trust Fund.

#### **VII. TAXES**

All taxes, including real and personal property taxes, income taxes, transfer taxes and other taxes of any kind whatsoever necessary or incidental to the maintenance of the Trust Fund that are assessed against or levied upon or in respect of the Trust Fund or its assets or any interest therein and which the Trustee is required to pay shall be chargeable against and deductible from the Trust Fund. The word "taxes" in this Article VII shall be deemed to include any interest or penalties that may be levied or imposed in respect to any taxes. The Trustee shall be responsible for the preparation and filing of any tax reports or tax returns required of the Trustee under federal, state, or local law. The Trustee shall consult with Ascension Health Alliance in such matters and shall observe reasonable requests from Ascension Health Alliance pertaining to such filings.

#### **VIII. APPRAISAL AND ACCOUNTING**

A. The Trustee shall keep accurate and detailed accounts of all investments, receipts and disbursements and other transactions hereunder, and all accounts, books and records relating thereto shall be open at all reasonable times to inspection and audit by any person or persons designated by Ascension Health Alliance. From time to time, upon request, the Trustee shall furnish Ascension Health Alliance (or its designees) such information as may be reasonably requested in regard to the operations of the Trust Fund and the investment thereof.

B. The Trustee shall deliver to Ascension Health Alliance, on behalf of the Sponsor, on a monthly basis within thirty (30) days after month end, a written statement identifying in reasonable detail the assets then on deposit in the Trust Fund, specifying any payments or withdrawals from and deposits to the Trust Fund during such month, and stating the aggregate market value of the assets in the Trust Fund as of the close of business on the last day of such month.

C. Within sixty (60) days after the close of the fiscal year of the Trust, and at such other times as Ascension Health Alliance, on behalf of the Sponsor, may reasonably direct, the Trustee shall prepare and deliver to Ascension Health Alliance a written accounting of its administration of the Trust Fund, which accounting shall include a designation of all assets then comprising the Trust Fund (including cost and market values as of the date of such written accounting), the balance in the Trust Fund at the beginning of the fiscal year, contributions during the fiscal year, the amount and nature of payments from the Trust Fund, including a separate accounting for each type of payment made (such as claims management expenses, legal expenses and claims paid) and the fund balance, and the accounting shall contain such further information as Ascension Health Alliance, on behalf of the Sponsor, may reasonably request. This report and the Trustee's records shall be available for review and audit by the fiscal agents of the programs under the Social Security Act, Titles V, XVIII and XIX. Within ninety (90) days after receiving such written accounting, Ascension Health Alliance, on behalf of the Sponsor, shall notify the Trustee in writing whether or not such accounting is approved, and unless specifically disapproved, it shall be deemed to be approved (except as to matters involving manifest error or fraud). It is further agreed that:

1. Ascension Health Alliance, on behalf of the Sponsor, may require the Trustee to furnish such other or additional information with respect to the administration of the Trust as may be reasonably necessary or desirable prior to determining its approval or disapproval thereof; and in such event the aforesaid ninety (90) day period shall be tolled until such information is received by Ascension Health Alliance.
2. If Ascension Health Alliance, on behalf of the Sponsor, shall notify the Trustee that the aforesaid accounting is not approved, an audit or review shall thereupon be made by an independent public accountant or accountants chosen by Ascension Health Alliance on behalf of the Sponsor. Upon completion of such audit or review, any errors in the accounting shall be corrected, and the corrected accounting shall be deemed to be approved by Ascension Health Alliance on behalf of the Sponsor. The Trustee shall be reimbursed by Ascension Health Alliance only for those amounts previously agreed upon by Ascension Health Alliance, on behalf of the Sponsor, and the Trustee relating to the independent audit or review.
3. The approval by Ascension Health Alliance, on behalf of the Sponsor, of the accounting or corrected accounting shall constitute an account stated between the Trustee and Ascension Health Alliance on behalf of the Sponsor.

4. Nothing in this Section VIII(C) shall prevent the Trustee from having an accounting settled and allowed by, or being required by Ascension Health Alliance, on behalf of the Sponsor, to account in, a court of competent jurisdiction.

