



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

▶ Do not enter social security numbers on this form as it may be made public  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2014**  
**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Ascension Health Alliance Professional & General Liability Self-Insurance Trust Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 4600 Edmundson Road City or town, state or province, country, and ZIP or foreign postal code St Louis, MO 631343806	<b>D</b> Employer identification number 36-7046706 <b>E</b> Telephone number (314) 733-8000 <b>G</b> Gross receipts \$ 99,656,822
<b>F</b> Name and address of principal officer ELIZABETH FOSHAGE 4600 Edmundson Road St Louis, MO 631343806		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.ASCENSIONHEALTH.ORG		
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1983 <b>M</b> State of legal domicile MO

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities Receive, hold and invest contributions and disburse claims and expenses payable		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	0
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	0
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	0
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-9,308
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-9,308
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67,061,515	107,986,136
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,827,046	2,655,106
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-8,669,729	-12,116,563
		71,218,832	98,524,679
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	77,862,493	108,009,749
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	77,862,493	108,009,749	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-6,643,661	-9,485,070	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	540,499,258	490,372,697
	<b>21</b> Total liabilities (Part X, line 26)	398,619,558	371,652,249
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	141,879,700	118,720,448	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer _____ TONYA MERSHON DIRECTOR OF TAXATION Type or print name and title	Date 2016-05-16			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission  
To receive, hold and invest contributions for professional and general liabilities and to disburse claims and expenses payable under the program

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the 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 \$ 107,927,305 including grants of \$ ) (Revenue \$ 95,869,573 )  
ASCENSION HEALTH ALLIANCE PROFESSIONAL AND GENERAL LIABILITY SELF INSURANCE TRUST (HEREINAFTER "TRUST"), WAS FORMED TO MAINTAIN THE SELF-INSURANCE FUNDING FOR THE PAYMENT OF CLAIMS ARISING AGAINST LIABILITY COVERAGE FOR THE TAX-EXEMPT MEMBER ORGANIZATIONS OF THE SPONSORS OF ASCENSION HEALTH ALLIANCE THE TRUST RECEIVES PARTICIPANT CONTRIBUTIONS FROM COVERED ENTITIES AND PAYS THE CLAIMS AND ADMINISTRATIVE EXPENSES OF THE PROGRAM ASCENSION HEALTH ALLIANCE, A TAX-EXEMPT ENTITY, IS THE SPONSOR OF THE SELF-INSURANCE PROGRAM, ALL BENEFICIARIES OF THE TRUST ARE TAX-EXEMPT ORGANIZATIONS RELATED TO THE SPONSORS OF ASCENSION HEALTH ALLIANCE

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e Total program service expenses** 107,927,305

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		No
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>	Yes	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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 The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed; 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: Own website, Another's website, Upon request, 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, address, and telephone number of the person who possesses the organization's books and records: JEANINE WESCOTT

11775 BORMAN DR
STLOUIS, MO 631464134 (314) 733-8877

**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) STATE STREET BANK AND TRUST CO TRUSTEE	1 00 ..... 20 00		X					0	0	0



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

(A) Name and Title	(B) Average hours per week (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			

<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> . . . . .	0	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUANTROS INC DEPT CH 16932 PALATINE, IL 60055	DEVELOPMENT FEES FOR NEW EVENT REPORTING	3,328,433
Marsh USA Inc PO Box 846015 Dallas, TN 75284	CONSULTING AND BROKERAGE SERVICES	386,015
TOWERS WATSON PENNSYLVANIA INC 1500 MARKET STREET PHILADELPHIA, PA 19102	ACTUARIAL SERVICES	273,386
CS STARS LLC PO BOX 201739 DALLAS, TX 75320	CLAIMS SYSTEM SUPPORT	211,860
INTEGRO USA INC 14569 COLLECTION CENTER DR CHICAGO, IL 60696	INSURANCE BROKER	190,902

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>	0				
	<b>b</b>	Membership dues . . . . . <b>1b</b>	0				
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	0				
	<b>d</b>	Related organizations . . . . . <b>1d</b>	0				
	<b>e</b>	Government grants (contributions) <b>1e</b>	0				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	0				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	0				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	0				
<b>Program Service Revenue</b>	<b>2a</b>	PARTICIPANT CONT Business Code 525100	107,986,136	107,986,136			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue	0	0	0	0	
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .	107,986,136				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	2,545,861		-9,308	2,555,169	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents	(i) Real				
			(ii) Personal				
			<b>b</b> Less rental expenses				
			<b>c</b> Rental income or (loss)	0	0		
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1,241,388			
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses	1,132,143			
			<b>c</b> Gain or (loss)	109,245	0		
	<b>d</b>	Net gain or (loss) . . . . .	109,245			109,245	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
	Miscellaneous Revenue	Business Code					
<b>11a</b>	MISCELLANEOUS INCOME	900099	-12,116,563	-12,116,563			
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .		0	0	0	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		-12,116,563				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		98,524,679	95,869,573	-9,308	2,664,414	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0	0		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	0	0	0	0
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b>	Other salaries and wages . . . . .	0	0	0	0
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0	0	0	0
<b>9</b>	Other employee benefits . . . . .	0	0	0	0
<b>10</b>	Payroll taxes . . . . .	0	0	0	0
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0	0	0	0
<b>b</b>	Legal . . . . .	454	454	0	0
<b>c</b>	Accounting . . . . .	82,444	0	82,444	0
<b>d</b>	Lobbying . . . . .	0	0	0	0
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b>	Investment management fees . . . . .	299,115	299,115	0	0
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	675,976	675,976	0	0
<b>12</b>	Advertising and promotion . . . . .	0	0	0	0
<b>13</b>	Office expenses . . . . .	0	0	0	0
<b>14</b>	Information technology . . . . .	506,849	506,849	0	0
<b>15</b>	Royalties . . . . .	0	0	0	0
<b>16</b>	Occupancy . . . . .	157,508	157,508	0	0
<b>17</b>	Travel . . . . .	49,981	49,981	0	0
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b>	Conferences, conventions, and meetings . . . . .	170,699	170,699	0	0
<b>20</b>	Interest . . . . .	0	0	0	0
<b>21</b>	Payments to affiliates . . . . .	0	0	0	0
<b>22</b>	Depreciation, depletion, and amortization . . . . .	0	0	0	0
<b>23</b>	Insurance . . . . .	1,345,158	1,345,158	0	0
<b>24</b>	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) . . . . .				
<b>a</b>	CLAIM PAYMENTS	118,848,050	118,848,050	0	0
<b>b</b>	PATIENT COMP FUND EXP	10,066,055	10,066,055	0	0
<b>c</b>	SERVICE FEES	5,059,479	5,059,479	0	0
<b>d</b>	RESERVE FOR LOSSES	-34,349,074	-34,349,074	0	0
<b>e</b>	All other expenses	5,097,055	5,097,055	0	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	108,009,749	107,927,305	82,444	0
<b>26</b>	<b>Joint costs.</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	34,804,766	<b>4</b>	12,223,499
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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 . . . . .	0	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,986,603	<b>9</b>	2,960,147
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 0		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 0	<b>10c</b> 0	0
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	501,707,887	<b>13</b>	475,189,050
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2	<b>15</b>	1
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	540,499,258	<b>16</b>	490,372,697	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,570,520	<b>17</b>	8,041,939
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .	0	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	396,049,038	<b>25</b>	363,610,310
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	398,619,558	<b>26</b>	371,652,249
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	141,879,700	<b>27</b>	118,720,448
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	141,879,700	<b>33</b>	118,720,448	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	540,499,258	<b>34</b>	490,372,697	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	98,524,679
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	108,009,749
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-9,485,070
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	141,879,700
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-13,666,599
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-7,583
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	118,720,448

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	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		No
<b>2b</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	Yes	
<b>2c</b>	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	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

**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.

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

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

Ascension Health Alliance Professional & General Liability Self-Insurance Trust

**Employer identification number**

36-7046706

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations . . . . . **1 8 9**
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
<b>Total 189</b>					0	

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2013 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶						

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		No
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	Yes	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		No
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		No
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		No
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		No
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		No
<b>b</b> A family member of a person described in (a) above?		No
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		No

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
<b>1</b>	Yes	
<b>2</b>		No

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009. . . . . _____			
<b>b</b> From 2010. . . . . _____			
<b>c</b> From 2011. . . . . _____			
<b>d</b> From 2012. . . . . _____			
<b>e</b> From 2013. . . . . _____			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2014 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> From 2010. . . . . _____			
<b>b</b> From 2011. . . . . _____			
<b>c</b> From 2012. . . . . _____			
<b>d</b> From 2013. . . . . _____			
<b>e</b> From 2014. . . . . _____			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference	Explanation
Schedule A, Part I, Line 11g AMOUNT OF SUPPORT / OTHER SUPPORT	ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITIES SELF-INSURANCE TRUST PROVIDES SUPPORT THROUGH THE PAYMENT OF CLAIMS ARISING AGAINST LIABILITY COVERAGE FOR MEMBER CATHOLIC HEALTH CARE ORGANIZATIONS OF THE ASCENSION SPONSOR, THE CANONICAL SPONSOR WHICH WAS FORMED BY THE FOUNDING SPONSORS AND WHICH HAS BEEN CONFERRED PUBLIC JURIDIC PERSONALITY BY DECREE OF THE CONGREGATION FOR INSTITUTES OF CONSECRATED LIFE AND SOCIETIES OF APOSTOLIC LIFE OF THE ROMAN CATHOLIC CHURCH
Schedule A, Part IV, Section B, Line 1 POWER TO APPOINT DIRECTORS	The Ascension Sponsor (the Canonical sponsor which was formed by the founding religious 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) determines the philosophy, mission, vision, values and expectations of the System, and appoints the board for Ascension Health Alliance, delegating that appointment power within the System, with the Ascension Sponsor retaining ultimate control over governance matters The organization carries out the purposes of the Ascension Sponsor by supporting the Ascension Sponsor, Ascension Health Alliance, and Ascension Health Ministry entities that provide care and healing in their respective communities
Schedule A, Part IV, Section B, Line 2 CONTROL BY SUPPORTED ORGANIZATIONS	The Ascension Sponsor (the Canonical sponsor which was formed by the founding religious 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) determines the philosophy, mission, vision, values and expectations of the System, and, as applied within a framework of delegation, retains ultimate control of governance within the System The trust carries out the purposes of the Ascension Sponsor by supporting Ascension Sponsor, Ascension Health Alliance, and the Ascension Health Ministry entities that provide care and healing in their respective communities In answering "no" to Part IV, Section B, Line 2, the organization is considering the Ascension Sponsor's direct control as well as its ultimate control over the other supported organizations throughout the System
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	THE TRUST IS ORGANIZED AND AT ALL TIMES SHALL BE OPERATED EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL IN THE UNITED STATES, ST LOUISE PROVINCE, THE CONGREGATION OF ST JOSEPH, THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET, 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 (ASCENSION SPONSOR), AND, PURSUANT TO THE ORGANIZATION'S GOVERNING DOCUMENTS, THE 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 SUCH SUPPORTED ORGANIZATIONS ARE LISTED AT PART I THE ORGANIZATION ALSO SUPPORTS ASCENSION SPONSOR, THE CANONICAL SPONSOR WHICH WAS FORMED BY THE FOUNDING SPONSORS AND WHICH HAS BEEN CONFERRED PUBLIC JURIDIC PERSONALITY BY DECREE OF THE CONGREGATION FOR INSTITUTES OF CONSECRATED LIFE AND SOCIETIES OF APOSTOLIC LIFE OF THE ROMAN CATHOLIC CHURCH
Schedule A, Part IV, Section A, Line 2 Supported Org Without IRS Status 509(a)1 or (2)	SUPPORTED ORGANIZATIONS NOT REQUIRED TO OBTAIN A SEPARATE IRS DETERMINATION OF STATUS ARE EITHER CONSIDERED AN INSTRUMENTALITY OF THE CATHOLIC CHURCH OR ARE INCLUDED IN THE OFFICIAL CATHOLIC DIRECTORY AND HAVE BEEN VERIFIED TO BE DESCRIBED IN EITHER 509(a)(1) or 509(a)(2) ACCORDING TO THEIR MOST RECENT FORM 990 FILING

