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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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ASCENSION GENESYS HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

One Genesys Parkway

City or town, state or province, country, and ZIP or foreign postal code

Grand Blanc, MI 48439

F Name and address of principal officer

Chris Palazzolo

One Genesys Parkway

Grand Blanc, MI 48439

D Employer identification number

38-2377821

E Telephone number

(314) 733-8000

G Gross receipts \$ 420,296,828

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ [https //healthcare.ascension.org/Locations/Michigan/MIGRA/Grand-Blanc-Ascension-Genesys-Hospital](https://healthcare.ascension.org/Locations/Michigan/MIGRA/Grand-Blanc-Ascension-Genesys-Hospital)

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1997

M State of legal domicile MI

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

To improve the health and well-being of all people in the communities we serve

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

3 10

4 9

5 3,480

6 296

7a 543,159

7b 45,874

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

2,878,255

335,084

414,299,072

417,150,702

198,826

204,583

2,444,700

2,444,984

419,820,853

420,135,353

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Prior Year

Current Year

2,548,591

89,476

0

207,983,856

187,211,140

0

210,778,908

203,593,031

421,311,355

390,893,647

-1,490,502

29,241,706

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

End of Year

248,636,167

251,615,214

415,462,472

385,821,959

-166,826,305

-134,206,745

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

Signature of officer

2020-05-12

Date

Tonya Mershon Tax Officer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

ROOTED IN THE LOVING MINISTRY OF JESUS AS HEALER, WE COMMIT OURSELVES TO SERVING ALL PERSONS WITH SPECIAL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE OUR CATHOLIC HEALTH MINISTRY IS DEDICATED TO SPIRITUALLY-CENTERED, HOLISTIC CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF INDIVIDUALS AND COMMUNITIES WE ARE ADVOCATES FOR A COMPASSIONATE AND JUST SOCIETY THROUGH OUR ACTIONS AND OUR WORDS

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 \$ 278,101,189	including grants of \$ 89,476)	(Revenue \$ 417,458,063)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses	278,101,189
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 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? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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? If "Yes," complete Schedule I, Parts I and II	21 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? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	302
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3,480			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	Yes	
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N						
				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O						
				16		No

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ► SARA OBRIEN 11775 BORMAN DRIVE MARYLAND HEIGHTS, MO 63146 (314) 733-8070

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARITA GROBBEL CHAIR	1 0 6 0	X		X				0	0	0
(2) KATHY RYAN VICE CHAIR	1 0 6 0	X		X				0	0	0
(3) ROB LUBERA SECRETARY	1 0 6 0	X		X				0	0	0
(4) JAMES SAWYER TREASURER	1 0 6 0	X		X				0	0	0
(5) JEAN MEYER EX-OFFICIO	0 0 50 0	X						0	1,118,532	46,290
(6) CHRISTINE CRADER MD DIRECTOR	1 0 6 0	X						0	0	0
(7) ISAAC GRINBERG MD DIRECTOR	1 0 6 0	X						0	0	0
(8) JAMES HRESKO DIRECTOR	1 0 8 0	X						0	0	0
(9) IA KUE DO DIRECTOR	1 0 6 0	X						0	0	0
(10) STEVEN RIVERA MD DIRECTOR	1 0 6 0	X						0	0	0
(11) CHRISTOPHER J PALAZZOLO PRESIDENT & CEO	0 0 50 0			X				0	696,734	42,319
(12) NANCY A HAYWOOD CFO	0 0 50 0			X				0	369,875	40,299
(13) DENNIS V DESIMONE MD VP, MEDICAL AFFAIRS	50 0 0 0				X			331,550	0	21,087
(14) JOY M FINKENBINER VP, OPERATIONS	50 0 0 0				X			293,625	0	26,119
(15) NICK S BUTTAR REGIONAL MEDICAL DIRECTOR	50 0 0					X		930,650	0	56,909
(16) HOLLY J JASKIERNY PROGRAM DIRECTOR, PHYSICIAN RESIDENCY	50 0 0					X		404,192	0	39,884
(17) MARC C LEWIS PHYSICIAN	50 0 0					X		382,048	0	36,600

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BARBARA PAWLACZYK PROGRAM DIRECTOR, PHYSICIAN RESIDENCY	50 00 ...					X		310,327	0	41,024
(19) FREDERICK C SCHREIBER PROGRAM DIRECTOR, PHYSICIAN RESIDENCY	50 00 ...					X		300,226	0	14,210
(20) ELIZABETH L ADERHOLDT FORMER OFFICER (END 6/2016)	0 00 ...						X	0	426,194	8,889
(21) CHARLES HUSSON DO FORMER KEY EMPLOYEE (END 6/2017)	50 00 ...						X	141,000	339,764	32,565
	50 0									

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	3,093,617	2,951,099	406,196

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 118

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN ANESTHESIOLOGY OF MI 2432 GENESYS PARKWAY GRAND BLANC, MI 48439	ANESTHESIA SERVICES	2,883,333
HOSPITALIST MEDICINE PHYSICIANS OF MICHIGAN PLLC 1498 PACIFIC AVE TACOMA, WA 98402	INTERNAL MEDICINE	2,172,217
GENESYS PHO 307 E COURT STREET FLINT, MI 48502	MANAGEMENT CARE CONTRACTING	1,763,368
GREAT LAKES LITHOTRIPSY LLC 1500 WEST PARK DRIVE STE 390 WESTBOROUGH, MA 01581	MEDICAL SERVICES	1,186,560
EMERGENCY MEDICINE PHYSICIANS OF GENESEE PO BOX 637724 CINCINNATI, OH 45263	PHYSICIAN SERVICES	901,333

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 28

Form 990 (2018)

Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

1a	Federated campaigns	1a	0
b	Membership dues	1b	0
c	Fundraising events	1c	0
d	Related organizations	1d	320,984
e	Government grants (contributions)	1e	
f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,100
g	Noncash contributions included in lines 1a - 1f \$		
h	Total. Add lines 1a-1f		

Program Service Revenue

2a	NET PATIENT SERVICE REVENUE	Business Code				
b	SERVICES TO AFFILIATES					
c	CLINICAL TRIAL REVENUE					
d	STATE PROGRAM REVENUE					
e	RENTAL INCOME					
f	All other program service revenue					
g	Total. Add lines 2a-2f					

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)					
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
6a	Gross rents	(i) Real	(ii) Personal			
b	Less rental expenses					
c	Rental income or (loss)					
d	Net rental income or (loss)					
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b	Less cost or other basis and sales expenses					
c	Gain or (loss)					
d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
b	Less direct expenses	b				
c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities See Part IV, line 19	a				
b	Less direct expenses	b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory					
11a	CAFETERIA/VENDING REVENUE	Business Code				
b	EDUCATION REVENUE					
c	TELEPHONE REVENUE					
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See Instructions					

Form 990 (2018)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	89,476	89,476		
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.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	672,380	0	672,380	0
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.	153,171,876	142,865,992	10,305,884	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	7,235,030	6,751,950	483,080	
9 Other employee benefits.	14,593,994	13,569,436	1,024,558	
10 Payroll taxes.	11,537,860	10,717,812	820,048	
11 Fees for services (non-employees):				
a Management.	171,994	46,508	125,486	
b Legal.	3,623		3,623	
c Accounting.	94,199		94,199	
d Lobbying.	14,806		14,806	
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).	14,513,780	12,180,425	2,333,355	0
12 Advertising and promotion.	79,751	54,251	25,500	
13 Office expenses.	1,226,084	535,660	690,424	
14 Information technology.	433,224	127,712	305,512	
15 Royalties.				
16 Occupancy.	4,958,892	634,080	4,324,812	
17 Travel.	175,888	128,957	46,931	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	148,078	133,406	14,672	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	15,318,782	4,683,764	10,635,018	
23 Insurance.				
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 MEDICAL SUPPLIES	65,555,073	65,555,073		
b MANAGEMENT FEE TO AFFILIATE	47,254,994		47,254,994	
c PURCHASED SERVICES	43,701,438	11,712,896	31,988,542	
d UBI Tax Expense	65,595		65,595	
e All other expenses	9,876,830	8,313,791	1,563,039	0
25 Total functional expenses. Add lines 1 through 24e.	390,893,647	278,101,189	112,792,458	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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	3,650	1	38,886
	2	Savings and temporary cash investments	12,895,266	2	6,900,288
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	50,417,562	4	54,766,136
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	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	0	6	0
	7	Notes and loans receivable, net	2,374,683	7	2,117,863
	8	Inventories for sale or use	6,870,234	8	6,467,184
	9	Prepaid expenses and deferred charges	3,526,200	9	2,603,394
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	384,017,057		
	b	Less: accumulated depreciation	243,004,085		
			139,775,662	10c	141,012,972
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments—program-related. See Part IV, line 11	24,755	13	
	14	Intangible assets	7,653,563	14	6,344,915
15	Other assets. See Part IV, line 11	25,094,592	15	31,363,576	
16	Total assets. Add lines 1 through 15 (must equal line 34)	248,636,167	16	251,615,214	
Liabilities	17	Accounts payable and accrued expenses	26,487,670	17	25,842,150
	18	Grants payable	0	18	0
	19	Deferred revenue	665,465	19	1,286,015
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	388,309,337	25	358,693,794
	26	Total liabilities. Add lines 17 through 25	415,462,472	26	385,821,959
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-166,826,305	27	-134,206,745
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds	0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
33	Total net assets or fund balances	-166,826,305	33	-134,206,745	
34	Total liabilities and net assets/fund balances	248,636,167	34	251,615,214	

Part XI Reconciliation of Net AssetsCheck 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	420,135,353
2	Total expenses (must equal Part IX, column (A), line 25)	2	390,893,647
3	Revenue less expenses Subtract line 2 from line 1	3	29,241,706
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-166,826,305
5	Net unrealized gains (losses) on investments	5	
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	3,377,854
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-134,206,745

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 38-2377821
Name: ASCENSION GENESYS HOSPITAL

Form 990 (2018)

Form 990, Part III, Line 4a:

ASCENSION GENESYS HOSPITAL is a 410-bed hospital campus providing services without regard to patient race, creed, national origin, economic status, or ability to pay. During fiscal year 2019, ASCENSION GENESYS HOSPITAL treated 20,243 adults and children for a total of 93,957 patient days of service. The hospital also provided services for 194,648 outpatient visits, which included 8,540 outpatient surgeries and 59,654 Emergency Room Visits. See Schedule H for a non-exhaustive list of community benefit programs and descriptions.

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

ASCENSION GENESYS HOSPITAL

Employer identification number

38-2377821

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
- 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		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
17a	10%-facts-and-circumstances test—2018. 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	☐
b	10%-facts-and-circumstances test—2017. 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	☐
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 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>	1	
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>	2	
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>	3a	
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>	3b	
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>	3c	
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>	4a	
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>	4b	
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>	4c	
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>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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>	6	
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>	7	
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>	8	
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>	9a	
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>	9b	
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>	9c	
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>	10a	
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>	10b	

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>		

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>		

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>		

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>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		

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 (explain in Part VI). 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	☐ 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 38-2377821
Name: ASCENSION GENESYS HOSPITAL

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

SCHEDULE C
(Form 990 or 990-
EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

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

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

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

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

Name of the organization ASCENSION GENESYS HOSPITAL	Employer identification number 38-2377821
--	---

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

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		14,806
j	Total. Add lines 1c through 1i			14,806
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO STATE HOSPITAL ASSOCIATIONS THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING. ASCENSION GENESYS HOSPITAL DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OR STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE.