#### **IX. RIGHT TO REMOVE TRUSTEE; TRUSTEE'S RIGHT TO RESIGN**

A. The Trustee may be removed by Ascension Health Alliance, on behalf of the Sponsor, at any time upon sixty (60) days notice in writing. The Trustee shall have the right to resign at any time by giving sixty (60) days notice in writing to Ascension Health Alliance. Upon such removal or resignation of the Trustee, Ascension Health Alliance shall within sixty (60) days appoint and designate a successor trustee, which shall qualify as such by delivering a written acceptance of the Trust to Ascension Health Alliance and the retiring Trustee, and thereupon all the provisions hereof shall relate and be applicable to such successor trustee. In the interim, the retiring Trustee shall continue to function and be bound hereunder as Trustee hereof. Upon receipt of such written acceptance, the retiring Trustee shall forthwith file with Ascension Health Alliance a written accounting of its acts in the same form as its written accounting provided for in Section VIII(C) from the date of its last written accounting to the date of the acceptance of the Trust by the successor trustee, and settlement of such account shall be had as provided in Section VIII(C). Upon the filing of such written accounting, the retiring Trustee shall transfer and deliver the Trust Fund to the successor trustee. Upon the transfer of the Trust Fund and the settlement of the account, the retiring Trustee's previous written accounting having been settled as provided in Section VIII(C) hereof, the retiring Trustee shall thereupon be discharged from any further duty, obligation or responsibility hereunder. The successor trustee shall have no responsibility with respect to the Trust or any matter connected therewith prior to the delivery of said written acceptance.

B. Ascension Health Alliance shall not appoint a successor trustee under Section IX(A) which is "related to" Ascension Health Alliance either through "common ownership" or "control." These three terms shall have the meanings contained in 42 CFR § 413.17(b), as such regulation may be amended from time to time.

#### **X. NOTICES**

A. All directions for the payment of money, certifications and instructions by Ascension Health Alliance or the Sponsor shall be in writing, signed by such person, persons, entity or entities that Ascension Health Alliance shall indicate in writing to the Trustee have authority to take such action, as listed on Exhibit B or otherwise expressly designated. The Trustee shall act and be fully protected in acting in accordance with such directions, certifications and instructions. The Trustee shall not be bound by any notice, direction or instruction unless and until it shall have been received in writing at the address listed in Section X(B).

B. All notices or communications required or given pursuant to this Agreement shall be sent by (i) United States mail, return receipt requested; (ii) courier

which provides evidence of delivery; or (iii) facsimile, with verification of receipt and the original sent by United States mail or courier, to the parties at the addresses listed below, or to such other address as a party may provide to the other party from time to time:

If to Ascension Health Alliance  
or its Sponsor, to:

Ascension Health Alliance  
101 S. Hanley, Suite 450  
St. Louis, Missouri 63146-6944  
Attention: Office of General Counsel  
Phone: (314) 733-8000  
Facsimile: (314) 733 -8013

If to the Trustee, to:

State Street Bank and Trust Company  
1 Lincoln Street, SSFC19  
Boston, Massachusetts 02111  
Attention: Trust Department - Kevin Sutton  
Phone: (617) 664-9432  
Facsimile: (617) 769-6653

## **XI. AMENDMENT AND TERMINATION**

A. This Trust shall continue indefinitely until terminated. Ascension Health Alliance, on behalf of the Sponsor, shall have the right at any time, and from time to time and by delivery of a statement in writing to the Trustee, to modify, alter, amend or revoke this Agreement, the Investment Policy and the Trust hereby created to any extent, provided that no modification, alteration or amendment of the Trust other than a revocation shall materially change the duties, powers, liabilities and immunities of the Trustee hereunder without its written consent. Any modification, alteration or amendment may be made effective retroactively. Ascension Health Alliance, on behalf of the Sponsor, also shall have the right at any time, and from time to time, to modify, alter, amend or revoke the Program.

B. In addition to the restrictions contained in Section XI(A) of this Agreement, no amendment of this Agreement shall authorize the Trustee to conduct the affairs of this Trust in any manner or for any purpose contrary to the provisions of Section 501(c)(3) of the Code, or the corresponding section of any future federal tax code. An amendment of the provisions of this Section XI(B) (or any amendment to it) shall be valid only if and to the extent that such amendment maintains or further restricts the power to amend this Agreement. All instruments amending this Agreement shall be noted upon or kept attached to the executed original of this Agreement held by the Trustee.

C. In the event the Trust is terminated, the Trustee shall have the right to a settlement of its accounts. Such settlement shall be had, at the option of the Trustee, either by proceedings in a court of competent jurisdiction or by agreement between the

Trustee and Ascension Health Alliance on behalf of the Sponsor. Upon termination of the Trust and the settlement of the accounting of the Trustee, the remaining assets of the Trust Fund shall be allocated, applied and distributed as directed by Ascension Health Alliance on behalf of the Sponsor; provided, however, that the remaining assets of the Trust Fund shall be distributed to Ascension Health Alliance for the benefit of the Sponsor, or if none of Ascension Health Alliance or the Sponsor qualifies as an organization described in Section 501(c)(3) of the Code, then the remaining assets of the Trust Fund shall be distributed to organizations which do so qualify, to be named by Ascension Health Alliance on behalf of the Sponsor.