# Additional Data

**Software ID:** 14000329  
**Software Version:** 2014v1.0  
**EIN:** 36-7046706  
**Name:** Ascension Health Alliance Professional & General  
 Liability Self-Insurance Trust

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) ADULT INPATIENT MEDICAL SERVICES	452498998			No	0	0
(A) AGAPE COMMUNITY CENTER OF MILWAUKEE INC	391461846			No	0	0
(B) Alexian Brothers Ambulatory Group	364336931			No	0	0
(C) Alexian Brothers Behavioral Health Hospital	364251848			No	0	0
(D) Alexian Brothers Bonaventure House	363527899			No	0	0
(E) Alexian Brothers Center for Mental Health	363045007			No	0	0
(F) Alexian Brothers Community Services	364344423			No	0	0
(G) Alexian Brothers Lansdowne Village	431470362			No	0	0
(H) Alexian Brothers Medical Care Group NFP	471930457			No	0	0
(I) Alexian Brothers Medical Center	362596381			No	0	0
(J) Alexian Brothers Senior Neighbors	620646376			No	0	0
(K) Alexian Brothers Services Inc	431295333			No	0	0
(L) Alexian Brothers Sherbrooke Village	431592502			No	0	0
(M) Alexian Brothers Specialty Group	800710751			No	0	0
(N) Alexian Village of Milwaukee Inc	391351584			No	0	0

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) Alexian Village of Tennessee	621136742			No	0	0
(A) AMERICAN SPORTS MEDICINE INSTITUTE	630952490			No	0	0
(B) AUSTIN CHILDREN'S CHEST ASSOCIATES II	260163261			No	0	0
(C) BAPTIST HEALTH CARE GROUP	621529858			No	0	0
(D) BARTLETT HOMES INC	731301822			No	0	0
(E) BETHEL MANOR INC	731216617			No	0	0
(F) BORGESS AMBULATORY CARE CORPORATION	382468823			No	0	0
(G) BORGESS MEDICAL CENTER	381360526			No	0	0
(H) BORGESS NURSING HOME	382555589			No	0	0
(I) BRIGHTON HOSPITAL	381576680			No	0	0
(J) CALUMET MEDICAL CENTER INC	390905385			No	0	0
(K) CARONDELET HEALTH NETWORK	860455920			No	0	0
(L) CARONDELET HEART & VASCULAR INSTITUTE	561943271			No	0	0
(M) CARONDELET HOME CARE SERVICES INC	431379352			No	0	0
(N) Carondelet Long-Term Care Facilities Inc	742505427			No	0	0

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(AE) CATALPA HEALTH INC	454681563			No	0	0
(A) CHALON LIVING INC	860805615			No	0	0
(B) CHILDREN'S BONE JOINT & SPINE CENTER	452499113			No	0	0
(C) COLUMBIA COLLEGE OF NURSING INC	391596986			No	0	0
(D) COLUMBIA ST MARY'S FOUNDATION INC	391494981			No	0	0
(E) COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	390806315			No	0	0
(F) COLUMBIA ST MARY'S HOSPITAL OZAUKEE INC	390807063			No	0	0
(G) Cornerstone Assisted Living Inc	481241079			No	0	0
(H) DOOR COUNTY MEMORIAL HOSPITAL	390806324			No	0	0
(I) DR KATE NEWCOMB CONVALESCENT CENTER INC	391357365			No	0	0
(J) EAGLE RIVER MEMORIAL HOSPITAL INCORPORATED	390985690			No	0	0
(K) EASTWOOD COMMUNITY CLINICS	381958763			No	0	0
(L) FATHER MURRAY NURSING CENTER	382601348			No	0	0
(M) FIELD NEUROSCIENCES INSTITUTE	382790703			No	0	0
(N) GENESYS CONVALESCENT CENTER	382317364			No	0	0



**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(AT) GENESYS REGIONAL MEDICAL CENTER	382377821			No	0	0
(A) GERARD HOUSE INC	481049532			No	0	0
(B) GOOD SAMARITAN HEALTH CENTER OF MERRILL WISCONSIN INC	390808503			No	0	0
(C) HAVEN OF OUR LADY OF PEACE INC	593620346			No	0	0
(D) HOLY CROSS HOSPITAL INC	860575938			No	0	0
(E) HORIZON HOME CARE & HOSPICE INC	391171298			No	0	0
(F) HOWARD YOUNG FOUNDATION INC	391521169			No	0	0
(G) INSTITUTE OF RECONSTRUCTIVE PLASTIC SURGERY OF CENTRAL TEXAS	262908163			No	0	0
(H) JANE PHILLIPS HEALTH CARE FOUNDATION	731250611			No	0	0
(I) JANE PHILLIPS MEMORIAL MEDICAL CENTER	730606129			No	0	0
(J) JANE PHILLIPS NOWATA HOSPITAL INC	731440267			No	0	0
(K) LEE MEMORIAL HOSPITAL CORPORATION	381490190			No	0	0
(L) MEDICAL RESOURCES GROUP	383494637			No	0	0
(M) MERCY COMMUNITY HEALTH FOUNDATION INC	481152279			No	0	0
(N) MERCY HEALTH FOUNDATION INC	237140261			No	0	0

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(BI) MERCY MEDICAL CENTER OF OSHKOSH INC	390806268			No	0	0
(A) MERCY REGIONAL HOME MEDICAL SERVICES LLC	432024491			No	0	0
(B) MINISTRY HOMECARE INC	391936201			No	0	0
(C) MINISTRY WEIGHT MANAGEMENT	391829015			No	0	0
(D) NETWORK HEALTH SYSTEM INC	391127163			No	0	0
(E) OUR LADY OF LOURDES HOSPITAL AT PASCO	910349750			No	0	0
(F) OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	150532221			No	0	0
(G) OUR LADY OF VICTORY HOSPITAL	390807065			No	0	0
(H) OWASSO MEDICAL FACILITY INC	203700131			No	0	0
(I) PEDIATRIC CRITICAL CARE ASSOCIATES	421670843			No	0	0
(J) PEDIATRIC SURGICAL SUBSPECIALISTS	208957311			No	0	0
(K) PRIMARY PHYSICIAN NETWORK LLC	208775914			No	0	0
(L) PROMED HEALTHCARE	383193801			No	0	0
(M) PROVIDENCE FOUNDATION	630915493			No	0	0
(N) PROVIDENCE HEALTH ALLIANCE	742696970			No	0	0

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(BX) PROVIDENCE HEALTH SERVICES OF WACO	741109636			No	0	0
(A) PROVIDENCE HOSPITAL	381358212			No	0	0
(B) PROVIDENCE HOSPITAL	630288861			No	0	0
(C) PROVIDENCE HOSPITAL	530196636			No	0	0
(D) REHABILITATION HOSPITAL OF INDIANA INC	351786005			No	0	0
(E) REVERENCE HOME HEALTH & HOSPICE	383408684			No	0	0
(F) SACRED HEART FOUNDATION INC	592436597			No	0	0
(G) SACRED HEART HEALTH SYSTEM INC	590634434			No	0	0
(H) SACRED HEART REHABILITATION INSTITUTE INC	390902199			No	0	0
(I) SACRED HEART-STMARY'S HOSPITALS INC	391390638			No	0	0
(J) SAINT CLARE'S HOSPITAL OF WESTON INC	721531917			No	0	0
(K) SAINT ELIZABETH'S HOSPITAL FOUNDATION INC	391256677			No	0	0
(L) SAINT ELIZABETH'S HOSPITAL OF WABASHA INC	410693877			No	0	0
(M) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	391847631			No	0	0
(N) SAINT MICHAEL'S HOSPITAL OF STEVENS POINT INC	390808443			No	0	0

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(CM) SAINT THOMAS HEALTH FOUNDATIONS	581663055			No	0	0
(A) SAINT THOMAS HICKMAN HOSPITAL	581737573			No	0	0
(B) SAINT THOMAS HOME CARE	621836937			No	0	0
(C) SAINT THOMAS MIDTOWN HOSPITAL	621869474			No	0	0
(D) SAINT THOMAS NETWORK	621284994			No	0	0
(E) SAINT THOMAS RUTHERFORD HOSPITAL	620475842			No	0	0
(F) SAINT THOMAS WEST HOSPITAL	620347580			No	0	0
(G) SALINA REGIONAL HOME MEDICAL SERVICES LLC	431948057			No	0	0
(H) SETON ENT	273220659			No	0	0
(I) SETON FAMILY OF HOSPITALS	741109643			No	0	0
(J) SETON FAMILY OF PEDIATRIC SURGEONS	271311790			No	0	0
(K) SETON FAMILY OF PHYSICIANS	264562522			No	0	0
(L) SETON HEALTH CORP OF SE MICHIGAN	382820107			No	0	0
(M) Seton Manor Inc	232960726			No	0	0
(N) SETON MEDICAL GROUP	392064992			No	0	0

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(DB) SETON MEDICAL GROUP	742861106			No	0	0
(A) SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP (FKA SETONUT SOUTHW ESTERN UNIVERSITY PHYSICIANS GROUP)	742869762			No	0	0
(B) SPECIALLY FOR CHILDREN- CHILDREN'S HOSPITAL SUBSPECIALISTS OF CENTRAL TEXAS	742800601			No	0	0
(C) ST AGNES AUXILIARY	520643673			No	0	0
(D) ST AGNES HEALTHCARE INC	520591657			No	0	0
(E) St Alexius Medical Center	364251846			No	0	0
(F) St Catherine's Laboure Manor	591878316			No	0	0
(G) ST ELIZABETH HOSPITAL INC	390816818			No	0	0
(H) ST JOHN AUXILIARY INC	730999759			No	0	0
(I) ST JOHN BROKEN ARROW INC	383833117			No	0	0
(J) ST JOHN COMMUNITY HEALTH INVESTMENT CORP	382262856			No	0	0
(K) ST JOHN HEALTH SYSTEM FOUNDATION INC	731133139			No	0	0
(L) ST JOHN HOSPITAL & MEDICAL CENTER	381359063			No	0	0
(M) ST JOHN HOSPITAL FOUNDATION	202961579			No	0	0
(N) ST JOHN MACOMB-OAKLAND HOSPITAL	383322109			No	0	0