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As Filed Data -

DLN: 93493133026140

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ASCENSION GENESYS HOSPITAL

Employer identification number

38-2377821

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

Held at the End of the Year

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

1b

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,173,799	1,833,657	1,623,159	1,721,396	1,727,819
b Contributions	7,410	314,319	134,312	48,980	65,593
c Net investment earnings, gains, and losses	17,471	87,438	156,233	-82,443	-20,457
d Grants or scholarships			28,340	32,250	25,950
e Other expenditures for facilities and programs	316	61,615	13,199	0	25,609
f Administrative expenses			38,508	32,524	
g End of year balance	2,198,364	2,173,799	1,833,657	1,623,159	1,721,396

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

48 84 %

b

Permanent endowment

29 88 %

c

Temporarily restricted endowment

21 28 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,439,049		6,439,049
b Buildings		226,643,604	123,379,862	103,263,742
c Leasehold improvements		1,977,150	529,256	1,447,894
d Equipment		131,572,575	113,910,298	17,662,277
e Other		17,384,679	5,184,669	12,200,010
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				141,012,972

Schedule D (Form 990) 2018

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) Other Long Term Assets	99,773
(2) Other Current Assets	
(3) Due from Affiliates	10,391,248
(4) Other Receivables	1,075,788
(5) Deferred Compensation/Retirement/Pension Asset	15,135,357
(6) Estimated 3rd Party Payor Settlements	3,786,160
(7) CSV Life Insurance	875,250
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	31,363,576

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	
Other Liabilities	350,020
Due to Affiliates	80,201,324
Deferred Compensation/Retirement/Pension Liability	35,014
Estimated 3rd Party Payor Settlement	4,332,262
Recovery Tail Liability	1,896,077
Accrued Tax Liability	
Debt with Ascension Health Alliance	271,879,097
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	358,693,794

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 38-2377821
Name: ASCENSION GENESYS HOSPITAL

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE ENDOWMENTS ARE USED FOR BOTH MEDICAL AND EDUCATIONAL (SCHOLARSHIP) PURPOSES

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, 2019

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

ASCENSION GENESYS HOSPITAL

Employer identification number

38-2377821

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☐ 200% ☒ Other 25000 %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

7

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,254,800		1,254,800	0 32 %
b Medicaid (from Worksheet 3, column a)			52,335,180	43,146,854	9,188,326	2 35 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	53,589,980	43,146,854	10,443,126	2 67 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	20	521,990		521,990	0 13 %
f Health professions education (from Worksheet 5)			11,453,252		11,453,252	2 93 %
g Subsidized health services (from Worksheet 6)	3		188,163		188,163	0 05 %
h Research (from Worksheet 7)	2				0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4		179,234		179,234	0 05 %
j Total. Other Benefits	25	20	12,342,639	0	12,342,639	3 16 %
k Total. Add lines 7d and 7j	25	20	65,932,619	43,146,854	22,785,765	5 83 %

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

Cat No 50192T

Schedule H (Form 990) 2018

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support	2		750		750	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building	2		3,934		3,934	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	4	0	4,684	0	4,684	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	4,616,114	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	2,356,432	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	224,353,310
6 Enter Medicare allowable costs of care relating to payments on line 5	6	224,920,659
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-567,349
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 GENESYS REGIONAL MEDICAL CENTER SURGICAL SERVICES CO-MANAGEMENT COMPANY	SURGICAL ORTHO/NEURO CLINICAL SERVICE LINE	50 %	0 %	50 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

ASCENSION GENESYS HOSPITAL

Name of hospital facility or letter of facility reporting group _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>https //healthcare ascension org/CHNA</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>https //healthcare ascension org/CHNA</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

ASCENSION GENESYS HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☒ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>https://healthcare.ascension.org/Financial-Assistance</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>https://healthcare.ascension.org/Financial-Assistance</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>https://healthcare.ascension.org/Financial-Assistance</u>			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

ASCENSION GENESYS HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☒ Other similar actions (describe in Section C) f ☐ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

ASCENSION GENESYS HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 5

Name and address	Type of Facility (describe)
1 Genesys MRI Center 981 Health Park Blvd Grand Blanc, MI 48439	Magnetic Resonance Imaging Services
2 Genesys Wound and Hyperbaric Center 600 Health Park Blvd Suite 1 Grand Blanc, MI 48439	Wound and Hyperbaric Services
3 Genesys Sleep Disorders Center 8200 South Saginaw Street Grand Blanc, MI 48439	Sleep Disorder Services
4 Academic Training Clinics 420 South Saginaw Street Flint, MI 48502	Resident Training Clinics
5 Academic Training Clinics 1460 North Center Road Burton, MI 48509	Resident Training Clinics
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a COMMUNITY BENEFIT REPORT	ASCENSION GENESYS HOSPITAL ANNUALLY COMPILES ITS COMMUNITY BENEFIT INFORMATION AND SUBMITS SUCH INFORMATION TO BOTH THE MICHIGAN HOSPITAL ASSOCIATION ("MHA") AND THE GREATER FLINT HEALTH COALITION FOR INCLUSION INTO FORMAL CONSOLIDATED PUBLICATIONS OF ALL PARTICIPATING ENTITIES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c factors other than fpg	Patients with demonstrated financial needs with income greater than 400% of the FPL may be eligible for consideration under a "Means Test" for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay. Ascension Mid-Michigan Region providers will consider Medical Indigence for applicants exceeding 400% of the FPL. When the total outstanding medical debt exceeds the gross household income for the past year the patient will be eligible for financial assistance not to exceed 95% write off. A Patient eligible for the "Means Test" discount will not be charged more than the calculated AGB charges.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B Hospital Websites	Part V, Section B During the course of the tax year and/or prior to the filing of the return for the taxable year, the filing organization, which is part of a larger health system, transitioned from a separately hosted website (or websites), to being a part of the health system's centrally hosted hospital website This transition was intended to facilitate public access to information, including enabling the health system to better manage and monitor compliance requirements that IRC Section 501(r) information be made widely available to the public During and as a result of the migration of hospital facility information to the new central website, it is possible that there may have been brief instances of web access interruption If so, the filing organization believes that any such interruptions would have been minor and inadvertent, and due to reasonable cause, and that any such instances would have been immediately addressed when identified The filing organization and health system have established procedures in place as part of its centralized monitoring and management processes that are reasonably designed to address, monitor and promote compliance with the requirements of IRC Section 501(r) In an effort to be fully transparent, the filing organization has chosen to pro-actively disclose on this Form 990 this possibility of very minor and inadvertent web access interruptions that could have occurred in the normal course of migrating locally maintained hospital facility information to an improved centrally managed website In so disclosing, the organization is not reporting that interruptions in the nature of a Section 501(r) violation in fact occurred Rather, the organization is pro-actively disclosing that the migration process was undertaken and that, in completing that process, it is possible that brief interruptions in web access may have occurred as the hospital facility data was relocated to the central website

