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Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1Briefly describe the organization’s mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities We are advocates for a compassionate and just society through our actions and our words

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

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

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

If "Yes," describe these changes on Schedule O

4Describe 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 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 \$ 344,327,135 including grants of \$ 620,000 ) (Revenue \$ 197,032,514 )

Ascension Health is a mission-focused organization transforming health care by providing the highest quality care to all, with special attention to those who are poor and vulnerable In fiscal year 2014 Ascension Health employed 153,000 associates serving in 1,900 locations in 23 states and the District of Columbia However, in comparison to many other organizations of similar scope and complexity, as a nonprofit, spiritually-centered healthcare organization, Ascension differentiates itself in terms of mission, priorities and challenges In fiscal year 2014 alone, Ascension Health provided \$1.8 billion in care of persons living in poverty and community benefit programs, representing an 17% increase from the prior year

4b

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

4c

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

4dOther program services (Describe in Schedule O )





















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

4eTotal program service expenses

344,327,135

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, 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> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	2,968	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	1,043	
2b 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).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Yes	
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
4b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a 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?			No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a 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.			
13b 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.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b 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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	12	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body? . . . . .	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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. ▶Denise Ritcher PO Box 45998 St Louis,MO 631455998 (314) 733-8163

Part VII

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

Check if Schedule O contains a response or note to any line 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Sr Jean Rhoads DC Chair	4 00 0 00	X						0	0	0
(2) Sr M Martin McEntee CSJ Board Secretary	4 00 0 00	X						0	0	0
(3) Stephen Dufilhlo Board Treasurer	4 00 0 00	X						0	0	0
(4) Fred M DeGrandis Trustee	4 00 0 00	X						0	0	0
(5) Dorothy E Deremo Trustee	4 00 0 00	X						0	0	0
(6) Michael Holmes Trustee	4 00 0 00	X						0	0	0
(7) Sr Mary Frances Johnson CSJ Trustee	4 00 0 00	X						0	0	0
(8) Sr Kieran Kneaves CSJ Trustee	4 00 0 00	X						0	0	0
(9) Br Lawrence Krueger Trustee	4 00 0 00	X						0	0	0
(10) Ciro V Sumaya MD MPHMT Trustee	4 00 0 00	X						0	0	0
(11) Dr Andrew Van de Ven Trustee	4 00 0 00	X						0	0	0
(12) Robert J Henkel Chief Executive Officer	38 80 11 20	X		X				0	4,376,097	69,523
(13) Katherine Arbuckle Chief Financial Officer	50 00 0 00			X				1,142,579	0	53,028
(14) Patricia Maryland Chief Operating Officer	49 90 10					X		1,863,515	759,861	62,755
(15) Scott H Caldwell Senior Vice President	50 00 0 00					X		1,815,173	0	55,012
(16) Challis M Lowe Senior Vice President	50 00 0 00					X		1,689,602	0	55,679
(17) Ziad Haydar Senior Vice President	50 00 0 00					X		1,347,783	0	51,379



Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Ann G Esposito	50 00					X		1,282,842	0	40,446
Senior Vice President	0 00									
(19) Anthony R Tersigni EdD FACHE	0 00						X	0	14,247,679	77,384
Chief Executive Officer	50 00									
(20) Anthony J Speranzo	0 00						X	0	5,530,530	67,180
Chief Financial Officer	50 00									
(21) John D Doyle	0 00						X	0	3,716,767	82,800
Senior Vice President	50 00									
(22) Joseph R Impicchie	0 00						X	0	3,102,348	115,026
Senior Vice President	50 00									
(23) David B Pryor	0 00						X	0	3,216,011	78,778
Chief Medical Officer	50 00									
(24) Susan Nestor Levy	0 00						X	0	1,885,277	60,859
Chief Advocacy Officer	30 00									
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								9,141,494	36,834,570	869,849

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▶177

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

Section B. Independent Contractors

<b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
Accenture LLP PO Box 40629 Chicago IL 60673	ERP and EHR Implementation & Consulting	72,031,159
Oracle Amenca Inc 500 Oracle Parkway Redwood City CA 94068	Software App/Hosting/Main/Training	29,525,879
Capitol Anesthesiology Association 705 Medical Pkwy 570 Austin TX 78705	Medical Services	19,040,989
Bcep PA 720 W 34th Street Austin TX 78752	Professional Services	18,614,012
Rogers O'brien Construction Co Ltd 1901 Regal Row Dallas TX 75235	Construction Services	14,925,130
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶103		

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e	5,370,482			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		5,370,482			
Program Service Revenue	2a	Service Fees	Business Code 541610	177,666,410	177,656,164	10,246	
	b	Administration Fees	541610	14,496,309	14,496,309		
	c	ORG Consulting	900099	3,396,471	3,057,631	338,840	
	d	Dept Meeting Revenue	900099	146,500	146,500		
	e						
	f	All other program service revenue		237,284	237,284		
	g	Total. Add lines 2a-2f . . . . .		195,942,974			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		13,958,493		13,958,493
4		Income from investment of tax-exempt bond proceeds . . . . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss) . . . . .				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from fundraising events . . . . .					
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . . . . .					
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b		Less cost of goods sold . . . . .	b				
c		Net income or (loss) from sales of inventory . . . . .					
	Miscellaneous Revenue	Business Code					
11a	WBT Admin Fees	541610	881,968	881,968			
b	Pension Savings/Divers	900099	526,758	526,758			
c	Self-Insurance Trust	900099	11,808	11,808			
d	All other revenue . . . . .		19,431	18,092		1,339	
e	Total. Add lines 11a-11d . . . . .		1,439,965				
12	Total revenue. See Instructions . . . . .		216,711,914	197,032,514	349,086	13,959,832	

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).

Check if Schedule O contains a response or note to any line 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.	620,000	620,000		
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.	1,195,607	896,705	298,902	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	105,068,171	96,623,047	8,445,124	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	168,994	115,863	53,131	
9	Other employee benefits.	11,010,965	10,454,969	555,996	
10	Payroll taxes.	5,179,199	4,772,699	406,500	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	3,368,912	830,327	2,538,585	
c	Accounting.	1,032,302	1,032,302		
d	Lobbying.	930,000		930,000	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	68,694,775	63,392,313	5,302,462	
12	Advertising and promotion.				
13	Office expenses.	11,474,265	10,191,731	1,282,534	
14	Information technology.	7,860,535	6,754,825	1,105,710	
15	Royalties.				
16	Occupancy.	2,207,049	1,659,443	547,606	
17	Travel.	6,509,999	6,148,741	361,258	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	1,995,672	1,663,425	332,247	
20	Interest.	225,039	225,039		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	14,366,801	14,366,801		
23	Insurance.	257,231	200,739	56,492	
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	Non-Recurring Expenses	122,933,418	122,933,418		
b	Other expenses	165,672	165,672		
c	Bad Debt	-3,758	-1,879	-1,879	
d					
e	All other expenses	1,488,080	1,280,955	207,125	
25	Total functional expenses. Add lines 1 through 24e.	366,748,928	344,327,135	22,421,793	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			133,359,964	2	165,699,754
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			100,541,913	4	120,369,990
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other 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) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			70,578	8	76,473
	9	Prepaid expenses and deferred charges . . . . .			5,620,816	9	5,413,489
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	25,262,248			
	b	Less accumulated depreciation . . . . .	10b	14,940,461	9,817,182	10c	10,321,787
	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 . . . . .			2,045,834	13	2,045,834
	14	Intangible assets . . . . .			276,601,067	14	265,716,673
	15	Other assets See Part IV, line 11 . . . . .			188,287,354	15	217,741,376
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			716,344,708	16	787,385,376	
Liabilities	17	Accounts payable and accrued expenses . . . . .			233,738,326	17	331,046,681
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			510,825	19	11,684,177
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other 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 . . . . .			131,618,871	25	94,638,831
	26	Total liabilities. Add lines 17 through 25 . . . . .			365,868,022	26	437,369,689
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			350,476,686	27	350,015,687
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			350,476,686	33	350,015,687
	34	Total liabilities and net assets/fund balances . . . . .			716,344,708	34	787,385,376

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	216,711,914
2	Total expenses (must equal Part IX, column (A), line 25)	2	366,748,928
3	Revenue less expenses Subtract line 2 from line 1	3	-150,037,014
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	350,476,686
5	Net unrealized gains (losses) on investments	5	21,581,866
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	127,994,149
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	350,015,687

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	2b	Yes
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	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization Ascension Health	Employer identification number 31-1662309
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1

☐

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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 - Non-functionally integrated
- e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

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

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) See Part IV	000000000	See Part IV	Yes						0
Total									0

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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).

Facts And Circumstances Test	
Return Reference	Explanation
Part I, Line 11(i) Name of Supported Organizations	Ascension Health is organized and at all times shall be operated exclusively for the benefit of, to perform the functions of, and to carry out the purposes of the Daughters of Charity of St Vincent de Paul in the United States, St Louise Province, the Congregation of St Joseph, the Congregation of the Sisters of St Joseph of Carondelet, the Congregation of Alexian Brothers of the Immaculate Conception Province - American Province, and the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assisi - US/Caribbean Province by and through Ascension Health Ministries, and their affiliated organizations provided that such organizations are described under Section 501(c)(3) of the Code and are classified as public charities under Sections 509(a)(1) and 509(a)(2) of the Code Ascension Health Ministries is the Canonical sponsor which was formed by the founding sponsors and which has been conferred public juridic personality by decree of The Congregation for Institutes of Consecrated Life and Societies of Apostolic Life of the Roman Catholic Church Ascension Health provides a variety of noncash centralized System Office support to the supported organizations

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		930,000
j	Total. Add lines 1c through 1i.			930,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II-B, Line 1	Lobbying activities included mailings and direct contact with Legislators and/or staff members of the United States Senate and House of Representatives. Lobbying issues were related to carrying out programs to service the uninsured. Total expenditures approximately \$930,000 and included salaries for two employees in Ascension Health's advocacy department, office expenses, travel, occupancy, IT expense, professional services and membership dues. Ascension Health does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

[illegible]

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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. ▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
Ascension Health

Employer identification number  
31-1662309

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ 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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 XIII, 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 XIII, 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

▶ \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2013

**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 XIII
- 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (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 . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

b

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

3b
- 4

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		1,100,000		1,100,000
b Buildings . . . . .		7,863,792	6,149,542	1,714,250
c Leasehold improvements . . . . .		1,127,370	1,066,880	60,490
d Equipment . . . . .		12,954,557	7,724,039	5,230,518
e Other . . . . .		2,216,529		2,216,529
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,321,787





**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Part X, Line 2	From the consolidated audited financial statements of Ascension Health Alliance and its member organizations ("The System") which include the activity of Ascension Health. The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2014.

[illegible]

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization  
Ascension Health

Employer identification number  
31-1662309

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 )					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

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

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

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

☒ Yes

☐ No
- 4

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

☐ Yes

☒ No
- 5

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

☐ Yes

☒ No
- 6

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

☐ Yes

☒ No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-1662309

**Name:** Ascension Health

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

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
Ascension Health

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Employer identification number  
31-1662309

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

13

3

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



Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Columbia St Mary 3230 N Lake Drive Milwaukee, WI 53211	39-1494981	501(c)(3)	50,000				Urban Church Wellness Initiative Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Genesys Health Foundation One Genesys Parkway Grand Blanc, MI 48439	38-3591148	501(c)(3)	50,000				Commit to Health Hearts Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alexian Bros Center For Mental Health 3436 North Kennicoot Avenue Arlington Heights,IL 60004	36-3045007	501(c)(3)	25,000				School-based Mental Helath Partnership Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Society of St Vincent Depaul 3000 Gratiot Avenue Detroit, MO 48207	38-1359592	501(c)(3)	36,000				St Vincent DePaul Dental Clinic Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vincare Service of Austin Foundation 2026 Guadalupe Steet Austin, TX 78705	74-2968167	501(c)(3)	25,000				Supportive Housing Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
West Virginia Family Grief Center 364 Patterson Drive 309 Morgantown, WV 26505	20-0807096	501(c)(3)	25,000				Grief Support and Families Coping with Change Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Agnes Foundation 900 Caton Avenue Baltimore, MD 61229	52-1415083	501(c)(3)	25,000				Heart To Heat Program



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Depaul USA 5725 Sprague Street Philadelphia, PA 09138	35-2338110	501(c)(3)	25,000				St Raymonds House Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Rural Health Network of Scny Inc PO Box 416 Whitney Point, NY 138620416	22-3568461	501(c)(3)	25,000				Connection for Car Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centro San Vincente 8061 Alameda El Paso, TX 79915	74-2505561	501(c)(3)	20,000				Diabetes Health Education

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Room in the Inn Inc PO Box 25309 Nashville, TN 37202	62-0811413	501(c)(3)	50,000				Guest Medical Respite Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Housing 1999 Broadway Suite 1000 Denver, CO 08020	47-0646706	501(c)(3)	100,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Association of Health Services 1050 Connecticut Avenue Washington, DC 20036	62-1312239	501(c)(3)	55,000				General Support

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
Ascension Health

Employer identification number  
31-1662309

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								



Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	With respect to the boxes checked on Part I, Question 1a, Ascension Health has various policies in place with respect to travel, commuting and other benefits provided to its executives. Certain benefits listed and checked under this question are considered taxable compensation. In these circumstances, the value of the benefit is included in that given executive's compensation. Certain other benefits listed and checked on this question are considered strictly business expenses and therefore no amount of the benefit is taxable and no amount is included in the executive's compensation.
Part I, Line 3	Ascension Health Alliance, a related organization of Ascension Health, uses the following to establish the compensations of the organization's CEO: - Compensation Committee - Independent Compensation Consultant - Compensation Survey or Study - Approval by the Board or Compensation Committee
Part I, Line 4b	Executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. The organization that paid the salaries of the individuals listed in Schedule J, Part II, paid out of the supplemental nonqualified retirement plan in the amounts as noted: - John D. Doyle - \$408,560 - Susan Nestor Levy - \$92,775 - Anthony R. Tersigni - \$220,903. The amounts shown on Schedule J, Part II include deferred compensation reported in prior year Forms 990.

# Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Robert J Henkel Chief Executive Officer	(i)	0	0	0	0	0	0	0
	(ii)	1,213,720	2,287,500	874,877	41,702	27,821	4,445,620	0
Katherine Arbuckle Chief Financial Officer	(i)	774,344	200,000	168,235	26,156	26,872	1,195,607	0
	(ii)	0	0	0	0	0	0	0
Patricia Maryland Chief Operating Officer	(i)	540,614	1,229,577	93,324	29,517	27,176	1,920,208	0
	(ii)	486,811	267,337	5,713	6,062	0	765,923	0
Scott H Caldwell Senior Vice President	(i)	471,500	1,108,350	235,323	21,675	33,337	1,870,185	0
	(ii)	0	0	0	0	0	0	0
Challis M Lowe Senior Vice President	(i)	596,094	837,000	256,508	21,675	34,004	1,745,281	0
	(ii)	0	0	0	0	0	0	0
Ziad Haydar Senior Vice President	(i)	574,028	630,000	143,755	20,400	30,979	1,399,162	0
	(ii)	0	0	0	0	0	0	0
Ann G Esposito Senior Vice President	(i)	320,873	722,250	239,719	19,575	20,871	1,323,288	0
	(ii)	0	0	0	0	0	0	0
Anthony R Tersigni EdD FACHE Chief Executive Officer	(i)	0	0	0	0	0	0	0
	(ii)	1,609,398	9,576,413	3,061,868	36,607	40,777	14,325,063	0
Anthony J Speranzo Chief Financial Officer	(i)	0	0	0	0	0	0	0
	(ii)	1,043,175	2,992,500	1,494,855	32,092	35,088	5,597,710	0
John D Doyle Senior Vice President	(i)	0	0	0	0	0	0	0
	(ii)	754,905	1,988,719	973,143	40,035	42,765	3,799,567	0
Joseph R Impicciche Senior Vice President	(i)	0	0	0	0	0	0	0
	(ii)	758,824	1,988,719	354,805	81,461	33,565	3,217,374	0
David B Pryor Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	755,669	1,988,719	471,623	32,075	46,703	3,294,789	0
Susan Nestor Levy Chief Advocacy Officer	(i)	0	0	0	0	0	0	0
	(ii)	461,515	1,075,543	348,219	37,007	23,852	1,946,136	0

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons  
▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2013**  
Open to Public Inspection

Name of the organization  
Ascension Health

Employer identification number  
31-1662309

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Catholic Healthcare Audit Network	An Officer of AH is a Board Member	4,224,653	Payment for Audit Services		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization  
Ascension Health

Employer identification number

31-1662309

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

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

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

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



Return Reference	Explanation
Form 990, Part VI, Section B, line 11	Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Historically, Management has presented the Form to the Board, or a designated committee, to review and answer any questions. In addition, prior to filing the return all Board Members were provided the Form 990 and management team members were available to answer any Board Members' questions. Due to changes in organizational roles and responsibilities, system leadership reviewed the returns in lieu of the Board.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflict of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose. In addition, the General Counsel reviews all Conflict of Interest disclosures and makes an annual report to the Board on such disclosures.</p>

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

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

Return Reference	Explanation
Form 990, Part VII, Section B Independent Contractor Reporting	Independent contractor payment information reported by Ascension Health includes payments made on behalf of affiliates under the organization's shared services accounts payable system

Return Reference	Explanation
Form 990, Part IX, line 11g	Other Fees-for-service Program service expenses 63,392,313 Management and general expenses 5,302,462 Fundraising expenses 0 Total expenses 68,694,775

Return Reference	Explanation
Form 990, Part XI, line 9	Net Asset Transfers From Affiliates 127,959,998 Pension Liability -1,122,178 HRA Adjustments -2,282,136 Chicago Debt -231,086 Discontinued Operations 3,669,551

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
Ascension Health

Employer identification number  
31-1662309

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Ascension Health Ministry Service Center LLC One American Square Suite 2000 Indianapolis, IN 46204 27-3138686	Healthcare	IN	33,319,151	150,467,428	Ascension Health