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(DQ) ST JOHN MEDICAL CENTER INC	730579286			No	0	0
(A) ST JOHN RIVER DISTRICT HOSPITAL	383160564			No	0	0
(B) ST JOHN SAPULPA INC	730662663			No	0	0
(C) ST JOHN SENIOR COMMUNITY	382631907			No	0	0
(D) ST JOHN VILLAS INC	731077367			No	0	0
(E) ST JOSEPH HOSPITAL & HEALTH CENTER INC	350992717			No	0	0
(F) ST JOSEPH MEDICAL CENTER	440546292			No	0	0
(G) ST JOSEPH REGIONAL MEDICAL CENTER INC	820204264			No	0	0
(H) St Joseph's Ministries Inc	521835288			No	0	0
(I) ST LUKE'S-ST VINCENT'S HEALTHCARE INC	260479484			No	0	0
(J) ST MARY'S HEALTH INC FKA ST MARY'S MEDICAL CENTER OF EVANSVILLE INC	350869065			No	0	0
(K) ST MARY'S HEALTHCARE	141347719			No	0	0
(L) ST MARY'S MEDICAL CENTER	431284526			No	0	0
(M) ST MARY'S MEDICAL GROUP LLC	261356310			No	0	0
(N) ST MARY'S WARRICK HOSPITAL INC	351343019			No	0	0

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(EF) ST TERESA OF AVILA VILLA INC	204791422			No	0	0
(A) ST VINCENT ANDERSON REGIONAL HOSPITAL INC	460877261			No	0	0
(B) ST VINCENT CARMEL HOSPITAL INC	743107055			No	0	0
(C) ST VINCENT CLAY HOSPITAL INC	352112529			No	0	0
(D) ST VINCENT DUNN HOSPITAL INC	272192831			No	0	0
(E) ST VINCENT FISHERS HOSPITAL INC	454243702			No	0	0
(F) ST VINCENT FRANKFORT HOSPITAL INC	352099320			No	0	0
(G) ST VINCENT HEALTH WELLNESS AND PREVENTIVE CARE INSTITUTE INC	461227327			No	0	0
(H) ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	350869066			No	0	0
(I) ST VINCENT JENNINGS HOSPITAL INC	351841606			No	0	0
(J) ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	350876389			No	0	0
(K) ST VINCENT MEDICAL GROUP INC	272039417			No	0	0
(L) ST VINCENT RANDOLPH HOSPITAL INC	352103153			No	0	0
(M) ST VINCENT RAS INC	471289091			No	0	0
(N) ST VINCENT SALEM HOSPITAL INC	270847538			No	0	0

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(EU) ST VINCENT SETON SPECIALTY HOSPITAL INC	351712001			No	0	0
(A) ST VINCENT WILLIAMSPORT HOSPITAL INC	350784551			No	0	0
(B) ST VINCENT'S AMBULATORY CARE INC	592292041			No	0	0
(C) ST VINCENT'S BIRMINGHAM	630288864			No	0	0
(D) ST VINCENT'S BLOUNT	630909073			No	0	0
(E) ST VINCENT'S COLLEGE	061331677			No	0	0
(F) ST VINCENT'S EAST	630578923			No	0	0
(G) ST VINCENT'S FOUNDATION OF ALABAMA INC	630868068			No	0	0
(H) ST VINCENT'S FOUNDATION INC	592219923			No	0	0
(I) ST VINCENT'S MEDICAL CENTER	060646886			No	0	0
(J) ST VINCENT'S MEDICAL CENTER CLAY COUNTY INC	461523194			No	0	0
(K) ST VINCENT'S MEDICAL CENTER FOUNDATION	222558132			No	0	0
(L) ST VINCENT'S MEDICAL CENTER INC	590624449			No	0	0
(M) ST VINCENT'S SPECIAL NEEDS CENTER INC	060702617			No	0	0
(N) STMARY'S OF MICHIGAN MEDICAL CENTER	380997730			No	0	0



**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(FJ) STANDISH COMMUNITY HOSPITAL	381671120			No	0	0
(A) THE HOWARD YOUNG MEDICAL CENTER INC	390873606			No	0	0
(B) THE TRIMEDX FOUNDATION	201643383			No	0	0
(C) TRI-COUNTY CLINICAL	264562712			No	0	0
(D) VIA CHRISTI HEALTH PARTNERS INC	480958974			No	0	0
(E) Via Christi Healthcare Outreach Program for Elders Inc	481236589			No	0	0
(F) VIA CHRISTI HOSPITAL MANHATTAN INC	481186704			No	0	0
(G) VIA CHRISTI HOSPITAL PITTSBURG INC	480543778			No	0	0
(H) VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	271965272			No	0	0
(I) VIA CHRISTI HOSPITALS WICHITA INC	481172106			No	0	0
(J) VIA CHRISTI REHABILITATION HOSPITAL INC	481158274			No	0	0
(K) Via Chrsti Village Georgetown Inc	481129325			No	0	0
(L) Via Christi Village Hays Inc	202828680			No	0	0
(M) Via Christi Village Manhattan Inc	481078862			No	0	0
(N) Via Chrsti Village McLean Inc	481247723			No	0	0

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(FY) Via Christi Village Pittsburg Inc	743070971			No	0	0
(A) Via Chrsti Village Ponca City Inc	731153337			No	0	0
(B) VISITING NURSES HOME CARE DBA BORGESS VNA HOME CARE	382717691			No	0	0
(C) WAMEGO HOSPITAL ASSOCIATION INC	721526400			No	0	0
(D) THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL IN THE UNITED STATES ST LOUI SE PROVINCE	430653298			No	0	0
(E) THE CONGREGATION OF ST JOSEPH	830481134			No	0	0
(F) THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET	431296364			No	0	0
(G) THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE - AMERICAN PROVINCE	362976619			No	0	0
(H) THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASS ISI - USCARIBBEAN PROVINCE	731419335			No	0	0

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization

Ascension Health Alliance Professional & General Liability Self-Insurance Trust

Employer identification number

36-7046706

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed consent.

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

Form for Part II Conservation Easements including checkboxes for preservation purposes, a table for held at the end of the year (2a-2d), and various questions about monitoring and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts for art and historical treasures.

**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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) ASCENSION ALPHA FUND LLC	452,921,256	C
(2) CLAIM PAYMENT FUND IN HOUSE	8,182,757	C
(3) INVESTMENT - M&T BANK	2,565,394	C
(4) CLAIM PAYMENT FUND MILWAUKEE	8,710,803	C
(5) CLAIM PAYMENT FUND OZAUKEE	2,808,840	C
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )	475,189,050	

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
RESERVE FOR LOSSES	363,610,310
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	363,610,310

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**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 (losses) 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
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	From the consolidated audited financial statements of Ascension Health Alliance and its member organizations ("The System") which include the activity of Ascension Health Alliance Professional & General Liability Self-Insurance Trust 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, 2015

**Part XIII Supplemental Information (continued)**

Return Reference	Explanation

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

**2014**

**Open to Public Inspection**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 12a OFFICERS, TRUSTEES OR KEY EMPLOYEES	
Form 990, Part VI, Line 15 CEO & TOP MANAGMENT	ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST DOES NOT HAVE A CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIAL, OR ANY OTHER OFFICERS OR KEY EMPLOYEES, THEREFORE, THESE QUESTIONS ARE MORE APPROPRIATELY ANSWERED NOT APPLICABLE
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Ascension Health Alliance is the plan sponsor of Ascension Health Alliance Professional & General Liability Self-Insurance Trust, and as plan sponsor reserved the right to amend the Trust. The reserved right to amend the Trust includes the ability to appoint a new trustee.
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	Ascension Health Alliance is the plan sponsor of the Ascension Health Alliance Professional & General Liability Self-Insurance Trust. As plan sponsor, Ascension Health Alliance holds certain rights as provided in the trust agreement.
Form 990, Part VI, Line 8a Documentation of meetings held by governing body	Ascension Health Alliance Professional & General Liability Self-Insurance Trust did not hold meetings of the governing body during the year. All decisions of the organization were made by the plan sponsor, Ascension Health Alliance.
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	There are no committees with authority to act on behalf of the governing body. This question is more appropriately answered as not applicable.
Form 990, Part VI, Line 9 Interested person not at organization's address	State Street Bank and Trust Company #1 Lincoln Center Boston, MA 02111
Form 990, Part VI, Line 11b Review of form 990 by governing body	Ascension Health Alliance Management works diligently to complete the Form 990 and attached schedules in a thorough manner. Prior to filing the return, the Plan Sponsor is provided the Form 990 to review.
Form 990, Part VI, Line 19 Required documents available to the public	The organization will provide any documents open to public inspection upon request.
Form 990, Part VII, Section A Line 9	State Street Bank and Trust Company - #1 Lincoln Center, Boston, MA 02111
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	NET ASSET TRANSFER FROM ACQUIRED MINISTRIES - -7579, ROUNDING TO FOOT - -4,



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Ascension Health Alliance Professional & General Liability Self-Insurance Trust

**Employer identification number**

36-7046706

**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

**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	
(1) ASCENSION ALPHA FUND LLC 101 SOUTH HANLEY RD CLAYTON, MO 43105 90-0786464	INVESTING	DE	ASCENSION HEALTH ALLIANCE	Excluded	725,688	478,986,143		No	-9,308		No	3.56 %
(2) CHV II LLC 101 SOUTH HANLEY RD STE 200 CLAYTON, MO 63105 36-0534243	INVESTING	MO	NA	N/A								
(3) CHV III LLC 101 SOUTH HANLEY RD STE 200 CLAYTON, MO 63105 45-4486925	INVESTING	MO	NA	N/A								

