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

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
Ascension Health Global Mission

Doing business as
Ascension Global Mission

Number and street (or P O box if mail is not delivered to street address) Room/suite
101 S Hanley Road Suite 450

City or town, state or province, country, and ZIP or foreign postal code
St Louis, MO 63105

D Employer identification number
65-1205990

E Telephone number
(314) 733-8000

G Gross receipts \$ 6,748,198

F Name and address of principal officer
SUSAN HUBER
101 S Hanley Road Suite 450
St Louis, MO 63105

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶ 0928

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ [https //ascension org/our-work/ascension-global-mission](https://ascension.org/our-work/ascension-global-mission)

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2003

M State of legal domicile
MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities to improve health and living status of poor and vulnerable populations in developing countries

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

| | |
|--|---|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 5 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 |
| 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 0 |
| 6 Total number of volunteers (estimate if necessary) | 4 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 0 |

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | | 6,726,935 |
| 9 Program service revenue (Part VIII, line 2g) | | 0 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 21,263 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0 | 6,748,198 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 145,571 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 74,779 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 302,763 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 523,113 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 0 | 6,225,085 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 438,342 | 6,646,983 |
| 21 Total liabilities (Part X, line 26) | 82,726 | 75,360 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 355,616 | 6,571,623 |

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

Sign Here

Signature of officer _____ Date 2017-11-15
Tonya Mershon Senior Director
Type or print name and title

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ | Firm's EIN ▶ | | Phone no | |
| Firm's address ▶ | | | | |

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

Our Mission as part of a Catholic health care system is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve ASCENSION GLOBAL MISSION SUPPORTS INTERNATIONAL EFFORTS THAT IMPROVE THE HEALTH AND WELL-BEING OF POOR AND VULNERABLE POPULATIONS IN DEVELOPING COUNTRIES

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 \$ 514,905 including grants of \$ 145,571) (Revenue \$)
See Additional Data

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 ▶ 514,905

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 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> | Yes | |
| 22 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> | | No |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | Yes | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | No |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | No |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | No |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | No |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | Yes | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Yes | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | Yes | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | No |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | No |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Delegation of control), 4 (Changes to governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Power to elect/appoint), 7b (Governance decisions), 8 (Meeting documentation), 8a/b (Committee authority), 9 (Officer/director/trustee/employee mailing address).

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 (Local chapters), 10b (Policies for chapters), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure of interests), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Document retention policy), 15a/b (Compensation review), 16a (Investment/participation), 16b (Joint venture policy).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (States for Form 990), 18 (Public inspection methods), 19 (Governing documents availability), 20 (Person with books/records).

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|--|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | 6,726,935 | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h Total. Add lines 1a-1f | | 6,726,935 | | | |
| Program Service Revenue | 2a _____ | Business Code | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | 0 | 0 | 0 | |
| | g Total. Add lines 2a-2f | | 0 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 21,263 | | 21,263 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | | | | |
| | | c Rental income or (loss) | 0 | 0 | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | 0 | 0 | | |
| | d Net gain or (loss) | | | | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | | b Less direct expenses | b | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| 11a Miscellaneous Revenue | Business Code | | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d All other revenue | | 0 | 0 | 0 | |
| | e Total. Add lines 11a-11d | | 0 | | | |
| 12 Total revenue. See Instructions | | 6,748,198 | 0 | 0 | 21,263 | |

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 74,655 | 74,655 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 70,916 | 70,916 | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 Other salaries and wages. | 75,000 | 75,000 | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | | | | |
| 9 Other employee benefits. | | | | |
| 10 Payroll taxes. | -221 | | -221 | |
| 11 Fees for services (non-employees) | | | | |
| a Management. | 146,200 | 146,200 | | |
| b Legal. | | | | |
| c Accounting. | | | | |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 0 | 0 | 0 | 0 |
| 12 Advertising and promotion. | | | | |
| 13 Office expenses. | | | | |
| 14 Information technology. | | | | |
| 15 Royalties. | | | | |
| 16 Occupancy. | | | | |
| 17 Travel. | 6,793 | 6,793 | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | | | | |
| 20 Interest. | | | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | | | | |
| 23 Insurance. | 5,174 | | 5,174 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PROGRAM EXPENSES | 136,500 | 136,500 | | |
| b Special Projects & Programs | 4,841 | 4,841 | | |
| c Bank Fees & Svc Charges | 3,255 | | 3,255 | |
| d | | | | |
| e All other expenses | 0 | 0 | 0 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e. | 523,113 | 514,905 | 8,208 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 9,348 | 3 | 1,300,000 |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | 0 |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 0 | | |
| | b Less accumulated depreciation | 10b 0 | 10c | 0 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities See Part IV, line 11 | 0 | 12 | |
| | 13 Investments—program-related See Part IV, line 11 | 0 | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 428,994 | 15 | 5,346,983 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 438,342 | 16 | 6,646,983 | |
| Liabilities | 17 Accounts payable and accrued expenses | 75,000 | 17 | 75,000 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 7,726 | 25 | 360 |
| | 26 Total liabilities. Add lines 17 through 25 | 82,726 | 26 | 75,360 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 136,827 | 27 | 2,713,157 |
| | 28 Temporarily restricted net assets | 218,789 | 28 | 3,858,466 |
| | 29 Permanently restricted net assets | 0 | 29 | 0 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 355,616 | 33 | 6,571,623 |
| 34 Total liabilities and net assets/fund balances | 438,342 | 34 | 6,646,983 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6,748,198 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 523,113 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 6,225,085 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 355,616 |
| 5 | Net unrealized gains (losses) on investments | 5 | -9,078 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 6,571,623 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-----------|-----|
| <p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p> | | |
| <p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p style="padding-left: 20px;"><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2a | No |
| <p>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</p> <p style="padding-left: 20px;"><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2b | Yes |
| <p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p> | 2c | Yes |
| <p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p> | 3a | No |
| <p>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</p> | 3b | |

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 65-1205990

Name: Ascension Health Global Mission

Form 990 (2016)

Form 990, Part III, Line 4a:

Ascension Global Mission supports international efforts that improve the health and well-being of poor and vulnerable populations in developing countries. We collaborate with religious communities abroad as well as U.S. and other international partners to Support and Strengthen Healthcare Delivery, To enable Greater Local Community Leadership in Health, AND TO Advocate for Persons Living in Poverty and Those Most Vulnerable on Key International Issues That Affect Global Health and Well-Being. SEE ALSO SCH O

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

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.

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

Employer identification number
65-1205990

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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 197
 - 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- 10 above (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 | | | | | | |
| Total | 197 | | | | 0 | 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, 8, or 9 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)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|---------|---------|---------|---------|---------|----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|---|---------|---------|---------|---------|-----------|----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 Public support percentage for 2015 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 10 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)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|--|---------|---------|---------|---------|---------|----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|---|---------|---------|---------|---------|---------|----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|------------|--|-----------|--|
| 17 | Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | |
| 19a | 33 1/3% support tests—2016. 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 ► <input type="checkbox"/> | | |
| b | 33 1/3% support tests—2015. 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 ► <input type="checkbox"/> | | |
| 20 | Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/> | | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | No |
| 2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | Yes | |
| 3a 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 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 Part VI when and how the organization made the determination.</i> | | |
| c 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 Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | No |
| 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> | | |
| c 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> | | |
| 5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | No |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | No |
| 8 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 I of Schedule L (Form 990 or 990-EZ).</i> | | No |
| 9a 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 Part VI.</i> | | No |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | No |
| c Did a disqualified person (as defined in line 9a) 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 Part VI.</i> | | No |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | No |
| 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> | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|------------|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | 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? | | |
| b | A family member of a person described in (a) above? | | |
| c | 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> | | |
| | | 11a | No |
| | | 11b | No |
| | | 11c | No |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|----------|-----|
| 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| | | 1 | Yes |
| | | 2 | No |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|----------|----|
| 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)? <i>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).</i> | | |
| | | 1 | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|----------|----|
| 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| | | 1 | |
| | | 2 | |
| | | 3 | |

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 | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| | | 2a | |
| | | 2b | |
| | | 3a | |
| | | 3b | |

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

- 1** 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) |
|---|----------------|--------------------------------|
| 1 Net short-term capital gain | 1 | |
| 2 Recoveries of prior-year distributions | 2 | |
| 3 Other gross income (see instructions) | 3 | |
| 4 Add lines 1 through 3 | 4 | |
| 5 Depreciation and depletion | 5 | |
| 6 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) | 6 | |
| 7 Other expenses (see instructions) | 7 | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

| | | Current Year |
|---|----------|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 <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) | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2016 | | | |
| a | | | |
| b | | | |
| c From 2013. | | | |
| d From 2014. | | | |
| e From 2015. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2016 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b Excess from 2013. | | | |
| c Excess from 2014. | | | |
| d Excess from 2015. | | | |
| e Excess from 2016. | | | |

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 |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|---|--|
| 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, WHO APPOINTS THE BOARD FOR ASCENSION HEALTH GLOBAL MISSION, FROM REPRESENTATIVES SELECTED BY EACH OF THE ORIGINAL CATHOLIC SPONSORS |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|---|---|
| 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 ASCENSION HEALTH GLOBAL MISSION CARRIES OUT THE PURPOSES OF THE ASCENSION SPONSOR BY SUPPORTING THE FOUNDING SPONSORS AND 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 |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name | ASCENSION GLOBAL MISSION IS ORGANIZED AND AT ALL TIMES SHALL BE OPERATED EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL IN THE UNITED STATES, ST LOUISE PROVINCE, THE CONGREGATION OF ST JOSEPH, THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET, AND THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE - AMERICAN PROVINCE, ASCENSION HEALTH MINISTRIES (ASCENSION SPONSOR), AND THE ASCENSION SPONSOR 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 ASCENSION SPONSOR, THE CANONICAL SPONSOR, WAS FORMED BY THE FOUNDING SPONSORS AND 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 |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|--|---|
| 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 |

Schedule A Form 990 of 990-E 2016

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 65-1205990
Name: Ascension Health Global Mission

Form 990, Sch A, Part I, Line 12g - 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 (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) THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE - AMERICAN PROVINCE | 362976619 | 1 | Yes | | 0 | 0 |
| (A) THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE - AMERICAN PROVINCE | 362976619 | 1 | Yes | | 0 | 0 |
| (A) THE CONGREGATION OF ST JOSEPH | 830481134 | 1 | Yes | | 0 | 0 |
| (A) THE CONGREGATION OF ST JOSEPH | 830481134 | 1 | Yes | | 0 | 0 |
| (B) THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET | 431296364 | 1 | Yes | | 0 | 0 |
| (B) THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET | 431296364 | 1 | Yes | | 0 | 0 |
| (C) THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL IN THE UNITED STATES ST LOUI SE PROVINCE | 430653298 | 1 | Yes | | 0 | 0 |
| (C) THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL IN THE UNITED STATES ST LOUI SE PROVINCE | 430653298 | 1 | Yes | | 0 | 0 |
| (D) COLUMBIA COLLEGE OF NURSING | 391596986 | 2 | | No | 0 | 0 |
| (D) COLUMBIA COLLEGE OF NURSING | 391596986 | 2 | | No | 0 | 0 |
| (E) ST VINCENT'S COLLEGE | 061331677 | 2 | | No | 0 | 0 |
| (E) ST VINCENT'S COLLEGE | 061331677 | 2 | | No | 0 | 0 |
| (F) Alexian Brothers Ambulatory Group | 364336931 | 3 | | No | 0 | 0 |
| (F) Alexian Brothers Ambulatory Group | 364336931 | 3 | | No | 0 | 0 |
| (G) Alexian Brothers Behavioral Health Hospital | 364251848 | 3 | | No | 0 | 0 |
| (G) Alexian Brothers Behavioral Health Hospital | 364251848 | 3 | | No | 0 | 0 |
| (H) Alexian Brothers Medical Care Group NFP | 471930457 | 3 | | No | 0 | 0 |
| (H) Alexian Brothers Medical Care Group NFP | 471930457 | 3 | | No | 0 | 0 |
| (I) Alexian Brothers Medical Center | 362596381 | 3 | | No | 0 | 0 |
| (I) Alexian Brothers Medical Center | 362596381 | 3 | | No | 0 | 0 |
| (J) ALEXIAN BROTHERS MEDICAL GROUP SPECIALITY CARE | 811110738 | 3 | | No | 0 | 0 |
| (J) ALEXIAN BROTHERS MEDICAL GROUP SPECIALITY CARE | 811110738 | 3 | | No | 0 | 0 |
| (K) Alexian Brothers Specialty Group | 800710751 | 3 | | No | 0 | 0 |
| (K) Alexian Brothers Specialty Group | 800710751 | 3 | | No | 0 | 0 |
| (L) BORGESS AMBULATORY CARE CORPORATION | 382468823 | 3 | | No | 0 | 0 |
| (L) BORGESS AMBULATORY CARE CORPORATION | 382468823 | 3 | | No | 0 | 0 |
| (M) BORGESS MEDICAL CENTER | 381360526 | 3 | | No | 0 | 0 |
| (M) BORGESS MEDICAL CENTER | 381360526 | 3 | | No | 0 | 0 |
| (N) Borgess Nursing Home Inc | 382555589 | 3 | | No | 0 | 0 |
| (N) Borgess Nursing Home Inc | 382555589 | 3 | | No | 0 | 0 |

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|---|-----------|--|---|----|---|---|
| | | | Yes | No | | |
| (P) BRIGHTON CENTER FOR RECOVERY | 381576680 | 3 | | No | 0 | 0 |
| (P) BRIGHTON CENTER FOR RECOVERY | 381576680 | 3 | | No | 0 | 0 |
| (A) CALUMET MEDICAL CENTER INC | 390905385 | 3 | | No | 0 | 0 |
| (A) CALUMET MEDICAL CENTER INC | 390905385 | 3 | | No | 0 | 0 |
| (B) CATALPA HEALTH INC | 454681563 | 3 | | No | 0 | 0 |
| (B) CATALPA HEALTH INC | 454681563 | 3 | | No | 0 | 0 |
| (C) COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC | 390806315 | 3 | | No | 0 | 0 |
| (C) COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC | 390806315 | 3 | | No | 0 | 0 |
| (D) COLUMBIA ST MARY'S HOSPITAL OZAUKEE INC | 390807063 | 3 | | No | 0 | 0 |
| (D) COLUMBIA ST MARY'S HOSPITAL OZAUKEE INC | 390807063 | 3 | | No | 0 | 0 |
| (E) CRITTENTON HOSPITAL MEDICAL CENTER | 381359247 | 3 | | No | 0 | 0 |
| (E) CRITTENTON HOSPITAL MEDICAL CENTER | 381359247 | 3 | | No | 0 | 0 |
| (F) DOOR COUNTY MEMORIAL HOSPITAL | 390806324 | 3 | | No | 0 | 0 |
| (F) DOOR COUNTY MEMORIAL HOSPITAL | 390806324 | 3 | | No | 0 | 0 |
| (G) EAGLE RIVER MEMORIAL HOSPITAL INCORPORATED | 390985690 | 3 | | No | 0 | 0 |
| (G) EAGLE RIVER MEMORIAL HOSPITAL INCORPORATED | 390985690 | 3 | | No | 0 | 0 |
| (H) FLAMBEAU HOSPITAL | 390973724 | 3 | | No | 0 | 0 |
| (H) FLAMBEAU HOSPITAL | 390973724 | 3 | | No | 0 | 0 |
| (I) GENESYS CONVALESCENT CENTER | 382317364 | 3 | | No | 0 | 0 |
| (I) GENESYS CONVALESCENT CENTER | 382317364 | 3 | | No | 0 | 0 |
| (J) GENESYS REGIONAL MEDICAL CENTER | 382377821 | 3 | | No | 0 | 0 |
| (J) GENESYS REGIONAL MEDICAL CENTER | 382377821 | 3 | | No | 0 | 0 |
| (K) GOOD SAMARITAN HEALTH CENTER OF MERRILL WISCONSIN INC | 390808503 | 3 | | No | 0 | 0 |
| (K) GOOD SAMARITAN HEALTH CENTER OF MERRILL WISCONSIN INC | 390808503 | 3 | | No | 0 | 0 |
| (L) JANE PHILLIPS HEALTH CARE FOUNDATION | 731250611 | 3 | | No | 0 | 0 |
| (L) JANE PHILLIPS HEALTH CARE FOUNDATION | 731250611 | 3 | | No | 0 | 0 |
| (M) JANE PHILLIPS MEMORIAL MEDICAL CENTER | 730606129 | 3 | | No | 0 | 0 |
| (M) JANE PHILLIPS MEMORIAL MEDICAL CENTER | 730606129 | 3 | | No | 0 | 0 |
| (N) JANE PHILLIPS NOWATA HOSPITAL INC | 731440267 | 3 | | No | 0 | 0 |
| (N) JANE PHILLIPS NOWATA HOSPITAL INC | 731440267 | 3 | | No | 0 | 0 |