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							



Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) Ascension Health Alliance  PO Box 45998 St Louis, MO 631455998 45-3358926	National Health System	MO	Section 501(c)(3)	Schedule A, Line 11a	N/A		No
(1) Catholic Healthcare Investment Management Company  PO Box 45998 St Louis, MO 631455998 27-3174701	Supporting Organization	MO	Section 501(c)(3)	Schedule A, Line 11a	Ascension Health Alliance	Yes	
(2) Ascension Health - IS Inc  PO Box 45998 St Louis, MO 631455998 65-1257719	Supporting Organization	MO	Section 501(c)(3)	Schedule A, Line 11a	Ascension Health Alliance	Yes	
(3) Ascension Health Global Mission  101 South Hanley Suite 450 St Louis, MO 63105 65-1205990	Supporting Organization	MO	Section 501(c)(3)	Schedule A, Line 11a	Ascension Health Alliance	Yes	
(4) AHA Professional And General Liability Self Insurance Trust  4600 Edmundson Rd St Louis, MO 63134 36-7046706	Supporting Organization	MO	Section 501(c)(3)	Schedule A, Line 11a	Ascension Health	Yes	
(5) Ascension Health Welfare Benefits Trust  PO Box 46944 St Louis, MO 63146 43-1601369	Trust	MO	Section 501(c)(9)	N/A	Ascension Health	Yes	
(6) The TriMedx Foundation  5451 Lakeview Parkway S Drive Indianapolis, IN 46268 20-1643383	Supporting Organization	IN	Section 501(c)(3)	Schedule A, Line 7	MedXcel LLC	Yes	
(7) St Mary's Healthcare  427 Guy Park Avenue Amsterdam, NY 12010 14-1347719	Hospital	NY	Section 501(c)(3)	Schedule A, Line 3	Ascension Health	Yes	
(8) Medical Services Enhancement Inc  427 Guy Park Avenue Amsterdam, NY 12010 14-1776546	Medical Office Building	NY	Section 501(c)(25)	N/A	St Mary's Healthcare	Yes	
(9) The Foundation of St Mary's Healthcare  427 Guy Park Avenue Amsterdam, NY 12010 13-3254655	Supporting Organization	NY	Section 501(c)(3)	Schedule A, Line 11c	N/A	Yes	
(10) Seton Healthcare Family  1345 Philomena Street Austin, TX 78723 45-4364243	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 11a	Ascension Health	Yes	
(11) Seton Family of Hospitals  1345 Philomena Street Austin, TX 78723 74-1109643	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 3	Seton Healthcare Family	Yes	
(12) Austin Childrens Chest Associates II  1345 Philomena Street Austin, TX 78723 26-0163261	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
(13) Blue Lady Minerals Inc  1345 Philomena Street Austin, TX 78723 74-2971975	Own Oil and Mineral Rights, Real Estate	TX	Section 501(c)(3)	Schedule A, Line 11c	Seton Fund of the Daughters of Charity of St Vincent de Paul	Yes	
(14) CMC Foundation of Central Texas  1345 Philomena Street Austin, TX 78723 20-0468031	Fundraising	TX	Section 501(c)(3)	Schedule A, Line 11a	Seton Healthcare Family	Yes	
(15) SetonUT Southwestern University Physicians Group  1345 Philomena Street Austin, TX 78723 74-2869762	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 9	Seton Family of Hospitals	Yes	
(16) Institute of Reconstructive Plastic Surgery of Central Texas  1345 Philomena Street Austin, TX 78723 26-2908163	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
(17) Pediatric Critical Care Associates  1345 Philomena Street Austin, TX 78723 42-1670843	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
(18) Seton Family of Pediatric Surgeons  1345 Philomena Street Austin, TX 78723 27-1311790	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
(19) Seton Hays Foundation  1345 Philomena Street Austin, TX 78723 26-2842608	Fundraising	TX	Section 501(c)(3)	Schedule A, Line 11a	Seton Healthcare Family	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) St Agnes Healthcare Inc  900 S Caton Avenue Baltimore, MD 21229 52-0591657	Hospital	MD	Section 501(c)(3)	Schedule A, Line 3	Ascension Health	Yes	
(1) Seton Medical Group  1345 Philomena Street Austin, TX 78723 74-2861106	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
(2) Seton Williamson Foundation  1345 Philomena Street Austin, TX 78723 20-5330986	Fundraising	TX	Section 501(c)(3)	Schedule A, Line 11a	Seton Healthcare Family	Yes	
(3) The Seton Cove Inc  1345 Philomena Street Austin, TX 78723 74-2727509	Spirituality Center	TX	Section 501(c)(3)	Schedule A, Line 11a	Seton Healthcare Family	Yes	
(4) Seton Fund of the Daughters of Charity of St Vincent de Paul Inc  1345 Philomena Street Austin, TX 78723 74-2212968	Fundraising	TX	Section 501(c)(3)	Schedule A, Line 11a	Seton Healthcare Family	Yes	
(5) Tri-County Clinical  1345 Philomena Street Austin, TX 78723 26-4562712	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
(6) Seton Family of Physicians (fka Tri-County Practice Association)  1345 Philomena Street Austin, TX 78723 26-4562522	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
(7) Specially for Children- Children's Hospital  1345 Philomena Street Austin, TX 78723 74-2800601	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
(8) Twenty-Six Doors Inc  1345 Philomena Street Austin, TX 78723 74-2855201	To Hold Title to Real Property	TX	Section 501(c)(25)	N/A	Seton Fund of the Daughters of Charity of St Vincent de Paul	Yes	
(9) Fickett Health Legacy Inc  1345 Philomena Street Austin, TX 78723 27-2843709	To Hold and Collect Income from Real Property	TX	Section 501(c)(25)	N/A	Twenty-Six Doors Inc	Yes	
(10) Pediatric Surgical Subspecialists  1345 Philomena Street Austin, TX 78723 20-8957311	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
(11) Adult Inpatient Medical Services  1345 Philomena Street Austin, TX 78723 45-2498998	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 9	Seton Family of Hospitals	Yes	
(12) Seton ENT  1345 Philomena Street Austin, TX 78723 27-3220659	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
(13) Children's Bone Joint & Spine Center  1345 Philomena Street Austin, TX 78723 45-2499113	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 9	Seton Clinical Enterprise Corporation	Yes	
(14) Healthcare Collaborative  1345 Philomena Street Austin, TX 78723 27-3220767	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 11a	Seton Clinical Enterprise Corporation	Yes	
(15) Seton Clinical Enterprise Corporation  1345 Philomena Street Austin, TX 78723 45-4360468	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 11a	Seton Healthcare Family	Yes	
(16) Seton Insurance Services Corporation  1345 Philomena Street Austin, TX 78723 45-4364813	Delivery of Health Care Services	TX	Section 501(c)(3)	Schedule A, Line 11a	Seton Healthcare Family	Yes	
(17) Seton Medical Group  900 Caton Avenue Baltimore, MD 21229 39-0264992	Provide Health Care Services to the Community	MD	Section 501(c)(3)	Schedule A, Line 3	St Agnes Hospital	Yes	
(18) St Agnes Foundation  900 Caton Avenue Baltimore, MD 21229 52-1415083	Provide funding to the hospital and community	MD	Section 501(c)(3)	Schedule A, Line 11a	St Agnes Hospital	Yes	
(19) St Agnes Auxiliary  900 Caton Avenue Baltimore, MD 21229 52-0643673	Fundraising	MD	Section 501(c)(3)	Schedule A, Line 9	St Agnes Hospital	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(41) Lourdes Realty Corporation  169 Riverside Drive Binghamton, NY 13905 22-2873637	Rental of Health Care Facilities	NY	Section 501(c)(2)	N/A	Our Lady of Lourdes Memorial Hospital Inc	Yes	
(1) Our Lady of Lourdes Memorial Hospital Inc  169 Riverside Drive Binghamton, NY 13905 15-0532221	Hospital	NY	Section 501(c)(3)	Schedule A, Line 3	Ascension Health	Yes	
(2) St Vincent's Health System  810 St Vincents Drive Birmingham, AL 35205 63-0931008	Health System Parent	MO	Section 501(c)(3)	Schedule A, Line 11c	Ascension Health	Yes	
(3) St Vincent's Birmingham  810 St Vincents Drive Birmingham, AL 35205 63-0288864	Hospital	AL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System	Yes	
(4) St Vincent's Blount  150 Gilbreath Drive Oneonta, AL 35121 63-0909073	Hospital	AL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System	Yes	
(5) St Vincent's East  50 Medical Park East Drive Birmingham, AL 35235 63-0578923	Hospital	AL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System	Yes	
(6) American Sports Medicine Institute  2660 10th Avenue South No 505 Birmingham, AL 35205 63-0952490	Sports Medicine	AL	Section 501(c)(3)	Schedule A, Line 7	St Vincent's Birmingham	Yes	
(7) Universal Health Services  810 St Vincents Drive Birmingham, AL 35205 63-0932323	Physician Group	AL	Section 501(c)(3)	Schedule A, Line 11b	St Vincent's Health System	Yes	
(8) St Vincent's Foundation of Alabama Inc  810 St Vincents Drive Birmingham, AL 35205 63-0868068	Fundraising	AL	Section 501(c)(3)	Schedule A, Line 7	St Vincent's Health System	Yes	
(9) Seton Property Corporation of North Alabama  810 St Vincents Drive Birmingham, AL 35205 23-7326976	Real Estate	AL	Section 501(c)(2)	N/A	St Vincent's Health System	Yes	
(10) St Vincent's Health Services Corp  2800 Main Street Bridgeport, CT 06606 22-2558134	System Parent	CT	Section 501(c)(3)	Schedule A, Line 11a	Ascension Health	Yes	
(11) St Vincent's Special Needs Center  95 Merritt Boulevard Trumbull, CT 06611 06-0702617	Programs for Special Needs Individuals	CT	Section 501(c)(3)	Schedule A, Line 9	St Vincent's Health Services Corp	Yes	
(12) St Vincent's Development Inc  95 Merritt Boulevard Trumbull, CT 06611 22-2554128	Real Estate Holdings	CT	Section 501(c)(25)	N/A	St Vincent's Health Services Corp	Yes	
(13) St Vincent's Medical Center  2800 Main Street Bridgeport, CT 06606 06-0646886	Hospital	CT	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health Services Corp	Yes	
(14) St Vincent's Medical Center Foundation Inc  2800 Main Street Bridgeport, CT 06606 22-2558132	Fundraising	CT	Section 501(c)(3)	Schedule A, Line 7	St Vincent's Health Services Corp	Yes	
(15) St Vincent's College  2800 Main Street Bridgeport, CT 06606 06-1331677	College of Health Sciences	CT	Section 501(c)(3)	Schedule A, Line 2	St Vincent's Medical Center	Yes	
(16) St Vincent's Multispecialty Group Inc  2800 Main Street Bridgeport, CT 06606 80-0458769	Physician Practices	CT	Section 501(c)(3)	Schedule A, Line 11a	St Vincent's Medical Center	Yes	
(17) St John Health  28000 Dequindre Warren, MI 48092 38-2244034	Parent	MI	Section 501(c)(3)	Schedule A, Line 11c	Ascension Health	Yes	
(18) Brighton Hospital  12851 Grand River Brighton, MI 48116 38-1576680	Hospital	MI	Section 501(c)(3)	Schedule A, Line 3	St John Health	Yes	
(19) Eastwood Community Clinics  28000 Dequindre Road Warren, MI 48092 38-1958763	Health Care	MI	Section 501(c)(3)	Schedule A, Line 9	St John Health	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(61) Father Murray Nursing Center  28000 Dequindre Road Warren, MI 48092 38-2601348	Health Care	MI	Section 501(c)(3)	Schedule A, Line 9	St John Health	Yes	
(1) Medical Resources Group  43800 Garfield Clinton Township, MI 48038 38-3494637	Health Care	MI	Section 501(c)(3)	Schedule A, Line 9	St John Health	Yes	
(2) Providence Health Foundation  22101 Moross Detroit, MI 48236 38-3526629	Fundraising	MI	Section 501(c)(3)	Schedule A, Line 11c	St John Health	Yes	
(3) Providence Hospital  16001 West Nine Mile Road Southfield, MI 48037 38-1358212	Hospital	MI	Section 501(c)(3)	Schedule A, Line 3	St John Health	Yes	
(4) Seton Health Corp of SE Michigan  16001 West Nine Mile Road Southfield, MI 48037 38-2820107	Health Care	MI	Section 501(c)(3)	Schedule A, Line 11c	St John Health	Yes	
(5) St John Community Health Investment Corp  28000 Dequindre Road Warren, MI 48092 38-2262856	Health Care	MI	Section 501(c)(3)	Schedule A, Line 3	St John Health	Yes	
(6) Reverence Home Health & Hospice  5445 Ali Drive Grand Blanc, MI 48439 38-3408684	Health Care	MI	Section 501(c)(3)	Schedule A, Line 7	St John Health	Yes	
(7) St John Hospital & Medical Center  28000 Dequindre Road Warren, MI 48092 38-1359063	Health Care	MI	Section 501(c)(3)	Schedule A, Line 3	St John Health	Yes	
(8) St John Hospital Foundation  22101 Moross Rd Mack Office Buldg S Detroit, MI 48236 20-2961579	Fundraising	MI	Section 501(c)(3)	Schedule A, Line 7	St John Health	Yes	
(9) St John River District Hospital  4100 River Road East China, MI 48054 38-3160564	Hospital	MI	Section 501(c)(3)	Schedule A, Line 3	St John Health	Yes	
(10) St John Senior Community  28000 Dequindre Road Warren, MI 48092 38-2631907	Health Care	MI	Section 501(c)(3)	Schedule A, Line 9	St John Health	Yes	
(11) St John Macomb-Oakland Hospital  28000 Dequindre Road Warren, MI 48092 38-3322109	Hospital	MI	Section 501(c)(3)	Schedule A, Line 3	St John Health	Yes	
(12) Genesys Health System  One Genesys Parkway Grand Blanc, MI 484398065 38-3339703	Health System Parent	MI	Section 501(c)(3)	Schedule A, Line 11c	Ascension Health	Yes	
(13) Genesys Ambulatory Health Services  5455 Ali Dr Dept 200 Grand Blanc, MI 484395193 38-2371754	Hlth Srvcs/Staffing/Prop Mgmnt	MI	Section 501(c)(3)	Schedule A, Line 11b	Genesys Health System	Yes	
(14) Genesys Convalescent Center  8481 Holly Road Grand Blanc, MI 484391812 38-2317364	Convalescent Center	MI	Section 501(c)(3)	Schedule A, Line 3	Genesys Ambulatory Health Services	Yes	
(15) Genesys Health Foundation  One Genesys Parkway Grand Blanc, MI 484398065 38-3591148	Foundation	MI	Section 501(c)(3)	Schedule A, Line 11b	Genesys Health System	Yes	
(16) Genesys Home Health & Hospice  5445 Ali Dr Dept 500 600 Grand Blanc, MI 484395195 38-2177968	Hospice	MI	Section 501(c)(3)	Schedule A, Line 11b	Genesys Ambulatory Health Services	Yes	
(17) Genesys Regional Medical Center  One Genesys Parkway Grand Blanc, MI 484398065 38-2377821	Hospital	MI	Section 501(c)(3)	Schedule A, Line 3	Genesys Health System	Yes	
(18) Center for Gerontology  5455 Ali Drive Dept 200 Grand Blanc, MI 484395195 38-2514708	Adult Day Care	MI	Section 501(c)(3)	Schedule A, Line 11b	Genesys Ambulatory Health Services	Yes	
(19) Health Source Group  5445 Ali Dr Dept 200 Grand Blanc, MI 484395195 38-2427678	Prg Related Investments	MI	Section 501(c)(3)	Schedule A, Line 11b	Genesys Health System	Yes	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(81) Genesys Volunteers  One Genesys Parkway Grand Blanc, MI 484398065 38-1472646	GRMC Support	MI	Section 501(c)(3)	Schedule A, Line 11a	Genesys Health System	Yes	
(1) Central Indiana Health System Cardiac Services Inc  2001 W 86th Street Indianapolis, IN 46260 35-1869951	Freestanding outpatient center	IN	Section 501(c)(3)	Schedule A, Line 11c	StVincent Hospital & Health Care Center Inc	Yes	
(2) Rehabilitation Hospital of Indiana Inc  4141 Shore Drive Indianapolis, IN 46254 35-1786005	Rehabilitation hospital	IN	Section 501(c)(3)	Schedule A, Line 3	StVincent Health Inc	Yes	
(3) SVH Real Estate Inc  10330 N Meridian Street Ste 430N Indianapolis, IN 46290 20-5002285	Real estate holding company	IN	Section 501(c)(3)	Schedule A, Line 11a	StVincent Health Inc	Yes	
(4) StJoseph Hospital & Health Center Inc  1907 W Sycamore Street Kokomo, IN 46901 35-0992717	Hospital	IN	Section 501(c)(3)	Schedule A, Line 3	StVincent Health Inc	Yes	
(5) StJoseph Foundation of Kokomo Indiana Inc  1907 W Sycamore Street Kokomo, IN 46901 23-7313206	Supporting organization	IN	Section 501(c)(3)	Schedule A, Line 11a	StJoseph Hospital & Health Center Inc	Yes	
(6) StVincent Anderson Regional Hospital Inc  2015 Jackson Street Anderson, IN 46016 46-0877261	Hospital	IN	Section 501(c)(3)	Schedule A, Line 3	StVincent Health Inc	Yes	
(7) StVincent Anderson Regional Hospital Foundation Inc  2015 Jackson Street Anderson, IN 46016 35-2053693	Supporting organization	IN	Section 501(c)(3)	Schedule A, Line 11a	StVincent Anderson Regional Hospital Inc	Yes	
(8) StVincent Carmel Hospital Inc  13500 N Meridian Street Carmel, IN 46032 74-3107055	Hospital	IN	Section 501(c)(3)	Schedule A, Line 3	StVincent Health Inc	Yes	
(9) StVincent Clay Hospital Inc  1206 E National Avenue Brazil, IN 47834 35-2112529	Critical access hospital	IN	Section 501(c)(3)	Schedule A, Line 3	StVincent Health Inc	Yes	
(10) StVincent Dunn Hospital Inc  1600 23rd Street Bedford, IN 47421 27-2192831	Critical access hospital	IN	Section 501(c)(3)	Schedule A, Line 3	StVincent Health Inc	Yes	
(11) StVincent Fishers Hospital Inc  13861 Olio Road Fishers, IN 46037 45-4243702	Hospital	IN	Section 501(c)(3)	Schedule A, Line 3	StVincent Health Inc	Yes	
(12) StVincent Frankfort Hospital Inc  1300 S Jackson Frankfort, IN 46041 35-2099320	Critical access hospital	IN	Section 501(c)(3)	Schedule A, Line 3	StVincent Health Inc	Yes	
(13) StVincent Frankfort Hospital Foundation Inc  1300 S Jackson Frankfort, IN 46041 35-1531734	Supporting organization	IN	Section 501(c)(3)	Schedule A, Line 11a	StVincent Frankfort Hospital Inc	Yes	
(14) StVincent Health Inc  10330 N Meridian Street Ste 430N Indianapolis, IN 46290 35-2052591	Parent company	IN	Section 501(c)(3)	Schedule A, Line 11c	Ascension Health	Yes	
(15) StVincent Health Wellness and Preventive Care Institute Inc  8333 Naab Road Ste 301 Indianapolis, IN 46260 46-1227327	Health and wellness services	IN	Section 501(c)(3)	Schedule A, Line 9	StVincent Health Inc	Yes	
(16) StVincent Hospital and Health Care Center Inc  2001 W 86th Street Indianapolis, IN 46260 35-0869066	Hospital	IN	Section 501(c)(3)	Schedule A, Line 3	StVincent Health Inc	Yes	
(17) StVincent Hospital Foundation Inc  10330 N Meridian Street Ste 430N Indianapolis, IN 46290 35-6088862	Supporting organization	IN	Section 501(c)(3)	Schedule A, Line 11a	StVincent Hospital & Health Care Center Inc	Yes	
(18) StVincent Jennings Hospital Inc  301 Henry Street North Vernon, IN 47265 35-1841606	Critical access hospital	IN	Section 501(c)(3)	Schedule A, Line 3	StVincent Health Inc	Yes	
(19) StVincent Madison County Health System Inc  1331 South A Street Elwood, IN 46036 35-0876389	Hospital	IN	Section 501(c)(3)	Schedule A, Line 3	StVincent Health Inc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(101) StVincent Medical Group Inc  8425 Harcourt Road Indianapolis, IN 46260 27-2039417	Physician professional services	IN	Section 501(c) (3)	Schedule A, Line 9	StVincent Health Inc	Yes	
(1) StVincent Mercy Hospital Foundation Inc  1331 South A Street Elwood, IN 46036 31-1066871	Supporting organization	IN	Section 501(c) (3)	Schedule A, Line 11a	StVincent Madison County Health System Inc	Yes	
(2) StVincent New Hope Inc  8450 N Payne Road Indianapolis, IN 46260 35-1733591	Intermediate care facility	IN	Section 501(c) (3)	Schedule A, Line 9	StVincent Health Inc	Yes	
(3) StVincent Randolph Hospital Inc  473 Greenville Avenue Winchester, IN 47394 35-2103153	Critical access hospital	IN	Section 501(c) (3)	Schedule A, Line 3	StVincent Health Inc	Yes	
(4) StVincent Randolph Hospital Foundation Inc  473 Greenville Avenue Winchester, IN 47394 35-2133006	Supporting organization	IN	Section 501(c) (3)	Schedule A, Line 11a	StVincent Randolph Hospital Inc	Yes	
(5) StVincent Salem Hospital Inc  911 N Shelby Street Salem, IN 47167 27-0847538	Critical access hospital	IN	Section 501(c) (3)	Schedule A, Line 3	StVincent Health Inc	Yes	
(6) StVincent Seton Specialty Hospital Inc  8050 Township Line Road Indianapolis, IN 46260 35-1712001	Long term care hospital	IN	Section 501(c) (3)	Schedule A, Line 3	StVincent Health Inc	Yes	
(7) StVincent Williamsport Hospital Inc  412 N Monroe Street Williamsport, IN 47993 35-0784551	Critical access hospital	IN	Section 501(c) (3)	Schedule A, Line 3	StVincent Health Inc	Yes	
(8) StVincent Williamsport Hospital Foundation Inc  412 N Monroe Street Williamsport, IN 47993 74-3130159	Supporting organization	IN	Section 501(c) (3)	Schedule A, Line 11a	StVincent Williamsport Hospital Inc	Yes	
(9) SVSM Inc  2001 W 86th Street Indianapolis, IN 46260 81-0607827	Holding company	IN	Section 501(c) (3)	Schedule A, Line 11a	StVincent Health Inc	Yes	
(10) St Mary's At Home Inc  3700 Washington Avenue Evansville, IN 47750 35-1899560	DME/Home care	IN	Section 501(c) (3)	Schedule A, Line 11a	St Mary's Health Services Inc	Yes	
(11) St Mary's Building Corporation  3700 Washington Avenue Evansville, IN 47750 23-7248362	Real estate holding company	IN	Section 501(c) (2)	N/A	St Mary's Health Services Inc	Yes	
(12) St Mary's Warrick Emergency Medical Services Inc  3700 Washington Avenue Evansville, IN 47750 20-5342518	Ambulance services	IN	Section 501(c) (4)	N/A	St Mary's Health Services Inc	Yes	
(13) St Mary's Health Inc  3700 Washington Avenue Evansville, IN 47750 35-2057801	Health ministry parent	IN	Section 501(c) (3)	Schedule A, Line 11c	StVincent Health Inc	Yes	
(14) St Mary's Physician Network LLC  3700 Washington Avenue Evansville, IN 47750 20-5023387	Physician professional services	IN	Section 501(c) (3)	Schedule A, Line 9	St Mary's Health Inc	Yes	
(15) St Mary's Health Services Inc  3700 Washington Avenue Evansville, IN 47750 35-1679526	Investment services	IN	Section 501(c) (3)	Schedule A, Line 11c	St Mary's Health Inc	Yes	
(16) St Mary's CARE Partners Inc  3700 Washington Avenue Evansville, IN 47750 35-1899562	Tax-exempt affiliate reimbursements	IN	Section 501(c) (3)	Schedule A, Line 11a	St Mary's Health Inc	Yes	
(17) St Mary's Medical Center Foundation of Evansville Inc  3700 Washington Avenue Evansville, IN 47750 23-7045370	Supporting organization	IN	Section 501(c) (3)	Schedule A, Line 11a	St Mary's Medical Center of Evansville Inc	Yes	
(18) St Mary's Medical Center of Evansville Inc  3700 Washington Avenue Evansville, IN 47750 35-0869065	Hospital	IN	Section 501(c) (3)	Schedule A, Line 3	St Mary's Health Services Inc	Yes	
(19) St Mary's Warrick Hospital Foundation Inc  1116 Millis Avenue Boonville, IN 47601 35-1961890	Supporting organization	IN	Section 501(c) (3)	Schedule A, Line 11a	St Mary's Warrick Hospital Inc	Yes	