**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
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		No

**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
<b>(1)</b> Ascension Health Alliance	P	5,059,479	Service Fees

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

**Part VII** **Supplemental Information**

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

**Return Reference****Explanation**

**Additional Data**

**Software ID:** 14000329

**Software Version:** 2014v1.0

**EIN:** 36-7046706

**Name:** Ascension Health Alliance Professional & General Liability Self-Insurance Trust

**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 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	Ascension Sponsor		No
(1) ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
(2) ASCENSION HEALTH-IS INC PO BOX 45998 ST LOUIS, MO 63145 65-1257719	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
(3) ASCENSION MINISTRY AND MISSION FUND PO BOX 45998 ST LOUIS, MO 63145 27-3174701	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
(4) ASCENSION HEALTH GLOBAL MISSION 101 SOUTH HANLEY SUITE 450 ST LOUIS, MO 63105 65-1205990	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
(5) ASCENSION HEALTH WELFARE BENEFITS TRUST PO BOX 46944 ST LOUIS, MO 63146 43-1601369	TRUST	MO	501(c)(9)		ASCENSION HEALTH	Yes	
(6) THE TRIMEDX FOUNDATION 5451 LAKEVIEW PARKWAY S DRIVE INDIANAPOLIS, IN 46268 20-1643383	SUPPORTING ORGANIZATION	IN	501(c)(3)	8	MEDXCEL LLC	Yes	
(7) ST MARY'S HEALTHCARE 427 GUY PARK AVE AMSTERDAM, NY 12010 14-1347719	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
(8) THE FOUNDATION OF ST MARY'S HEALTHCARE 427 GUY PARK AVE AMSTERDAM, NY 12010 13-3254655	SUPPORTING ORGANIZATION	NY	501(c)(3)	Type III-FI	NA	Yes	
(9) MEDICAL SERVICES ENHANCEMENT INC 425 GUY PARK AVE AMSTERDAM, NY 12010 14-1776546	MEDICAL OFFICE BUILDING	NY	501(c)(25)		ST MARY'S HEALTHCARE	Yes	
(10) SETON HEALTHCARE FAMILY 1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364243	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION HEALTH		No
(11) SETON FAMILY OF HOSPITALS 1345 PHILOMENA STREET AUSTIN, TX 78723 74-1109643	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	3	SETON HEALTHCARE FAMILY	Yes	
(12) AUSTIN CHILDREN'S CHEST ASSOCIATES II 1345 PHILOMENA STREET AUSTIN, TX 78723 26-0163261	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(13) BLUE LADIES MINERALS INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2971975	OWN OIL AND MINERAL RIGHTS, REAL ESTATE	TX	501(c)(3)	Type III-FI	SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
(14) CMC FOUNDATION OF CENTRAL TEXAS 1345 PHILOMENA STREET AUSTIN, TX 78723 20-0468031	FUNDRAISING	TX	501(c)(3)	Type I	SETON HEALTHCARE FAMILY	Yes	
(15) SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP (FKA SETONUT SOUTHWESTERN UNIVERSITY PHYSICIANS GROUP) 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2869762	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	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	501(c)(3)	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	501(c)(3)	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	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(19) SETON HAYS FOUNDATION 1345 PHILOMENA STREET AUSTIN, TX 78723 26-2842608	FUNDRAISING	TX	501(c)(3)	Type I	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) SETON MEDICAL GROUP 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2861106	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(1) SETON WILLIAMSON FOUNDATION 1345 PHILOMENA STREET AUSTIN, TX 78723 20-5330986	FUNDRAISING	TX	501(c)(3)	Type I	SETON HEALTHCARE FAMILY	Yes	
(2) THE SETON COVE INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2727509	SPIRITUALITY CENTER	TX	501(c)(3)	Type I	SETON HEALTHCARE FAMILY	Yes	
(3) SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2212968	FUNDRAISING	TX	501(c)(3)	Type I	SETON HEALTHCARE FAMILY	Yes	
(4) TRI-COUNTY CLINICAL 1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562712	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(5) SETON FAMILY OF PHYSICIANS 1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562522	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(6) SPECIALLY FOR CHILDREN-CHILDREN'S HOSPITAL SUBSPECIALISTS OF CENTRAL TEXAS 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2800601	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(7) TWENTY-SIX DOORS INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2855201	TO HOLD TITLE TO REAL PROPERTY	TX	501(c)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
(8) FICKETT HEALTH LEGACY INC 1345 PHILOMENA STREET AUSTIN, TX 78723 27-2843709	TO HOLD AND COLLECT INCOME FROM REAL PROPERTY	TX	501(c)(25)		TWENTY-SIX DOORS INC	Yes	
(9) PEDIATRIC SURGICAL SUBSPECIALISTS 1345 PHILOMENA STREET AUSTIN, TX 78723 20-8957311	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(10) ADULT INPATIENT MEDICAL SERVICES 1345 PHILOMENA STREET AUSTIN, TX 78723 45-2498998	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON FAMILY OF HOSPITALS	Yes	
(11) SETON ENT 1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220659	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(12) CHILDREN'S BONE JOINT & SPINE CENTER 1345 PHILOMENA STREET AUSTIN, TX 78723 45-2499113	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(13) HEALTHCARE COLLABORATIVE 1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220767	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(14) SETON CLINICAL ENTERPRISE CORPORATION 1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364681	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	SETON HEALTHCARE FAMILY	Yes	
(15) SETON INSURANCE SERVICES CORPORATION 1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364813	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	SETON HEALTHCARE FAMILY	Yes	
(16) ST AGNES HEALTHCARE INC 900 CATON AVENUE BALTIMORE, MD 21229 52-0591657	HOSPITAL	MD	501(c)(3)	3	ASCENSION HEALTH	Yes	
(17) SAINT AGNES FOUNDATION 900 CATON AVENUE BALTIMORE, MD 21229 52-1415083	Provides Funding to the Hospital and to the Community	MD	501(c)(3)	Type I	STAGNES HOSPITAL	Yes	
(18) ST AGNES AUXILIARY 900 CATON AVENUE BALTIMORE, MD 21229 52-0643673	FUNDRAISING	MD	501(c)(3)	9	STAGNES HOSPITAL	Yes	
(19) SETON MEDICAL GROUP 900 CATON AVENUE BALTIMORE, MD 21229 39-2064992	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(c)(3)	3	STAGNES 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) OUR LADY OF LOURDES MEMORIAL HOSPITAL INC  169 Riverside Drive Binghamton, NY 13905 15-0532221	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
(1) Lourdes Realty Corporation Inc  169 Riverside Drive Binghamton, NY 13905 22-2873637	Rental of Health Care Facilities	NY	501(c)(2)		Our Lady of Lourdes Memorial Hospital Inc	Yes	
(2) ST VINCENT'S HEALTH SYSTEM  810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0931008	HEALTH SYSTEM PARENT	MO	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
(3) ST VINCENT'S BIRMINGHAM  810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0288864	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
(4) ST VINCENT'S BLOUNT  150 GILBREATH DRIVE ONEONTA, AL 35121 63-0909073	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
(5) ST VINCENT'S EAST  50 MEDICAL PARK EAST DRIVE BIRMINGHAM, AL 35235 63-0578923	HOSPITAL	AL	501(c)(3)	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	501(c)(3)	7	ST VINCENT'S BIRMINGHAM	Yes	
(7) UNIVERSAL HEALTH SERVICES  810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0932323	PHYSICIAN GROUP	AL	501(c)(3)	Type I	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	501(c)(3)	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	501(c)(2)		ST VINCENT'S HEALTH SYSTEM	Yes	
(10) ST VINCENT'S HEALTH SERVICES CORPORATION  2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558134	SYSTEM PARENT	CT	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
(11) ST VINCENT'S SPECIAL NEEDS CENTER INC  95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-0702617	PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS	CT	501(c)(3)	9	ST VINCENT'S HEALTH SERVICES CORP	Yes	
(12) ST VINCENT'S MEDICAL CENTER  2800 MAIN STREET BRIDGEPORT, CT 06606 06-0646886	HOSPITAL	CT	501(c)(3)	3	ST VINCENT'S HEALTH SERVICES CORP	Yes	
(13) ST VINCENT'S MEDICAL CENTER FOUNDATION  2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558132	FUNDRAISING	CT	501(c)(3)	7	ST VINCENT'S HEALTH SERVICES CORP	Yes	
(14) ST VINCENT'S DEVELOPMENT INC  95 MERRITT BOULEVARD TRUMBULL, CT 06611 22-2554128	REAL ESTATE HOLDINGS	CT	501(c)(25)		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	501(c)(3)	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	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
(17) Alexian Brothers - AHS Midwest Region Health Co  3040 W Salt Creek Lane Arlington Heights, IL 60005 47-2360513	Joint Operating Company	IL	501(c)(3)	Type II	NA		No
(18) Alexian Brothers Bonaventure House  825 Wellington Avenue Chicago, IL 60657 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3)	9	Alexian Brothers Health System	Yes	
(19) Alexian Brothers Health System  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3260495	Supports the provision of healthcare services for related corporations for which it is a member	IL	501(c)(3)	Type III-FI	Ascension Health		No