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means-tested government programs, and other community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines. The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	RESEARCH SHOWS THAT SOCIAL DETERMINANTS OF HEALTH AND QUALITY OF LIFE PLAY A MAJOR ROLE IN THE HEALTH STATUS OF INDIVIDUALS AND COMMUNITIES. COMMUNITY BUILDING ACTIVITIES, WHICH FOCUS ON IMPROVING THE QUALITY OF LIFE AND SOCIAL DETERMINANTS OF HEALTH WITHIN A COMMUNITY, ULTIMATELY INFLUENCE AND IMPROVE HEALTH STATUS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies. After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2019 was \$15,917,636 at charges, (\$4,616,114 at cost).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL EXPERIENCE, ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE ORGANIZATION IS PART OF THE ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT (IMPLICIT PRICE CONCESSIONS) EXPENSE IS LOCATED IN FOOTNOTE #2, PAGES 18-20

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	A cost to charge ratio is applied to the organization's Medicare Expense to determine the Medicare allowable costs reported in the organization's Medicare Cost Report. Ascension Health and its related health ministries follow the Catholic Health Association (CHA) guidelines for determining community benefit. CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	ASCENSION GENESYS HOSPITAL FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE ONCE QUALIFYINGDOCUMENTATION IS RECEIVED THE PATIENT'S ACCOUNT IS ADJUSTED PATIENT ACCOUNTS FOR THE QUALIFYING PATIENT IN THE PREVIOUS SIX MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE ONCE A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- ASCENSION GENESYS HOSPITAL Line 16a URL https //healthcare ascension org/Financial-Assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- ASCENSION GENESYS HOSPITAL Line 16b URL https //healthcare ascension org/Financial-Assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- ASCENSION GENESYS HOSPITAL Line 16c URL https //healthcare ascension org/Financial-Assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	ASCENSION GENESYS HOSPITAL USES RELIABLE, THIRD PARTY REPORTS, INCLUDING DATA FROM GOVERNMENT SOURCES TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES THESE REPORTS PROVIDE INFORMATION ABOUT KEY HEALTH, SOCIOECONOMIC, AND DEMOGRAPHIC INDICATORS THAT POINT TO AREAS OF NEED AND INCLUDE BUT ARE NOT LIMITED TO REPORTS FROM -LOCAL AND STATE DEPARTMENT'S OF HEALTH -LOCAL GOVERNMENT PLANNING DEPARTMENTS -US CENSUS BUREAU -ECONOMIC IMPACT STUDIES ASCENSION GENESYS HOSPITAL UTILIZES INFORMATION FROM THESE SECONDARY SOURCES TO DEVELOP PROGRAMS AND PROVIDE SERVICES THROUGHOUT THE REGION IN ADDITION, ABC HOSPITAL CONSIDERS THE HEALTH CARE NEEDS OF THE OVERALL COMMUNITY WHEN EVALUATING INTERNAL FINANCIAL AND OPERATIONAL

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	ASCENSION GENESYS HOSPITAL IS COMMITTED TO DELIVERING EFFECTIVE, SAFE, PERSON-CENTRIC, HEALTH CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY AS A NONPROFIT HOSPITAL (OR HEALTH SYSTEM), IT IS OUR MISSION AND PRIVILEGE TO PLAY THIS IMPORTANT ROLE IN OUR COMMUNITY STAFF SCREEN UNINSURED PATIENTS AND IF FOUND POTENTIALLY ELIGIBLE FOR A GOVERNMENT FUNDING SOURCE, PROVIDE ASSISTANCE AND/OR RESOURCES TO THE PATIENT AND THEIR FAMILY IF A PATIENT IS NOT ELIGIBLE FOR A PAYMENT SOURCE, ASCENSION GENESYS HOSPITAL'S FINANCIAL ASSISTANCE POLICY COVERS PATIENTS WHO LACK THE FINANCIAL RESOURCES TO PAY FOR ALL OR PART OF THEIR BILLS ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED UPON THE ANNUAL FEDERAL POVERTY GUIDELINES, ASCENSION GENESYS HOSPITAL PROVIDES FINANCIAL ASSISTANCE FOR THOSE WHO EARN UP TO 400% OF THE FEDERAL POVERTY LEVEL ASCENSION GENESYS HOSPITAL WIDELY PUBLICIZES ITS -FINANCIAL ASSISTANCE POLICY -FINANCIAL ASSISTANCE APPLICATION -FINANCIAL ASSISTANCE POLICY SUMMARY -LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY VIA THE HOSPITAL FACILITY'S WEBSITE - https://healthcare.ascension.org/Locations/Michigan/MIGRA/Grand-Blanc-Ascension-Genesys-Hospital ASCENSION GENESYS HOSPITAL MAKES PAPER COPIES OF THE -FINANCIAL ASSISTANCE POLICY -FINANCIAL ASSISTANCE APPLICATION -FINANCIAL ASSISTANCE POLICY SUMMARY -LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY -AMOUNT GENERALLY BILLED CALCULATION THE PAPER COPIES ARE MADE READILY AVAILABLE AS PART OF THE INTAKE, DISCHARGE AND CUSTOMER SERVICE PROCESSES UPON REQUEST, PAPER COPIES CAN ALSO BE OBTAINED BY MAIL ASCENSION GENESYS HOSPITAL INFORMS ITS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA A NOTICE ON PATIENT BILLING STATEMENTS, INCLUDING THE PHONE NUMBER AND WEB ADDRESS WHERE MORE INFORMATION MAY BE FOUND ASCENSION GENESYS HOSPITAL INFORMS ITS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA SIGNAGE DISPLAYED IN THE EMERGENCY ROOM AND ADMISSIONS AREAS