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						Yes	No
(121) St Mary's Warrick Hospital Inc  1116 Millis Avenue Boonville, IN 47601 35-1343019	Hospital	IN	Section 501(c)(3)	Schedule A, Line 3	St Mary's Health Services Inc	Yes	
(1) St Mary's Ohio Valley Heartcare LLC  901 St Marys Drive Evansville, IN 47714 27-3474697	Cardiology services	IN	Section 501(c)(3)	Schedule A, Line 11a	St Mary's Health Inc	Yes	
(2) St Mary's Medical Group LLC  3700 Washington Avenue Evansville, IN 47750 26-1356310	Physician professional services	IN	Section 501(c)(3)	Schedule A, Line 9	St Mary's Health Inc	Yes	
(3) Primary Physician Network LLC  3700 Washington Avenue Evansville, IN 47750 20-8775914	Physician professional services	IN	Section 501(c)(3)	Schedule A, Line 9	St Mary's Health Inc	Yes	
(4) St Vincent's Health System Inc  4205 Belfort Road Suite 4030 Jacksonville, FL 32216 59-3650609	Parent Entity	FL	Section 501(c)(3)	Schedule A, Line 11b	Ascension Health	Yes	
(5) St Vincent's Medical Center Inc  4205 Belfort Road Suite 4030 Jacksonville, FL 32216 59-0624449	Hospital	FL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System Inc	Yes	
(6) St Luke's-St Vincent's Healthcare  4205 Belfort Road Suite 4030 Jacksonville, FL 32216 26-0479484	Hospital	FL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System Inc	Yes	
(7) St Vincent's Ambulatory Care Inc  4205 Belfort Road Suite 4030 Jacksonville, FL 32216 59-2292041	Physician Practice	FL	Section 501(c)(3)	Schedule A, Line 9	St Vincent's Health System Inc	Yes	
(8) St Vincent's Foundation Inc  4205 Belfort Road Suite 4030 Jacksonville, FL 32216 59-2219923	Fund Raising	FL	Section 501(c)(3)	Schedule A, Line 7	St Vincent's Health System Inc	Yes	
(9) St Catherine's Laboure Manor Inc  4205 Belfort Road Suite 4030 Jacksonville, FL 32216 59-1878316	Nursing Home	FL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System Inc	Yes	
(10) St Vincent's Medical Center Clay County Inc  1580 Branan Field Road Middleburg, FL 32068 46-1523194	Hospital	FL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System Inc	Yes	
(11) Borgess Health Alliance Inc  1521 Gull Road Kalamazoo, MI 49048 38-2335286	Health System Parent	MI	Section 501(c)(3)	Schedule A, Line 11c	Ascension Health	Yes	
(12) Borgess Medical Center  1521 Gull Road Kalamazoo, MI 49048 38-1360526	Healthcare Services	MI	Section 501(c)(3)	Schedule A, Line 3	Borgess Health Alliance Inc	Yes	
(13) Borgess Ambulatory Care Corporation  1521 Gull Road Kalamazoo, MI 49048 38-2468823	Holding Company	MI	Section 501(c)(3)	Schedule A, Line 3	Borgess Health Alliance Inc	Yes	
(14) Borgess Foundation  1521 Gull Road Kalamazoo, MI 49048 23-7222558	Fundraising	MI	Section 501(c)(3)	Schedule A, Line 11c	Borgess Health Alliance Inc	Yes	
(15) Borgess Nursing Home  3057 Gull Road Kalamazoo, MI 490481281 38-2555589	Residential Care	MI	Section 501(c)(3)	Schedule A, Line 3	Borgess Health Alliance Inc	Yes	
(16) Lee Memorial Hospital Corporation  420 West High Street Dowagiac, MI 49047 38-1490190	Healthcare Services	MI	Section 501(c)(3)	Schedule A, Line 3	Borgess Health Alliance Inc	Yes	
(17) Lee Memorial Foundation  420 West High Street Dowagiac, MI 49047 38-2860459	Fundraising	MI	Section 501(c)(3)	Schedule A, Line 11c	Borgess Health Alliance Inc	Yes	
(18) ProMed Healthcare  1521 Gull Road Kalamazoo, MI 49048 38-3193801	Healthcare Services	MI	Section 501(c)(3)	Schedule A, Line 9	Borgess Health Alliance Inc	Yes	
(19) Visiting Nurses Home Care DBA Borgess VNA Home Care  348 North Burdick Kalamazoo, MI 49007 38-2717691	Home Healthcare Services	MI	Section 501(c)(3)	Schedule A, Line 9	Borgess Health Alliance Inc	Yes	

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						Yes	No
(141) Carondelet Health  1000 Carondelet Drive Kansas City, MO 641144673 43-1276738	System parent	MO	Section 501(c)(9)	Schedule A, Line 11c	Ascension Health	Yes	
(1) Carondelet Health Corp & Affil Emp Health & Dental Care  1000 Carondelet Drive Kansas City, MO 641144673 43-1116849	VEBA	MO	Section 501(c)(3)	N/A	Carondelet Health	Yes	
(2) Carondelet Home Care Services Inc  11050 Roe Suite 120 Overland Park, MO 66211 43-1379352	Home Health Care Services	MO	Section 501(c)(3)	Schedule A, Line 3	Carondelet Health	Yes	
(3) Carondelet Cardiology Services Inc  1000 Carondelet Drive Kansas City, MO 641144673 27-1322670	Health Care	MO	Section 501(c)(3)	Schedule A, Line 9	Carondelet Health	Yes	
(4) St Joseph Medical Center  1000 Carondelet Drive Kansas City, MO 641144673 44-0546292	Health Care	MO	Section 501(c)(3)	Schedule A, Line 3	Carondelet Health	Yes	
(5) St Mary's Medical Center  201 West RD Mize Rd Blue Springs, MO 64014 43-1284526	Healthcare	MO	Section 501(c)(3)	Schedule A, Line 3	Carondelet Health	Yes	
(6) St Mary's Medical Center Foundation  1000 Carondelet Drive Kansas City, MO 641144673 43-1918107	Fundraising	MO	Section 501(c)(3)	Schedule A, Line 11c	Carondelet Health	Yes	
(7) St Joseph Medical Center Foundation  1000 Carondelet Drive Kansas City, MO 641144673 43-1388461	Fundraising	MO	Section 501(c)(3)	Schedule A, Line 11c	Carondelet Health	Yes	
(8) St Joseph Regional Medical Center Foundation Inc  415 Sixth Street Lewiston, ID 83501 51-0168321	Fundraising	ID	Section 501(c)(3)	Schedule A, Line 11a	St Joseph Regional Medical Center	Yes	
(9) St Joseph Regional Medical Center  415 Sixth Street Lewiston, ID 83501 82-0204264	Hospital	ID	Section 501(c)(3)	Schedule A, Line 3	Ascension Health	Yes	
(10) Providence Health System (fka Seton Health Corporation of South Alabama)  6801 Airport Blvd Mobile, AL 36608 63-0934712	Support Providence Hospital	AL	Section 501(c)(3)	Schedule A, Line 11c	Ascension Health	Yes	
(11) Providence Hospital  6801 Airport Blvd Mobile, AL 36608 63-0288861	Hospital	AL	Section 501(c)(3)	Schedule A, Line 3	Ascension Health	Yes	
(12) Seton Medical Management Inc  6801 Airport Blvd Mobile, AL 36608 63-0937704	Support Providence Hospital	AL	Section 501(c)(3)	Schedule A, Line 11b	Providence Health System	Yes	
(13) Providence Foundation  6801 Airport Blvd Mobile, AL 36608 63-0915493	Support Providence Hospital	AL	Section 501(c)(3)	Schedule A, Line 11c	Providence Health System	Yes	
(14) Providence Healthcare Services  6801 Airport Blvd Mobile, AL 36608 63-0937705	Support Providence Hospital	AL	Section 501(c)(3)	Schedule A, Line 11c	Providence Health System	Yes	
(15) Providence Building Corporation  6801 Airport Blvd Mobile, AL 36608 63-0914564	Support Providence Hospital	AL	Section 501(c)(2)	N/A	Providence Health System	Yes	
(16) Alabama Providence Healthcare Services  6801 Airport Blvd Mobile, AL 36608 46-2847744	Support Providence Hospital	AL	Section 501(c)(3)	Schedule A, Line 11c	Providence Health System	Yes	
(17) Saint Thomas West Hospital  4220 Harding Road Nashville, TN 37205 62-0347580	Hospital	TN	Section 501(c)(3)	Schedule A, Line 3	Saint Thomas Health	Yes	
(18) Saint Thomas Network  4220 Harding Road Nashville, TN 37205 62-1284994	Health Investment Entity	TN	Section 501(c)(3)	Schedule A, Line 9	Saint Thomas Health	Yes	
(19) Saint Thomas Health Foundations  PO Box 380 Nashville, TN 37202 58-1663055	Operates Foundation	TN	Section 501(c)(3)	Schedule A, Line 7	Saint Thomas Network	Yes	