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|---|-----------|---|---|----|---|---|
| | | | Yes | No | | |
| (AE) LEE MEMORIAL HOSPITAL CORPORATION | 381490190 | 3 | | No | 0 | 0 |
| (AE) LEE MEMORIAL HOSPITAL CORPORATION | 381490190 | 3 | | No | 0 | 0 |
| (A) MERCY MEDICAL CENTER OF OSHKOSH INC | 390806268 | 3 | | No | 0 | 0 |
| (A) MERCY MEDICAL CENTER OF OSHKOSH INC | 390806268 | 3 | | No | 0 | 0 |
| (B) MINISTRY WEIGHT MANAGEMENT INC | 391829015 | 3 | | No | 0 | 0 |
| (B) MINISTRY WEIGHT MANAGEMENT INC | 391829015 | 3 | | No | 0 | 0 |
| (C) NETWORK HEALTH SYSTEM INC | 391127163 | 3 | | No | 0 | 0 |
| (C) NETWORK HEALTH SYSTEM INC | 391127163 | 3 | | No | 0 | 0 |
| (D) OUR LADY OF LOURDES HOSPITAL AT PASCO | 910349750 | 3 | | No | 0 | 0 |
| (D) OUR LADY OF LOURDES HOSPITAL AT PASCO | 910349750 | 3 | | No | 0 | 0 |
| (E) OUR LADY OF LOURDES MEMORIAL HOSPITAL INC | 150532221 | 3 | | No | 0 | 0 |
| (E) OUR LADY OF LOURDES MEMORIAL HOSPITAL INC | 150532221 | 3 | | No | 0 | 0 |
| (F) Our Lady of Peace Inc | 161608735 | 3 | | No | 0 | 0 |
| (F) Our Lady of Peace Inc | 161608735 | 3 | | No | 0 | 0 |
| (G) OUR LADY OF VICTORY HOSPITAL | 390807065 | 3 | | No | 0 | 0 |
| (G) OUR LADY OF VICTORY HOSPITAL | 390807065 | 3 | | No | 0 | 0 |
| (H) OWASSO MEDICAL FACILITY INC | 203700131 | 3 | | No | 0 | 0 |
| (H) OWASSO MEDICAL FACILITY INC | 203700131 | 3 | | No | 0 | 0 |
| (I) PROVIDENCE HEALTH ALLIANCE | 742696970 | 3 | | No | 0 | 0 |
| (I) PROVIDENCE HEALTH ALLIANCE | 742696970 | 3 | | No | 0 | 0 |
| (J) PROVIDENCE HEALTH SERVICES OF WACO | 741109636 | 3 | | No | 0 | 0 |
| (J) PROVIDENCE HEALTH SERVICES OF WACO | 741109636 | 3 | | No | 0 | 0 |
| (K) PROVIDENCE HOSPITAL | 630288861 | 3 | | No | 0 | 0 |
| (K) PROVIDENCE HOSPITAL | 630288861 | 3 | | No | 0 | 0 |
| (L) PROVIDENCE HOSPITAL | 530196636 | 3 | | No | 0 | 0 |
| (L) PROVIDENCE HOSPITAL | 530196636 | 3 | | No | 0 | 0 |
| (M) Providence Park Inc | 611759304 | 3 | | No | 0 | 0 |
| (M) Providence Park Inc | 611759304 | 3 | | No | 0 | 0 |
| (N) PROVIDENCE-PROVIDENCE PARK HOSPITAL | 381358212 | 3 | | No | 0 | 0 |
| (N) PROVIDENCE-PROVIDENCE PARK HOSPITAL | 381358212 | 3 | | No | 0 | 0 |

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|---|-----------|---|---|----|---|---|
| | | | Yes | No | | |
| (AT) REHABILITATION HOSPITAL OF INDIANA INC | 351786005 | 3 | | No | 0 | 0 |
| (AT) REHABILITATION HOSPITAL OF INDIANA INC | 351786005 | 3 | | No | 0 | 0 |
| (A) SACRED HEART HEALTH SYSTEM INC | 590634434 | 3 | | No | 0 | 0 |
| (A) SACRED HEART HEALTH SYSTEM INC | 590634434 | 3 | | No | 0 | 0 |
| (B) SACRED HEART REHABILITATION INSTITUTE | 390902199 | 3 | | No | 0 | 0 |
| (B) SACRED HEART REHABILITATION INSTITUTE | 390902199 | 3 | | No | 0 | 0 |
| (C) SACRED HEART-STMARY'S HOSPITALS INC | 391390638 | 3 | | No | 0 | 0 |
| (C) SACRED HEART-STMARY'S HOSPITALS INC | 391390638 | 3 | | No | 0 | 0 |
| (D) SAINT CLARE'S HOSPITAL OF WESTON INC | 721531917 | 3 | | No | 0 | 0 |
| (D) SAINT CLARE'S HOSPITAL OF WESTON INC | 721531917 | 3 | | No | 0 | 0 |
| (E) SAINT ELIZABETH'S HOSPITAL OF WABASHA INC | 410693877 | 3 | | No | 0 | 0 |
| (E) SAINT ELIZABETH'S HOSPITAL OF WABASHA INC | 410693877 | 3 | | No | 0 | 0 |
| (F) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC | 390847631 | 3 | | No | 0 | 0 |
| (F) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC | 390847631 | 3 | | No | 0 | 0 |
| (G) SAINT MICHAEL'S HOSPITAL OF STEVENS POINT INC | 390808443 | 3 | | No | 0 | 0 |
| (G) SAINT MICHAEL'S HOSPITAL OF STEVENS POINT INC | 390808443 | 3 | | No | 0 | 0 |
| (H) SAINT THOMAS HICKMAN HOSPITAL | 581737573 | 3 | | No | 0 | 0 |
| (H) SAINT THOMAS HICKMAN HOSPITAL | 581737573 | 3 | | No | 0 | 0 |
| (I) SAINT THOMAS MEDICAL PARTNERS | 621529858 | 3 | | No | 0 | 0 |
| (I) SAINT THOMAS MEDICAL PARTNERS | 621529858 | 3 | | No | 0 | 0 |
| (J) SAINT THOMAS MIDTOWN HOSPITAL | 621869474 | 3 | | No | 0 | 0 |
| (J) SAINT THOMAS MIDTOWN HOSPITAL | 621869474 | 3 | | No | 0 | 0 |
| (K) SAINT THOMAS REGIONAL HOSPITALS | 474063046 | 3 | | No | 0 | 0 |
| (K) SAINT THOMAS REGIONAL HOSPITALS | 474063046 | 3 | | No | 0 | 0 |
| (L) SAINT THOMAS RUTHERFORD HOSPITAL | 620475842 | 3 | | No | 0 | 0 |
| (L) SAINT THOMAS RUTHERFORD HOSPITAL | 620475842 | 3 | | No | 0 | 0 |
| (M) SAINT THOMAS WEST HOSPITAL | 620347580 | 3 | | No | 0 | 0 |
| (M) SAINT THOMAS WEST HOSPITAL | 620347580 | 3 | | No | 0 | 0 |
| (N) SETON FAMILY OF HOSPITALS | 741109643 | 3 | | No | 0 | 0 |
| (N) SETON FAMILY OF HOSPITALS | 741109643 | 3 | | No | 0 | 0 |

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|--|-----------|---|---|----|---|---|
| | | | Yes | No | | |
| (BI) SETON MEDICAL GROUP | 392064992 | 3 | | No | 0 | 0 |
| (BI) SETON MEDICAL GROUP | 392064992 | 3 | | No | 0 | 0 |
| (A) ST AGNES HEALTHCARE INC | 520591657 | 3 | | No | 0 | 0 |
| (A) ST AGNES HEALTHCARE INC | 520591657 | 3 | | No | 0 | 0 |
| (B) St Alexius Medical Center | 364251846 | 3 | | No | 0 | 0 |
| (B) St Alexius Medical Center | 364251846 | 3 | | No | 0 | 0 |
| (C) St Catherine's Laboure Manor | 591878316 | 3 | | No | 0 | 0 |
| (C) St Catherine's Laboure Manor | 591878316 | 3 | | No | 0 | 0 |
| (D) ST ELIZABETH HOSPITAL INC | 390816818 | 3 | | No | 0 | 0 |
| (D) ST ELIZABETH HOSPITAL INC | 390816818 | 3 | | No | 0 | 0 |
| (E) ST JOHN BROKEN ARROW INC | 383833117 | 3 | | No | 0 | 0 |
| (E) ST JOHN BROKEN ARROW INC | 383833117 | 3 | | No | 0 | 0 |
| (F) ST JOHN COMMUNITY HEALTH INVESTMENT CORP | 382262856 | 3 | | No | 0 | 0 |
| (F) ST JOHN COMMUNITY HEALTH INVESTMENT CORP | 382262856 | 3 | | No | 0 | 0 |
| (G) ST JOHN HOSPITAL & MEDICAL CENTER | 381359063 | 3 | | No | 0 | 0 |
| (G) ST JOHN HOSPITAL & MEDICAL CENTER | 381359063 | 3 | | No | 0 | 0 |
| (H) ST JOHN MACOMB-OAKLAND HOSPITAL | 383322109 | 3 | | No | 0 | 0 |
| (H) ST JOHN MACOMB-OAKLAND HOSPITAL | 383322109 | 3 | | No | 0 | 0 |
| (I) ST JOHN MEDICAL CENTER INC | 730579286 | 3 | | No | 0 | 0 |
| (I) ST JOHN MEDICAL CENTER INC | 730579286 | 3 | | No | 0 | 0 |
| (J) ST JOHN RIVER DISTRICT HOSPITAL | 383160564 | 3 | | No | 0 | 0 |
| (J) ST JOHN RIVER DISTRICT HOSPITAL | 383160564 | 3 | | No | 0 | 0 |
| (K) ST JOHN SAPULPA INC | 730662663 | 3 | | No | 0 | 0 |
| (K) ST JOHN SAPULPA INC | 730662663 | 3 | | No | 0 | 0 |
| (L) ST JOSEPH HEALTH SYSTEM | 381443395 | 3 | | No | 0 | 0 |
| (L) ST JOSEPH HEALTH SYSTEM | 381443395 | 3 | | No | 0 | 0 |
| (M) ST JOSEPH HOSPITAL & HEALTH CENTER INC | 350992717 | 3 | | No | 0 | 0 |
| (M) ST JOSEPH HOSPITAL & HEALTH CENTER INC | 350992717 | 3 | | No | 0 | 0 |
| (N) ST JOSEPH REGIONAL MEDICAL CENTER | 820204264 | 3 | | No | 0 | 0 |
| (N) ST JOSEPH REGIONAL MEDICAL CENTER | 820204264 | 3 | | No | 0 | 0 |

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|--|-----------|---|---|----|---|---|
| | | | Yes | No | | |
| (BX) ST LUKE'S-ST VINCENT'S HEALTHCARE INC | 260479484 | 3 | | No | 0 | 0 |
| (BX) ST LUKE'S-ST VINCENT'S HEALTHCARE INC | 260479484 | 3 | | No | 0 | 0 |
| (A) ST MARY'S HEALTH INC | 350869065 | 3 | | No | 0 | 0 |
| (A) ST MARY'S HEALTH INC | 350869065 | 3 | | No | 0 | 0 |
| (B) ST MARY'S HEALTHCARE | 141347719 | 3 | | No | 0 | 0 |
| (B) ST MARY'S HEALTHCARE | 141347719 | 3 | | No | 0 | 0 |
| (C) ST MARY'S OF MICHIGAN MEDICAL CENTER | 380997730 | 3 | | No | 0 | 0 |
| (C) ST MARY'S OF MICHIGAN MEDICAL CENTER | 380997730 | 3 | | No | 0 | 0 |
| (D) ST MARY'S WARRICK HOSPITAL INC | 351343019 | 3 | | No | 0 | 0 |
| (D) ST MARY'S WARRICK HOSPITAL INC | 351343019 | 3 | | No | 0 | 0 |
| (E) ST VINCENT ANDERSON REGIONAL HOSPITAL INC | 460877261 | 3 | | No | 0 | 0 |
| (E) ST VINCENT ANDERSON REGIONAL HOSPITAL INC | 460877261 | 3 | | No | 0 | 0 |
| (F) ST VINCENT CARMEL HOSPITAL INC | 743107055 | 3 | | No | 0 | 0 |
| (F) ST VINCENT CARMEL HOSPITAL INC | 743107055 | 3 | | No | 0 | 0 |
| (G) ST VINCENT CLAY HOSPITAL INC | 352112529 | 3 | | No | 0 | 0 |
| (G) ST VINCENT CLAY HOSPITAL INC | 352112529 | 3 | | No | 0 | 0 |
| (H) ST VINCENT DUNN HOSPITAL INC | 272192831 | 3 | | No | 0 | 0 |
| (H) ST VINCENT DUNN HOSPITAL INC | 272192831 | 3 | | No | 0 | 0 |
| (I) ST VINCENT FISHERS HOSPITAL INC | 454243702 | 3 | | No | 0 | 0 |
| (I) ST VINCENT FISHERS HOSPITAL INC | 454243702 | 3 | | No | 0 | 0 |
| (J) ST VINCENT FRANKFORT HOSPITAL INC | 352099320 | 3 | | No | 0 | 0 |
| (J) ST VINCENT FRANKFORT HOSPITAL INC | 352099320 | 3 | | No | 0 | 0 |
| (K) ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC | 350869066 | 3 | | No | 0 | 0 |
| (K) ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC | 350869066 | 3 | | No | 0 | 0 |
| (L) ST VINCENT JENNINGS HOSPITAL INC | 351841606 | 3 | | No | 0 | 0 |
| (L) ST VINCENT JENNINGS HOSPITAL INC | 351841606 | 3 | | No | 0 | 0 |
| (M) ST VINCENT MADISON COUNTY HEALTH SYSTEM INC | 350876389 | 3 | | No | 0 | 0 |
| (M) ST VINCENT MADISON COUNTY HEALTH SYSTEM INC | 350876389 | 3 | | No | 0 | 0 |
| (N) ST VINCENT RANDOLPH HOSPITAL INC | 352103153 | 3 | | No | 0 | 0 |
| (N) ST VINCENT RANDOLPH HOSPITAL INC | 352103153 | 3 | | No | 0 | 0 |