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	FOR THE PURPOSE OF THE 2019 (TAX YEAR 2018) COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), ASCENSION GENESYS HOSPITAL, HURLEY MEDICAL CENTER, AND MCLAREN FLINT HAVE DEFINED THEIR JOINT SERVICE AREA AND POPULATION AS GENESEE COUNTY, MICHIGAN. THIS IS THE SAME POPULATION SERVED BY THE GREATER FLINT HEALTH COALITION AND GENESEE COUNTY HEALTH DEPARTMENT. GENESEE COUNTY INCLUDES THE CITY OF FLINT AND ENCOMPASSES THE FOLLOWING ZIP CODES: 48502, 48503, 48504, 48505, 48506, 48507, 48532, 48509, 48519, 48529, 48420, 48423, 48430, 48433, 48436, 48438, 48439, 48449, 48451, 48457, 48458, 48463, AND 48473. LOCATED 70 MILES NORTH OF DETROIT, GENESEE COUNTY, WHICH INCLUDES ITS MAJOR URBAN CORE THE CITY OF FLINT, WAS AT ONE TIME THE NATIONAL EPICENTER OF AUTOMOTIVE FORETHOUGHT AND PRODUCTION. AS THE BIRTHPLACE OF GENERAL MOTORS (GM) IN 1908 AND HOME TO THE UNITED AUTO WORKERS' (UAW) FAMOUS SIT-DOWN STRIKE OF 1936-37, FLINT & GENESEE COUNTY HELPED DEFINE THE AMERICAN AUTO INDUSTRY. BY THE LATE 1970'S, GM EMPLOYED MORE THAN 80,000 WORKERS IN THE COUNTY. IMPACTED BY NATIONAL DEINDUSTRIALIZATION IN THE 1980S AND THEREAFTER, A PERIOD OF DISINVESTMENT, DEPOPULATION, AND URBAN DECAY WOULD FOLLOW AS THE AUTOMOTIVE INDUSTRY DECLINED RAPIDLY. BY 2010, LESS THAN 8,000 GM JOBS REMAINED, APPROXIMATELY 10% OF WHAT ONCE DEFINED THE COMMUNITY'S MANUFACTURING AND ECONOMIC BASE. ACCORDING TO U.S. CENSUS BUREAU DATA, GENESEE COUNTY'S CURRENT POPULATION OF 407,385 INCLUDES A RACIAL COMPOSITION OF 75.4% WHITE, 20.3% AFRICAN-AMERICAN, AND 3.4% HISpanic/LATINO. FROM 2008 TO 2018, THE COUNTY'S POPULATION HAS DECREASED BY OVER 20,000 RESIDENTS. WHILE NEARLY 200,000 POPULATION OUTMIGRATION HAS IMPACTED FLINT & GENESEE COUNTY WITH DECREASED TAX REVENUE AND AN INCREASE IN URBAN DECAY AND NEIGHBORHOOD BLIGHT, ESPECIALLY IN THE CITY OF FLINT. ROUGHLY 35% OF ALL PROPERTIES IN THE CITY OF FLINT ARE ABANDONED, AND VACANT HOMES HAVE INCREASED 11.8% IN THE COUNTY SINCE 2014 (AMERICAN COMMUNITY SURVEY). HOME VALUES IN GENESEE COUNTY REMAIN LOWER THAN THE VALUES EXPERIENCED A DECADE AGO (\$106,900 MEDIAN HOME VALUE FOR 2016 COMPARED TO THE 2007 VALUE OF \$129,300, U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT). THE MEDIAN HOME VALUE IN THE CITY OF FLINT WAS ONLY \$30,000 IN THE U.S. CENSUS BUREAU'S FIVE-YEAR AVERAGE (2012-2016), FAR LOWER THAN THAT OF THE BROADER COUNTY. FURTHERMORE, FROM 2006-2011, THE CITY OF FLINT EXPERIENCED A \$19.2 MILLION DECREASE IN TAX REVENUES (CITY OF FLINT, 2015 FINANCIAL REPORT). THE UNEMPLOYMENT RATE IN GENESEE COUNTY HAS DECREASED FROM 7.8% IN 2014 TO 4.6% AS OF DECEMBER OF 2018 (BUREAU OF LABOR STATISTICS), HOWEVER, THE CITY OF FLINT'S UNEMPLOYMENT RATE REMAINS APPROXIMATELY TWICE THAT OF THE COUNTY RATE. THE POVERTY RATE IN BOTH THE CITY OF FLINT & GENESEE COUNTY HAS ALSO DECLINED FROM 40.1% AND 21.5% IN 2014 TO CURRENT RATES OF 38.9% AND 18.3% RESPECTIVELY (U.S. CENSUS BUREAU). HOWEVER, POVERTY RATES FOR BOTH GENESEE COUNTY AND CITY OF FLINT REMAIN MUCH HIGHER THAN STATE (14.2%) AND NATIONAL (12.3%) RATES. ACCORDING TO NEW U.S. CENSUS BUREAU DATA FROM 2017, FLINT HAS THE HIGHEST POVERTY RATE WHEN COMPARED TO CITIES OF ITS SIZE IN THE UNITED STATES, WITH APPROXIMATELY 60% OF THE CITY'S CHILDREN LIVING BELOW THE FEDERAL POVERTY LEVEL. ALTHOUGH THE NUMBER OF CHILDREN LIVING BELOW THE POVERTY LEVEL DECREASED BETWEEN 2016 AND 2017, IT REMAINS NEARLY THREE TIMES THE NATIONAL AVERAGE OF 21% MEDIAN HOUSEHOLD INCOME FOR 2013-2017 WAS \$26,330 IN THE CITY OF FLINT AND \$45,231 IN GENESEE COUNTY, COMPARED TO \$52,668 IN MICHIGAN AND \$57,652 IN THE UNITED STATES (U.S. CENSUS BUREAU). AS OF 2015, 22.5% OF GENESEE COUNTY RESIDENTS WERE RECEIVING SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS AND 56.6% OF GENESEE COUNTY STUDENTS WERE ELIGIBLE FOR FREE, OR REDUCED-PRICE LUNCH COMPARED TO THE STATE OF MICHIGAN RATES OF 15.1% AND 46.17% RESPECTIVELY (MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES). THE STATE OF MICHIGAN PROVIDED PUBLIC ASSISTANCE TO 81,805 GENESEE COUNTY RESIDENTS DURING ITS 2018 FISCAL YEAR (MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES). SOCIAL, ECONOMIC, AND ENVIRONMENTAL FACTORS IMPACT THE HEALTH STATUS AMONG RESIDENTS THROUGHOUT GENESEE COUNTY, WITH SIGNIFICANT IMPACT ON RESIDENTS OF THE CITY OF FLINT, WHERE HIGHER RATES OF POVERTY ARE ASSOCIATED WITH POORER EDUCATIONAL OUTCOMES, EMPLOYMENT RATES, CRIME/INCARCERATION, AND LACK OF HEALTH INSURANCE. RESIDENTS, WHO ARE LOW-INCOME, MINORITY, OR UNINSURED ARE DISPROPORTIONATELY IMPACTED BY ENVIRONMENTAL ISSUES SUCH AS POLLUTION, CRIME, PROPERTY ABANDONMENT, LACK OF AREAS TO EXERCISE OUTDOORS, AND LACK OF ACCESS TO HEALTHY FOODS. ACCORDING TO DATA FROM MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE OVERALL AVERAGE LIFE EXPECTANCY FOR GENESEE COUNTY (76.4) HAS INCREASED BY 1 YEAR SINCE 2000. HOWEVER, SIGNIFICANT DISPARITIES EXIST IN LIFE EXPECTANCY ACROSS THE COUNTY. ZIP CODES WITHIN THE CITY OF FLINT HAVE SHORTER LIFE EXPECTANCY WHILE OUT-COUNTY AREAS TYPICALLY