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) Alexian Brothers Health System Inc Investment Trust 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3801585	Manages pooled investments of related not-for-profit entities	IL	501(c)3	Type III-FI	Alexian Brothers Health System	Yes	
(1) Alexian Brothers of San Jose Inc 3040 W Salt Creek Lane Arlington Heights, IL 60005 94-1530037	Acute care hospital (sold in 1998)	TX	501(c)3	Type I	Alexian Brothers Health System	Yes	
(2) Alexian Brothers Services Inc 3040 W Salt Creek Lane Arlington Heights, IL 60005 43-1295333	HUD housing	MO	501(c)3	9	Alexian Brothers Health System	Yes	
(3) Alexian Brothers Senior Ministries 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-4484290	Supports the provision of healthcare for related corporations	IL	501(c)3	Type III-FI	Alexian Brothers Health System	Yes	
(4) 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	501(c)3	Type III-FI	Alexian Brothers Health System	Yes	
(5) Alexian Brothers Medical Center 800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381	Acute care hospital	TX	501(c)3	3	Alexian Brothers Health System	Yes	
(6) Savelli Properties Inc 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3308965	Owns or leases properties where healthcare services are delivered	IL	501(c)2		Alexian Brothers Health System	Yes	
(7) Alexian Brothers Behavioral Health Hospital 1650 Moon Lake Blvd Hoffman Estates, IL 60169 36-4251848	Behavioral health hospital	IL	501(c)3	3	Alexian Brothers Health System	Yes	
(8) St Alexius Medical Center 1555 Barrington Road Hoffman Estates, IL 60194 36-4251846	Acute care hospital	IL	501(c)3	3	Alexian Brothers Health System	Yes	
(9) Alexian Brothers Ambulatory Group 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-4336931	Physician services	IL	501(c)3	3	Alexian Brothers Health System	Yes	
(10) Alexian Brothers Specialty Group 3040 W Salt Creek Lane Arlington Heights, IL 60005 80-0710751	Specialty physician practice group	IL	501(c)3	3	Alexian Brothers Health System	Yes	
(11) Alexian Brothers Center for Mental Health 3436 N Kennicott Avenue Arlington Heights, IL 60004 36-3045007	Outpatient community mental health services	IL	501(c)3	9	Alexian Brothers Health System	Yes	
(12) Alexian Brothers Medical Care Group NFP 3040 W Salt Creek Lane Arlington Heights, IL 60005 47-1930457	Physician services	IL	501(c)3	3	Alexian Brothers Health System	Yes	
(13) ST JOHN HEALTH 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2244034	PARENT	MI	501(c)3	Type III-FI	ASCENSION HEALTH		No
(14) BRIGHTON HOSPITAL 12851 GRAND RIVER BRIGHTON, MI 48116 38-1576680	HOSPITAL	MI	501(c)3	3	ST JOHN HEALTH	Yes	
(15) EASTWOOD COMMUNITY CLINICS 28000 DEQUINDRE ROAD WARREN, MI 48092 38-1958763	HEALTH CARE	MI	501(c)3	9	ST JOHN HEALTH	Yes	
(16) FATHER MURRAY NURSING CENTER 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2601348	HEALTH CARE	MI	501(c)3	9	ST JOHN HEALTH	Yes	
(17) MEDICAL RESOURCES GROUP 28000 DEQUINDRE WARREN, MI 48092 38-3494637	HEALTH CARE	MI	501(c)3	9	ST JOHN HEALTH	Yes	
(18) PROVIDENCE HEALTH FOUNDATION 22101 MOROSS DETROIT, MI 48236 38-3526629	FUNDRAISING	MI	501(c)3	Type III-FI	ST JOHN HEALTH	Yes	
(19) PROVIDENCE HOSPITAL 16001 WEST NINE MILE ROAD SOUTHFIELD, MI 48037 38-1358212	HOSPITAL	MI	501(c)3	3	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	
(81) SETON HEALTH CORP OF SE MICHIGAN  28000 Dequindre Warren, MI 48092 38-2820107	HEALTH CARE	MI	501(c)(3)	9	ST JOHN HEALTH	Yes	
(1) ST JOHN COMMUNITY HEALTH INVESTMENT CORP  28000 DEQUINDRE ROAD WARREN, MI 48092 38-2262856	HEALTH CARE	MI	501(c)(3)	3	ST JOHN HEALTH	Yes	
(2) ST JOHN HOSPITAL & MEDICAL CENTER  28000 DEQUINDRE ROAD WARREN, MI 48092 38-1359063	HEALTH CARE	MI	501(c)(3)	3	ST JOHN HEALTH	Yes	
(3) ST JOHN HOSPITAL FOUNDATION  22101 MOROSS DETROIT, MI 48236 20-2961579	FUNDRAISING	MI	501(c)(3)	7	ST JOHN HEALTH	Yes	
(4) ST JOHN HOSPITAL GUILD  28000 DEQUINDRE ROAD WARREN, MI 48092 38-6091110	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN HOSPITAL & MEDICAL CENTER	Yes	
(5) ST JOHN RIVER DISTRICT HOSPITAL  4100 RIVER ROAD EAST CHINA, MI 48054 38-3160564	HOSPITAL	MI	501(c)(3)	3	ST JOHN HEALTH	Yes	
(6) ST JOHN SENIOR COMMUNITY  28000 DEQUINDRE ROAD WARREN, MI 48092 38-2631907	HEALTH CARE	MI	501(c)(3)	9	ST JOHN HEALTH	Yes	
(7) ST JOHN MACOMB-OAKLAND HOSPITAL  28000 DEQUINDRE ROAD WARREN, MI 48092 38-3322109	HOSPITAL	MI	501(c)(3)	3	ST JOHN HEALTH	Yes	
(8) FONTBONNE AUXILIARY OF ST JOHN HOSPITAL  28000 DEQUINDRE ROAD WARREN, MI 48092 38-6082173	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN HOSPITAL & MEDICAL CENTER	Yes	
(9) CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES INC  2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-1869951	FREESTANDING OUTPATIENT CENTER	IN	501(c)(3)	Type III-FI	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Yes	
(10) REHABILITATION HOSPITAL OF INDIANA INC  4141 SHORE DRIVE INDIANAPOLIS, IN 46254 35-1786005	REHABILITATION HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(11) SVH REAL ESTATE INC  10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 20-5002285	REAL ESTATE HOLDING COMPANY	IN	501(c)(3)	Type I	ST VINCENT HEALTH INC	Yes	
(12) ST JOSEPH FOUNDATION OF KOKOMO INDIANA INC  1907 W SYCAMORE STREET KOKOMO, IN 46901 23-7313206	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST JOSEPH HOSPITAL & HEALTH CENTER INC	Yes	
(13) ST JOSEPH HOSPITAL & HEALTH CENTER INC  1907 W SYCAMORE STREET KOKOMO, IN 46901 35-0992717	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(14) ST VINCENT ANDERSON REGIONAL HOSPITAL INC  2015 JACKSON STREET ANDERSON, IN 46016 46-0877261	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(15) ST VINCENT ANDERSON REGIONAL HOSPITAL FOUNDATION INC  2015 JACKSON STREET ANDERSON, IN 46016 35-2053693	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Yes	
(16) ST VINCENT CARMEL HOSPITAL INC  13500 N MERIDIAN STREET CARMEL, IN 46032 74-3107055	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(17) ST VINCENT CLAY HOSPITAL INC  1206 E NATIONAL AVENUE BRAZIL, IN 47834 35-2112529	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(18) ST VINCENT DUNN HOSPITAL INC  1600 23RD STREET BEDFORD, IN 47421 27-2192831	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(19) ST VINCENT FISHERS HOSPITAL INC  13861 OLIO ROAD FISHERS, IN 46037 45-4243702	HOSPITAL	IN	501(c)(3)	3	ST VINCENT 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) ST VINCENT FRANKFORT HOSPITAL INC 1300 S JACKSON FRANKFORT, IN 46041 35-2099320	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(1) ST VINCENT FRANKFORT HOSPITAL FOUNDATION INC 1300 S JACKSON FRANKFORT, IN 46041 35-1531734	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT FRANKFORT HOSPITAL INC	Yes	
(2) ST VINCENT HEALTH INC 10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 35-2052591	PARENT COMPANY	IN	501(c)(3)	Type III-FI	ASCENSION HEALTH		No
(3) ST VINCENT HEALTH WELLNESS AND PREVENTIVE CARE INSTITUTE INC 8333 NAAB ROAD STE 301 INDIANAPOLIS, IN 46260 46-1227327	HEALTH AND WELLNESS SERVICES	IN	501(c)(3)	9	ST VINCENT HEALTH INC	Yes	
(4) ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC 2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-0869066	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(5) ST VINCENT HOSPITAL FOUNDATION INC 10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 35-6088862	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Yes	
(6) ST VINCENT JENNINGS HOSPITAL INC 301 HENRY STREET NORTH VERNON, IN 47265 35-1841606	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(7) ST VINCENT MADISON COUNTY HEALTH SYSTEM INC 1331 SOUTH A STREET ELWOOD, IN 46036 35-0876389	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(8) ST VINCENT MEDICAL GROUP INC 8425 HARCOURT ROAD INDIANAPOLIS, IN 46260 27-2039417	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	9	ST VINCENT HEALTH INC	Yes	
(9) ST VINCENT MERCY HOSPITAL FOUNDATION INC 1331 SOUTH A STREET ELWOOD, IN 46036 31-1066871	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	Yes	
(10) ST VINCENT RANDOLPH HOSPITAL INC 473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2103153	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(11) ST VINCENT RANDOLPH HOSPITAL FOUNDATION INC 473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2133006	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT RANDOLPH HOSPITAL INC	Yes	
(12) ST VINCENT RAS INC 10330 N MERIDIAN STREET STE 400N INDIANAPOLIS, IN 46290 47-1289091	RETAIL AMBULATORY SERVICES	IN	501(c)(3)	9	ST VINCENT HEALTH INC	Yes	
(13) ST VINCENT SALEM HOSPITAL INC 911 N SHELBY STREET SALEM, IN 47167 27-0847538	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(14) ST VINCENT SETON SPECIALTY HOSPITAL INC 8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260 35-1712001	LONG TERM CARE HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(15) ST VINCENT WILLIAMSPORT HOSPITAL INC 412 N MONROE STREET WILLIAMSPORT, IN 47993 35-0784551	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(16) ST VINCENT WILLIAMSPORT HOSPITAL FOUNDATION INC 412 N MONROE STREET WILLIAMSPORT, IN 47993 74-3130159	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT WILLIAMSPORT HOSPITAL INC	Yes	
(17) SVSM INC 2001 W 86TH STREET INDIANAPOLIS, IN 46260 81-0607827	HOLDING COMPANY	IN	501(c)(3)	Type I	ST VINCENT HEALTH INC	Yes	
(18) ST MARY'S AT HOME INC 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899560	DME/HOME CARE	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
(19) ST MARY'S BUILDING CORPORATION 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7248362	REAL ESTATE HOLDING COMPANY	IN	501(c)(2)		ST MARY'S 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
(121) ST MARY'S WARRICK EMERGENCY MEDICAL SERVICES INC 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-5342518	AMBULANCE SERVICES	IN	501(c)(4)		ST MARY'S HEALTH SERVICES INC	Yes	
(1) ST MARY'S HEALTH INC 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-2057801	HEALTH MINISTRY PARENT	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
(2) ST MARY'S HEALTH SERVICES INC 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1679526	INVESTMENT SERVICES	IN	501(c)(3)	Type III-FI	ST MARY'S HEALTH INC	Yes	
(3) ST MARY'S CARE PARTNERS INC 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899562	TAX-EXEMPT AFFILIATE REIMBURSEMENTS	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
(4) ST MARY'S HEALTH FOUNDATION INC FKA ST MARY'S MEDICAL CENTER FOUNDATION OF EVANSVILLE INC 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7045370	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
(5) ST MARY'S HEALTH INC FKA ST MARY'S MEDICAL CENTER OF EVANSVILLE INC 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-0869065	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(6) ST MARY'S WARRICK HOSPITAL FOUNDATION INC 1116 MILLIS AVENUE BOONVILLE, IN 47601 35-1961890	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST MARY'S WARRICK HOSPITAL INC	Yes	
(7) ST MARY'S WARRICK HOSPITAL INC 1116 MILLIS AVENUE BOONVILLE, IN 47601 35-1343019	HOSPITAL	IN	501(c)(3)	3	ST MARY'S HEALTH INC	Yes	
(8) ST MARY'S OHIO VALLEY HEARTCARE LLC 901 ST MARYS DRIVE EVANSVILLE, IN 47714 27-3474697	DORMANT	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
(9) ST MARY'S MEDICAL GROUP LLC 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 26-1356310	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	9	ST MARY'S HEALTH INC	Yes	
(10) PRIMARY PHYSICIAN NETWORK LLC 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-8775914	DORMANT	IN	501(c)(3)	9	ST MARY'S HEALTH INC	Yes	
(11) GENESYS HEALTH SYSTEM ONE GENESYS PARKWAY GRAND BLANC, MI 48439 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION HEALTH		No
(12) GENESYS AMBULATORY HEALTH SERVICES 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 38-2371754	HLTH SRVCS/STAFFING/PROP MGMNT	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
(13) GENESYS CONVALESCENT CENTER 8481 HOLLY ROAD GRAND BLANC, MI 48439 38-2317364	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY HEALTH SYSTEM	Yes	
(14) GENESYS HEALTH FOUNDATION ONE GENESYS PARKWAY GRAND BLANC, MI 48439 38-3591148	FOUNDATION	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
(15) GENESYS REGIONAL MEDICAL CENTER ONE GENESYS PARKWAY GRAND BLANC, MI 48439 38-2377821	HOSPITAL	MI	501(c)(3)	3	GENESYS HEALTH SYSTEM	Yes	
(16) HEALTH SOURCE GROUP 5455 ALI DR DEPT 200 GRAND BLANC, MI 48439 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
(17) GENESYS VOLUNTEERS ONE GENESYS PARKWAY GRAND BLANC, MI 48439 38-1472646	GRMC SUPPORT	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
(18) CENTER FOR GERONTOLOGY 5455 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 38-2514708	ADULT DAY CARE	MI	501(c)(3)	Type II	GENESYS AMBULATORY HEALTH SERVICES	Yes	
(19) REVERENCE HOME HEALTH & HOSPICE 5445 ALI DRIVE DEPT 800 GRAND BLANC, MI 48439 38-3408684	HEALTH CARE	MI	501(c)(3)	7	ASCENSION HEALTH		No