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						Yes	No
(161) Covenant Care Inc  102 Woodmont Blvd Suite 800 Nashville, TN 37205 62-1695737	Inactive	TN	Section 501(c) (3)	Schedule A, Line 11a	Saint Thomas Network	Yes	
(1) Saint Thomas Rutherford Hospital  1700 Medical Center Parkway Murfreesboro, TN 37219 62-0475842	Hospital	TN	Section 501(c) (3)	Schedule A, Line 3	Saint Thomas Health	Yes	
(2) Saint Thomas Rutherford Foundation fka Middle Tennessee Medical Center Fo  1700 Medical Center Parkway Murfreesboro, TN 37219 62-1167917	Foundation	TN	Section 501(c) (3)	Schedule A, Line 11a	Saint Thomas Rutherford Hospital	Yes	
(3) Saint Thomas Midtown Hospital  4220 Harding Road Nashville, TN 37205 62-1869474	Acute Care Hospital	TN	Section 501(c) (3)	Schedule A, Line 3	Saint Thomas Health	Yes	
(4) Baptist Hospital Foundation of Nashville Inc  2000 Church Street Nashville, TN 37236 58-1861378	Inactive	TN	Section 501(c) (3)	Schedule A, Line 11a	Saint Thomas Midtown Hospital	Yes	
(5) Baptist Health Care Affiliates Inc  2000 Church Street Nashville, TN 37236 58-1509251	Community Health Promotion	TN	Section 501(c) (3)	Schedule A, Line 11a	Saint Thomas Network	Yes	
(6) Baptist Health Care Group  2000 Church Street Nashville, TN 37236 62-1529858	Healthcare Provider	TN	Section 501(c) (3)	Schedule A, Line 3	Saint Thomas Network	Yes	
(7) Saint Thomas Hickman Hospital  135 East Swan Street Centerville, TN 37033 58-1737573	Hospital	TN	Section 501(c) (3)	Schedule A, Line 3	Baptist Healthcare Affiliates Inc	Yes	
(8) Saint Thomas Home Care  135 East Swan Street Centerville, TN 37033 62-1836937	Home Health Care	TN	Section 501(c) (3)	Schedule A, Line 9	Saint Thomas Hickman Hospital	Yes	
(9) Mount St Mary's Hospital of Niagara Falls  5300 Military Road Lewiston, NY 140921997 16-1523353	Hospital	NY	Section 501(c) (3)	Schedule A, Line 3	Ascension Health	Yes	
(10) Mount St Mary's Hospital Child Care Center  5310 Military Road Lewiston, NY 140921997 16-1523352	Child Care Center	NY	Section 501(c) (3)	Schedile A, Line 9	Mount St Mary's Hospital of Niagara Falls	Yes	
(11) Our Lady of Peace Inc  5285 Lewiston Road Lewiston, NY 140921997 16-1608735	Nursing Home	NY	Section 501(c) (3)	Schedule A, Line 3	Mount St Mary's Hospital of Niagara Falls	Yes	
(12) Mount St Mary's Hospital Foundation  5300 Military Road Lewiston, NY 140921997 16-1360884	Foundation	NY	Section 501(c) (3)	Schedule A, Line 11a	Mount St Mary's Hospital of Niagara Falls	Yes	
(13) Lourdes Foundation  520 North 4th Avenue Pasco, WA 99301 91-1528577	Fundraising	WA	Section 501(c) (3)	Schedule A, Line 11a	Our Lady of Lourdes Hospital at Pasco	Yes	
(14) Sacred Heart Health System Inc  5151 N 9th Avenue Pensacola, FL 32504 59-0634434	Hospital - Healthcare	FL	Section 501(c) (3)	Schedule A, Line 3	Ascension Health	Yes	
(15) Haven of Our lady of Peace Inc  5151 N 9th Ave Pensacola, FL 32504 59-3620346	Nursing Home	FL	Section 501(c) (3)	Schedule A, Line 9	Sacred Heart Health System	Yes	
(16) Sacred Heart Foundation Inc  5151 N 9th Ave Pensacola, FL 32504 59-2436597	Foundation	FL	Section 501(c) (3)	Scheudle A, Line 7	Sacred Heart Health System	Yes	
(17) Sacred Heart Health Ventures Inc  5151 N 9th Ave Pensacola, FL 32504 57-1183283	Serve as controlling entity of subsidiary organizations	FL	Section 501(c) (3)	Schedule A, Line 11a	Sacred Heart Health System	Yes	
(18) St Mary's of Michigan Medical Center  800 South Washington Avenue Saginaw, MI 48601 38-0997730	Hospital	MI	Section 501(c) (3)	Schedule A, Line 3	Ascension Health	Yes	
(19) St Mary's Health  800 South Washington Avenue Saginaw, MI 48601 38-3477017	Local Health System Parent	MI	Section 501(c) (3)	Schedule A, Line 11a	St Mary's of Michigan Medical Center	Yes	

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						Yes	No
(181) Standish Community Hospital  805 West Cedar Street Standish, MI 48658 38-1671120	Hospital	MI	Section 501(c)(3)	Schedule A, Line 3	St Mary's Health	Yes	
(1) St Mary's of Michigan Foundation  800 South Washington Avenue Saginaw, MI 48601 38-2246366	Fundraising	MI	Section 501(c)(3)	Schedule A, Line 11c	St Mary's of Michigan Medical Center	Yes	
(2) Field Neurosciences Institute  800 South Washington Avenue Saginaw, MI 48601 38-2790703	Medical Research Organization	MI	Section 501(c)(3)	Schedule A, Line 9	St Mary's of Michigan Medical Center	Yes	
(3) St Joseph Health System Inc  200 Hemlock Road Tawas City, MI 48763 38-1443395	Hospital	MI	Section 501(c)(3)	Schedule A, Line 3	Ascension Health	Yes	
(4) St Joseph Health System Foundation  200 Hemlock Road Tawas City, MI 48763 01-0790428	Fundraising	MI	Section 501(c)(3)	Schedule A, Line 11a	St Joseph Health System Inc	Yes	
(5) St John Health System Inc  1923 South Utica Avenue Tulsa, OK 74104 73-1215174	System Parent	OK	Section 501(c)(3)	Schedule A, Line 11a	Ascension Health	Yes	
(6) Craig County Medical Services Corp  1923 South Utica Avenue Tulsa, OK 74104 73-1487478	Health Care	OK	Section 501(c)(3)	Schedule A, Line 9	St John Health System Inc	Yes	
(7) St John Sapulpa Inc  1923 South Utica Avenue Tulsa, OK 74104 73-0662663	Health Care	OK	Section 501(c)(3)	Schedule A, Line 3	St John Health System Inc	Yes	
(8) Jane Phillips Nowata Hospital Inc  237 South Locust Nowata, OK 74048 73-1440267	Health Care	OK	Section 501(c)(3)	Schedule A, Line 3	Jane Phillips Memorial Medical Center	Yes	
(9) Jane Phillips Memorial Medical Center  3500 E Frank Phillips Blvd Bartlesville, OK 74006 73-0606129	Health Care	OK	Section 501(c)(3)	Schedule A, Line 3	St John Health System Inc	Yes	
(10) Jane Phillips Health Care Foundation  3500 E Frank Phillips Blvd Bartlesville, OK 74006 73-1250611	Rural Health Clinics	OK	Section 501(c)(3)	Schedule A, Line 3	Jane Phillips Memorial Medical Center	Yes	
(11) Bartlett Homes Inc  1008 E Cleveland Sapulpa, OK 74066 73-1301822	HUD Housing	OK	Section 501(c)(3)	Schedule A, Line 7	St John Sapulpa Inc	Yes	
(12) Bethel Manor Inc  619 S Division Sapulpa, OK 74066 73-1216617	HUD Housing	OK	Section 501(c)(3)	Schedule A, Line 7	St John Sapulpa Inc	Yes	
(13) St John Building Corporation  1923 South Utica Avenue Tulsa, OK 74104 61-1659782	Real Estate	OK	Section 501(c)(3)	N/A	St John Health System Inc	Yes	
(14) St John Health System Foundation Inc  1923 South Utica Avenue Tulsa, OK 74104 73-1133139	Health Care	OK	Section 501(c)(3)	Schedule A, Line 7	St John Health System Inc	Yes	
(15) St John Medical Center Inc  1923 South Utica Avenue Tulsa, OK 74104 73-0579286	Health Care	OK	Section 501(c)(3)	Schedule A, Line 3	St John Health System Inc	Yes	
(16) St John Management Services Inc  1923 South Utica Avenue Tulsa, OK 74104 20-3742040	Health Care	OK	Section 501(c)(3)	Schedule A, Line 7	St John Health System Inc	Yes	
(17) St John Villas Inc  1923 South Utica Avenue Tulsa, OK 74104 73-1077367	Nursing Home	OK	Section 501(c)(3)	Schedule A, Line 9	St John Health System Inc	Yes	
(18) Owasso Medical Facility Inc  1923 South Utica Avenue Tulsa, OK 74104 20-3700131	Health Care	OK	Section 501(c)(3)	Schedule A, Line 3	St John Health System Inc	Yes	
(19) St John Broken Arrow Inc  1923 South Utica Avenue Tulsa, OK 74104 38-3833117	Health Care	OK	Section 501(c)(3)	Schedule A, Line 3	St John Health System Inc	Yes	