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	Y HAVE LONGER LIFE EXPECTANCY THE DISPARITY IN LIFE EXPECTANCY BETWEEN ZIP CODES COUNTY-W IDE HAS RISEN FROM 12 5 YEARS IN 2000-2002 TO 15 6 YEARS IN 2013-2015, EXHIBITING A LACK O F HEALTH EQUITY AMONG GENESEE COUNTY RESIDENTS FOR THREE CONSECUTIVE YEARS GENESEE COUNTY HAS RANKED 82ND OUT OF 83 MICHIGAN COUNTIES FOR OVERALL HEALTH OUTCOMES IN THE ROBERT WOO D JOHNSON FOUNDATION'S COUNTY HEALTH RANKINGS REPORT GENESEE COUNTY MOST RECENTLY RANKED 76TH IN HEALTH BEHAVIORS (77 IN 2015), 82ND IN PHYSICAL ENVIRONMENT (75 IN 2015), 71ST IN SOCIAL AND ECONOMIC FACTORS (78 IN 2015), AND 27TH IN CLINICAL CARE (22ND IN 2015) THE AG E-ADJUSTED DEATH RATES FOR HEART DISEASE, STROKE, DIABETES MELLITUS, AND KIDNEY DISEASE AR E HIGHER IN THE COUNTY THAN STATEWIDE WHILE HEALTH STATUS INDICATES POOR OVERALL POPULATI ON HEALTH, DATA FOR MINORITY, LOW INCOME, AND UNINSURED POPULATIONS INDICATE THESE POPULATI ONS ARE EXPERIENCING WORSE HEALTH OUTCOMES WHEN COMPARED TO THE POPULATION AS A WHOLE SP ECIFICALLY, THIS RELATES TO LIFE EXPECTANCY, SEXUALLY TRANSMITTED DISEASES, OBESITY, HEART DISEASE, AND BIRTH WEIGHT AFRICAN AMERICANS IN GENESEE COUNTY ARE EXPERIENCING SIGNIFICA NT HEALTH DISPARITIES COMPARED TO THE TOTAL POPULATION FOR EXAMPLE, AFRICAN AMERICANS IN GENESEE COUNTY HAVE A 2017 AGE-ADJUSTED DEATH RATE PER 1,000 RESIDENTS OF 233 9 FOR HEART DISEASE (COMPARED TO THE STATE'S OVERALL RATE OF 195 9), 97 9 FOR STROKE (COMPARED TO 39 2), AND 61 9 FOR DIABETES MELLITUS (COMPARED TO 22 1) AS REPORTED BY THE MICHIGAN DEPARTMEN T OF HEALTH AND HUMAN SERVICES RACIAL DISPARITIES ARE PROFOUND IN ALL YEARS OF POTENTIAL LIFE LOST (YPLL) CATEGORIES REVIEWED IN THE ASSESSMENT RESIDENTS OF THE REGION CONTINUE T O BE IMPACTED BY SIGNIFICANT ENVIRONMENTAL HEALTH FACTORS THE CITY OF FLINT CONTINUES REC OVERY EFFORTS AS A RESULT OF THE FLINT WATER CRISIS IN APRIL 2014, STATE APPOINTED EMERGE NCY MANAGERS IN THE CITY OF FLINT SEVERED A HALF-CENTURY RELATIONSHIP WITH THE DETROIT WAT ER AND SEWAGE DEPARTMENT (A GREAT LAKES SOURCE) TO BEGIN DRAWING DRINKING WATER FROM THE L OCAL FLINT RIVER AS A RESULT OF FAILURES BY CITY AND STATE AGENCIES TO EFFECTIVELY AND SA FELY TREAT THE FLINT RIVER WATER FOR HUMAN CONSUMPTION, THE CITY'S DRINKING WATER WAS CONT AMINATED WITH EXCESSIVE LEVELS OF LEAD FROM THE DAMAGED INFRASTRUCTURE THIS CONTAMINATED WATER SUPPLY WAS THEN CONSUMED BY THE CITY'S POPULATION FOR OVER 18 MONTHS AS OF DECEMBER 2018, A PUBLIC HEALTH EMERGENCY DECLARATION IS STILL IN EFFECT, REQUIRING RESIDENTS TO CO NSUME FILTERED WATER WHILE THOSE WITH A COMPROMISED IMMUNE SYSTEM, PREGNANT, NURSING, OR U NDER THE AGE OF 6 SHOULD ONLY DRINK BOTTLED WATER AN OUTBREAK OF LEGIONNAIRE'S DISEASE AT TRIBUTED TO THE FLINT WATER SYSTEM KILLED 12 AND SICKENED 87 INDIVIDUALS, PNEUMONIA DEATHS ALSO INCREASED DURING THE SAME PERIOD WHILE RECENT WATER TESTING RESULTS HAVE SHOWN THAT THE QUALITY OF THE WATER SUPPLY IS WITHIN ACCEPTABLE LIMITS FOR LEAD, RESIDENTS JUSTIFIAB LY REMAIN SKEPTICAL AND DISTRUSTFUL AS ALL OF THE AFFECTED LEAD SERVICE LINES HAVE NOT YET BEEN REPLACED AND STATE-SUPPORTED FREE BOTTLED WATER HAS NOW ENDED THE CITY OF FLINT FAS T START PROGRAM, WHICH WILL REPLACE ALL LEAD SERVICE LINES IN THE CITY, IS NOT SCHEDULED T O BE COMPLETED UNTIL 2020