D. Upon termination of any Provider's participation in the Medicare program (under the Social Security Act, Title XVIII), Ascension Health Alliance shall obtain a determination of the adequacy of the Trust Fund balance for purposes of the Program as of the date of termination from an independent actuary, insurance company or broker that has actuarial personnel experienced in the field of medical professional liability and comprehensive general liability insurance and in which Ascension Health Alliance does not have financial ownership or control, either directly or indirectly.

## **XII. MISCELLANEOUS PROVISIONS**

A. The fiscal year of the Trust shall begin on July 1 and end on June 30 of each year.

B. Any corporation into which the Trustee may be merged or with which it may be consolidated, or any corporation resulting from any merger, reorganization or consolidation to which the Trustee may be a party, or any corporation to which all or substantially all of the trust business of the Trustee may be transferred shall be the successor of the Trustee hereunder without the execution or filing of any instrument or the performance of any further act; provided that in case of any such transfer of trust business the transferee corporation shall file with Ascension Health Alliance a written acceptance of the Trust hereby created.

C. The Trust created hereby shall be construed, regulated and administered under the laws of the Commonwealth of Massachusetts and the Trustee shall be liable to account only in the courts of that state.

D. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, and said counterparts shall constitute but one and the same instrument. Wherever reasonably necessary, pronouns of any gender shall be deemed synonymous, as shall singular and plural pronouns. The headings to the Articles and Sections of this Agreement are included solely for convenience and shall in no event affect, or be used in connection with, the interpretation of the Agreement. Each provision of this Agreement shall be treated as severable, to the end that, if any one or more provisions shall be adjudged or declared illegal, invalid or unenforceable, the Agreement shall be interpreted, and shall remain in full force and effect, as though such provision or provisions had never been contained in this Agreement.

E. The Trustee by joining in the execution of this Agreement hereby signifies its acceptance of the Trust.

F. Neither the establishment of the Trust, nor anything contained in this Agreement, express or implied, shall be construed as giving any person or entity other than the parties hereto and their successors and permitted assigns, any legal or equitable rights or remedies under or by reason of this Agreement or against Ascension Health Alliance, the Sponsor the Trustee or the assets of the Trust.

G. The Trustee may not assign or delegate its obligations hereunder without the express written consent of Ascension Health Alliance.

H. The Trustee shall not be required to engage in administrative proceedings or litigation on behalf of the Trust without being indemnified to its satisfaction against any expenses thereof. In any case in which the Trustee engages in administrative proceedings or litigation on behalf of the Trust and in discharge of its fiduciary obligations, its expenses thereof shall constitute a charge against the assets of the Trust unless paid by Ascension Health Alliance.

### **XIII. DEFINED TERMS**

In this Agreement and in any amendments to it, references to the following terms have the meanings indicated:

A. "Ascension Health" shall mean Ascension Health, a Missouri nonprofit corporation.

B. "Ascension Health Alliance" shall mean Ascension Health Alliance, a Missouri nonprofit corporation that is the sole corporate member of Ascension Health.

C. "Ascension Health Ministries" shall mean Ascension Health Ministries, a non- congregational public juridic person.

D. "Charitable Organizations" mean corporations, trusts, funds, foundations, or community chests created or organized in the United States or in any of its possessions, whether under the laws of the United States, any state or territory, the District of Columbia, or any possession of the United States, organized and operated exclusively for Charitable Purposes, no part of the net earnings of which inures or is payable to or for the benefit of any private shareholder or individual, and no substantial part of the activities of which is carrying on propaganda, or otherwise attempting, to influence legislation, and which do 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. An organization shall be deemed a "charitable organization" for purposes of this definition only if it is entitled to exemption from federal income tax under section 501(c)(3) of the Code, or the corresponding section of any future federal tax code.

E. "Charitable Purposes" shall be limited to and shall include only religious, charitable, scientific, literary, or educational purposes within the meaning of those terms as used in section 501(c)(3) of the Code, or the corresponding section of any future federal tax code.

F. "Related Organizations" shall mean those organizations affiliated with the Sponsor which are described under Section 501(c)(3) of the Internal Revenue Code and are classified as public charities under Sections 509(a)(1) or 509(a)(2) of the Internal Revenue Code.

G. "System" shall mean Ascension Health Alliance and all organizations directly or indirectly controlled by Ascension Health Alliance.

H. "System Authority Matrix" shall mean the System Authority Matrix adopted as a System Policy and as revised from time to time.

I. "System Policy" shall mean all policies issued by the Board of Directors of Ascension Health Alliance from time to time that are intended to apply to the System or any part of the System, including without limitation the Ascension Health Alliance System Authority Matrix.

**IN WITNESS WHEREOF**, this Agreement has been duly executed by the officers of the parties hereto, being thereunto duly authorized on the day and year first above written.