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						Yes	No
(201) St John Auxiliary  1923 South Utica Avenue Tulsa, OK 74104 73-0999759	Health Care	OK	Section 501(c) (3)	Schedule A, Line 9	St John Health System Inc	Yes	
(1) St Teresa of Avila Villas Inc  6859 South Canton Avenue Tulsa, OK 74136 20-4791422	HUD Housing	OK	Section 501(c) (3)	Schedule A, Line 7	St John Villas Inc	Yes	
(2) Holy Cross Hospital Inc  1171 W Target Range Rd Nogales, AZ 85621 86-0575938	Hospital	AZ	Section 501(c) (3)	Schedule A, Line 3	Carondelet Health Network	Yes	
(3) Carondelet Health Network  2202 N Forbes Blvd Tucson, AZ 85716 86-0455920	Hospital	AZ	Section 501(c) (3)	Schedule A, Line 3	Carondelet Health Network	Yes	
(4) Carondelet Foundation Inc  2202 N Forbes Blvd Tucson, AZ 85716 86-0749574	Hospital	AZ	Section 501(c) (3)	Schedule A, Line 11a	Carondelet Health Network	Yes	
(5) Chalon Living Inc  8553 E San Alberto Drive Scottsdale, AZ 85258 86-0805615	Low Income Housing	AZ	Section 501(c) (3)	Schedule A, Line 7	Holy Cross Hospital Inc	Yes	
(6) Sothwest Catholic Health Network  4350 E Cotton Center Blvd Bldg D Phoenix, AZ 85040 86-0527381	Insurance	AZ	Section 501(c) (3)	Schedule A, Line 11a	CHN & Dignity Health	Yes	
(7) The Centurions  PO Box 45998 St Louis, MO 63145 85-4088322	Foundation	AZ	Section 501(c) (3)	Schedule A, Line 11a	Carondelet Foundation Inc	Yes	
(8) Providence Hospital  1150 Varnum Street NE Washington, DC 20017 53-0196636	Hospital	DC	Section 501(c) (3)	Schedule A, Line 3	Ascension Health	Yes	
(9) Providence Health Services Inc  1150 Varnum Street NE Washington, DC 20017 52-1275587	Physician Practices	DC	Section 501(c) (3)	Schedule A, Line 11a	Providence Hospital	Yes	
(10) Providence Health Foundation Inc  1150 Varnum Street NE Washington, DC 20017 52-1275583	Fundraising Organization	DC	Section 501(c) (3)	Schedule A, Line 11a	Providence Hospital	Yes	
(11) Alexian Brothers Bonaventure House  825 Wellington Avenue Chicago, IL 60657 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	Section 501(c) (3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
(12) Alexian Brothers Specialty Group  3040 W Salt Creek Lane Arlington Heights, IL 60005 80-0710751	Specialty physician practice group	IL	Section 501(c) (3)	Schedule A, Line 3	Alexian Brothers Health System	Yes	
(13) Alexian Brothers of San Jose Inc  3040 W Salt Creek Lane Arlington Heights, IL 60005 94-1530037	Acute care hospital (sold in 1998)	TX	Section 501(c) (3)	Schedule A, Line 11c	Alexian Brothers Health System	Yes	
(14) Alexian Brothers Senior Ministries  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-4484290	Supports the provision of healthcare services for related corporations	IL	Section 501(c) (3)	Schedule A, Line 11c	Alexian Brothers Health System	Yes	
(15) Alexian Brothers Services Inc  3040 W Salt Creek Lane Arlington Heights, IL 60005 43-1295333	HUD housing	MO	Section 501(c) (3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
(16) Alexian Brothers Hospital Network  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3276552	Supports the provision of healthcare services for related corporations	IL	Section 501(c) (3)	Schedule A, Line 11c	Alexian Brothers Health System	Yes	
(17) Alexian Village of Milwaukee Inc  9301 N 76th Street Milwaukee, WI 53223 39-1351584	Continuing care retirement community	WI	Section 501(c) (3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
(18) Alexian Brothers Community Services  425 Cumberland Street Suite 110 Chattanooga, TN 37404 36-4344423	Provides comprehensive & coordinated community based services	IL	Section 501(c) (3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
(19) Alexian Brothers Senior Neighbors  250 East 10th Street Chattanooga, TN 37402 62-0646376	Supports the provision of community services for senior citizens	TN	Section 501(c) (3)	Schedule A, Line 7	Alexian Brothers Health System	Yes	

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						Yes	No
(221) Alexian Village of Tennessee  437 Alexian Way Signal Mountain, TN 37377 62-1136742	Continuing care retirement community	TN	Section 501(c) (3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
(1) Alexian Elderly Services Inc  3040 W Salt Creek Lane Arlington Heights, IL 60005 39-2039667	Community outreach	WI	Section 501(c) (3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
(2) Alexian Brothers Lansdowne Village  4624 Lansdowne St Louis, MO 63116 43-1470362	Skilled nursing facility	MO	Section 501(c) (3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
(3) Alexian Brothers Sherbrooke Village  4005 Ripa Avenue St Louis, MO 63125 43-1592502	Skilled nursing facility	MO	Section 501(c) (3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
(4) Savelli Properties Inc  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3308965	Owns or leases properties where healthcare services are delivered	IL	Section 501(c) (2)	N/A	Alexian Brothers Health System	Yes	
(5) Alexian Brothers Center for Mental Health  3436 N Kennicott Avenue Arlington Heights, IL 60004 36-3045007	Outpatient community mental health services	IL	Section 501(c) (3)	Schedule A, Line 9	Alexian Brothers Health System	Yes	
(6) Alexian Brothers Behavioral Health Hospital  1650 Moon Lake Blvd Hoffman Estates, IL 60194 36-4251848	Behavioral health hospital	IL	Section 501(c) (3)	Schedule A, Line 3	Alexian Brothers Health System	Yes	
(7) St Alexius Medical Center  1555 Barrington Road Hoffman Estates, IL 60194 36-4251846	Acute care hospital	IL	Section 501(c) (3)	Schedule A, Line 3	Alexian Brothers Health System	Yes	
(8) Alexian Brothers Ambulatory Group  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-4336931	Physician services	IL	Section 501(c) (3)	Schedule A, Line 3	Alexian Brothers Health System	Yes	
(9) Alexian Brothers Medical Center  800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381	Acute care hospital	TX	Section 501(c) (3)	Schedule A, Line 3	Alexian Brothers Health System	Yes	
(10) Alexian Brothers Health System  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3260495	Supports provision of healthcare services for related corporation	IL	Section 501(c) (3)	Schedule A, Line 11c	Alexian Brothers Health System	Yes	
(11) Ministry Health Care Inc  10925 W Lake Park Dr Ste 100 Milwaukee, WI 53224 39-1490371	Parent Corporation	WI	Section 501(c) (3)	Schedule A, Line 11b	Ascension Health	Yes	
(12) Affinity Health System  1570 Midway Place Menasha, WI 54952 39-1568866	Support Related Healthcare Organziations	IL	Section 501(c) (3)	Schedule A, Line 11b	Ministry Health Care Inc	Yes	
(13) Agape Community Center of Milwaukee Inc  6100 North 42nd Street Milwaukee, WI 532093560 39-1461846	Community Center	WI	Section 501(c) (3)	Schedule A, Line 7	Ministry Health Care Inc	Yes	
(14) Calumet Medical Center Inc  614 Memorial Drive Chilton, WI 53014 39-0905385	Hospital	WI	Section 501(c) (3)	Schedule A, Line 3	Affinity Health System	Yes	
(15) Catalpa Health Inc  N4642 County N Appleton, WI 54914 45-4681563	Mental Health Facility	WI	Section 501(c) (3)	Schedule A, Line 3	St Elizabeth Hospital Inc	Yes	
(16) Saint Michael's Foundation of Stevens Point Inc  900 Illinois Avenue Stevens Point, WI 54481 39-1657410	Charitable Foundation	WI	Section 501(c) (3)	Schedule A, Line 11a	Saint Michael's Hospital of Stevens Point Inc	Yes	
(17) Door County Memorial Hospital  323 South 18th Avenue Sturgeon Bay, WI 54235 39-0806324	Hospital	WI	Section 501(c) (3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(18) Dr Kate Newcomb Convalescent Center Inc  PO Box 829 Woodruff, WI 54568 39-1357365	LTC Facility	WI	Section 501(c) (3)	Schedule A, Line 9	Howard Young Health Care Inc	Yes	
(19) Eagle River Memorial Hospital Incorporated  201 Hospital Road Eagle River, WI 54521 39-0985690	Hospital	WI	Section 501(c) (3)	Schedule A, Line 3	The Howard Young Medical Center Inc	Yes	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(241) Foundation of Saint Clare's Hospital of Weston Inc  3400 Ministry Parkway Weston, WI 54476 75-3193633	Charitable Foundation	WI	Section 501(c) (3)	Schedule A, Line 11a	Ministry Health Care Inc	Yes	
(1) Foundation of Saint Joseph's Hospital of Marshfield Inc  611 Saint Joseph Avenue Marshfield, WI 54449 39-1684957	Charitable Foundation	WI	Section 501(c) (3)	Schedule A, Line 11a	Saint Joseph's Hospital of Marshfield Inc	Yes	
(2) Good Samaritan Health Center of Merrill Wisconsin Inc  601 South Center Avenue Merrill, WI 54452 39-0808503	Hospital	WI	Section 501(c) (3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(3) Good Samaritan Health Center Foundation of Merrill Wisconsin Inc  601 South Center Avenue Merrill, WI 54452 39-1627755	Charitable Foundation	WI	Section 501(c) (3)	Schedule A, Line 11a	Good Samaritan Health Center of Merrill Wisconsin Inc	Yes	
(4) Howard Young Foundation Inc  240 Maple Street Woodruff, WI 54568 39-1521169	Charitable Foundation	WI	Section 501(c) (3)	Schedule A, Line 7	Howard Young Health Care Inc	Yes	
(5) Howard Young Health Care Inc  240 Maple Street Woodruff, WI 54568 39-1499115	Home Office	WI	Section 501(c) (3)	Schedule A, Line 11b	Ministry Health Care Inc	Yes	
(6) The Howard Young Medical Center Inc  240 Maple Street Woodruff, WI 54568 39-0873606	Hospital	WI	Section 501(c) (3)	Schedule A, Line 3	Howard Young Health Care Inc	Yes	
(7) Mercy Health Foundation Inc  PO Box 3370 Oshkosh, WI 54903 23-7140261	Charitable Foundation	WI	Section 501(c) (3)	Schedule A, Line 9	Affinity Health System	Yes	
(8) Mercy Medical Center of Oshkosh Inc  500 S Oakwood Road Oshkosh, WI 54904 39-0806268	Hospital	WI	Section 501(c) (3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(9) Ministry Home Care Inc  611 St Joseph Avenue 4S Marshfield, WI 54449 39-1936201	Home Care/Hospice	WI	Section 501(c) (3)	Schedule A, Line 9	Ministry Health Care Inc	Yes	
(10) Ministry Medical Group Inc  824 Illinois Avenue Stevens Point, WI 54481 39-1965593	Clinics	WI	Section 501(c) (3)	Schedule A, Line 11c	Ministry Health Care Inc	Yes	
(11) Ministry Weight Management Inc  2251 North Shore Drive Rhineland, WI 54501 39-1829015	Health Services	WI	Section 501(c) (3)	Schedule A, Line 3	Sacred Heart-St Mary's Hospitals Inc	Yes	
(12) Network Health System Inc  1570 Appleton Rd Menasha, WI 54952 39-1127163	Clinical Healthcare Services	WI	Section 501(c) (3)	Schedule A, Line 3	Affinity Health System	Yes	
(13) Our Lady of Victory Hospital Inc  1120 Pine Street Stanley, WI 54768 39-0807065	Hospital	WI	Section 501(c) (3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(14) Sacred Heart-St Mary's Hospitals Inc  PO Box 347 Stevens Point, WI 54481 39-1390638	Hospital	WI	Section 501(c) (3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(15) Saint Clare's Hospital of Weston Inc  3400 Ministry Parkway Weston, WI 54476 72-1531917	Hospital	WI	Section 501(c) (3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(16) Saint Elizabeth's Hospital of Wabasha Inc  1200 Grant Blvd West Wabasha, MN 55981 41-0693877	Hospital	MN	Section 501(c) (3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(17) St Elizabeth Hospital Foundation Inc  1506 S Oneida Street Appleton, WI 54915 39-1256677	Charitable Foundation	WI	Section 501(c) (3)	Schedule A, Line 7	Affinity Health System	Yes	
(18) St Elizabeth Hospital Inc  1506 S Oneida Street Appleton, WI 54915 39-0816818	Hospital	WI	Section 501(c) (3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(19) Saint Joseph's Hospital of Marshfield Inc  611 Saint Joseph Avenue Marshfield, WI 54449 39-0847631	Hospital	WI	Section 501(c) (3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(261) Saint Michael's Hospital of Stevens Point Inc  900 Illinois Avenue Stevens Point, WI 54481 39-0808443	Hospital	WI	Section 501(c) (3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(1) Columbia St Mary's Inc  4425 North Port Washington Road Milwaukee, WI 53212 39-1834639	Health System	WI	Section 501(C) (3)	Schedule A, Line 11	N/A	Yes	
(2) Columbia College Of Nursing  4425 North Port Washington Road Milwaukee, WI 53212 39-1596986	College	WI	Section 501(C) (3)	Schedule A, Line 2	Columbia St Mary's Hospital Milwaukee Inc	Yes	
(3) Sacred Heart Rehabilitation Institute  4425 North Port Washington Road Milwaukee, WI 53212 39-0902199	Rehab Facility	WI	Section 501(C) (3)	Schedule A, Line 3	Columbia St Mary's Hospital Milwaukee Inc	Yes	
(4) Seton Children's School  4425 North Port Washington Road Milwaukee, WI 53212 39-1391245	School	WI	Section 501(C) (3)	Schedule A, Line 9	Columbia St Mary's Hospital Milwaukee Inc	Yes	
(5) Columbia St Mary's Hospital Milwaukee  4425 North Port Washington Road Milwaukee, WI 53212 39-0806315	Hospital	WI	Section 501(C) (3)	Schedule A, Line 3	Columbia St Mary's Inc	Yes	
(6) St Mary's Hospital Ozaukee  4425 North Port Washington Road Milwaukee, WI 53212 39-0807063	Hospital	WI	Section 501(C) (3)	Schedule A, Line 3	Columbia St Mary's Inc	Yes	
(7) Horizon Home Care & Hospice Inc  8949 N Deerbrook Trl Milwaukee, WI 53223 39-1171298	Home Care/Hospice	WI	Section 501(C) (3)	Schedule A, Line 3	Columbia St Mary's Inc	Yes	
(8) Columbia Health System  4425 North Port Washington Road Milwaukee, WI 53212 39-1494977	Health System	WI	Section 501(C) (3)	Schedule A, Line 11	N/A	Yes	
(9) Columbia St Mary's Foundation Inc  4426 North Port Washington Road Milwaukee, WI 53213 39-1494981	Foundation	WI	Section 501(C) (3)	Schedule A, Line 7	N/A	Yes	
(10) Via Christi Health Inc  8200 E Thorn Drive Suite 300 Wichita, KS 67226 48-1172107	Health System Parent	KS	Section 501(c) (3)	Schedule A, Line 11 c	Ascension Health		No
(11) Via Christi Villages Inc  2622 W Central Suite 100 Wichita, KS 67203 48-0559086	Management Company	KS	Section 501(c) (3)	Schedule A, Line 11 c	Via Christi Health Inc		No
(12) Cornerstone Assisted Living Inc  2622 W Central Suite 100 Wichita, KS 67203 48-1241079	Retirement Home	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(13) Via Christi Village Hays Inc  2225 Canterbury Drive Hays, KS 67601 20-2828680	Retirement Home	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(14) Via Christi Care at Home Inc  2622 W Central Suite 100 Wichita, KS 67203 27-1889960	Health Agency	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(15) Via Christi Healthcare Outreach Program for Elders Inc  2622 W Central Suite 101 Wichita, KS 67203 48-1236589	PACE Community Program	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(16) Via Christi Village Georgetown Inc  1655 S Georgetown Wichita, KS 67218 48-1129325	Retirement Home	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(17) Via Christi Village Manhattan Inc  2800 Willow Grove Road Manhattan, KS 66502 48-1078862	Retirement Home	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(18) Via Christi Village McLean Inc  777 N McLean Blvd Wichita, KS 67203 48-1247723	Retirement Home	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(19) Via Christi Village Pittsburg Inc  1502 E Centennial Drive Pittsburg, KS 66762 74-3070971	Retirement Home	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(281) Via Christi Village Ponca City Inc  1601 Academy Road Ponca City, OK 74604 73-1153337	Retirement Home	OK	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(1) Via Christi Hospital Pittsburg Inc  1 Mt Carmel Way Pittsburg, KS 66762 48-0543778	Hospital	KS	Section 501(c) (3)	Schedule A, Line 3	Via Christi Health Inc		No
(2) Mount Carmel Foundation Inc  1 Mt Carmel Way Pittsburg, KS 66762 48-0961283	Foundation	KS	Section 501(c) (3)	Schedule A, Line 11a	Via Christi Hospital Pittsburg Inc		No
(3) Via Christi Health Alliance in Accountable Care Inc  8200 E Thorn Drive Suite 300 Wichita, KS 67226 46-2872857	ACO	KS			Via Christi Health Inc		No
(4) Via Christi Hospital Wichita St Teresa Inc  14800 W St Teresa Wichita, KS 67235 27-1965272	Hospital	KS	Section 501(c) (3)	Schedule A, Line 3	Via Christi Health Inc		No
(5) Via Christi Hospitals Wichita Inc  929 N Saint Francis Wichita, KS 67214 48-1172106	Hospital	KS	Section 501(c) (3)	Schedule A, Line 3	Via Christi Health Inc		No
(6) Gerard House Inc  3144 N Hood Wichita, KS 67204 48-1049532	Hospital Support	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Hospitals Wichita Inc		No
(7) Via Christi Rehabilitation Hospital Inc  1151 N Rock Road Wichita, KS 67206 48-1158274	Rehabilitation Hospital	KS	Section 501(c) (3)	Schedule A, Line 3	Via Christi Hospitals Wichita Inc		No
(8) Via Christi Property Services Inc  8200 E Thorn Drive Suite 300 Wichita, KS 67226 48-0948571	Property Management	KS	Section 501(c) (4)	N/A	Via Christi Hospitals Wichita Inc		No
(9) Via Christi Health Partners Inc  8200 E Thorn Drive Suite 300 Wichita, KS 67226 48-0958974	Management Company	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Health Inc		No
(10) Mercy Regional Health Center Inc  1823 College Avenue Manhattan, KS 66502 48-1186704	Hospital	KS	Section 501(c) (3)	Schedule A, Line 3	Via Christi Health Inc		No
(11) Mercy Community Health Foundation Inc  PO Box 13 Manhattan, KS 66502 48-1152279	Foundation	KS	Section 501(c) (3)	Schedule A, Line 9	Mercy Regional Health Center Inc		No
(12) Wamego Hospital Association Inc  711 Genn Drive Wamego, KS 66547 72-1526400	Hospital	KS	Section 501(c) (3)	Schedule A, Line 3	Mercy Regional Health Center Inc		No
(13) Mercy Regional Home Medical Services LLC  2439 Claflin Road Manhattan, KS 66502 43-2024491	Medical Equipment	KS	Section 501(c) (3)	Schedule A, Line 9	Mercy Regional Health Center Inc		No
(14) Salina Regional Home Medical Services LLC  520 South Santa Fe Ave Salina, KS 67401 43-1948057	Medical Equipment	KS	Section 501(c) (3)	Schedule A, Line 9	Salina Regional Health Center Inc		No
(15) Providence Health Services of Waco  6901 Medical Parkway Waco, TX 76712 74-1109636	Hospital	TX	Section 501(c) (3)	Schedule A, Line 3	Ascension Health		No
(16) Providence Foundation Inc  6901 Medical Parkway Waco, TX 76712 74-2683112	Support Charitable Purpose of PHSW	TX	Section 501(c) (3)	Schedule A, Line 11a	Providence Health Services of Waco		No
(17) Providence Health Alliance  6901 Medical Parkway Waco, TX 76712 74-2696970	Physician Practices	TX	Section 501(c) (3)	Schedule A, Line 3	Providence Health Services of Waco		No