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	
(141) ST VINCENT'S HEALTH SYSTEM INC 4205 BELFORT ROAD JACKSONVILLE, FL 32216 59-3650609	HEALTH SYSTEM PARENT	FL	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
(1) ST VINCENT'S MEDICAL CENTER INC 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-0624449	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(2) ST LUKE'S-ST VINCENT'S HEALTHCARE INC 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 26-0479484	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(3) ST VINCENT'S AMBULATORY CARE INC 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2292041	PHYSICIAN PRACTICE	FL	501(c)(3)	9	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(4) ST VINCENT'S FOUNDATION INC 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2219923	FUND RAISING	FL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(5) ST VINCENT'S MEDICAL CENTER CLAY COUNTY INC 1580 BRANAN FIELD ROAD MIDDLEBURG, FL 32068 46-1523194	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(6) BORGESS HEALTH ALLIANCE INC 1521 GULL ROAD KALAMAZOO, MI 49048 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
(7) BORGESS MEDICAL CENTER 1521 GULL ROAD KALAMAZOO, MI 49048 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
(8) BORGESS AMBULATORY CARE CORPORATION 1521 GULL ROAD KALAMAZOO, MI 49048 38-2468823	HOLDING COMPANY	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
(9) BORGESS FOUNDATION 1521 GULL ROAD KALAMAZOO, MI 49048 23-7222558	FUNDRAISING	MI	501(c)(3)	Type III-FI	BORGESS HEALTH ALLIANCE INC	Yes	
(10) BORGESS NURSING HOME 3057 GULL ROAD KALAMAZOO, MI 49048 38-2555589	RESIDENTIAL CARE	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
(11) LEE MEMORIAL HOSPITAL CORPORATION 420 WEST HIGH STREET DOWAGIAC, MI 49047 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
(12) LEE MEMORIAL FOUNDATION 420 W HIGH STREET DOWAGIAC, MI 49047 38-2860459	FUNDRAISING	MI	501(c)(3)	Type III-FI	BORGESS HEALTH ALLIANCE INC	Yes	
(13) PROMED HEALTHCARE 1521 GULL ROAD KALAMAZOO, MI 49048 38-3193801	HEALTHCARE SERVICES	MI	501(c)(3)	9	BORGESS HEALTH ALLIANCE INC	Yes	
(14) VISITING NURSES HOME CARE DBA BORGESS VNA HOME CARE 348 NORTH BURDICK KALAMAZOO, MI 49007 38-2717691	HOME HEALTHCARE SERVICES	MI	501(c)(3)	9	BORGESS HEALTH ALLIANCE INC	Yes	
(15) CARONDELET HEALTH 1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1276738	HEALTH SYSTEM PARENT	MO	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
(16) CARONDELET HEALTH CORP & AFFILIATES EMP HEALTH & DENTAL CARE 1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1116849	VEBA	MO	501(c)(9)		CARONDELET HEALTH	Yes	
(17) CARONDELET HOME CARE SERVICES INC 11050 ROE SUITE 120 OVERLAND PARK, KS 66211 43-1379352	HOME HEALTH CARE SERVICES	KS	501(c)(3)	3	CARONDELET HEALTH	Yes	
(18) CARONDELET CARDIOLOGY SERVICES INC 1000 CARONDELET DRIVE KANSAS CITY, MO 64114 27-1322670	HEALTH CARE	MO	501(c)(3)	Type I	CARONDELET HEALTH	Yes	
(19) ST JOSEPH MEDICAL CENTER 1000 CARONDELET DRIVE KANSAS CITY, MO 64114 44-0546292	HEALTH CARE	MO	501(c)(3)	3	CARONDELET 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	
(161) ST JOSEPH MEDICAL CENTER FOUNDATION 1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1388461	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes		
(1) ST MARY'S MEDICAL CENTER 201 WEST RD MIZE RD BLUE SPRINGS, MO 64014 43-1284526	HEALTH CARE	MO	501(c)(3)	3	CARONDELET HEALTH	Yes		
(2) ST MARY'S MEDICAL CENTER FOUNDATION 1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1918107	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes		
(3) ST JOSEPH REGIONAL MEDICAL CENTER INC PO BOX 816 415 SIXTH STREET LEWISTON, ID 83501 82-0204264	HOSPITAL	ID	501(c)(3)	3	ASCENSION HEALTH	Yes		
(4) ST JOSEPH REGIONAL MEDICAL CENTER FOUNDATION INC 415 6TH STREET LEWISTON, ID 83501 51-0168321	FUNDRAISING	ID	501(c)(3)	Type I	ST JOSEPH REGIONAL MEDICAL CENTER	Yes		
(5) COLUMBIA ST MARY'S INC 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1834639	HEALTH SYSTEM PARENT	WI	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE COLUMBIA HEALTH SYSTEM	Yes		
(6) COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0806315	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes		
(7) COLUMBIA ST MARY'S HOSPITAL OZAUKEE INC 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0807063	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes		
(8) SACRED HEART REHABILITATION INSTITUTE INC 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0902199	REHAB FACILITY	WI	501(c)(3)	3	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes		
(9) COLUMBIA COLLEGE OF NURSING INC 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1596986	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes		
(10) HORIZON HOME CARE & HOSPICE INC 8949 N DEERBROOK TRL MILWAUKEE, WI 53223 39-1171298	HOME CARE/HOSPICE	WI	501(c)(3)	3	NA		No	
(11) COLUMBIA HEALTH SYSTEM 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1494977	HEALTH SYSTEM	WI	501(c)(3)	Type I	NA		No	
(12) COLUMBIA ST MARY'S FOUNDATION INC 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1494981	FOUNDATION	WI	501(c)(3)	7	NA		No	
(13) MINISTRY HEALTH CARE INC 10925 W LAKE PARK DR STE 100 MILWAUKEE, WI 53224 39-1490371	PARENT CORPORATION	WI	501(c)(3)	Type II	ASCENSION HEALTH		No	
(14) AFFINITY HEALTH SYSTEM 1570 MIDWAY PLACE MENASHA, WI 54952 39-1568866	SUPPORT RELATED HEALTHCARE ORGANZIATIONS	IL	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes		
(15) AGAPE COMMUNITY CENTER OF MILWAUKEE INC 6100 NORTH 42ND STREET MILWAUKEE, WI 53209 39-1461846	COMMUNITY CENTER	WI	501(c)(3)	7	MINISTRY HEALTH CARE INC	Yes		
(16) CALUMET MEDICAL CENTER INC 614 MEMORIAL DRIVE CHILTON, WI 53014 39-0905385	HOSPITAL	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes		
(17) CATALPA HEALTH INC N4642 COUNTY N APPLETON, WI 54914 45-4681563	MENTAL HEALTH FACILITY	WI	501(c)(3)	3	ST ELIZABETH HOSPITAL INC	Yes		
(18) SAINT MICHAEL'S FOUNDATION OF STEVENS POINT INC 900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1657410	CHARITABLE FOUNDATION	WI	501(c)(3)	Type I	SAINT MICHAEL'S HOSPITAL OF STEVENS POINT	Yes		
(19) DOOR COUNTY MEMORIAL HOSPITAL 323 SOUTH 18TH AVENUE STURGEON BAY, WI 54235 39-0806324	HOSPITAL	WI	501(c)(3)	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	
(181) DR KATE NEWCOMB CONVALESCENT CENTER INC PO BOX 829 WOODRUFF, WI 54568 39-1357365	NURSING/ASSISTED LIVING SERVICES	WI	501(c)(3)	9	HOWARD YOUNG HEALTH CARE INC	Yes		
(1) EAGLE RIVER MEMORIAL HOSPITAL INCORPORATED 201 HOSPITAL ROAD EAGLE RIVER, WI 54521 39-0985690	HOSPITAL	WI	501(c)(3)	3	THE HOWARD YOUNG MEDICAL CENTER INC	Yes		
(2) FOUNDATION OF SAINT CLARE'S HOSPITAL OF WESTON INC 3400 MINISTRY PARKWAY WESTON, WI 54476 75-3193633	CHARITABLE FOUNDATION	WI	501(c)(3)	Type I	MINISTRY HEALTH CARE INC	Yes		
(3) FOUNDATION OF SAINT JOSEPH'S HOSPITAL OF MARSHFIELD 611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-1684957	CHARITABLE FOUNDATION	WI	501(c)(3)	Type I	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	Yes		
(4) GOOD SAMARITAN HEALTH CENTER OF MERRILL WISCONSIN INC 601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-0808503	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes		
(5) GOOD SAMARITAN HEALTH CENTER FOUNDATION OF MERRILL WISCONSIN INC 601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-1627755	CHARITABLE FOUNDATION	WI	501(c)(3)	Type I	GOOD SAMARITAN HEALTH CENTER OF MERRILL	Yes		
(6) HOWARD YOUNG FOUNDATION INC 240 MAPLE STREET WOODRUFF, WI 54568 39-1521169	CHARITABLE FOUNDATION	WI	501(c)(3)	7	HOWARD YOUNG HEALTH CARE INC	Yes		
(7) HOWARD YOUNG HEALTH CARE INC 240 MAPLE STREET WOODRUFF, WI 54568 39-1499115	HOME OFFICE	WI	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes		
(8) THE HOWARD YOUNG MEDICAL CENTER INC 240 MAPLE STREET WOODRUFF, WI 54568 39-0873606	HOSPITAL	WI	501(c)(3)	3	HOWARD YOUNG HEALTH CARE INC	Yes		
(9) MERCY HEALTH FOUNDATION INC PO BOX 3370 OSHKOSH, WI 54903 23-7140261	CHARITABLE FOUNDATION	WI	501(c)(3)	9	AFFINITY HEALTH SYSTEM	Yes		
(10) MERCY MEDICAL CENTER OF OSHKOSH INC 500 S OAKWOOD ROAD OSHKOSH, WI 54904 39-0806268	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes		
(11) MINISTRY HOMECARE INC 611 STJOSEPH AVENUE 4S MARSHFIELD, WI 54449 39-1936201	HOME CARE/HOSPICE	WI	501(c)(3)	9	MINISTRY HEALTH CARE INC	Yes		
(12) MINISTRY MEDICAL GROUP INC 824 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1965593	CLINICS	WI	501(c)(3)	Type III-FI	MINISTRY HEALTH CARE INC	Yes		
(13) MINISTRY WEIGHT MANAGEMENT 2251 NORTH SHORE DRIVE RHINELANDER, WI 54501 39-1829015	HEALTH SERVICES	WI	501(c)(3)	3	SACRED HEART-ST MARY'S HOSPITALS	Yes		
(14) NETWORK HEALTH SYSTEM INC 1570 APPLETON RD MENASHA, WI 54952 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes		
(15) OUR LADY OF VICTORY HOSPITAL 1120 PINE STREET STANLEY, WI 54768 39-0807065	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes		
(16) SACRED HEART-STMARY'S HOSPITALS INC PO BOX 347 STEVENS POINT, WI 54481 39-1390638	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes		
(17) SAINT CLARE'S HOSPITAL OF WESTON INC 3400 MINISTRY PARKWAY WESTON, WI 54476 72-1531917	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes		
(18) SAINT ELIZABETH'S HOSPITAL OF WABASHA INC 1200 GRANT BLVD WEST WABASHA, MN 55981 41-0693877	HOSPITAL	MN	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes		
(19) SAINT ELIZABETH'S HOSPITAL FOUNDATION INC 1506 S ONEIDA STREET APPLETON, WI 54915 39-1256677	CHARITABLE FOUNDATION	WI	501(c)(3)	7	AFFINITY 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	
(201) ST ELIZABETH HOSPITAL INC 1506 S ONEIDA STREET APPLETON, WI 54915 39-0816818	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
(1) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC 611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-1847631	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
(2) SAINT MICHAEL'S HOSPITAL OF STEVENS POINT INC 900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-0808443	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
(3) PROVIDENCE HEALTH SYSTEM 6801 AIRPORT BLVD MOBILE, AL 36608 63-0934712	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type III-FI	ASCENSION HEALTH		No
(4) SETON MEDICAL MANAGEMENT 6801 AIRPORT BLVD MOBILE, AL 36608 63-0937704	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type II	PROVIDENCE HEALTH SYSTEM	Yes	
(5) PROVIDENCE HEALTHCARE SERVICES 6801 AIRPORT BLVD MOBILE, AL 36608 63-0937705	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type III-FI	PROVIDENCE HEALTH SYSTEM	Yes	
(6) PROVIDENCE FOUNDATION 6801 AIRPORT BLVD MOBILE, AL 36608 63-0915493	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	7	PROVIDENCE HEALTH SYSTEM	Yes	
(7) PROVIDENCE BUILDING CORPORATION 6801 AIRPORT BLVD MOBILE, AL 36608 63-0914564	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(2)		PROVIDENCE HEALTH SYSTEM	Yes	