Form 990, Sch A, Part I, Line 12g - 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 (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) ST VINCENT SALEM HOSPITAL INC | 270847538 | 3 | | No | 0 | 0 |
| (CM) ST VINCENT SALEM HOSPITAL INC | 270847538 | 3 | | No | 0 | 0 |
| (A) ST VINCENT SETON SPECIALTY HOSPITAL INC | 351712001 | 3 | | No | 0 | 0 |
| (A) ST VINCENT SETON SPECIALTY HOSPITAL INC | 351712001 | 3 | | No | 0 | 0 |
| (B) ST VINCENT WILLIAMSPORT HOSPITAL INC | 350784551 | 3 | | No | 0 | 0 |
| (B) ST VINCENT WILLIAMSPORT HOSPITAL INC | 350784551 | 3 | | No | 0 | 0 |
| (C) ST VINCENT'S BIRMINGHAM | 630288864 | 3 | | No | 0 | 0 |
| (C) ST VINCENT'S BIRMINGHAM | 630288864 | 3 | | No | 0 | 0 |
| (D) ST VINCENT'S BLOUNT | 630909073 | 3 | | No | 0 | 0 |
| (D) ST VINCENT'S BLOUNT | 630909073 | 3 | | No | 0 | 0 |
| (E) ST VINCENT'S EAST | 630578923 | 3 | | No | 0 | 0 |
| (E) ST VINCENT'S EAST | 630578923 | 3 | | No | 0 | 0 |
| (F) ST VINCENT'S MEDICAL CENTER | 060646886 | 3 | | No | 0 | 0 |
| (F) ST VINCENT'S MEDICAL CENTER | 060646886 | 3 | | No | 0 | 0 |
| (G) ST VINCENT'S MEDICAL CENTER CLAY COUNTY INC | 461523194 | 3 | | No | 0 | 0 |
| (G) ST VINCENT'S MEDICAL CENTER CLAY COUNTY INC | 461523194 | 3 | | No | 0 | 0 |
| (H) ST VINCENT'S MEDICAL CENTER INC | 590624449 | 3 | | No | 0 | 0 |
| (H) ST VINCENT'S MEDICAL CENTER INC | 590624449 | 3 | | No | 0 | 0 |
| (I) STANDISH COMMUNITY HOSPITAL | 381671120 | 3 | | No | 0 | 0 |
| (I) STANDISH COMMUNITY HOSPITAL | 381671120 | 3 | | No | 0 | 0 |
| (J) THE HOWARD YOUNG MEDICAL CENTER INC | 390873606 | 3 | | No | 0 | 0 |
| (J) THE HOWARD YOUNG MEDICAL CENTER INC | 390873606 | 3 | | No | 0 | 0 |
| (K) VIA CHRISTI HOSPITAL MANHATTAN INC | 481186704 | 3 | | No | 0 | 0 |
| (K) VIA CHRISTI HOSPITAL MANHATTAN INC | 481186704 | 3 | | No | 0 | 0 |
| (L) VIA CHRISTI HOSPITAL PITTSBURG INC | 480543778 | 3 | | No | 0 | 0 |
| (L) VIA CHRISTI HOSPITAL PITTSBURG INC | 480543778 | 3 | | No | 0 | 0 |
| (M) VIA CHRISTI HOSPITAL WICHITA ST TERESA INC | 271965272 | 3 | | No | 0 | 0 |
| (M) VIA CHRISTI HOSPITAL WICHITA ST TERESA INC | 271965272 | 3 | | No | 0 | 0 |
| (N) VIA CHRISTI HOSPITALS WICHITA INC | 481172106 | 3 | | No | 0 | 0 |
| (N) VIA CHRISTI HOSPITALS WICHITA INC | 481172106 | 3 | | No | 0 | 0 |

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|---|-----------|---|---|----|---|---|
| | | | Yes | No | | |
| (DB) VIA CHRISTI REHABILITATION HOSPITAL INC | 481158274 | 3 | | No | 0 | 0 |
| (DB) VIA CHRISTI REHABILITATION HOSPITAL INC | 481158274 | 3 | | No | 0 | 0 |
| (A) WAMEGO HOSPITAL ASSOCIATION INC | 721526400 | 3 | | No | 0 | 0 |
| (A) WAMEGO HOSPITAL ASSOCIATION INC | 721526400 | 3 | | No | 0 | 0 |
| (B) Wheaton Franciscan Healthcare - All Saints Inc | 391264986 | 3 | | No | 0 | 0 |
| (B) Wheaton Franciscan Healthcare - All Saints Inc | 391264986 | 3 | | No | 0 | 0 |
| (C) Wheaton Franciscan Healthcare - Franklin Inc | 562592868 | 3 | | No | 0 | 0 |
| (C) Wheaton Franciscan Healthcare - Franklin Inc | 562592868 | 3 | | No | 0 | 0 |
| (D) Wheaton Franciscan Healthcare - St Francis Inc | 390907740 | 3 | | No | 0 | 0 |
| (D) Wheaton Franciscan Healthcare - St Francis Inc | 390907740 | 3 | | No | 0 | 0 |
| (E) Wheaton Franciscan Medical Group Inc | 391791586 | 3 | | No | 0 | 0 |
| (E) Wheaton Franciscan Medical Group Inc | 391791586 | 3 | | No | 0 | 0 |
| (F) Wheaton Franciscan Inc | 390816857 | 3 | | No | 0 | 0 |
| (F) Wheaton Franciscan Inc | 390816857 | 3 | | No | 0 | 0 |
| (G) ASCENSION ARIZONA (FKA CARONDELET HEALTH NETWORK) | 860455920 | 3 | | No | 0 | 0 |
| (G) ASCENSION ARIZONA (FKA CARONDELET HEALTH NETWORK) | 860455920 | 3 | | No | 0 | 0 |
| (H) AGAPE COMMUNITY CENTER OF MILWAUKEE INC | 391641846 | 7 | | No | 0 | 0 |
| (H) AGAPE COMMUNITY CENTER OF MILWAUKEE INC | 391641846 | 7 | | No | 0 | 0 |
| (I) Alexian Brothers Senior Neighbors | 620646376 | 7 | | No | 0 | 0 |
| (I) Alexian Brothers Senior Neighbors | 620646376 | 7 | | No | 0 | 0 |
| (J) AMERICAN SPORTS MEDICINE INSTITUTE | 630952490 | 7 | | No | 0 | 0 |
| (J) AMERICAN SPORTS MEDICINE INSTITUTE | 630952490 | 7 | | No | 0 | 0 |
| (K) BARTLETT HOMES INC | 731301822 | 7 | | No | 0 | 0 |
| (K) BARTLETT HOMES INC | 731301822 | 7 | | No | 0 | 0 |
| (L) BETHEL MANOR INC | 731216617 | 7 | | No | 0 | 0 |
| (L) BETHEL MANOR INC | 731216617 | 7 | | No | 0 | 0 |
| (M) COLUMBIA ST MARY'S FOUNDATION INC | 391494981 | 7 | | No | 0 | 0 |
| (M) COLUMBIA ST MARY'S FOUNDATION INC | 391494981 | 7 | | No | 0 | 0 |
| (N) HOWARD YOUNG FOUNDATION INC | 391521169 | 7 | | No | 0 | 0 |
| (N) HOWARD YOUNG FOUNDATION INC | 391521169 | 7 | | No | 0 | 0 |

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|---|-----------|---|---|----|---|---|
| | | | Yes | No | | |
| (DQ) PROVIDENCE FOUNDATION | 630915493 | 7 | | No | 0 | 0 |
| (DQ) PROVIDENCE FOUNDATION | 630915493 | 7 | | No | 0 | 0 |
| (A) REVERENCE HOME HEALTH & HOSPICE | 383408684 | 7 | | No | 0 | 0 |
| (A) REVERENCE HOME HEALTH & HOSPICE | 383408684 | 7 | | No | 0 | 0 |
| (B) SACRED HEART FOUNDATION INC | 592436597 | 7 | | No | 0 | 0 |
| (B) SACRED HEART FOUNDATION INC | 592436597 | 7 | | No | 0 | 0 |
| (C) SAINT THOMAS HEALTH FOUNDATIONS | 581663055 | 7 | | No | 0 | 0 |
| (C) SAINT THOMAS HEALTH FOUNDATIONS | 581663055 | 7 | | No | 0 | 0 |
| (D) ST ELIZABETH'S HOSPITAL FOUNDATION INC | 391256677 | 7 | | No | 0 | 0 |
| (D) ST ELIZABETH'S HOSPITAL FOUNDATION INC | 391256677 | 7 | | No | 0 | 0 |
| (E) ST JOHN HEALTH SYSTEM FOUNDATION INC | 731133139 | 7 | | No | 0 | 0 |
| (E) ST JOHN HEALTH SYSTEM FOUNDATION INC | 731133139 | 7 | | No | 0 | 0 |
| (F) ST JOHN HOSPITAL FOUNDATION | 202961579 | 7 | | No | 0 | 0 |
| (F) ST JOHN HOSPITAL FOUNDATION | 202961579 | 7 | | No | 0 | 0 |
| (G) ST TERESA OF AVILA VILLA INC | 204791422 | 7 | | No | 0 | 0 |
| (G) ST TERESA OF AVILA VILLA INC | 204791422 | 7 | | No | 0 | 0 |
| (H) ST VINCENT'S FOUNDATION OF ALABAMA INC | 630868066 | 7 | | No | 0 | 0 |
| (H) ST VINCENT'S FOUNDATION OF ALABAMA INC | 630868066 | 7 | | No | 0 | 0 |
| (I) ST VINCENT'S FOUNDATION INC | 592219923 | 7 | | No | 0 | 0 |
| (I) ST VINCENT'S FOUNDATION INC | 592219923 | 7 | | No | 0 | 0 |
| (J) ST VINCENT'S MEDICAL CENTER FOUNDATION | 222558132 | 7 | | No | 0 | 0 |
| (J) ST VINCENT'S MEDICAL CENTER FOUNDATION | 222558132 | 7 | | No | 0 | 0 |
| (K) ADULT INPATIENT MEDICAL SERVICES | 452498998 | 9 | | No | 0 | 0 |
| (K) ADULT INPATIENT MEDICAL SERVICES | 452498998 | 9 | | No | 0 | 0 |
| (L) Alexian Brothers Bonaventure House | 363527899 | 9 | | No | 0 | 0 |
| (L) Alexian Brothers Bonaventure House | 363527899 | 9 | | No | 0 | 0 |
| (M) Alexian Brothers Center for Mental Health | 363045007 | 9 | | No | 0 | 0 |
| (M) Alexian Brothers Center for Mental Health | 363045007 | 9 | | No | 0 | 0 |
| (N) Alexian Brothers Community Services | 364344423 | 9 | | No | 0 | 0 |
| (N) Alexian Brothers Community Services | 364344423 | 9 | | No | 0 | 0 |

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|--|-----------|---|---|----|---|---|
| | | | Yes | No | | |
| (EF) Alexian Brothers Lansdowne Village | 431470362 | 9 | | No | 0 | 0 |
| (EF) Alexian Brothers Lansdowne Village | 431470362 | 9 | | No | 0 | 0 |
| (A) Alexian Brothers Services Inc | 431295333 | 9 | | No | 0 | 0 |
| (A) Alexian Brothers Services Inc | 431295333 | 9 | | No | 0 | 0 |
| (B) Alexian Brothers Sherbrooke Village | 431592502 | 9 | | No | 0 | 0 |
| (B) Alexian Brothers Sherbrooke Village | 431592502 | 9 | | No | 0 | 0 |
| (C) Alexian Village of Milwaukee Inc | 391351584 | 9 | | No | 0 | 0 |
| (C) Alexian Village of Milwaukee Inc | 391351584 | 9 | | No | 0 | 0 |
| (D) Alexian Village of Tennessee | 621136742 | 9 | | No | 0 | 0 |
| (D) Alexian Village of Tennessee | 621136742 | 9 | | No | 0 | 0 |
| (E) ASCENSION MICHIGAN | 382631907 | 9 | | No | 0 | 0 |
| (E) ASCENSION MICHIGAN | 382631907 | 9 | | No | 0 | 0 |
| (F) AUSTIN CHILDREN'S CHEST ASSOCIATES II | 260163261 | 9 | | No | 0 | 0 |
| (F) AUSTIN CHILDREN'S CHEST ASSOCIATES II | 260163261 | 9 | | No | 0 | 0 |
| (G) Carondelet Long-Term Care Facilities Inc | 742505427 | 9 | | No | 0 | 0 |
| (G) Carondelet Long-Term Care Facilities Inc | 742505427 | 9 | | No | 0 | 0 |
| (H) CHILDREN'S BONE JOINT & SPINE CENTER | 452499113 | 9 | | No | 0 | 0 |
| (H) CHILDREN'S BONE JOINT & SPINE CENTER | 452499113 | 9 | | No | 0 | 0 |
| (I) Cornerstone Assisted Living Inc | 481241079 | 9 | | No | 0 | 0 |
| (I) Cornerstone Assisted Living Inc | 481241079 | 9 | | No | 0 | 0 |
| (J) CRITTENTON CANCER CENTER | 383239057 | 9 | | No | 0 | 0 |
| (J) CRITTENTON CANCER CENTER | 383239057 | 9 | | No | 0 | 0 |
| (K) DR KATE NEWCOMB CONVALESCENT CENTER INC | 391357365 | 9 | | No | 0 | 0 |
| (K) DR KATE NEWCOMB CONVALESCENT CENTER INC | 391357365 | 9 | | No | 0 | 0 |
| (L) EASTWOOD COMMUNITY CLINICS | 381958763 | 9 | | No | 0 | 0 |
| (L) EASTWOOD COMMUNITY CLINICS | 381958763 | 9 | | No | 0 | 0 |
| (M) FIELD NEUROSCIENCES INSTITUTE | 382790703 | 9 | | No | 0 | 0 |
| (M) FIELD NEUROSCIENCES INSTITUTE | 382790703 | 9 | | No | 0 | 0 |
| (N) GERARD HOUSE INC | 481049532 | 9 | | No | 0 | 0 |
| (N) GERARD HOUSE INC | 481049532 | 9 | | No | 0 | 0 |

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|--|-----------|---|---|----|---|---|
| | | | Yes | No | | |
| (EU) HAVEN OF OUR LADY OF PEACE INC | 593620346 | 9 | | No | 0 | 0 |
| (EU) HAVEN OF OUR LADY OF PEACE INC | 593620346 | 9 | | No | 0 | 0 |
| (A) HORIZON HOME CARE & HOSPICE INC | 391171298 | 9 | | No | 0 | 0 |
| (A) HORIZON HOME CARE & HOSPICE INC | 391171298 | 9 | | No | 0 | 0 |
| (B) INSTITUTE OF RECONSTRUCTIVE PLASTIC SURGERY OF CENTRAL TEXAS | 262908163 | 9 | | No | 0 | 0 |
| (B) INSTITUTE OF RECONSTRUCTIVE PLASTIC SURGERY OF CENTRAL TEXAS | 262908163 | 9 | | No | 0 | 0 |
| (C) MEDICAL RESOURCES GROUP | 383494637 | 9 | | No | 0 | 0 |
| (C) MEDICAL RESOURCES GROUP | 383494637 | 9 | | No | 0 | 0 |
| (D) MERCY HEALTH FOUNDATION INC | 237140261 | 9 | | No | 0 | 0 |
| (D) MERCY HEALTH FOUNDATION INC | 237140261 | 9 | | No | 0 | 0 |
| (E) MINISTRY HOMECARE INC | 391936201 | 9 | | No | 0 | 0 |
| (E) MINISTRY HOMECARE INC | 391936201 | 9 | | No | 0 | 0 |
| (F) Nazareth Hall | 742387843 | 9 | | No | 0 | 0 |
| (F) Nazareth Hall | 742387843 | 9 | | No | 0 | 0 |
| (G) PEDIATRIC CRITICAL CARE ASSOCIATES | 421670843 | 9 | | No | 0 | 0 |
| (G) PEDIATRIC CRITICAL CARE ASSOCIATES | 421670843 | 9 | | No | 0 | 0 |
| (H) PEDIATRIC SURGICAL SUBSPECIALISTS | 208957311 | 9 | | No | 0 | 0 |
| (H) PEDIATRIC SURGICAL SUBSPECIALISTS | 208957311 | 9 | | No | 0 | 0 |
| (I) PRIMARY PHYSICIAN NETWORK LLC | 208775914 | 9 | | No | 0 | 0 |
| (I) PRIMARY PHYSICIAN NETWORK LLC | 208775914 | 9 | | No | 0 | 0 |
| (J) PROMED HEALTHCARE | 383193801 | 9 | | No | 0 | 0 |
| (J) PROMED HEALTHCARE | 383193801 | 9 | | No | 0 | 0 |
| (K) SAINT THOMAS HOME CARE | 621836937 | 9 | | No | 0 | 0 |
| (K) SAINT THOMAS HOME CARE | 621836937 | 9 | | No | 0 | 0 |
| (L) SAINT THOMAS NETWORK | 621284994 | 9 | | No | 0 | 0 |
| (L) SAINT THOMAS NETWORK | 621284994 | 9 | | No | 0 | 0 |
| (M) SALINA REGIONAL HOME MEDICAL SERVICES LLC | 431948057 | 9 | | No | 0 | 0 |
| (M) SALINA REGIONAL HOME MEDICAL SERVICES LLC | 431948057 | 9 | | No | 0 | 0 |
| (N) SETON ENT | 273220659 | 9 | | No | 0 | 0 |
| (N) SETON ENT | 273220659 | 9 | | No | 0 | 0 |