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



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
Clinical Holdings Corp 101 South Hanley Rd Ste 200 Clayton, MO 63105 45-3802297	Holding Company	MO	N/A	C					No
Ascension Health Master Pension Trust 11775 Borman Drive Ste 200 St Louis, MO 63146 36-6891022	Trust	MO	N/A	T					No
Ascension Health Worker's Compensation Self-Insurance Trust 11775 Borman Drive Ste 200 St Louis, MO 63146	Trust	MO	N/A	T					No
Ascension Health Insurance Limited PO Box 1159 Grand Cayman BWI CJ	Insurance	CJ	N/A	C					No
Ascension Health Risk Purchasing Group 101 South Hanley Rd Ste 450 St Louis, MO 63105 27-4176480	Supporting Organization	MO	N/A	C					No
Travel Services Corporation PO Box 45998 St Louis, MO 631455998 26-3764978	Travel Services	MO	N/A	C					No
AH Incubations Accelerator Inc 101 South Hanley Rd Ste 450 St Louis, MO 63105 45-5078523	Medical Service	MO	N/A	C					No
TriMedx Inc 5451 Lakeview Parkway South Dr Indianapolis, IN 46268 46-0563336	Medical Equipment	IN	N/A	C					No
TriMedx India Pvt Ltd 5451 Lakeview Parkway South Dr Indianapolis, IN 46268	Trust	IN	N/A	T					No
Smart Health Inc 101 South Hanley Rd Ste 200 Clayton, MO 63105 45-4413419	Medical Service	MO	N/A	C					No
Health City Cayman Islands Ltd 1283 Sea View Rd PO Box 10590 Grand Cayman BWI CJ	Hospitals	CJ	N/A	C					No
Seton Physician Hospital Network 1345 Philomena Street Austin, TX 78723 74-2643825	Health Services	TX	N/A	C					No
Advantage Healthco Inc 1345 Philomena Street Austin, TX 78723 74-2698151	Health Services	TX	N/A	C					No
Seton Health Plan Inc 1345 Philomena Street Austin, TX 78723 74-2725348	HMO	TX	N/A	C					No
The Topfer Building Condominium Association 1345 Philomena Street Austin, TX 78723 74-3007869	Commercial Building Association	TX	N/A	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
Seton MSO Inc 1345 Philomena Street Austin, TX 78723 74-2870455	Health Services	TX	N/A	C					No
Seton Accountable Care Organization Inc (fka Seton Health Alliance) 1345 Philomena Street Austin, TX 78723 74-2677756	Health Services	TX	N/A	C					No
Seton Health Alliance (fka Primaria Health) 1345 Philomena Street Austin, TX 78723 45-4360468	Delivery of Health Care Services	TX	N/A	C					No
Seton Family of Pediatricians 1345 Philomena Street Austin, TX 78723 27-1311909	Delivery of Health Care Services	TX	N/A	C					No
St Agnes Health Ventures Inc 900 Caton Avenue Baltimore, MD 21229 52-1733632	Holding Company	MD	N/A	C					No
Corbett Corporation 169 Riverside Drive Binghamton, NY 13905 16-1268267	Property Management	NY	N/A	C					No
Vincentian Ventures of North Alabama Inc 810 St Vincents Drive Birmingham, AL 35205 63-0965456	Misc Healthcare Services	AL	N/A	C					No
Ascension Ventures Corporation 810 St Vincents Drive Birmingham, AL 35205 63-1217059	Misc Healthcare Services	AL	N/A	C					No
Eastside Ventures Inc 810 St Vincents Drive Birmingham, AL 35205 63-0846221	Misc Healthcare Services	AL	N/A	C					No
Vincentures Inc 95 Merritt Boulevard Trumbull, CT 06611 06-1211417	Inactive	CT	N/A	C					No
Advent Inc 28000 Dequindre Warren, MI 48092 38-2971743	Investment	MI	N/A	C					No
Affiliated Health Services Inc 28000 Dequindre Warren, MI 48092 38-2292922	Maintain Rental Space & Provide Medical Mgmt	MI	N/A	C					No
Genesys Health Enterprises 1000 Health Park Blvd Grand Blanc, MI 48439 38-2536250	Medical Equipment	MI	N/A	C					No
Genesys Practice Partners 5445 Ali Drive Dept 200 Grand Blanc, MI 48439 03-0516871	Employed Phy Practice	MI	N/A	C					No
Beecher Ballenger Services One Genesys Parkway Grand Blanc, MI 484398065 38-2497922	Holding Company	MI	N/A	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
St Mary's Medical Group Inc 3700 Washington Avenue Evansville, IN 47750 35-2076827	Investment	IN	N/A	C					No
Consolidated Pharmacy Services Inc 4205 Belfort Road Suite 4030 Jacksonville, FL 32216 59-3398033	Retail Pharmacy & Patient Transport	FL	N/A	C					No
Advanced Patient Transportation Inc 4205 Belfort Road Suite 4030 Jacksonville, FL 32216 59-3381444	Transport Services	FL	N/A	C					No
Seton Pharmacies 4205 Belfort Road Suite 4030 Jacksonville, FL 32216 59-3001427	Retail Pharmacy	FL	N/A	C					No
First Coast Primary Care 4205 Belfort Road Suite 4030 Jacksonville, FL 32216 20-5746243	Primary Care	FL	N/A	C					No
Family Medicine Condominium Association Inc 1 Shircliff Way Jacksonville, FL 32204 26-1983355	Condominium Association	FL	N/A	C					No
St Vincent's Physician Enterprise Inc 4205 Belfort Road Suite 4030 Jacksonville, FL 32216 27-1927603	Primary Care	FL	N/A	C					No
Textile Systems Inc 817 Walbridge Kalamazoo, MI 49007 38-2705047	Laundry Services	MI	N/A	C					No
Indian Creek Center Inc 1000 Carondelet Drive Kansas City, MO 641144673 48-0956627	Management	MO	N/A	C					No
Carondelet Management Company Inc 11050 Roe Suite 110 Overland Park, KS 66211 43-1352545	Health Management	KS	N/A	C					No
Carondelet Pharmacy 1000 Carondelet Drive Kansas City, MO 641144673 43-1699329	Pharmacy	MO	N/A	C					No
Carondelet Primary Care Network Inc 1000 Carondelet Drive Kansas City, MO 641144673 43-1596702	Health Care	MO	N/A	C					No
Saint Joseph Ambulatory Surgical Center LLC 1000 Carondelet Drive Kansas City, MO 641144673 25-1905706	Health Care	MO	N/A	C					No
Carondelet Occupational Health Wellness & Edu Serv Inc 1000 Carondelet Drive Kansas City, MO 641144673 86-1144194	Health Care	MO	N/A	C					No
Carondelet Physician Services 1000 Carondelet Drive Kansas City, MO 64114 56-2661265	Health Care	MO	N/A	C					No