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	THE ASCENSION BOARD OF TRUSTEES FOR SOUTHEAST MICHIGAN SERVES AS THE GOVERNING BODY FOR ASCENSION GENESYS HOSPITAL THIS BOARD GOVERNS MULTIPLE HOSPITALS ACROSS THE REGION AND INCLUDES MEMBER REPRESENTATION FROM ALL AREAS SERVED, INCLUDING GENESEE COUNTY ASCENSION GENESYS HOSPITAL EMPLOYEES, INDEPENDENT CONTRACTORS AND FAMILY MEMBERS DO NOT SERVE ON THIS BOARD THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALTIES ASCENSION GENESYS HOSPITAL APPLIES SURPLUS FUNDS TO FUND IMPROVEMENTS IN PATIENT CARE (AND/OR) MEDICAL EDUCATION (AND/OR) RESEARCH BY DONATIONS TO OR PARTNERING WITH NUMEROUS COMMUNITY HEALTH AND ECONOMIC DEVELOPMENT ORGANIZATIONS AND ADVISORY BOARDS AND COALITIONS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	ASCENSION GENESYS HOSPITAL IS AN AFFILIATE OF ASCENSION HEALTH ASCENSION HEALTH'S AFFILIATES ARE LARGE MULTI-FACETED, INTEGRATED, NOT-FOR-PROFIT MINISTRIES INCLUDING HOSPITAL AND NON-HOSPITAL MINISTRIES (PHYSICIAN GROUP PRACTICES, HOSPITAL ORGANIZATIONS, RESEARCH, HOME HEALTH, DURABLE MEDICAL EQUIPMENT AND SENIOR FACILITIES) THESE MINISTRIES WORK TOGETHER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF SERVING AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS ESPECIALLY THOSE WHO ARE VULNERABLE THIS COMMUNITY BENEFIT HAPPENS THROUGH ITS FOCUS ON PATIENT CARE, EDUCATION AND RESEARCH THE ORGANIZATIONS WORK TOGETHER TO SERVE THEIR COMMUNITIES AT THE LOCAL, REGIONAL, STATE AND NATIONAL LEVEL ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011 ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN more than 20 OF THE UNITED STATES AND THE DISTRICT OF COLUMBIA ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON THE PARTICIPATING ORGANIZATIONS/ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, ST LOUISE PROVINCE, THE CONGREGATION OF ST JOSEPH, THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET, THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC - AMERICAN PROVINCE, AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 38-2377821
Name: ASCENSION GENESYS HOSPITAL