(8) ALABAMA PROVIDENCE HEALTHCARE SERVICES 6801 AIRPORT BLVD MOBILE, AL 36608 46-2847744	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type III-FI	PROVIDENCE HEALTH SYSTEM	Yes	
(9) PROVIDENCE HOSPITAL 6801 AIRPORT BLVD MOBILE, AL 36608 63-0288861	HOSPITAL	AL	501(c)(3)	3	ASCENSION HEALTH		No
(10) SAINT THOMAS HEALTH 4220 HARDING ROAD NASHVILLE, TN 37205 58-1716804	SYSTEM PARENT	TN	501(c)(3)	Type III-O	Ascension Health		No
(11) SAINT THOMAS WEST HOSPITAL 4220 HARDING ROAD NASHVILLE, TN 37205 62-0347580	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
(12) SAINT THOMAS NETWORK 4220 HARDING ROAD NASHVILLE, TN 37205 62-1284994	HEALTH INVESTMENT ENTITY	TN	501(c)(3)	9	SAINT THOMAS HEALTH	Yes	
(13) SAINT THOMAS HEALTH FOUNDATIONS PO BOX 380 NASHVILLE, TN 37202 58-1663055	OPERATES FOUNDATION	TN	501(c)(3)	7	SAINT THOMAS NETWORK	Yes	
(14) COVENANT CARE INC 102 WOODMONT BLVD SUITE 800 NASHVILLE, TN 37205 62-1695737	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS NETWORK	Yes	
(15) SAINT THOMAS RUTHERFORD HOSPITAL 1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-0475842	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
(16) SAINT THOMAS RUTHERFORD FOUNDATION 1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-1167917	FOUNDATION	TN	501(c)(3)	Type I	SAINT THOMAS RUTHERFORD HOSPITAL	Yes	
(17) SAINT THOMAS MIDTOWN HOSPITAL 4220 HARDING ROAD NASHVILLE, TN 37205 62-1869474	ACUTE CARE HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
(18) BAPTIST HOSPITAL FOUNDATION OF NASHVILLE INC 2000 CHURCH STREET NASHVILLE, TN 37236 58-1861378	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS MIDTOWN HOSPITAL	Yes	
(19) BAPTIST HEALTH CARE AFFILIATES INC 2000 CHURCH STREET NASHVILLE, TN 37236 58-1509251	COMMUNITY HEALTH PROMOTION	TN	501(c)(3)	Type I	SAINT THOMAS NETWORK	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
(221) BAPTIST HEALTH CARE GROUP 2000 CHURCH STREET NASHVILLE, TN 37236 62-1529858	HEALTHCARE PROVIDER	TN	501(c)(3)	3	SAINT THOMAS NETWORK	Yes	
(1) SAINT THOMAS HICKMAN HOSPITAL 135 EAST SWAN STREET CENTERVILLE, TN 37033 58-1737573	HOSPITAL	TN	501(c)(3)	3	BAPTIST HEALTH CARE AFFILIATES INC	Yes	
(2) SAINT THOMAS HOME CARE 135 EAST SWAN STREET CENTERVILLE, TN 37033 62-1836937	HOME HEALTH CARE	TN	501(c)(3)	9	SAINT THOMAS HICKMAN HOSPITAL	Yes	
(3) OUR LADY OF LOURDES HOSPITAL AT PASCO 520 NORTH 4TH AVENUE PASCO, WA 99301 91-0349750	HEALTHCARE	WA	501(c)(3)	3	ASCENSION HEALTH		No
(4) LOURDES FOUNDATION 520 NORTH 4TH AVENUE PASCO, WA 99301 91-1528577	FUNDRAISING	WA	501(c)(3)	Type I	OUR LADY OF LOURDES HOSPITAL AT PASCO	Yes	
(5) SACRED HEART HEALTH SYSTEM INC 5151 N 9TH AVE PENSACOLA, FL 32504 59-0634434	HOSPITAL - HEALTHCARE	FL	501(c)(3)	3	ASCENSION HEALTH		No
(6) HAVEN OF OUR LADY OF PEACE INC 5151 N 9TH AVE PENSACOLA, FL 32504 59-3620346	NURSING HOME	FL	501(c)(3)	9	SACRED HEART HEALTH SYSTEM INC	Yes	
(7) SACRED HEART FOUNDATION INC 5151 N 9TH AVE PENSACOLA, FL 32504 59-2436597	FOUNDATION	FL	501(c)(3)	7	SACRED HEART HEALTH SYSTEM INC	Yes	
(8) SACRED HEART HEALTH VENTURES INC 5151 N 9TH AVE PENSACOLA, FL 32504 57-1183283	INVESTMENT	FL	501(c)(3)	Type I	SACRED HEART HEALTH SYSTEM INC	Yes	
(9) STMARY'S - STJOSEPH HEALTH SYSTEM 800 S WASHINGTON AVENUE SAGINAW, MI 48601 46-1084363	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type I	ASCENSION HEALTH		No
(10) STMARY'S OF MICHIGAN MEDICAL CENTER 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-0997730	HOSPITAL	MI	501(c)(3)	3	ST MARY'S - ST JOSEPH HEALTH SYSTEM		No
(11) ST MARY'S MEDICAL CENTER FOUNDATION SAGINAW MICHIGAN 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2246366	FUNDRAISING	MI	501(c)(3)	Type III-FI	STMARY'S OF MICHIGAN	Yes	
(12) STANDISH COMMUNITY HOSPITAL 805 WEST CEDAR STREET STANDISH, MI 48658 38-1671120	HOSPITAL	MI	501(c)(3)	3	STMARY'S - STJOSEPH HEALTH SYSTEM		No
(13) FIELD NEUROSCIENCES INSTITUTE 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2790703	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	9	St Mary's of Michigan	Yes	
(14) ST JOSEPH HEALTH SYSTEM FOUNDATION 200 HEMLOCK ROAD TAWAS CITY, MI 48763 01-0790428	FUNDRAISING	MI	501(c)(3)	Type I	ST JOSEPH HEALTH SYSTEMS	Yes	
(15) CARONDELET HEALTH NETWORK 2202 N FORBES BLVD TUCSON, AZ 85745 86-0455920	HOSPITAL	AZ	501(c)(3)	3	ASCENSION HEALTH		No
(16) HOLY CROSS HOSPITAL INC 1171 W TARGET RANGE RD NOGALES, AZ 85621 86-0575938	HOSPITAL	AZ	501(c)(3)	3	CARONDELET HEALTH NETWORK	Yes	
(17) CARONDELET HEART & VASCULAR INSTITUTE 4888 N STONE AVE TUCSON, AZ 85704 56-1943271	INACTIVE HOSPITAL	AZ	501(c)(3)	3	CARONDELET HEALTH NETWORK	Yes	
(18) CARONDELET FOUNDATION INC 120 N TUCSON BLVD TUCSON, AZ 85716 86-0749574	FOUNDATION	AZ	501(c)(3)	Type I	CARONDELET HEALTH NETWORK	Yes	
(19) CHALON LIVING INC 8553 E SAN ALBERTO DR SCOTTSDALE, AZ 85258 86-0805615	LOW INCOME BUILDING	AZ	501(c)(3)	7	HOLY CROSS HOSPITAL 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) SOUTHWEST CATHOLIC HEALTH NETWORK 4350 E COTTON CENTER BLVD BLDG D PHOENIX, AZ 85040 86-0527381	INSURANCE	AZ	501(c)(3)	Type I	CARONDELET HEALTH NETWORK & DIGNITY HEALTH	
(1) THE CENTURIONS 2202 N FORBES BLVD TUCSON, AZ 85745 85-4088322	FOUNDATION	AZ	501(c)(3)	Type I	CARONDELET FOUNDATION INC	Yes
(2) ST JOHN HEALTH SYSTEM INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1215174	SYSTEM PARENT	OK	501(c)(3)	Type I	ASCENSION HEALTH	No
(3) ST JOHN SAPULPA INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0662663	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes
(4) JANE PHILLIPS NOWATA HOSPITAL INC 237 SOUTH LOCUST NOWATA, OK 74048 73-1440267	HEALTH CARE	OK	501(c)(3)	3	JANE PHILLIPS MEMORIAL MEDICAL CENTER	Yes
(5) JANE PHILLIPS MEMORIAL MEDICAL CENTER 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-0606129	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes
(6) JANE PHILLIPS HEALTH CARE FOUNDATION 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1250611	RURAL HEALTH CLINICS	OK	501(c)(3)	3	JANE PHILLIPS MEMORIAL MEDICAL CENTER	Yes
(7) BARTLETT HOMES INC 1008 E CLEVELAND SAPULPA, OK 74066 73-1301822	HUD HOUSING	OK	501(c)(3)	7	ST JOHN VILLAS INC	Yes
(8) BETHEL MANOR INC 619 S DIVISION SAPULPA, OK 74066 73-1216617	HUD HOUSING	OK	501(c)(3)	7	ST JOHN VILLAS INC	Yes
(9) ST JOHN BUILDING CORPORATION 1923 SOUTH UTICA AVENUE TULSA, OK 74104 61-1659782	REAL ESTATE	OK	501(c)(2)		ST JOHN HEALTH SYSTEM INC	Yes
(10) ST JOHN HEALTH SYSTEM FOUNDATION INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1133139	HEALTH CARE	OK	501(c)(3)	7	ST JOHN HEALTH SYSTEM INC	Yes
(11) ST JOHN MEDICAL CENTER INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0579286	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes
(12) ST JOHN VILLAS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1077367	NURSING HOME	OK	501(c)(3)	9	ST JOHN HEALTH SYSTEM INC	Yes
(13) OWASSO MEDICAL FACILITY INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3700131	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes
(14) ST JOHN BROKEN ARROW INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 38-3833117	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes
(15) ST JOHN AUXILIARY INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0999759	HEALTH CARE	OK	501(c)(3)	9	ST JOHN HEALTH SYSTEM INC	Yes
(16) ST TERESA OF AVILA VILLA INC 6859 SOUTH CANTON AVENUE TULSA, OK 74136 20-4791422	HUD HOUSING	OK	501(c)(3)	7	ST JOHN VILLAS INC	Yes
(17) COMMUNITYCARE GOVERNMENT PROGRAMS INC 218 W 6TH STREET TULSA, OK 74119 47-2532880	HEALTH INSURANCE	OK	501(c)(3)	Type I	NA	No
(18) PROVIDENCE HEALTH SERVICES OF WACO 6901 MEDICAL PKWY WACO, TX 76712 74-1109636	HEALTHCARE SERVICES	TX	501(c)(3)	3	ASCENSION HEALTH	No
(19) PROVIDENCE FOUNDATION INC 6901 MEDICAL PKWY WACO, TX 76712 74-2683112	SUPPORT CHARITABLE PURPOSE OF PHSW	TX	501(c)(3)	Type I	PROVIDENCE HEALTH SERVICES OF WACO	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) PROVIDENCE HEALTH ALLIANCE 6901 MEDICAL PKWY WACO, TX 76712 74-2696970	PHYSICIAN PRACTICES	TX	501(c)(3)	3	PROVIDENCE HEALTH SERVICES OF WACO	Yes	
(1) PROVIDENCE HOSPITAL 1150 VARNUM STREET NE WASHINGTON, DC 20017 53-0196636	HOSPITAL	DC	501(c)(3)	3	ASCENSION HEALTH		No
(2) PROVIDENCE HEALTH SERVICES INC 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275587	PHYSICIAN PRACTICES	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
(3) PROVIDENCE HEALTH FOUNDATION INC 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275583	FUNDRAISING ORGANIZATION	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
(4) VIA CHRISTI HEALTH INC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-1172107	HEALTH SYSTEM PARENT	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH		No
(5) VIA CHRISTI HOSPITAL PITTSBURG INC 1 MT CARMEL WAY PITTSBURG, KS 66762 48-0543778	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes	
(6) MOUNT CARMEL FOUNDATION INC 1 MT CARMEL WAY PITTSBURG, KS 66762 48-0961283	FOUNDATION	KS	501(c)(3)	Type I	VIA CHRISTI HOSPITAL PITTSBURG INC	Yes	
(7) VIA CHRISTI HOSPITALS WICHITA INC 929 N SAINT FRANCIS WICHITA, KS 67214 48-1172106	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes	
(8) GERARD HOUSE INC 3144 N HOOD WICHITA, KS 67204 48-1049532	HOSPITAL SUPPORT	KS	501(c)(3)	9	VIA CHRISTI HOSPITALS WICHITA INC	Yes	
(9) VIA CHRISTI REHABILITATION HOSPITAL INC 1151 N ROCK ROAD WICHITA, KS 67206 48-1158274	REHABILITATION HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HOSPITALS WICHITA INC	Yes	
(10) VIA CHRISTI PROPERTY SERVICES INC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-0948571	PROPERTY MANAGEMENT	KS	501(c)(4)		VIA CHRISTI HOSPITALS WICHITA INC	Yes	
(11) VIA CHRISTI HEALTH PARTNERS INC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-0958974	MANAGEMENT COMPANY	KS	501(c)(3)	9	VIA CHRISTI HEALTH INC	Yes	
(12) VIA CHRISTI HOSPITAL MANHATTAN INC 1823 COLLEGE AVENUE MANHATTAN, KS 66502 48-1186704	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes	
(13) MERCY COMMUNITY HEALTH FOUNDATION INC PO BOX 13 MANHATTAN, KS 66502 48-1152279	FOUNDATION	KS	501(c)(3)	7	VIA CHRISTI HOSPITAL MANHATTAN INC	Yes	
(14) WAMEGO HOSPITAL ASSOCIATION INC 711 GENN DRIVE WAMEGO, KS 66547 72-1526400	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HOSPITAL MANHATTAN INC	Yes	
(15) MERCY REGIONAL HOME MEDICAL SERVICES LLC 2439 CLAFLIN ROAD MANHATTAN, KS 66502 43-2024491	MEDICAL EQUIPMENT	KS	501(c)(3)	9	VIA CHRISTI HOSPITAL MANHATTAN INC	Yes	
(16) SALINA REGIONAL HOME MEDICAL SERVICES LLC 520 SOUTH SANTA FE AVE SALINA, KS 67401 43-1948057	MEDICAL EQUIPMENT	KS	501(c)(3)	9	SALINA REGIONAL HEALTH CENTER INC	Yes	
(17) VIA CHRISTI HOSPITAL WICHITA ST TERESA INC 14800 W ST TERESA WICHITA, KS 67235 27-1965272	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes	
(18) Ascension Health Senior Care 12250 Weber Hill Road Suite 200 ST LOUIS, MO 63127 43-1227406	PARENT COMPANY	MO	501(c)(3)	Type I	Ascension Health	Yes	
(19) Alexian Village of Milwaukee Inc 9301 N 76th Street Milwaukee, WI 53223 39-1351584	Continuing care retirement community	WI	501(c)(3)	9	Ascension Health Senior Care	Yes	