**ATTEST:**

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**ASCENSION HEALTH ALLIANCE**

By



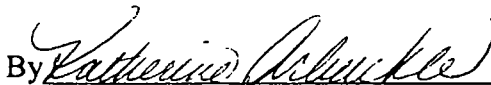
Its Executive V.P. & Chief Financial Officer

**ATTEST:**

\_\_\_\_\_

**ASCENSION HEALTH**

By



Its Senior Vice President & Chief Financial Officer

ATTEST:

\_\_\_\_\_

**STATE STREET BANK AND TRUST  
COMPANY**

By     *S. J. Turner*    

Its     *Vice President*



**EXHIBIT A**  
**INVESTMENT POLICY**

## EXHIBIT B

### STATE STREET TRANSFER/WITHDRAWAL PROCEDURES

Ascension Health has established the following procedures for transfers/withdrawals from the Ascension Health Alliance Professional and General Liability Self Insurance Trust:

All **Repetitive Transfer** or **Repetitive Withdrawal** requests require ONE authorized signature from an appropriate Ascension Health Alliance or Ascension Health employee per the list attached as Exhibit C.

All non-repetitive transfer and withdrawal requests require authorization from TWO Ascension Health Alliance or Ascension Health employees. At least one of these signatures must be from the list attached as Exhibit D.

A **Repetitive Transfer** is defined as a pre-authorized movement of funds from an Ascension Health Alliance predefined account to another Ascension Health Alliance predefined account. Current **Repetitive Transfer** requests, for example, include transfers between current or newly retained investment managers and wires to Ascension Health Alliance accounts at Mellon Bank.

A **Repetitive Withdrawal** is defined as a pre-authorized movement of funds from an Ascension Health Alliance account to a non-Ascension Health Alliance account. Current **Repetitive Withdrawal** requests, for example, include payments to investment managers, auditors, consultants, and custodians designated by Ascension Health Alliance.

Ascension Health Alliance will provide to State Street Bank a listing of current repetitive wire transfers and withdrawals and update this list periodically.

To establish a **Repetitive Transfer** or a **Repetitive Withdrawal**, Ascension Health Alliance will set forth the instructions in writing to State Street Bank. This instruction sheet will require TWO signatures, one of which must be from Exhibit D.

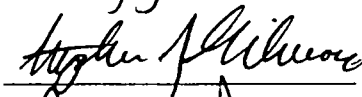
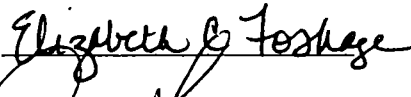
Any amendments or changes to these Transfer/Withdrawal Procedures and/or Exhibits C and D, pursuant to Section XI(A) of this Agreement, require authorization from TWO Ascension Health Alliance employees. At least one of these signatures must be from the list attached as Exhibit D.

Any questions or discrepancies regarding the transfer and withdrawal requests by State Street Bank should be confirmed by a callback to an individual per Exhibit C or Exhibit D other than the individual requesting the transfer or withdrawal.

As necessary, Ascension Health Alliance is to provide State Street Bank its current listing of repetitive transactions.

EXHIBIT C

AUTHORIZED INDIVIDUALS

<u>Name:</u>	<u>Title/Telephone:</u>	<u>Signature:</u>
Timothy J. McDowell	Director, Cash & Investments (314) 733-8306	
Stephen J. Gilmore	Director, Capital Finance (314) 733-8305	
Rob Binek	System Office Controller (314) 733-8252	
Barbara Potts	Senior Director, Financial Reporting (314) 733-8250	
Jennifer Fennell	Senior Director, Financial Planning (314) 733-8271	
David E. Erickson	Chief Investment Officer (314) 733-8301	
Elizabeth C. Foshage	Vice President, Finance (314) 733-8672	
Anthony J. Speranzo	Executive Vice President & Chief Financial Officer (314) 733-8260	

**EXHIBIT D**

**AUTHORIZED INDIVIDUALS**

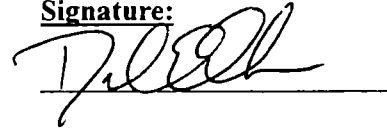
**Name:**

**Title/Telephone:**

**Signature:**

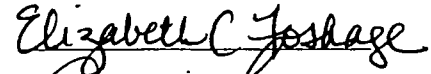
David E. Erickson

Chief Investment Officer  
(314) 733-8301



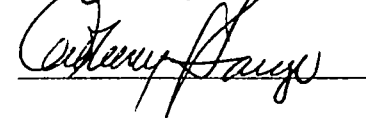
Elizabeth C. Foshage

Vice President, Finance  
(314) 733-8672



Anthony J. Speranzo

Executive Vice President & Chief  
Financial Officer  
(314) 733-8260



Sister Bernice Coreil, D.C.

Executive Advisor to the President  
(314) 733-8228



Anthony R. Tersigni

President and Chief Executive Officer  
(314) 733-8235