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|---|-----------|---|---|----|---|---|
| | | | Yes | No | | |
| (FJ) SETON FAMILY OF PEDIATRIC SURGEONS | 271311790 | 9 | | No | 0 | 0 |
| (FJ) SETON FAMILY OF PEDIATRIC SURGEONS | 271311790 | 9 | | No | 0 | 0 |
| (A) SETON FAMILY OF PHYSICIANS | 264562522 | 9 | | No | 0 | 0 |
| (A) SETON FAMILY OF PHYSICIANS | 264562522 | 9 | | No | 0 | 0 |
| (B) SETON HEALTH CORP OF SE MICHIGAN | 382820107 | 9 | | No | 0 | 0 |
| (B) SETON HEALTH CORP OF SE MICHIGAN | 382820107 | 9 | | No | 0 | 0 |
| (C) Seton Manor Inc | 232960726 | 9 | | No | 0 | 0 |
| (C) Seton Manor Inc | 232960726 | 9 | | No | 0 | 0 |
| (D) SETON MEDICAL GROUP | 742861106 | 9 | | No | 0 | 0 |
| (D) SETON MEDICAL GROUP | 742861106 | 9 | | No | 0 | 0 |
| (E) SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP (FKA SETONUT SOUTHW ESTERN UNIVERSITY PHYSICIANS GROUP) | 742869762 | 9 | | No | 0 | 0 |
| (E) SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP (FKA SETONUT SOUTHW ESTERN UNIVERSITY PHYSICIANS GROUP) | 742869762 | 9 | | No | 0 | 0 |
| (F) SPECIALLY FOR CHILDREN-CHILDREN'S HOSPITAL SUBSPECIALISTS OF CENTRAL TEXAS | 742800601 | 9 | | No | 0 | 0 |
| (F) SPECIALLY FOR CHILDREN-CHILDREN'S HOSPITAL SUBSPECIALISTS OF CENTRAL TEXAS | 742800601 | 9 | | No | 0 | 0 |
| (G) ST AGNES AUXILIARY | 520643673 | 9 | | No | 0 | 0 |
| (G) ST AGNES AUXILIARY | 520643673 | 9 | | No | 0 | 0 |
| (H) ST JOHN AUXILIARY INC | 730999759 | 9 | | No | 0 | 0 |
| (H) ST JOHN AUXILIARY INC | 730999759 | 9 | | No | 0 | 0 |
| (I) ST JOHN PROVIDENCE PHYSICIANS CMG | 382601348 | 9 | | No | 0 | 0 |
| (I) ST JOHN PROVIDENCE PHYSICIANS CMG | 382601348 | 9 | | No | 0 | 0 |
| (J) ST JOHN VILLAS INC | 731077367 | 9 | | No | 0 | 0 |
| (J) ST JOHN VILLAS INC | 731077367 | 9 | | No | 0 | 0 |
| (K) St Joseph's Ministries Inc | 521835288 | 9 | | No | 0 | 0 |
| (K) St Joseph's Ministries Inc | 521835288 | 9 | | No | 0 | 0 |
| (L) ST MARY'S MEDICAL GROUP LLC | 261356310 | 9 | | No | 0 | 0 |
| (L) ST MARY'S MEDICAL GROUP LLC | 261356310 | 9 | | No | 0 | 0 |
| (M) ST VINCENT HEALTH WELLNESS AND PREVENTIVE CARE INSTITUTE INC | 461227327 | 9 | | No | 0 | 0 |
| (M) ST VINCENT HEALTH WELLNESS AND PREVENTIVE CARE INSTITUTE INC | 461227327 | 9 | | No | 0 | 0 |
| (N) ST VINCENT MEDICAL GROUP INC | 272039417 | 9 | | No | 0 | 0 |
| (N) ST VINCENT MEDICAL GROUP INC | 272039417 | 9 | | No | 0 | 0 |

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|---|-----------|---|---|----|---|---|
| | | | Yes | No | | |
| (FY) ST VINCENT RAS INC | 471289091 | 9 | | No | 0 | 0 |
| (FY) ST VINCENT RAS INC | 471289091 | 9 | | No | 0 | 0 |
| (A) ST VINCENT'S AMBULATORY CARE INC | 592292041 | 9 | | No | 0 | 0 |
| (A) ST VINCENT'S AMBULATORY CARE INC | 592292041 | 9 | | No | 0 | 0 |
| (B) ST VINCENT'S SPECIAL NEEDS CENTER INC | 060702617 | 9 | | No | 0 | 0 |
| (B) ST VINCENT'S SPECIAL NEEDS CENTER INC | 060702617 | 9 | | No | 0 | 0 |
| (C) TRI-COUNTY CLINICAL | 264562712 | 9 | | No | 0 | 0 |
| (C) TRI-COUNTY CLINICAL | 264562712 | 9 | | No | 0 | 0 |
| (D) VIA CHRISTI HEALTH PARTNERS INC | 480958974 | 9 | | No | 0 | 0 |
| (D) VIA CHRISTI HEALTH PARTNERS INC | 480958974 | 9 | | No | 0 | 0 |
| (E) Via Christi Healthcare Outreach Program for Elders Inc | 481236589 | 9 | | No | 0 | 0 |
| (E) Via Christi Healthcare Outreach Program for Elders Inc | 481236589 | 9 | | No | 0 | 0 |
| (F) Via Christi Village Georgetown Inc | 481129325 | 9 | | No | 0 | 0 |
| (F) Via Christi Village Georgetown Inc | 481129325 | 9 | | No | 0 | 0 |
| (G) Via Christi Village Hays Inc | 202828680 | 9 | | No | 0 | 0 |
| (G) Via Christi Village Hays Inc | 202828680 | 9 | | No | 0 | 0 |
| (H) Via Christi Village Manhattan Inc | 481078862 | 9 | | No | 0 | 0 |
| (H) Via Christi Village Manhattan Inc | 481078862 | 9 | | No | 0 | 0 |
| (I) Via Christi Village McLean Inc | 481247723 | 9 | | No | 0 | 0 |
| (I) Via Christi Village McLean Inc | 481247723 | 9 | | No | 0 | 0 |
| (J) Via Christi Village Pittsburg Inc | 743070971 | 9 | | No | 0 | 0 |
| (J) Via Christi Village Pittsburg Inc | 743070971 | 9 | | No | 0 | 0 |
| (K) Via Christi Village Ponca City Inc | 731153337 | 9 | | No | 0 | 0 |
| (K) Via Christi Village Ponca City Inc | 731153337 | 9 | | No | 0 | 0 |
| (L) VISITING NURSES HOME CARE DBA BORGESS VNA HOME CARE | 382717691 | 9 | | No | 0 | 0 |
| (L) VISITING NURSES HOME CARE DBA BORGESS VNA HOME CARE | 382717691 | 9 | | No | 0 | 0 |
| (M) Wheaton Franciscan Healthcare - Pharmacy Enterprises & Franciscan Woods Inc | 391613624 | 9 | | No | 0 | 0 |
| (M) Wheaton Franciscan Healthcare - Pharmacy Enterprises & Franciscan Woods Inc | 391613624 | 9 | | No | 0 | 0 |
| (N) Wheaton Franciscan Healthcare - Terrace at St Francis Inc | 391486775 | 9 | | No | 0 | 0 |
| (N) Wheaton Franciscan Healthcare - Terrace at St Francis Inc | 391486775 | 9 | | No | 0 | 0 |

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|--|-----------|---|---|----|---|---|
| | | | Yes | No | | |
| (GN) Wheaton Franciscan Laboratories Inc | 391701402 | 9 | | No | 0 | 0 |
| (GN) Wheaton Franciscan Laboratories Inc | 391701402 | 9 | | No | 0 | 0 |
| (A) Global Health Partnership Initiative | 461121862 | 7 | | No | 0 | 0 |
| (A) Global Health Partnership Initiative | 461121862 | 7 | | No | 0 | 0 |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

▶ **Complete if the organization answered "Yes," on 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 Global Mission

Employer identification number
65-1205990

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year |
|---|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g 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
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Small table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

Total. 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' on 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 | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) | | |

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on 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) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) | | |

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) interest in investment held by ascension | 5,346,983 |
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | 5,346,983 |

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| intercompany payables | 360 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 360 |

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' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part 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 |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
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Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 65-1205990

Name: Ascension Health Global Mission

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | 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, 2017 |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990. ▶ See separate instructions.**

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
Ascension Health Global Mission

Employer identification number

65-1205990

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) Central America and the Caribbean | 0 | 2 | Program Services | Community Health Improvement | 239,425 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 0 | 2 | | | 239,425 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 2 | | | 239,425 |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|-----------------------------------|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | Central America and the Caribbean | Health of poor and vulnerable, esp children | 70,916 | Wire transfer | | | FMV |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 1
- 3 Enter total number of other organizations or entities ▶ 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

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

| Return Reference | Explanation |
|--|--|
| Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds | The organization receives regular reports on progress of the program, with impact measurement and ongoing evaluation of the collaborative effort among Guatemalan faith-based organizations and others committed to identifying and developing strategies which enable sustainable health improvement in vulnerable and impoverished communities across Guatemala, especially the children |

| Return Reference | Explanation |
|--|--|
| Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS | The organization receives regular reports on progress of the program, with impact measurement and ongoing evaluation of the collaborative effort among Guatemalan faith-based organizations and others committed to identifying and developing strategies which enable sustainable health improvement in vulnerable and impoverished communities across Guatemala, especially the children |

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
**Open to Public
Inspection**

Name of the organization
Ascension Health Global Mission

Employer identification number
65-1205990

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

| | | |
|---|---|---|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 3 |
| 3 | Enter total number of other organizations listed in the line 1 table | 0 |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|--|--|
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds | THE COMMITTEE DISCUSSES THE RELIGIOUS AND GENERAL MERITS OF EACH APPLICATION IN RELATION TO THE MISSION OF ASCENSION GLOBAL MISSION AND MAKES THE FINAL DECISIONS OF GRANTS TO BE AWARDED GRANTS ARE MADE TO RELIGIOUS AND CHARITABLE ORGANIZATIONS WHOSE WORK SUPPORTS THE MISSION, VISION, AND VALUES OF ASCENSION GLOBAL MISSION, ASCENSION SPONSOR AND SUPPORTED ORGANIZATIONS |

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 65-1205990
Name: Ascension Health Global Mission

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CATHOLIC RELIEF SERVICES 228 west lexington street baltimore, MD 21201 | 13-5563422 | 501(c)(3) | 25,000 | | | | HURRICANE RELIEF |
| National Council of the United States Society of St Vincent dePaul Inc 58 Progress Parkway Maryland Heights MO, MO 63043 | 13-5562362 | 501(c)(3) | 40,000 | | | | PROGRAM SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SISTERS OF ST JOSEPH IN CALIFORNIA 11999 Chalon Rd Los Angeles, CA 90049 | 95-1922232 | 501(C)(3) | 9,655 | | | | PROGRAM SUPPORT |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

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

| | |
|---|--|
| Name of the organization Ascension Health Global Mission | Employer identification number 65-1205990 |
|---|--|

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|--|--|--|--|--|---|--|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p> | 1b | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> | | | | | | | | | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | 4a | No | | | | | | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | Yes | | | | | | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | | | | | | | |
| <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> | | | | | | | | | | |
| <p>a The organization?</p> | 5a | No | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5b | No | | | | | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> | | | | | | | | | | |
| <p>a The organization?</p> | 6a | No | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6b | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | No | | | | | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 AMY E FREEMAN vice-chairman | (i) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | |
| | (ii) | 421,670 | 577,326 | 97,653 | 0 | 11,321 | 1,107,970 | |
| 2 SUSAN HUBER SR VICE PRESIDENT | (i) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | |
| | (ii) | 343,468 | 696,507 | 101,275 | 17,225 | 16,574 | 1,175,049 | |

Part III Supplemental Information

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

| Return Reference | Explanation |
|--|--|
| Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation | ASCENSION HEALTH ALLIANCE, A RELATED ORGANIZATION OF ASCENSION GLOBAL MISSION, USES THE FOLLOWING, AS APPROPRIATE, TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S EXECUTIVE - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan | Eligible executives may participate in certain non-qualified deferred compensation plans organized under Code Section 457(f). If so, any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. No payments were made to listed persons in Part VII under the various non-qualified deferred compensation plans during the year. |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Ascension Health Global Mission

Employer identification number

65-1205990

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part III, Line 4a STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | Ascension Global Mission supports international efforts that improve the health and well-being of poor and vulnerable populations in developing countries We collaborate with religious communities abroad as well as U S and other international partners to Support and Strengthen Healthcare Delivery Ascension's global outreach efforts focus on providing compassionate, personalized care and alleviating suffering through the provision of medical services and supplies to those in need as well as education as requested by local health care professionals Enable Greater Local Community Leadership in Health In response to a call to look beyond hospital walls and reduce the suffering of people around the world through greater prevention, Ascension Global Mission collaborates with faith-based partners in Guatemala to design a community governance/ empowerment model that supports local leaders as they develop and lead their community's health improvement agenda Advocate for Persons Living in Poverty and Those Most Vulnerable on Key International Issues That Affect Global Health and Well-Being Dedicated to serving all persons with special attention to those who are poor and vulnerable, Ascension is engaged in international forums to unite with others and advocate in areas such as the development of healthcare workers, the elimination of human trafficking and maternal and child health |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 15a process for determining compensation | In determining the compensation of the Organization's top management official, the process performed by Ascension included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the decision. The individual was not present when compensation was decided. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 6 Classes of members or stockholders | Ascension Global Mission has a single corporate member, Ascension Health Alliance |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 7a Members or stockholders electing members of governing body | Ascension Global Mission has a single corporate member, Ascension Health Alliance, who has the ability to elect members to the governing body of Ascension Global Mission |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | Ascension has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system. Specific areas that are identified in the authority matrix are: new organizations and major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic and financial plans, assets, system policies and procedures. These areas are subject to certain levels of approval by Ascension per the system authority matrix. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | Management works diligently to complete the Form 990 and attached schedules in a thorough manner. The return is reviewed by tax leaders, and others as needed, to ensure that the return is accurate and complete, rather than providing to the full board for such review. |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 19 Required documents available to the public | The Organization will provide any documents open to public inspection upon request |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part X, Column (A) Beginning of year | Ascension Global Mission reports the beginning balance sheet and that this is the initial return because the organization previously was not required to and did not file Form 990, as an integrated auxiliary of a Church. Although the organization may still continue to qualify for that filing exception, it is electing to file the 2016 Form 990. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part XII, Line 2c oversight of audit or selection of independent accountant | ASCENSION GLOBAL MISSION is included in the consolidated financial statements of Ascension Health Alliance. The Finance and Audit committee of Ascension Health Alliance's Board assumes responsibility for the consolidated organization as a whole. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**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.

Name of the organization
Ascension Health Global Mission

Employer identification number

65-1205990

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
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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.

See Additional Data Table

| (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 |
| | | | | | | | |
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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.