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

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								Yes	No
Carondelet Medical Enterprises 1000 Carondelet Drive Kansas City, MO 641144673 56-2661165	Office Admin Services	MO	N/A	C					No
Providence Park Inc PO Box 850429 Mobile, AL 36685 63-0886846	Real Estate	AL	N/A	C					No
Anesthesia Solutions of Mobile Inc 6701 Airport Blvd Suite D-430B Mobile, AL 36608 82-0547505	Anesthesia Services	AL	N/A	C					No
Mississippi Providence Healthcare Services Inc 6801 Airport Blvd Mobile, AL 36608 46-1130426	Anesthesia Services	AL	N/A	C					No
Sova Inc 102 Woodmont Boulevard Suite 700 Nashville, TN 37205 26-1319638	Health Services	TN	N/A	C					No
Baptist Health Care Ventures Inc 2000 Church Street Nashville, TN 37236 62-0469214	Holding Company	TN	N/A	C					No
MissionPoint Health Partners 102 Woodmont Boulevard Suite 700 Nashville, TN 37205 45-2958482	Accountable Care Organization	TN	N/A	C					No
Physicians of Pasco Condominiums Assoc 520 North 4th Avenue Pasco, WA 99301 45-3691641	Property Management	WA	N/A	C					No
Gulf Coast Diversified Inc 5154 N 9th Ave Pensacola, FL 32507 59-2432798	Investment	FL	N/A	C					No
Gulf Region Radiation Oncology Centers Inc 8333 North Davis Hwy Pensacola, FL 32514 26-0623827	Medical Management Services	FL	N/A	C					No
St Mary's of Michigan Specialists 800 South Washington Avenue Saginaw, MI 48601 20-5959777	Physician Practices	MI	N/A	C					No
St Joseph Health Enterprises 200 Hemlock Road Tawas City, MI 48764 38-2686747	Other Medical	MI	N/A	C					No
Utica Services Inc 1923 South Utica Avenue Tulsa, OK 74104 73-1057650	Medical Services	OK	N/A	C					No
Regional Medical Laboratories Inc 1923 South Utica Avenue Tulsa, OK 74104 73-1131608	Medical Services	OK	N/A	C					No
Physician Support Services Inc 1923 South Utica Avenue Tulsa, OK 74104 73-1437252	Medical Services	OK	N/A	C					No

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								Yes	No
OMNI Medical Group Inc 1923 South Utica Avenue Tulsa, OK 74104 73-1335536	Medical Services	OK	N/A	C					No
Outbound Medical Network Inc 1923 South Utica Avenue Tulsa, OK 74104 73-1255463	Medical Services	OK	N/A	C					No
St John Urgent Care Clinic Inc 1923 South Utica Avenue Tulsa, OK 74104 20-4990275	Medical Services	OK	N/A	C					No
St John Anesthesia Services Inc 1923 South Utica Avenue Tulsa, OK 74104 20-3690446	Medical Services	OK	N/A	C					No
St John Physicians Inc 1923 South Utica Avenue Tulsa, OK 74104 73-1321032	Medical Services	OK	N/A	C					No
Ceres Medical Practice Inc 3400 E Frank Phillips Blvd Bartlesville, OK 74006 73-1522656	Medical Services	OK	N/A	C					No
Doctors Building of Bartlesville 3500 State Street Bartlesville, OK 74006 73-0759185	Building Rental	OK	N/A	C					No
Gemini Medical Group Inc 3400 E Frank Phillips Blvd Bartlesville, OK 74006 73-1503529	Medical Services	OK	N/A	C					No
Gemini After Hours Clinic Inc 3400 E Frank Phillips Blvd Bartlesville, OK 74006 30-0375407	Medical Services	OK	N/A	C					No
Jane Phillips Specialty Physicians Inc 3400 E Frank Phillips Blvd Bartlesville, OK 74006 01-0879962	Medical Services	OK	N/A	C					No
Professional Credit Recovery 4100 SE Adams Blvd Bartlesville, OK 74006 73-1057187	Collections Services	OK	N/A	C					No
Synergy Hospitalist Grp Inc 3400 E Frank Phillips Blvd Bartlesville, OK 74006 30-0375404	Medical Services	OK	N/A	C					No
Professional Medical Insurance Risk Retention Group Inc 201 Merchant Street Suite 2400 Honolulu, HI 96813 73-1525831	Insurance	HI	N/A	C					No
Jane Phillips Support Services Inc 3400 E Frank Phillips Blvd Bartlesville, OK 74006 75-1530296	Holding Company	OK	N/A	C					No
Carondelet Medical Group PC 2202 N Forbes Blvd Tucson, AZ 85745 86-0836126	Medical Group	AZ	N/A	C					No

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(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Carondelet Specialist Group Inc 2202 N Forbes Blvd Tucson, AZ 85745 28-1558773	Physician Practice	AZ	N/A	C					No
Resource Pharmacies Inc 1150 Varnum Street NE Washington, DC 20017 52-1410076	Retail Pharmacy	DC	N/A	C					No
Thelen Corporation 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3266316	Owens/leases property, joint venture partner	IL	N/A	C					No
Alexian Brothers Health Providers Association Inc 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3853286	Messenger model IPA	IL	N/A	C					No
Alexian Brothers Corpus Christi Housing Project LLC 3040 W Salt Creek Lane Arlington Heights, IL 60005 94-3465394	Tax credit financed housing	IL	N/A	C					No
Alexian Village of Elk Grove 3040 W Salt Creek Lane Arlington Heights, IL 60005 35-2211303	Tax credit financed housing	IL	N/A	C					No
Network Health Plan Inc 1570 Midway Place Menasha, WI 54952 39-1442058	Insurance	WI	N/A	C					No
Affiliated Medical Services Laboratory Inc 2916 E Central Wichita, KS 67214 48-1239522	Medical Laboratory	KS	N/A	C					No
Integrated Healthcare Systems Inc 3311 East Murdock Wichita, KS 67208 48-0941549	Clinic Services	KS	N/A	C					No
VCH Iowa PC Trust 8200 E Thorn Drive Suite 300 Wichita, KS 67226 27-6937322	Beneficiary Trust	IA	N/A	T					No
VCH Iowa PC 8200 E Thorn Drive Suite 300 Wichita, KS 67226 27-3983977	Professional Association	IA	N/A	C					No
Via Christi Clinic PA 3311 East Murdock Wichita, KS 67208 48-0993446	Professional Association	KS	N/A	C					No
Via Christi Clinic Services Inc 8200 E Thorn Drive Suite 300 Wichita, KS 67226 27-3984287	Clinic Services	KS	N/A	C					No
Sunflower Assurance Ltd PO Box 1085 Grand Cayman CJ KY1-1102 CJ 98-0223159	Insurance Company	CJ	N/A	C					No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
StMary's Healthcare	E	421,248	Actual amount paid/transferred
StMary's Healthcare	Q	6,464,925	Actual amount paid/transferred
StMary's Healthcare	P	3,389,790	Actual amount paid/transferred
Seton Family of Hospitals	S	67,109,662	Actual amount paid/transferred
Our Lady of Lourdes Memorial Hospital Inc	R	5,470,892	Actual amount paid/transferred
St Vincent's Health System	P	72,563,609	Actual amount paid/transferred
St Vincent's Health System	B	336,325	Actual amount paid/transferred
St Vincent's Medical Center	C	66,140	Actual amount paid/transferred
St Vincent's Medical Center	S	17,519,293	Actual amount paid/transferred
St Vincent's Medical Center Foundation	Q	170,100	Actual amount paid/transferred
St Vincent's Multispecialty Group Inc	Q	830,234	Actual amount paid/transferred
St John Health	P	22,689,296	Actual amount paid/transferred
Genesys Ambulatory Health Services	S	122,394	Actual amount paid/transferred
Genesys Regional Medical Center	S	24,010,433	Actual amount paid/transferred
Genesys Convalescent Center	S	424,454	Actual amount paid/transferred
Genesys Home Health & Hospice	S	202,092	Actual amount paid/transferred
StVincent Seton Specialty Hospital Inc	C	2,500,000	Actual amount paid/transferred
St Luke's-St Vincent's Healthcare	R	10,177,837	Actual amount paid/transferred
St Vincent's Foundation Inc	R	4,812,025	Actual amount paid/transferred
St Vincent's Health System Inc	R	60,754,708	Actual amount paid/transferred
Borgess Medical Center	S	15,793,376	Actual amount paid/transferred
Providence Hospital	S	15,240,861	Actual amount paid/transferred
Saint Thomas Health	S	2,142,912	Actual amount paid/transferred
Saint Thomas Health	S	3,499,192	Actual amount paid/transferred
Saint Thomas Rutherford Hospital	S	71,931	Actual amount paid/transferred

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Saint Thomas Rutherford Hospital	R	289,805	Actual amount paid/transferred
Saint Thomas Midtown Hospital	R	163,644	Actual amount paid/transferred
Saint Thomas Midtown Hospital	R	319,964	Actual amount paid/transferred
Saint Thomas West Hospital	S	688,126	Actual amount paid/transferred
Saint Thomas West Hospital	S	6,527,809	Actual amount paid/transferred
Mt St Mary's Hospital of Niagara Falls	Q	7,996,053	Actual amount paid/transferred
Mt St Mary's Hospital of Niagara Falls	S	436,736	Actual amount paid/transferred
Our Lady of Peace Inc	Q	4,653,967	Actual amount paid/transferred
Our Lady of Peace Inc	S	899,056	Actual amount paid/transferred
Our Lady of Lourdes Hospital at Pasco	S	3,319,994	Actual amount paid/transferred
Our Lady of Lourdes Hospital at Pasco	R	244,519	Actual amount paid/transferred
Standish Community Hospital	Q	927,220	Actual amount paid/transferred
St Joseph Health System Inc	Q	1,612,723	Actual amount paid/transferred
Jane Phillips Memorial Medical Center	S	823,318	Actual amount paid/transferred
Jane Phillips Memorial Medical Center	E	21,897	Actual amount paid/transferred
St John Broken Arrow Inc	M	289,824	Actual amount paid/transferred
St John Health System Inc	R	5,169,662	Actual amount paid/transferred
St John Health System Inc	P	416,500	Actual amount paid/transferred
St John Health System Inc	L	3,355,775	Actual amount paid/transferred
St John Medical Center Inc	M	3,436,883	Actual amount paid/transferred
Owasso Medical Facility Inc	M	233,746	Actual amount paid/transferred
St John Sapulpa Inc	M	78,170	Actual amount paid/transferred
Carondelet Health Network	Q	45,061,281	Actual amount paid/transferred
Carondelet Health Network	D	81,324,400	Actual amount paid/transferred
Alexian Brothers Senior Ministries	S	63,666,584	Actual amount paid/transferred



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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Ministry Health Care Inc	D	277,849,242	Actual amount paid/transferred
Ministry Health Care Inc	L	1,020,032	Actual amount paid/transferred
Ministry Health Care Inc	S	35,182,848	Actual amount paid/transferred
Columbia St Mary's Inc	D	160,025,558	Actual amount paid/transferred
Columbia St Mary's Inc	L	52,271,940	Actual amount paid/transferred
Columbia St Mary's Inc	J	73,733	Actual amount paid/transferred
Via Christi Hospitals Wichita Inc	R	804,440	Actual amount paid/transferred
Via Christi Health Inc	P	1,929,685	Actual amount paid/transferred
Via Christi Health Inc	E	7,591,505	Actual amount paid/transferred
Providence Health Services of Waco	R	10,656,581	Actual amount paid/transferred
Providence Health Alliance	J	663,631	Actual amount paid/transferred