<b>Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations</b>							
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	<b>(g)</b> Section 512(b)(13) controlled entity?  <b>Yes</b> <b>No</b>	
(281) Alexian Brothers Senior Neighbors  250 East 10th Street Chattanooga, TN 37402 62-0646376	Supports the provision of community services for senior citizens	TN	501(c)(3)	7	Ascension Health Senior Care	Yes	
(1) Alexian Village of Tennessee  437 Alexian Way Signal Mountain, TN 37377 62-1136742	Continuing care retirement community	TN	501(c)(3)	9	Ascension Health Senior Care	Yes	
(2) Alexian Brothers Lansdowne Village  4624 Lansdowne St Louis, MO 63116 43-1470362	Skilled nursing facility	MO	501(c)(3)	9	Ascension Health Senior Care	Yes	
(3) Seton Manor Inc  1000 Seton Drive Orwigsburg, PA 17961 23-2960726	Skilled nursing facility	PA	501(c)(3)	9	Ascension Health Senior Care	Yes	
(4) Alexian Brothers Sherbrooke Village  4005 Ripa Avenue St Louis, MO 63125 43-1592502	Skilled nursing facility	MO	501(c)(3)	9	Ascension Health Senior Care	Yes	
(5) Alexian Brothers Community Services  425 CUMBERLAND ST SUITE 110 Chattanooga, TN 37404 36-4344423	PACE- Comprehensive & Coordinated Community Based Services	TN	501(c)(3)	9	Ascension Health Senior Care	Yes	
(6) St Joseph's Ministries Inc  331 S Seton Avenue Emmitsburg, MD 21727 52-1835288	Skilled nursing facility	MD	501(c)(3)	9	Ascension Health Senior Care	Yes	
(7) Carondelet Long-Term Care Facilities Inc  621 Carondelet Drive Kansas City, MO 64114 74-2505427	Skilled nursing facility	MO	501(c)(3)	9	Ascension Health Senior Care	Yes	
(8) St Catherine's Laboure Manor  1750 Stockton Street Jacksonville, FL 32204 59-1878316	Skilled nursing facility	FL	501(c)(3)	9	Ascension Health Senior Care	Yes	
(9) Via Christi Healthcare Outreach Program for Elders Inc  2622 W Centra Suite 100 Wichita, KS 67203 48-1236589	PACE (SNF)	KS	501(c)(3)	9	Via Christi Villages Inc	Yes	
(10) Via Christi Village Ponca City Inc  1601 Academy Road Ponca City, OK 74604 73-1153337	Retirement Community	OK	501(c)(3)	9	Via Christi Villages Inc	Yes	
(11) Via Christi Village Hays Inc  2225 Canterbury Drive Hays, KS 67601 20-2828680	Retirement Community	KS	501(c)(3)	9	Via Christi Villages Inc	Yes	
(12) Via Christi Village Manhattan Inc  2800 Willow Grove Road Manhattan, KS 66502 48-1078862	Retirement Community	KS	501(c)(3)	9	Via Christi Villages Inc	Yes	
(13) Via Christi Village McLean Inc  777 N McLean Blvd McLean, KS 67203 48-1247723	Retirement Community	KS	501(c)(3)	9	Via Christi Villages Inc	Yes	
(14) Via Christi Village Pittsburg Inc  1502 E Centennial Drive Pittsburg, KS 66762 74-3070971	Retirement Community	KS	501(c)(3)	9	Via Christi Villages Inc	Yes	
(15) Cornerstone Assisted Living Inc  2622 W Centra Suite 100 Wichita, KS 67203 48-1241079	Retirement Community	KS	501(c)(3)	9	Via Christi Villages Inc	Yes	
(16) Via Christi Village Inc  2622 W Centra Suite 100 Wichita, KS 67203 48-0559086	Management Company	KS	501(c)(3)	Type I	Ascension Health Senior Care	Yes	
(17) Via Christi Village Georgetown Inc  1655 S Georgetown Georgetown, KS 67218 48-1129325	Retirement Community	KS	501(c)(3)	9	Via Christi Villages Inc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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	NA	C Corporation			Yes	
ASCENSION HEALTH INSURANCE LIMITED PO BOX 1159 GRAND CAYMAN, GRAND CAYMAN CJ	INSURANCE	CJ	NA	C Corporation			Yes	
TRAVEL SERVICES CORPORATION PO BOX 45998 ST LOUIS, MO 63145 26-3764978	TRAVEL SERVICES	MO	NA	C Corporation			Yes	
AH INCUBATIONS ACCELERATOR INC 101 SOUTH HANLEY RD STE 450 ST LOUIS, MO 63105 45-5078523	MEDICAL SERVICE	MO	NA	C Corporation			Yes	
TRIMEDX INC 5451 LAKEVIEW PARKWAY SOUTH DR INDIANAPOLIS, IN 46268 46-0563336	MEDICAL EQUIPMENT	IN	NA	C Corporation			Yes	
TRIMEDX INDIA PVT LTD 5451 LAKEVIEW PARKWAY SOUTH DR INDIANAPOLIS, IN 46268	TRUST	IN	NA	Trust			Yes	
SMART HEALTH INC 101 SOUTH HANLEY RD STE 200 CLAYTON, MO 63105 45-4413419	MEDICAL SERVICE	MO	NA	C Corporation			Yes	
HEALTH CITY CAYMAN ISLANDS LTD 1283 SEA VIEW RD PO BOX 10590 GRAND CAYMAN, GRAND CAYMAN KY11005 CJ	HOSPITAL	CJ	NA	C Corporation			Yes	
ASCENSION HEALTH MASTER PENSION TRUST 11775 BORMAN DRIVE STE 200 ST LOUIS, MO 63146 36-6891022	TRUST	MO	NA	Trust			Yes	
ASCENSION HEALTH WORKERS COMPENSATION SELF INSURANCE TRUST 11775 BORMAN DRIVE STE 200 ST LOUIS, MO 63146	GRANTOR TRUST	MO	NA	Trust			Yes	
ASCENSION HEALTH RISK PURCHASING GROUP 101 SOUTH HANLEY RD SUITE 450 ST LOUIS, MO 63105 27-4176480	SUPPORTING ORGANIZATION	MO	NA	C Corporation			Yes	
SUNFLOWER ASSURANCE LTD 878 WEST BAY ROAD PO BOX 1159 GRAND CAYMAN KY, GRAND CAYMAN KY1 CJ	INSURANCE	CJ	NA	C Corporation			Yes	
US HEALTH HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272	INSURANCE AND TPA	MI	NA	C Corporation			Yes	