See Additional Data Table

| (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 | |
| | | | | | | | | | | | | |
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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.

See Additional Data Table

| (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 |
| | | | | | | | | | |
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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

| | Yes | No |
|--|-----------|-----|
| 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 | 1a | No |
| b Gift, grant, or capital contribution to related organization(s) | 1b | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c | Yes |
| d Loans or loan guarantees to or for related organization(s) | 1d | No |
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | No |
| o Sharing of paid employees with related organization(s) | 1o | No |
| p Reimbursement paid to related organization(s) for expenses | 1p | No |
| q Reimbursement paid by related organization(s) for expenses | 1q | No |
| r Other transfer of cash or property to related organization(s) | 1r | No |
| s Other transfer of cash or property from related organization(s) | 1s | 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 |
|--|-------------------------------|------------------------|--|
| (1) Global Health Partnership Initiative | C | 6,426,935 | FAIR MARKET VALUE |
| | | | |
| | | | |
| | | | |
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| | | | |

Part VII **Supplemental Information**

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

Return Reference**Explanation**

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 65-1205990
Name: Ascension Health Global Mission

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) PO BOX 45998 ST LOUIS, MO 63145 45-3358926 | NATIONAL HEALTH SYSTEM | MO | 501(c)(3) | Type I | NA | | No |
| (1) PO BOX 45998 ST LOUIS, MO 63145 31-1662309 | NATIONAL HEALTH SYSTEM | MO | 501(c)(3) | Type I | ASCENSION HEALTH ALLIANCE | Yes | |
| (2) 427 GUY PARK AVE AMSTERDAM, NY 12010 14-1347719 | HOSPITAL | NY | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| (3) 427 GUY PARK AVE AMSTERDAM, NY 12010 13-3254655 | FOUNDATION | NY | 501(c)(3) | Type III-FI | ST MARY'S HEALTHCARE | Yes | |
| (4) 425 GUY PARK AVE AMSTERDAM, NY 12010 14-1776546 | MEDICAL OFFICE BUILDING | NY | 501(c)(25) | | ST MARY'S HEALTHCARE | Yes | |
| (5) 1345 PHILOMENA STREET AUSTIN, TX 78723 74-1109643 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 3 | ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY) | Yes | |
| (6) 1345 PHILOMENA STREET AUSTIN, TX 78723 26-0163261 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| (7) 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 | |
| (8) 1345 PHILOMENA STREET AUSTIN, TX 78723 20-0468031 | FUNDRAISING | TX | 501(c)(3) | Type I | ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY) | Yes | |
| (9) ESTERN UNIVERSITY PHYSICIANS GROUP) 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2869762 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON FAMILY OF HOSPITALS | Yes | |
| (10) 1345 PHILOMENA STREET AUSTIN, TX 78723 26-2908163 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| (11) 1345 PHILOMENA STREET AUSTIN, TX 78723 42-1670843 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| (12) 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311790 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| (13) 1345 PHILOMENA STREET AUSTIN, TX 78723 26-2842608 | FUNDRAISING | TX | 501(c)(3) | Type I | ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY) | Yes | |
| (14) 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2861106 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| (15) 1345 PHILOMENA STREET AUSTIN, TX 78723 20-5330986 | FUNDRAISING | TX | 501(c)(3) | Type I | ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY) | Yes | |
| (16) 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2727509 | SPIRITUALITY CENTER | TX | 501(c)(3) | Type I | ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY) | Yes | |
| (17) 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2212968 | FUNDRAISING | TX | 501(c)(3) | Type I | ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY) | Yes | |
| (18) 1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562712 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| (19) 1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562522 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|---|--|----------------------------|---|--|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| (21) 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2800601 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| (1) 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 | |
| (2) 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 | |
| (3) 1345 PHILOMENA STREET AUSTIN, TX 78723 20-8957311 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| (4) 1345 PHILOMENA STREET AUSTIN, TX 78723 45-2498998 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON FAMILY OF HOSPITALS | Yes | |
| (5) 1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220659 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| (6) 1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220767 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | Type I | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| (7) 1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364681 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | Type I | ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY) | Yes | |
| (8) 1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364813 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | Type I | ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY) | Yes | |
| (9) 1345 PHILOMENA STREET AUSTIN, TX 78723 45-2499113 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| (10) 6901 MEDICAL PKWY WACO, TX 76712 74-1109636 | HEALTHCARE SERVICES | TX | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| (11) 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 | |
| (12) 6901 MEDICAL PKWY WACO, TX 76712 74-2696970 | PHYSICIAN PRACTICES | TX | 501(c)(3) | 3 | PROVIDENCE HEALTH SERVICES OF WACO | Yes | |
| (13) 1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364243 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| (14) 900 CATON AVENUE BALTIMORE, MD 21229 52-0643673 | FUNDRAISING | MD | 501(c)(3) | 10 | STAGNES HOSPITAL | Yes | |
| (15) 900 CATON AVENUE BALTIMORE, MD 21229 39-2064992 | PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY | MD | 501(c)(3) | 3 | STAGNES HOSPITAL | Yes | |
| (16) 900 CATON AVENUE BALTIMORE, MD 21229 52-1415083 | PROVIDES FUNDING TO THE HOSPITAL AND TO THE COMMUNITY | MD | 501(c)(3) | Type I | ST AGNES HOSPITAL | Yes | |
| (17) 900 Caton Avenue Baltimore, MD 21229 52-0591657 | Provide Healthcare services to the Community | MD | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| (18) 2800 MAIN STREET BRIDGEPORT, CT 06606 06-0646886 | HOSPITAL & SYSTEM PARENT | CT | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| (19) 2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558134 | HOLDING COMPANY | CT | 501(c)(3) | Type I | ST VINCENT'S MEDICAL CENTER | 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) 2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558132 | FUNDRAISING | CT | 501(c)(3) | 7 | ST VINCENT'S HEALTH SERVICES CORP | Yes | |
| (1) 95 MERRITT BOULEVARD TRUMBULL, CT 06611 22-2554128 | REAL ESTATE HOLDINGS | CT | 501(c)(25) | | ST VINCENT'S HEALTH SERVICES CORP | Yes | |
| (2) 2800 MAIN STREET BRIDGEPORT, CT 06606 06-1331677 | COLLEGE OF HEALTH SCIENCES | CT | 501(c)(3) | 2 | ST VINCENT'S MEDICAL CENTER | Yes | |
| (3) 2800 MAIN STREET BRIDGEPORT, CT 06606 80-0458769 | PHYSICIAN PRACTICES | CT | 501(c)(3) | Type I | ST VINCENT'S MEDICAL CENTER | Yes | |
| (4) 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-0702617 | PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS | CT | 501(c)(3) | 10 | ST VINCENT'S HEALTH SERVICES CORP | Yes | |
| (5) 825 Wellington Avenue Chicago, IL 60657 36-3527899 | Housing and supportive care services for persons with HIV/AIDS | IL | 501(c)(3) | 10 | Alexian Brothers Health System | Yes | |
| (6) 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 | Yes | |
| (7) 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 | |
| (8) 800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381 | Acute care hospital | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| (9) 1650 Moon Lake Blvd Hoffman Estates, IL 60169 36-4251848 | Behavioral health hospital | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| (10) 1555 Barrington Road Hoffman Estates, IL 60194 36-4251846 | Acute care hospital | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| (11) 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-4336931 | Physician services | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| (12) 3436 N Kennicott Avenue Arlington Heights, IL 60004 36-3045007 | Outpatient community mental health services | IL | 501(c)(3) | 10 | Alexian Brothers Health System | Yes | |
| (13) 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 | |
| (14) 3040 W Salt Creek Lane Arlington Heights, IL 60005 47-1930457 | Physician services | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| (15) 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 | |
| (16) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2631907 | HEALTH CARE | MI | 501(c)(3) | 10 | ASCENSION HEALTH | Yes | |
| (17) 12851 GRAND RIVER BRIGHTON, MI 48116 38-1576680 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| (18) 16001 WEST NINE MILE ROAD SOUTHFIELD, MI 48037 38-1358212 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| (19) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-1359063 | HEALTH CARE | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |

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| | | | | | | Yes | No |
| (61) 4100 RIVER ROAD EAST CHINA, MI 48054 38-3160564 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| (1) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-3322109 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| (2) 5445 ALI DRIVE DEPT 800 GRAND BLANC, MI 484395172 38-3408684 | HEALTH CARE | MI | 501(c)(3) | 7 | ST JOHN PROVIDENCE | Yes | |
| (3) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-1958763 | HEALTH CARE | MI | 501(c)(3) | 10 | ST JOHN PROVIDENCE | Yes | |
| (4) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2601348 | HEALTH CARE | MI | 501(c)(3) | 10 | ST JOHN PROVIDENCE | Yes | |
| (5) 43800 GARFIELD CLINTON TOWNSHIP, MI 48038 38-3494637 | HEALTH CARE | MI | 501(c)(3) | 10 | ST JOHN PROVIDENCE | Yes | |
| (6) 22101 MOROSS DETROIT, MI 48236 38-3526629 | FUNDRAISING | MI | 501(c)(3) | Type III-FI | ST JOHN PROVIDENCE | Yes | |
| (7) 28000 DEQUINDRE WARREN, MI 48092 38-2820107 | HEALTH CARE | MI | 501(c)(3) | 10 | ST JOHN PROVIDENCE | Yes | |
| (8) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2262856 | HEALTH CARE | MI | 501(c)(3) | 3 | ST JOHN PROVIDENCE | Yes | |
| (9) 22101 MOROSS DETROIT, MI 48236 20-2961579 | FUNDRAISING | MI | 501(c)(3) | 7 | ST JOHN PROVIDENCE | Yes | |
| (10) ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3339703 | HEALTH SYSTEM PARENT | MI | 501(c)(3) | Type II | ASCENSION MICHIGAN | Yes | |
| (11) ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2377821 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| (12) ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3591148 | FOUNDATION | MI | 501(c)(3) | Type I | GENESYS HEALTH SYSTEM | Yes | |
| (13) 5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2427678 | PRG RELATED INVESTMENTS | MI | 501(c)(3) | Type I | GENESYS HEALTH SYSTEM | Yes | |
| (14) 5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2371754 | HEALTH SRVCS/STAFFING/PROP MNGT | MI | 501(c)(3) | Type II | GENESYS HEALTH SYSTEM | Yes | |
| (15) 5455 ALI DRIVE DEPT200 GRAND BLANC, MI 484395195 38-2514708 | ADULT DAY CARE | MI | 501(c)(3) | Type I | GENESYS AMBULATORY HEALTH SERVICES | Yes | |
| (16) 8481 HOLLY ROAD GRAND BLANC, MI 484391812 38-2317364 | CONVALESCENT CENTER | MI | 501(c)(3) | 3 | GENESYS AMBULATORY HEALTH SERVICES | Yes | |
| (17) 1521 GULL ROAD KALAMAZOO, MI 49048 38-2335286 | HEALTH SYSTEM PARENT | MI | 501(c)(3) | Type III-FI | ASCENSION MICHIGAN | Yes | |
| (18) 420 WEST HIGH STREET DOWAGIAC, MI 49047 38-1490190 | HEALTHCARE SERVICES | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| (19) 1521 GULL ROAD KALAMAZOO, MI 49048 38-1360526 | HEALTHCARE SERVICES | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |

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| | | | | | | Yes | No |
| (81) 1521 GULL ROAD KALAMAZOO, MI 49048 38-2468823 | HOLDING COMPANY | MI | 501(c)(3) | 3 | BORGESS HEALTH ALLIANCE INC | Yes | |
| (1) 1521 GULL ROAD KALAMAZOO, MI 49048 23-7222558 | FUNDRAISING | MI | 501(c)(3) | Type III-FI | BORGESS HEALTH ALLIANCE INC | Yes | |
| (2) 420 W HIGH STREET DOWAGIAC, MI 49047 38-2860459 | FUNDRAISING | MI | 501(c)(3) | Type III-FI | LEE MEMORIAL HOSPITAL CORPORATION | Yes | |
| (3) 1521 GULL ROAD KALAMAZOO, MI 49048 38-3193801 | HEALTHCARE SERVICES | MI | 501(c)(3) | 10 | BORGESS HEALTH ALLIANCE INC | Yes | |
| (4) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 46-1084363 | SUPPORTING ORGANIZATION | MI | 501(c)(3) | Type III-FI | ASCENSION MICHIGAN | Yes | |
| (5) 805 WEST CEDEAR STREET STANDISH, MI 48658 38-1671120 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| (6) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-0997730 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| (7) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2246366 | FUNDRAISING | MI | 501(c)(3) | Type II | STMARY'S OF MICHIGAN MEDICAL CENTER | Yes | |
| (8) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2790703 | MEDICAL RESEARCH ORGANIZATION | MI | 501(c)(3) | 10 | STMARY'S OF MICHIGAN MEDICAL CENTER | Yes | |
| (9) 200 HEMLOCK ROAD TAWAS CITY, MI 48763 38-1443395 | HEALTH CARE | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| (10) 200 HEMLOCK ROAD TAWAS CITY, MI 48763 01-0790428 | FUNDRAISING | MI | 501(c)(3) | Type I | ST JOSEPH HEALTH SYSTEM | Yes | |
| (11) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2244034 | PARENT | MI | 501(c)(3) | Type III-FI | ASCENSION MICHIGAN | Yes | |
| (12) 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 | |
| (13) 4141 SHORE DRIVE INDIANAPOLIS, IN 46254 35-1786005 | REHABILITATION HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| (14) 10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 20-5002285 | REAL ESTATE HOLDING COMPANY | IN | 501(c)(3) | Type III-FI | ST VINCENT HEALTH INC | Yes | |
| (15) 1907 W SYCAMORE STREET KOKOMO, IN 46901 23-7313206 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST JOSEPH HOSPITAL & HEALTH CENTER INC | Yes | |
| (16) 1907 W SYCAMORE STREET KOKOMO, IN 46901 35-0992717 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| (17) 2015 JACKSON STREET ANDERSON, IN 46016 46-0877261 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| (18) 2015 JACKSON STREET ANDERSON, IN 46016 35-2053693 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT ANDERSON REGIONAL HOSPITAL INC | Yes | |
| (19) 13500 N MERIDIAN STREET CARMEL, IN 46032 74-3107055 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |

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| | | | | | | Yes | No |
| (101) 1206 E NATIONAL AVENUE BRAZIL, IN 47834 35-2112529 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| (1) 1600 23RD STREET BEDFORD, IN 47421 27-2192831 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| (2) 13861 OLIO ROAD FISHERS, IN 46037 45-4243702 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| (3) 1300 S JACKSON FRANKFORT, IN 46041 35-2099320 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| (4) 1300 S JACKSON FRANKFORT, IN 46041 35-1531734 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT FRANKFORT HOSPITAL INC | Yes | |
| (5) 10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 35-2052591 | PARENT COMPANY | IN | 501(c)(3) | Type III-FI | ASCENSION HEALTH | Yes | |
| (6) 8333 NAAB ROAD STE 301 INDIANAPOLIS, IN 46260 46-1227327 | HEALTH AND WELLNESS SERVICES | IN | 501(c)(3) | 10 | ST VINCENT HEALTH INC | Yes | |
| (7) 2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-0869066 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| (8) 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 | |
| (9) 301 HENRY STREET NORTH VERNON, IN 47265 35-1841606 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| (10) 1331 SOUTH A STREET ELWOOD, IN 46036 35-0876389 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| (11) 8425 HARCOURT ROAD INDIANAPOLIS, IN 46260 27-2039417 | PHYSICIAN PROFESSIONAL SERVICES | IN | 501(c)(3) | 10 | ST VINCENT HEALTH INC | Yes | |
| (12) 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 | |
| (13) 473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2103153 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| (14) 473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2133006 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT RANDOLPH HOSPITAL INC | Yes | |
| (15) 10330 N MERIDIAN STREET STE 400N INDIANAPOLIS, IN 46290 47-1289091 | RETAIL AMBULATORY SERVICES | IN | 501(c)(3) | 10 | ST VINCENT HEALTH INC | Yes | |
| (16) 911 N SHELBY STREET SALEM, IN 47167 27-0847538 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| (17) 8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260 35-1712001 | LONG TERM CARE HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| (18) 412 N MONROE STREET WILLIAMSPORT, IN 47993 35-0784551 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| (19) 412 N MONROE STREET WILLIAMSPORT, IN 47993 74-3130159 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT WILLIAMSPORT HOSPITAL INC | Yes | |

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| | | | | | | Yes | No |
| (121) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899560 | DME/HOME CARE | IN | 501(c)(3) | Type I | ST MARY'S HEALTH INC | Yes | |
| (1) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7248362 | REAL ESTATE HOLDING COMPANY | IN | 501(c)(2) | | ST MARY'S HEALTH INC | Yes | |
| (2) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-5342518 | AMBULANCE SERVICES | IN | 501(c)(4) | | ST MARY'S HEALTH SERVICES INC | Yes | |
| (3) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1679526 | INVESTMENT SERVICES | IN | 501(c)(3) | Type III-FI | ST MARY'S HEALTH INC | Yes | |
| (4) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899562 | TAX-EXEMPT AFFILIATE REIMBURSEMENTS | IN | 501(c)(3) | Type I | ST MARY'S HEALTH INC | Yes | |
| (5) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-0869065 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| (6) 1116 MILLIS AVENUE BOONVILLE, IN 47601 35-1343019 | HOSPITAL | IN | 501(c)(3) | 3 | ST MARY'S HEALTH INC | Yes | |
| (7) 901 ST MARYS DRIVE EVANSVILLE, IN 47714 27-3474697 | DORMANT | IN | 501(c)(3) | Type I | ST MARY'S HEALTH INC | Yes | |
| (8) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 26-1356310 | PHYSICIAN PROFESSIONAL SERVICES | IN | 501(c)(3) | 10 | ST MARY'S HEALTH INC | Yes | |
| (9) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-8775914 | DORMANT | IN | 501(c)(3) | 10 | ST MARY'S HEALTH INC | Yes | |
| (10) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7045370 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST MARY'S HEALTH INC | Yes | |
| (11) 415 6TH STREET LEWISTON, ID 83501 51-0168321 | FUNDRAISING | ID | 501(c)(3) | Type I | ST JOSEPH REGIONAL MEDICAL CENTER | Yes | |
| (12) 415 6TH STREET LEWISTON, ID 83501 82-0204264 | HOSPITAL | ID | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| (13) 10925 W LAKE PARK DR STE 100 MILWAUKEE, WI 53224 39-1490371 | PARENT CORPORATION | WI | 501(c)(3) | Type II | ASCENSION HEALTH | Yes | |
| (14) 6100 NORTH 42ND STREET MILWAUKEE, WI 53209 39-1641846 | COMMUNITY CENTER | WI | 501(c)(3) | 7 | MINISTRY HEALTH CARE INC | Yes | |
| (15) 614 MEMORIAL DRIVE CHILTON, WI 53014 39-0905385 | HOSPITAL | WI | 501(c)(3) | 3 | AFFINITY HEALTH SYSTEM | Yes | |
| (16) N4642 COUNTY N APPLETON, WI 54914 45-4681563 | MENTAL HEALTH FACILITY | WI | 501(c)(3) | 3 | STELIZABETH HOSPITAL INC | Yes | |
| (17) 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 | |
| (18) 323 SOUTH 18TH AVENUE STURGEON BAY, WI 54235 39-0806324 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| (19) PO BOX 829 WOODRUFF, WI 54568 39-1357365 | NURSING/ASSISTED LIVING SERVICES | WI | 501(c)(3) | 10 | HOWARD YOUNG HEALTH CARE INC | Yes | |

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| | | | | | | Yes | No |
| (141) 201 HOSPITAL ROAD EAGLE RIVER, WI 54521 39-0985690 | HOSPITAL | WI | 501(c)(3) | 3 | THE HOWARD YOUNG MEDICAL CENTER INC | Yes | |
| (1) 3400 MINISTRY PARKWAY WESTON, WI 54476 75-3193633 | CHARITABLE FOUNDATION | WI | 501(c)(3) | Type I | MINISTRY HEALTH CARE INC | Yes | |
| (2) 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 | |
| (3) 601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-0808503 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| (4) 601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-1627755 | CHARITABLE FOUNDATION | WI | 501(c)(3) | Type I | GOOD SAMARITAN HEALTH CENTER OF MERRILL | Yes | |
| (5) 240 MAPLE STREET WOODRUFF, WI 54568 39-1521169 | CHARITABLE FOUNDATION | WI | 501(c)(3) | 7 | HOWARD YOUNG HEALTH CARE INC | Yes | |
| (6) 240 MAPLE STREET WOODRUFF, WI 54568 39-1499115 | HOME OFFICE | WI | 501(c)(3) | Type II | MINISTRY HEALTH CARE INC | Yes | |
| (7) 240 MAPLE STREET WOODRUFF, WI 54568 39-0873606 | HOSPITAL | WI | 501(c)(3) | 3 | HOWARD YOUNG HEALTH CARE INC | Yes | |
| (8) PO BOX 3370 OSHKOSH, WI 54903 23-7140261 | CHARITABLE FOUNDATION | WI | 501(c)(3) | 10 | AFFINITY HEALTH SYSTEM | Yes | |
| (9) 500 S OAKWOOD ROAD OSHKOSH, WI 54904 39-0806268 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| (10) 824 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1965593 | CLINICS | WI | 501(c)(3) | Type III-FI | MINISTRY HEALTH CARE INC | Yes | |
| (11) 2251 NORTH SHORE DRIVE RHINELANDER, WI 54501 39-1829015 | HEALTH SERVICES | WI | 501(c)(3) | 3 | SACRED HEART - STMARY'S HOSPITALS INC | Yes | |
| (12) 1120 PINE STREET STANLEY, WI 54768 39-0807065 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| (13) PO BOX 347 STEVENS POINT, WI 54481 39-1390638 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| (14) 3400 MINISTRY PARKWAY WESTON, WI 54476 72-1531917 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| (15) 1200 GRANT BLVD WEST WABASHA, MN 55981 41-0693877 | HOSPITAL | MN | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| (16) 1506 S ONEIDA STREET APPLETON, WI 54915 39-1256677 | CHARITABLE FOUNDATION | WI | 501(c)(3) | 7 | AFFINITY HEALTH SYSTEM | Yes | |
| (17) 1506 S ONEIDA STREET APPLETON, WI 54915 39-0816818 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| (18) 611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-0847631 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| (19) 900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-0808443 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |

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| | | | | | | Yes | No |
| (161) 1570 APPLETON RD MENASHA, WI 54952 39-1127163 | CLINICAL HEALTHCARE SERVICES | WI | 501(c)(3) | 3 | AFFINITY HEALTH SYSTEM | Yes | |
| (1) 1570 MIDWAY PL MENASHA, WI 54952 39-1568866 | SUPPORT RELATED HEALTHCARE PRGANIZATION | WI | 501(c)(3) | Type II | MINISTRY HEALTH CAREINC | Yes | |
| (2) 6801 AIRPORT BLVD MOBILE, AL 36608 63-0934712 | SUPPORT PROVIDENCE HOSPITAL | AL | 501(c)(3) | Type III-FI | ASCENSION HEALTH | Yes | |
| (3) 6801 AIRPORT BLVD MOBILE, AL 36608 63-0288861 | HOSPITAL | AL | 501(c)(3) | 3 | GULF COAST HEALTH SYSTEM INC | Yes | |
| (4) 6801 AIRPORT BLVD MOBILE, AL 36608 63-0915493 | SUPPORT PROVIDENCE HOSPITAL | AL | 501(c)(3) | 7 | GULF COAST HEALTH SYSTEM INC | Yes | |
| (5) 6801 AIRPORT BLVD MOBILE, AL 36608 63-0937704 | SUPPORT PROVIDENCE HOSPITAL | AL | 501(c)(2) | | GULF COAST HEALTH SYSTEM INC | Yes | |
| (6) 6801 AIRPORT BLVD MOBILE, AL 36608 63-0914564 | SUPPORT PROVIDENCE HOSPITAL | AL | 501(c)(3) | | GULF COAST HEALTH SYSTEM INC | Yes | |
| (7) 5151 N 9TH AVENUE PENSACOLA, FL 32504 59-0634434 | HOSPITAL - HEALTHCARE | FL | 501(c)(3) | 3 | GULF COAST HEALTH SYSTEM INC | Yes | |
| (8) 5151 N 9TH AVENUE PENSACOLA, FL 32504 59-3620346 | NURSING HOME | FL | 501(c)(3) | 10 | SACRED HEART HEALTH SYSTEM | Yes | |
| (9) 5151 N 9TH AVENUE PENSACOLA, FL 32504 57-1183283 | INVESTMENT | FL | 501(c)(3) | Type I | SACRED HEART HEALTH SYSTEM | Yes | |
| (10) 5151 N 9TH AVENUE PENSACOLA, FL 32504 59-2436597 | FOUNDATION | FL | 501(c)(3) | 7 | SACRED HEART HEALTH SYSTEM | Yes | |
| (11) 6801 AIRPORT BLVD MOBILE, AL 36608 63-0937705 | SUPPORT PROVIDENCE HOSPITAL | AL | 501(c)(3) | Type III-FI | GULF COAST HEALTH SYSTEM INC | Yes | |
| (12) 6801 AIRPORT BLVD MOBILE, AL 36608 46-2847744 | SUPPORT PROVIDENCE HOSPITAL | AL | 501(c)(3) | Type III-FI | GULF COAST HEALTH SYSTEM INC | Yes | |
| (13) 520 NORTH 4TH AVENUE PASCO, WA 99301 91-1528577 | FUNDRAISING | WA | 501(c)(3) | Type I | OUR LADY OF LOURDES HOSPITAL AT PASCO | Yes | |
| (14) 520 NORTH 4TH AVENUE PASCO, WA 993012568 91-0349750 | HEALTHCARE | WA | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| (15) 4220 HARDING ROAD NASHVILLE, TN 37205 58-1716804 | SYSTEM PARENT | TN | 501(c)(3) | Type III-FI | ASCENSION HEALTH | Yes | |
| (16) 4220 HARDING ROAD NASHVILLE, TN 37205 62-0347580 | HOSPITAL | TN | 501(c)(3) | 3 | SAINT THOMAS HEALTH | Yes | |
| (17) 4220 HARDING ROAD NASHVILLE, TN 37205 62-1284994 | HEALTH INVESTMENT ENTITY | TN | 501(c)(3) | 10 | SAINT THOMAS HEALTH | Yes | |
| (18) PO BOX 380 NASHVILLE, TN 37202 58-1663055 | OPERATES FOUNDATION | TN | 501(c)(3) | 7 | SAINT THOMAS NETWORK | Yes | |
| (19) 102 WOODMONT BLVD SUITE 800 NASHVILLE, TN 37205 62-1695737 | INACTIVE | 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 |
| (181) 1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-0475842 | HOSPITAL | TN | 501(c)(3) | 3 | SAINT THOMAS HEALTH | Yes | |
| (1) 1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-1167917 | FOUNDATION | TN | 501(c)(3) | Type I | SAINT THOMAS RUTHERFORD HOSPITAL | Yes | |
| (2) 4220 HARDING ROAD NASHVILLE, TN 37205 62-1869474 | ACUTE CARE HOSPITAL | TN | 501(c)(3) | 3 | SAINT THOMAS HEALTH | Yes | |
| (3) 2000 CHURCH STREET NASHVILLE, TN 37236 58-1861378 | INACTIVE | TN | 501(c)(3) | Type I | SAINT THOMAS MIDTOWN HOSPITAL | Yes | |
| (4) 2000 CHURCH STREET NASHVILLE, TN 37236 58-1509251 | COMMUNITY HEALTH PROMOTION | TN | 501(c)(3) | Type I | SAINT THOMAS NETWORK | Yes | |
| (5) 135 EAST SWAN STREET CENTERVILLE, TN 37033 58-1737573 | HOSPITAL | TN | 501(c)(3) | 3 | BAPTIST HEALTH CARE AFFILIATES INC | Yes | |
| (6) 135 EAST SWAN STREET CENTERVILLE, TN 37033 62-1836937 | HOME HEALTH CARE | TN | 501(c)(3) | 10 | SAINT THOMAS HICKMAN HOSPITAL | Yes | |
| (7) 4220 HARDING PIKE NASHVILLE, TN 37205 47-4063046 | HEALTHCARE PROVIDER | TN | 501(c)(3) | 3 | SAINT THOMAS HEALTH | Yes | |
| (8) 2000 CHURCH STREET NASHVILLE, TN 37236 62-1529858 | HEALTHCARE PROVIDER | TN | 501(c)(3) | 3 | SAINT THOMAS NETWORK | Yes | |
| (9) 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-1172107 | HEALTH SYSTEM PARENT | KS | 501(c)(3) | Type III-FI | ASCENSION HEALTH | Yes | |
| (10) 1 MT CARMEL WAY PITTSBURG, KS 66762 48-0543778 | HOSPITAL | KS | 501(c)(3) | 3 | VIA CHRISTI HEALTH INC | Yes | |
| (11) 14800 W ST TERESA WICHITA, KS 67235 27-1965272 | HOSPITAL | KS | 501(c)(3) | 3 | VIA CHRISTI HEALTH INC | Yes | |
| (12) 929 N SAINT FRANCIS WICHITA, KS 67214 48-1172106 | HOSPITAL | KS | 501(c)(3) | 3 | VIA CHRISTI HEALTH INC | Yes | |
| (13) 3144 N HOOD WICHITA, KS 67204 48-1049532 | HOSPITAL SUPPORT | KS | 501(c)(3) | 10 | VIA CHRISTI HOSPITALS WICHITA INC | Yes | |
| (14) 1151 N ROCK ROAD WICHITA, KS 67206 48-1158274 | REHABILITATION HOSPITAL | KS | 501(c)(3) | 3 | VIA CHRISTI HOSPITALS WICHITA INC | Yes | |
| (15) 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-0948571 | PROPERTY MANAGEMENT | KS | 501(c)(4) | | VIA CHRISTI HOSPITALS WICHITA INC | Yes | |
| (16) 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-0958974 | MANAGEMENT COMPANY | KS | 501(c)(3) | 10 | VIA CHRISTI HEALTH INC | Yes | |
| (17) 1823 COLLEGE AVENUE MANHATTAN, KS 66502 48-1186704 | HOSPITAL | KS | 501(c)(3) | 3 | VIA CHRISTI HEALTH INC | Yes | |
| (18) 711 GENN DRIVE WAMEGO, KS 66547 72-1526400 | HOSPITAL | KS | 501(c)(3) | 3 | Via Christi Hospital Manhattan Inc | Yes | |
| (19) 520 SOUTH SANTA FE AVE SALINA, KS 67401 43-1948057 | MEDICAL EQUIPMENT | KS | 501(c)(3) | 10 | SALINA REGIONAL HEALTH CENTER INC | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
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| | | | | | | Yes | No |
| (201) 1150 VARNUM STREET NE WASHINGTON, DC 20017 53-0196636 | HOSPITAL | DC | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| (1) 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275583 | FUNDRAISING ORGANIZATION | DC | 501(c)(3) | Type I | PROVIDENCE HOSPITAL | Yes | |
| (2) 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275587 | PHYSICIAN PRACTICES | DC | 501(c)(3) | Type I | PROVIDENCE HOSPITAL | Yes | |
| (3) 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1568865 | HOLDING CO | WI | 501(c)(3) | Type III-FI | WFSI | Yes | |
| (4) 3801 SPRING STREET RACINE, WI 53405 39-1264986 | HOSPITAL | WI | 501(c)(3) | 3 | WFH-SE WI | Yes | |
| (5) 3805B SPRING STREET RACINE, WI 53405 39-1570877 | FOUNDATION | WI | 501(c)(3) | Type I | WFH-AS INC | Yes | |
| (6) nc 3807 SPRING STREET RACINE, WI 53405 93-0838390 | FOUNDATION | WI | 501(c)(3) | Type III-O | WFH-AS INC | Yes | |
| (7) 4300 WEST BROWN DEER RD STE 250 BROWN DEER, WI 53223 56-2426294 | FOUNDATION | WI | 501(c)(3) | Type I | WFH-PE | Yes | |
| (8) 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1791586 | MED GROUP | WI | 501(c)(3) | 3 | WFH-SE WI | Yes | |
| (9) 19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-2028808 | FOUNDATION | WI | 501(c)(3) | Type I | WF INC | Yes | |
| (10) 3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-1701402 | LABORATORY | WI | 501(c)(3) | 10 | WFH-SE WI | Yes | |
| (11) 19525 WEST NORTH AVENUE BROOKFIELD, WI 53005 39-1613624 | PHARMACY | WI | 501(c)(3) | 10 | WFH-SE WI | Yes | |
| (12) 3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-0907740 | HOSPITAL | WI | 501(c)(3) | 3 | WFH-SE WI | Yes | |
| (13) 5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-1636804 | FOUNDATION | WI | 501(c)(3) | Type I | WF INC | Yes | |
| (14) 5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-0816857 | HOSPITAL | WI | 501(c)(3) | 3 | WFH-SE WI | Yes | |
| (15) 3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 32-0135258 | FOUNDATION | WI | 501(c)(3) | Type I | WFH-SFH | Yes | |
| (16) 19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-6068950 | AUXILIARY | WI | 501(c)(3) | Type III-FI | WF INC | Yes | |
| (17) 3200 SOUTH 20TH STREET MILWAUKEE, WI 53215 39-1486775 | NURSING HOME | WI | 501(c)(3) | 10 | WFH-SE WI | Yes | |
| (18) 10101 SOUTH 27TH STREET FRANKLIN, WI 53132 56-2592868 | HOSPITAL | WI | 501(c)(3) | 3 | WFH-SE WI | Yes | |
| (19) 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 94-3436893 | MED GROUP | WI | 501(c)(3) | 3 | WFMG | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
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| | | | | | | Yes | No |
| (221) 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-3650609 | PARENT ENTITY | FL | 501(c)(3) | Type II | ASCENSION HEALTH | Yes | |
| (1) 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-0624449 | HOSPITAL | FL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM INC | Yes | |
| (2) 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 26-0479484 | HOSPITAL | FL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM INC | Yes | |
| (3) 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2292041 | PHYSICIAN PRACTICE | FL | 501(c)(3) | 10 | ST VINCENT'S HEALTH SYSTEM INC | Yes | |
| (4) 1580 BRANAN FIELD ROAD MIDDLEBURG, FL 32068 46-1523194 | HOSPITAL | FL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM INC | Yes | |
| (5) 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2219923 | FUND RAISING | FL | 501(c)(3) | 7 | ST VINCENT'S HEALTH SYSTEM INC | Yes | |
| (6) 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0806315 | HOSPITAL | WI | 501(c)(3) | 3 | COLUMBIA ST MARY'S INC | Yes | |
| (7) 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0807063 | HOSPITAL | WI | 501(c)(3) | 3 | COLUMBIA ST MARY'S INC | Yes | |
| (8) 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) 8949 N DEERBROOK TRL MILWAUKEE, WI 53223 39-1171298 | HOME CARE / HOSPICE | WI | 501(c)(3) | 3 | NA | Yes | |
| (10) 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1834639 | HEALTH SYSTEM | WI | 501(c)(3) | | ASCENSION HEALTH ALLIANCE COLUMBIA HEALTH SYSTEM | Yes | |
| (11) 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1494977 | HEALTH SYSTEM | WI | 501(c)(3) | | NA | Yes | |
| (12) 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1494981 | FOUNDATION | WI | 501(c)(3) | 7 | NA | Yes | |
| (13) 4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI 53212 39-1596986 | COLLEGE | WI | 501(c)(3) | 2 | COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC | Yes | |
| (14) 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0931008 | HEALTH SYSTEM PARENT | AL | 501(c)(3) | Type III-FI | ASCENSION HEALTH | Yes | |
| (15) 150 GILBREATH DRIVE ONEONTA, AL 35121 63-0909073 | HOSPITAL | AL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM | Yes | |
| (16) 50 MEDICAL PARK EAST DRIVE BIRMINGHAM, AL 35235 63-0578923 | HOSPITAL | AL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM | Yes | |
| (17) 2660 10TH AVENUE SOUTH NO 505 BIRMINGHAM, AL 35205 63-0952490 | SPORTS MEDICINE | AL | 501(c)(3) | 7 | ST VINCENT'S BIRMINGHAM | Yes | |
| (18) 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0932323 | PHYSICIAN GROUP | AL | 501(c)(3) | Type II | ST VINCENT'S HEALTH SYSTEM | Yes | |
| (19) 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0868066 | FUNDRAISING | AL | 501(c)(3) | 7 | ST VINCENT'S HEALTH SYSTEM | Yes | |

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| | | | | | | Yes | No |
| (241) 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 23-7326976 | REAL ESTATE | AL | 501(c)(2) | | ST VINCENT'S HEALTH SYSTEM | Yes | |
| (1) 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0288864 | HOSPITAL | AL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM | Yes | |
| (2) 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 | |
| (3) 169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 15-0532221 | HOSPITAL | NY | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| (4) 12250 Weber Hill Road St Louis, MO 63127 43-1227406 | Parent Company | MO | 501(c)(3) | Type I | Ascension Health | Yes | |
| (5) 9301 N 76th Street Milwaukee, WI 53223 39-1351584 | Continuing care retirement community | WI | 501(c)(3) | 10 | Ascension Health Senior Care | Yes | |
| (6) 437 Alexian Way Signal Mountain, TN 37377 62-1136742 | Continuing care retirement community | TN | 501(c)(3) | 10 | Ascension Health Senior Care | Yes | |
| (7) 4624 Lansdowne St Louis, MO 63116 43-1470362 | Skilled nursing facility | MO | 501(c)(3) | 10 | Ascension Health Senior Care | Yes | |
| (8) 4005 Ripa Avenue St Louis, MO 63125 43-1592502 | Skilled nursing facility | MO | 501(c)(3) | 10 | Ascension Health Senior Care | Yes | |
| (9) 425 Cumberland St Suite 110 Chattanooga, TN 37404 36-4344423 | PACE- Comprehensive & Coordinated Community Based Services | TN | 501(c)(3) | 10 | Ascension Health Senior Care | Yes | |
| (10) 1000 Seton Drive Orwigsburg, PA 17961 23-2960726 | Skilled nursing facility | PA | 501(c)(3) | 10 | Ascension Health Senior Care | Yes | |
| (11) 5285 Lewiston Road Lewiston, NY 14092 16-1608735 | Skilled nursing facility | NY | 501(c)(3) | 10 | Ascension Health Senior Care | Yes | |
| (12) 3057 Gull Road Kalamazoo, MI 49048 38-2555589 | Skilled nursing facility | MI | 501(c)(3) | 10 | Ascension Health Senior Care | Yes | |
| (13) 331 S Seton Avenue Emmitsburg, MD 21727 52-1835288 | Skilled nursing facility | MD | 501(c)(3) | 10 | Ascension Health Senior Care | Yes | |
| (14) 621 Carondelet Drive Kansas City, MO 64114 74-2505427 | Skilled nursing facility | MO | 501(c)(3) | 10 | Ascension Health Senior Care | Yes | |
| (15) 1750 Stockton Street Jacksonville, FL 32204 59-1878316 | Skilled nursing facility | FL | 501(c)(3) | 3 | Ascension Health Senior Care | Yes | |
| (16) 300 W Highway 6 Waco, TX 76712 61-1759304 | Skilled nursing facility | TX | 501(c)(3) | 3 | Ascension Health Senior Care | Yes | |
| (17) 2622 W Centra Suite 100 Wichita, KS 67203 48-0559086 | Management Company | KS | 501(c)(3) | Type III-FI | Ascension Health Senior Care | Yes | |
| (18) 1475 Reynolds Street El Paso, TX 79903 74-2387843 | Retirement Community | TX | 501(c)(3) | 10 | AHSC & Loretto Literary & Benevolent Ins | Yes | |
| (19) 2622 W Centra Suite 100 Wichita, KS 67203 48-1236589 | PACE (SNF) | KS | 501(c)(3) | 10 | Via Christi Villages Inc | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
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| | | | | | | Yes | No |
| (261) 1601 Academy Road Ponca City, OK 74604 73-1153337 | Retirement Community | OK | 501(c)(3) | 10 | Via Christi Villages Inc | Yes | |
| (1) 2225 Canterbury Drive Hays, KS 67601 20-2828680 | Retirement Community | KS | 501(c)(3) | 10 | Via Christi Villages Inc | Yes | |
| (2) 777 N McLean Blvd McLean, KS 67203 48-1247723 | Retirement Community | KS | 501(c)(3) | 10 | Via Christi Villages Inc | Yes | |
| (3) 2622 W Centra Suite 100 Wichita, KS 67203 48-1241079 | Retirement Community | KS | 501(c)(3) | 10 | Via Christi Villages Inc | Yes | |
| (4) 2800 Willow Grove Road Manhattan, KS 66502 48-1078862 | Retirement Community | KS | 501(c)(3) | 10 | Via Christi Villages Inc | Yes | |
| (5) 1655 S Georgetown Georgetown, KS 67218 48-1129325 | Retirement Community | KS | 501(c)(3) | 10 | Via Christi Villages Inc | Yes | |
| (6) 1502 E Centennial Drive Pittsburg, KS 66762 74-3070971 | Retirement Community | KS | 501(c)(3) | 10 | Via Christi Villages Inc | Yes | |
| (7) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1215174 | SYSTEM PARENT | OK | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| (8) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0662663 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| (9) 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-0606129 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| (10) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1133139 | HEALTH CARE | OK | 501(c)(3) | 7 | ST JOHN HEALTH SYSTEM INC | Yes | |
| (11) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0579286 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| (12) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1077367 | NURSING HOME | OK | 501(c)(3) | 10 | ST JOHN HEALTH SYSTEM INC | Yes | |
| (13) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3700131 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| (14) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 38-3833117 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| (15) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0999759 | HEALTH CARE | OK | 501(c)(3) | 10 | ST JOHN HEALTH SYSTEM INC | Yes | |
| (16) 237 SOUTH LOCUST NOWATA, OK 74048 73-1440267 | HEALTH CARE | OK | 501(c)(3) | 3 | JANE PHILLIPS MEMORIAL MEDICAL CENTER | Yes | |
| (17) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 61-1659782 | REAL ESTATE | OK | 501(c)(2) | | ST JOHN HEALTH SYSTEM INC | Yes | |
| (18) 3040 W Salt Creek Lane Arlington Heights, IL 60005 43-1295333 | HUD housing | IL | 501(c)(3) | 10 | Alexian Brothers Health System | Yes | |
| (19) 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 | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|--|--|----------------------------|---|---------------------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| (281) 3040 W SALT CREEK LANE ARLINGTON HEIGHTS, IL 60005 81-1110738 | SPECIALITY PHYSICIAN PRACTICE GROUP | IL | 501(c)(3) | 3 | ALEXIAN BROTHERS HEALTH SYSTEM | Yes | |
| (1) 3040 W Salt Creek Lane Arlington Heights, IL 60005 94-1530037 | Acute care hospital (sold in 1998) | IL | 501(c)(3) | Type I | Alexian Brothers Health System | Yes | |
| (2) PO BOX 2043 SOUTHFIELD, MI 48037 38-6108200 | FUNDRAISING | MI | 501(c)(3) | Type III-FI | PROVIDENCE-PROVIDENCE PARK HOSPITAL | Yes | |
| (3) 47601 GRAND RIVER AVENUE NOVI, MI 48374 39-2058690 | FUNDRAISING | MI | 501(c)(3) | Type III-FI | PROVIDENCE-PROVIDENCE PARK HOSPITAL | Yes | |
| (4) 11800 E TWELVE MILE WARREN, MI 48093 38-6091287 | FUNDRAISING | MI | 501(c)(3) | Type III-FI | ST JOHN MACOMB-OAKLAND HOSPITAL | Yes | |
| (5) 4100 RIVER ROAD EAST CHINA, MI 48054 23-7044348 | FUNDRAISING | MI | 501(c)(3) | Type III-O | NA | Yes | |
| (6) 348 NORTH BURDICK KALAMAZOO, MI 49007 38-2717691 | HOME HEALTHCARE SERVICES | MI | 501(c)(3) | 10 | BORGESS HEALTH ALLIANCE INC | Yes | |
| (7) 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1250611 | RURAL HEALTH CLINICS | OK | 501(c)(3) | 3 | JANE PHILLIPS MEMORIAL MEDICAL CENTER | Yes | |
| (8) 1008 E CLEVELAND SAPULPA, OK 74066 73-1301822 | HUD HOUSING | OK | 501(c)(3) | 7 | ST JOHN VILLAS INC | Yes | |
| (9) 619 S DIVISION SAPULPA, OK 74066 73-1216617 | HUD HOUSING | OK | 501(c)(3) | 7 | ST JOHN VILLAS INC | Yes | |
| (10) 6859 SOUTH CANTON AVENUE TULSA, OK 74136 20-4791422 | HUD HOUSING | OK | 501(c)(3) | 7 | ST JOHN VILLAS INC | Yes | |
| (11) 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 51-0153559 | HEALTH CARE | OK | 501(c)(3) | | JANE PHILLIPS MEMORIAL MEDICAL CENTER | Yes | |
| (12) 218 W 6TH STREET TULSA, OK 74119 47-2532880 | HEALTH INSURANCE | OK | 501(c)(3) | | NA | Yes | |
| (13) 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 | |
| (14) 98 SHERRY AVE PARK FALLS, WI 54552 39-0973724 | HOSPITAL | WI | 501(c)(3) | 3 | NA | Yes | |
| (15) 611 STJOSEPH AVENUE 4S MARSHFIELD, WI 54449 39-1936201 | HOME CARE/ HOSPICE | WI | 501(c)(3) | 10 | MINISTRY HEALTH CARE INC | Yes | |
| (16) 1101 W UNIVERSITY DR ROCHESTER, WI 48307 38-2627336 | SUPPORTING ORGANIZATION | WI | 501(c)(3) | Type I | CRITTENTON HOSPITAL MEDICAL CENTER | Yes | |
| (17) 1101 W UNIVERSITY DR ROCHESTER, WI 48307 38-3239057 | CANCER TREATMENT | WI | 501(c)(3) | 10 | CRITTENTON HOSPITAL MEDICAL CENTER | Yes | |
| (18) 1101 W UNIVERSITY DR ROCHESTER, WI 48307 38-1359247 | HOSPITAL | WI | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| (19) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-6091110 | FUNDRAISING | MI | 501(c)(3) | Type III-FI | ST JOHN HOSPITAL AND MEDICAL CENTER | 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 |
| (301) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-6082173 | FUNDRAISING | MI | 501(c)(3) | Type III-FI | ST JOHN HOSPITAL AND MEDICAL CENTER | Yes | |
| (1) 1000 CARONDELET DRIVE KANSAS CITY, MO 46060 43-1276738 | HEALTH SYSTEM PARENT | MO | 501(c)(3) | Type III-FI | N/A | Yes | |
| (2) 1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1388461 | FUNDRAISING | MO | 501(c)(3) | Type III-FI | CARONDELET HEALTH | Yes | |
| (3) 1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1918107 | FUNRAISING | MO | 501(c)(3) | Type III-FI | CARONDELET HEALTH | Yes | |
| (4) RUST 4600 EDMUNDSON RD ST LOUIS, MO 63134 36-7047606 | SUPPORTING ORGANIZATION | MO | 501(c)(3) | Type I | ASCENSION HEALTH ALLIANCE | Yes | |
| (5) PO BOX 45998 ST LOUIS, MO 63145 65-1257719 | SUPPORTING ORGANIZATION | MO | 501(c)(3) | Type I | ASCENSION HEALTH ALLIANCE | Yes | |
| (6) 2202 N FORBES BLVD TUCSON, AZ 85745 86-0455920 | HOSPITAL | AZ | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| (7) 120 N TUCSON BLVD TUCSON, AZ 85716 86-0749574 | FOUNDATION | AZ | 501(c)(3) | Type I | ASCENSION ARIZONA | Yes | |
| (8) 4350 E COTTON CENTER BLVD BLDG D PHOENIX, AZ 85040 86-0527381 | INSURANCE | AZ | 501(c)(3) | Type I | ASCENSION ARIZONA | | No |
| (9) 4888 N STONE AVE TUCSON, AZ 85704 56-1943271 | INACTIVE HOSPITAL | AZ | 501(c)(3) | 3 | ASCENSION ARIZONA | Yes | |
| (10) 2202 N FORBES BLVD TUCSON, AZ 85745 85-4088322 | FOUNDATION | AZ | 501(c)(3) | Type I | CARONDELET FOUNDATION INC | Yes | |
| (11) 101 South Hanley Ste 450 St Louis, MO 63105 46-1121862 | Health care | MO | 501(c)(3) | 7 | Ascension Health Alliance | 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 |
| (1) SETON PHYSICIAN HOSPITAL NETWORK 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2643825 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| (1) ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2698151 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| (2) SETON HEALTH PLAN INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2725348 | HMO | TX | NA | C Corporation | | | | Yes | |
| (3) THE TOPFER BUILDING CONDOMINIUM ASSOCIATION 1345 PHILOMENA STREET AUSTIN, TX 78723 74-3007869 | COMMERCIAL BUILDING ASSOCIATION | TX | NA | C Corporation | | | | Yes | |
| (4) SETON MSO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2870455 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| (5) SETON ACCOUNTABLE CARE ORGANIZATION INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2677756 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| (6) SETON HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 45-3047469 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| (7) DELL CHILDREN'S HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311909 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| (8) SETON INSURANCE COMPANY 1345 PHILOMENA STREET AUSTIN, TX 78723 47-5395483 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| (9) ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD 21229 52-1733632 | HOLDING COMPANY | MD | NA | C Corporation | | | | Yes | |
| (10) VINCENTURES INC 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-1211417 | INACTIVE | CT | NA | C Corporation | | | | Yes | |
| (11) Thelen Corporation 3040 W Salt Creek Arlington Heights, IL 60005 36-3266316 | Owns/ leases property, joint venture partner | IL | NA | C Corporation | | | | Yes | |
| (12) Alexian Brothers Health Providers Association Inc 3040 W Salt Creek Arlington Heights, IL 60005 36-3853286 | Messenger model IPA | IL | NA | C Corporation | | | | Yes | |
| (13) ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747 | OTHER MEDICAL | MI | NA | C Corporation | | | | Yes | |
| (14) GENESYS PRACTICE PARTNERS 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 03-0516871 | EMPLOYED PHY PRACTICE | MI | NA | C Corporation | | | | 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 |
| (16) BEECHER BALLENGER SERVICES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922 | HOLDING COMPANY | MI | NA | C Corporation | | | | Yes | |
| (1) ADVENT INC 28000 DEQUINDRE WARREN, MI 48092 38-2971743 | RENTAL REAL ESTATE | MI | NA | C Corporation | | | | Yes | |
| (2) AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922 | MEDICAL SERVICES | MI | NA | C Corporation | | | | Yes | |
| (3) St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017 | Dormant | MI | NA | C Corporation | | | | Yes | |
| (4) TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047 | LAUNDRY SERVICES | MI | NA | C Corporation | | | | Yes | |
| (5) ST MARY'S MEDICAL GROUP INC 3700 WASHINGTON AVE EVANSVILLE, IN 47750 35-2076827 | INVESTMENT | IN | NA | C Corporation | | | | Yes | |
| (6) PROVIDENCE PARK PO BOX 850429 MOBILE, AL 36685 63-0886846 | REAL ESTATE | AL | NA | C Corporation | | | | Yes | |
| (7) MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES INC 6801 AIRPORT BLVD MOBILE, AL 36608 46-1130426 | HEALTHCARE SERVICES | MS | NA | C Corporation | | | | Yes | |
| (8) GULF COAST DIVERSIFIED INC 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798 | INVESTMENT | FL | NA | C Corporation | | | | Yes | |
| (9) PHYSICIANS OF PASCO CONDOMINIUMS ASSOC 520 NORTH 4TH AVENUE PASCO, WA 99301 45-3691641 | PROPERTY MANAGEMENT | WA | NA | C Corporation | | | | Yes | |
| (10) SOVA INC 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638 | HEALTH SERVICES | TN | NA | C Corporation | | | | Yes | |
| (11) BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214 | HOLDING COMPANY | TN | NA | C Corporation | | | | Yes | |
| (12) MISSIONPOINT HEALTH PARTNERS 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482 | ACCOUNTABLE CARE ORGANIZATION | TN | NA | C Corporation | | | | Yes | |
| (13) AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522 | MEDICAL LABORATORY | KS | NA | C Corporation | | | | Yes | |
| (14) INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549 | CLINIC SERVICES | KS | NA | C Corporation | | | | 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 |
| (31) VCH IOWA PC TRUST 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-6937322 | BENEFICIARY TRUST | IA | NA | Trust | | | | Yes | |
| (1) VCH IOWA PC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3983977 | PROFESSIONAL ASSOCIATION | IA | NA | C Corporation | | | | Yes | |
| (2) VIA CHRISTI CLINIC PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446 | PROFESSIONAL ASSOCIATION | KS | NA | C Corporation | | | | Yes | |
| (3) VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3984287 | CLINIC SERVICES | KS | NA | C Corporation | | | | Yes | |
| (4) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE WICHITA, KS 67226 48-2872857 | ACO | KS | NA | C Corporation | | | | Yes | |
| (5) RESOURCE PHARMACIES INC 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1410076 | RETAIL PHARMACY | DC | NA | C Corporation | | | | Yes | |
| (6) Wheaton Franciscan Enterprises Inc 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1985204 | HOLDING CO | WI | NA | C Corporation | | | | Yes | |
| (7) Wheaton Franciscan Holdings Inc 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357 | HOLDING CO | WI | NA | C Corporation | | | | Yes | |
| (8) Wheaton Franciscan Medical Group - Sussex Inc 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1361100 | MED GROUP | WI | NA | C Corporation | | | | Yes | |
| (9) Wheaton Franciscan Provider Network Inc 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140 | PROVIDER CONTRACTING | WI | NA | C Corporation | | | | Yes | |
| (10) Franklin Medical Office Building Condominium Association Inc 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 34-1983857 | CONDO MGMT | WI | NA | C Corporation | | | | Yes | |
| (11) Wheaton Way Condominium Owners Association Inc 10101 SOUTH 27TH STREET FRANKLIN, WI 53132 30-0659830 | CONDO ASSCN | WI | NA | C Corporation | | | | Yes | |
| (12) CONSOLIDATED PHARMACY SERVICES INC 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3398033 | RETAIL PHARMACY & PATIENT TRANSPORT | FL | NA | C Corporation | | | | Yes | |
| (13) ADVANCED PATIENT TRANSPORTATION INC 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3381444 | TRANSPORT SERVICES | FL | NA | C Corporation | | | | Yes | |
| (14) SETON PHARMACY INC 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3001427 | RETAIL PHARMACY | FL | NA | C Corporation | | | | Yes | |

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

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|--|-----------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (46) FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 26-1983355 | CONDOMINIUM ASSOCIATION | FL | NA | C Corporation | | | | Yes | |
| (1) St Vincent's Strategic Ventures Inc 4205 Belfort Road Suite 4030 Jacksonville, FL 33213 59-3133073 | LEASING | FL | NA | C Corporation | | | | Yes | |
| (2) COLUMBIA ST MARY'S STRATEGIC ALLIANCE 4425 N PORT WASHINGTON RD GLENDAL, WI 53212 39-1871856 | HEALTHCARE | WI | NA | C Corporation | | | | Yes | |
| (3) MADISON MEDICAL AFFILIATES 4425 N PORT WASHINGTON RD GLENDAL, WI 53212 39-1855720 | HEALTHCARE | WI | NA | C Corporation | | | | Yes | |
| (4) PROSPECT MEDICAL COMMONS 4425 N PORT WASHINGTON RD GLENDAL, WI 53212 20-8042108 | CONDO ASSOCIATION | WI | NA | C Corporation | | | | Yes | |
| (5) VINCENTIAN VENTURES OF NORTH ALABAMA INC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0965456 | MISC HEALTHCARE SERVICES | AL | NA | C Corporation | | | | Yes | |
| (6) ASCENSION VENTURES CORPORATION 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1217059 | MISC HEALTHCARE SERVICES | AL | NA | C Corporation | | | | Yes | |
| (7) EASTSIDE VENTURES 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0846221 | MISC HEALTHCARE SERVICES | AL | NA | C Corporation | | | | Yes | |
| (8) Corbet Corporation 169 Riverside Drive Binghamton, NY 13905 16-1268267 | Property Management | NY | NA | C Corporation | | | | Yes | |
| (9) UTICA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650 | MEDICAL SERVICES | OK | NA | C Corporation | | | | Yes | |
| (10) REGIONAL MEDICAL LABORATORIES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1131608 | MEDICAL SERVICES | OK | NA | C Corporation | | | | Yes | |
| (11) PHYSICIAN SUPPORT SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1437252 | MEDICAL SERVICES | OK | NA | C Corporation | | | | Yes | |
| (12) OMNI MEDICAL GROUP INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1335536 | MEDICAL SERVICES | OK | NA | C Corporation | | | | Yes | |
| (13) ST JOHN URGENT CARE CLINICS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-4990275 | MEDICAL SERVICES | OK | NA | C Corporation | | | | Yes | |
| (14) ST JOHN ANESTHESIA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3690446 | MEDICAL SERVICES | OK | NA | C Corporation | | | | Yes | |

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

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|---|--------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (61) ST JOHN PHYSICIANS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1321032 | MEDICAL SERVICES | OK | NA | C Corporation | | | | Yes | |
| (1) CERES MEDICAL PRACTICE INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1522656 | MEDICAL SERVICES | OK | NA | C Corporation | | | | Yes | |
| (2) GEMINI MEDICAL GROUP INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1503529 | MEDICAL SERVICES | OK | NA | C Corporation | | | | Yes | |
| (3) JANE PHILLIPS SPECIALTY PHYSICIANS INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 01-0879962 | MEDICAL SERVICES | OK | NA | C Corporation | | | | Yes | |
| (4) SYNERGY HOSPITALIST GROUP INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 30-0375404 | MEDICAL SERVICES | OK | NA | C Corporation | | | | Yes | |
| (5) JANE PHILLIPS SUPPORT SERVICES INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1530296 | HOLDING COMPANY | OK | NA | C Corporation | | | | Yes | |
| (6) ANESTHESIA SOLUTIONS OF MOBILE INC 6701 AIRPORT BLVD SUITE D-430B MOBILE, AL 36608 82-0547505 | ANESTHESIA SERVICES | AL | NA | C Corporation | | | | Yes | |
| (7) Alexian Village of Elk Grove 3040 W Salt Creek Arlington Heights, IL 60005 35-2211303 | Tax credit financed housing | IL | NA | C Corporation | | | | Yes | |
| (8) STMARY'S OF MICHIGAN SPECIALISTS 800 S WASHINGTON AVENUE SAGINAW, MI 48601 20-5959777 | PHYSICIAN PRACTICES | MI | NA | C Corporation | | | | Yes | |
| (9) MID-STATE PROPERTIES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-1232018 | PHARMACY | TN | NA | C Corporation | | | | Yes | |
| (10) NETWORK HEALTH PLAN INC 1570 MIDWAY PLACE MENASHA, WI 54952 39-1442058 | INSURANCE | WI | NA | C Corporation | | | | Yes | |
| (11) MINISTRY HOLDINGS INC 1570 MIDWAY PLACE MENASHA, WI 54952 42-2966177 | INSURANCE HOLDING COMPANY | WI | NA | C Corporation | | | | Yes | |
| (12) NETWORK HEALTH INSURANCE CORPORATION 1570 MIDWAY PLACE MENASHA, WI 54952 39-2020474 | INSURANCE | WI | NA | C Corporation | | | | Yes | |
| (13) CRITTENTON DEVELOPMENT COPRPORATION 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115 | REAL ESTATE | MI | NA | C Corporation | | | | Yes | |
| (14) CRITTENTON MEDICAL PHARMACY 1101 W UNIVERSITY ROCHESTER, MI 48307 20-3773341 | PHARMACY SALES | MI | NA | C Corporation | | | | 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 |
| (76) CLINICAL HOLDINGS CORP 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-3802297 | HOLDING COMPANY | MO | ASCENSION HEALTH ALLIANCE | C Corporation | | | | Yes | |
| (1) ASCENSION HEALTH INSURANCE LIMITED PO BOX 1159 GRAND CAYMAN, BWI KY11102 CJ | INSURANCE | CJ | ASCENSION HEALTH ALLIANCE | C Corporation | | | | Yes | |
| (2) ASCENSION HEALTH RISK PURCHASING GROUP 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 27-4176480 | SUPPORTING ORGANIZATION | MO | NA | C Corporation | | | | Yes | |
| (3) TRAVEL SERVICES CORPORATION PO BOX 45998 ST LOUIS, MO 631455998 26-3764978 | TRAVEL SERVICES | MO | NA | C Corporation | | | | Yes | |
| (4) AH INCUBATIONS ACCELERATOR INC 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 45-5078523 | MEDICAL SERVICE | MO | NA | C Corporation | | | | Yes | |
| (5) HEALTH CITY CAYMAN ISLANDS LTD 1283 SEA VIEW ROAD PO BOX 10590 GRAND CAYMAN, BWI KY11005 CJ | HOSPITAL | CJ | NA | C Corporation | | | | Yes | |
| (6) ASCENSION CAPITAL UK LIMITED FOUNTAIN HOUSE 103 FENCHURCH STREET LONDON EC3M5DJ UK | OTHER INSURANCE | UK | NA | C Corporation | | | | Yes | |
| (7) SUNFLOWER ASSURANCE LTD PO BOX 1085 GRAND CAYMAN, Bahamas KY11102 CJ | INSURANCE | CJ | NA | C Corporation | | | | Yes | |
| (8) TRIMEDX INC 5451 LAKEVIEW PKWY S DRIVE INDIANAPOLIS, IN 46268 46-0563336 | MEDICAL EQUIPMENT | IN | NA | C Corporation | | | | Yes | |
| (9) TRIMEDX INDIA PVT LTD 5451 LAKEVIEW PKWY S DRIVVE INDIANAPOLIS, IN 46268 IN | TRUST | IN | NA | C Corporation | | | | Yes | |
| (10) MISSIONPOINT HEALTH PARTNERS INC FKA SMART HEALTH INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-4413419 | MEDICAL SERVICE | MO | NA | C Corporation | | | | Yes | |
| (11) US HEALTH HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272 | INSURANCE AND TPA | MI | NA | C Corporation | | | | Yes | |
| (12) INDIAN CREEK CENTER INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 48-0956627 | MANAGEMENT | MO | NA | C Corporation | | | | Yes | |
| (13) CARONDELET MEDICAL GROUP PC 2202 N FORBES BLVD TUCSON, AZ 85745 86-0836126 | HEALTHCARE | AZ | NA | C Corporation | | | | Yes | |
| (14) CARONDELET SPECIALIST GROUP INC 2202 N FORBES BLVD TUCSON, AZ 857451412 26-1558773 | HEALTHCARE | AZ | NA | C Corporation | | | | Yes | |