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ASCENSION GENESYS HOSPITAL One Genesys Parkway Grand Blanc, MI 484938065 https://healthcare.ascension.org/Locations/Michigan/MIGRA/Grand-Blanc-Ascension-Genesys-Hospital 1060000081	X	X		X		X	X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	TO BETTER TARGET COMMUNITY RESOURCES ON THE SERVICE AREA'S MOST PRESSING HEALTH NEEDS, THE HOSPITAL PARTICIPATED IN A GROUP DISCUSSION WITH ORGANIZATIONAL DECISION MAKERS AND COMMUNITY LEADERS TO PRIORITIZE THE SIGNIFICANT COMMUNITY HEALTH NEEDS WHILE CONSIDERING SEVERAL CRITERIA ALIGNMENT WITH ASCENSION HEALTH STRATEGIES OF HEALTHCARE THAT LEAVES NO ONE BEHIND, CARE FOR THE POOR AND VULNERABLE, OPPORTUNITIES FOR PARTNERSHIP, AVAILABILITY OF EXISTING PROGRAMS AND RESOURCES, ADDRESSING DISPARITIES OF SUBGROUPS, AVAILABILITY OF EVIDENCE-BASED PRACTICES, AND COMMUNITY INPUT THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AS IDENTIFIED THROUGH THE CHNA SEE SCHEDULE H, PART V, LINE 7 FOR THE LINK TO THE CHNA AND SCHEDULE H, PART V, LINE 11 FOR HOW THOSE NEEDS ARE BEING ADDRESSED

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - ASCENSION GENESYS HOSPITAL THE LEAD ORGANIZATIONS COMPLETING THE 2019 (TAX YEAR 2018) COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDED THE GREATER FLINT HEALTH COALITION, ASCENSION GENESYS HOSPITAL, HURLEY MEDICAL CENTER, MCLAREN FLINT, AND GENESEE COUNTY HEALTH DEPARTMENT THIS COLLABORATIVE WORKED TOGETHER TO COLLECT DATA AND INPUT FROM THE PARTICIPATING ORGANIZATIONS AND DATA SOURCES LISTED IN 2019 CHNA SECTION III THESE PRIMARY PARTNERS REPRESENT EXISTING HEALTH CARE FACILITIES AND RESOURCES WITHIN THE COMMUNITY THAT ARE AVAILABLE TO RESPOND TO THE HEALTH NEEDS OF THE COMMUNITY AS THEY INCLUDE GENESEE COUNTY'S THREE MAJOR HEALTH SYSTEM FACILITIES (ASCENSION GENESYS HOSPITAL, HURLEY MEDICAL CENTER , AND MCLAREN FLINT), LOCAL HEALTH DEPARTMENT (GENESEE COUNTY HEALTH DEPARTMENT), AND THE GREATER FLINT HEALTH COALITION, A NEUTRAL, NON-PROFIT HEALTH COALITION WHOSE MEMBERSHIP INCLUDES MULTI-SECTOR PARTICIPATION FROM ADDITIONAL HEALTH CARE FACILITIES AND RESOURCES IN THE COMMUNITY, INCLUDING (BUT NOT LIMITED TO) GENESEE COUNTY'S FEDERALLY QUALIFIED HEALTH CENTERS, SAFETY-NET HEALTHCARE PROVIDERS FOR MENTAL HEALTH AND CHILDREN, PHYSICIAN ORGANIZATIONS, COMMUNITY AND SOCIAL SERVICE AGENCIES, HEALTH INSURERS, POLICYMAKERS, EDUCATORS, AND MORE THE 2019 CHNA INCLUDES INPUT AND DATA FROM RESIDENTS, SUBJECT MATTER EXPERTS, AND KEY COMMUNITY ORGANIZATIONS REPRESENTING THE BROAD INTERESTS OF GENESEE COUNTY SPECIFICALLY, THE 2019 CHNA INCLUDES INPUT FROM PERSONS WITH EXPERTISE IN PUBLIC HEALTH, HEALTH CARE, AND GOVERNMENT PROGRAMS, WITH SPECIAL EMPHASIS ON INCLUSIVE ENGAGEMENT OF COMMUNITY LEADERS, RESIDENTS, AND MEMBERS OF THE MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS THE FOLLOWING LIST REPRESENTS THE 2019 CHNA PARTICIPATING ORGANIZATIONS AND POTENTIAL COMMUNITY RESOURCES TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE CHNA (IN ALPHABETICAL ORDER) ASCENSION GENESYS HOSPITAL, BLUE CROSS BLUE SHIELD OF MICHIGAN, CITY OF FLINT, GENESEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, GENESEE COUNTY HEALTH DEPARTMENT, GENESEE COUNTY MEDICAL SOCIETY, GENESEE COUNTY OSTEOPATHIC SOCIETY, GENESEE HEALTH PLAN, GENESEE HEALTH SYSTEM (GENESEE COUNTY COMMUNITY MENTAL HEALTH), GENESEE INTERMEDIATE SCHOOL DISTRICT, GREATER FLINT HEALTH COALITION, HEALTH ALLIANCE PLAN, HAMILTON COMMUNITY HEALTH NETWORK, HURLEY MEDICAL CENTER, MERIDIAN HEALTH PLAN OF MICHIGAN, MCLAREN FLINT , MCLAREN HEALTH PLAN, MOLINA HEALTHCARE OF MICHIGAN, MOTT CHILDREN'S HEALTH CENTER, REGION 10 PREPAID INPATIENT HEALTH PLAN (PIHP), AND UNITED WAY OF GENESEE COUNTY THE GFHC'S COMMUNITY REFERRAL NETWORK AND OUTREACH STRATEGY WORKGROUP, WITH REPRESENTATION FROM APPROXIMATELY 50 COMMUNITY-BASED ORGANIZATIONS AS WELL AS RESIDENTS (REPRESENTING ALL COMMUNITY DEMOGRAPHICS) ALSO HAVE BEEN CONVENED TO DISCUSS AND INFORM RELEVANT COMMUNITY HEALTH NEEDS , DATA, RESOURCES, AND PROGRAMS EACH YEAR, THE GREATER FLINT HEALTH COALITION FACILITATES A COMMUNITY DATA SCORECARD PR

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	OBJECT TO COLLECT, AGGREGATE, AND TREND A VARIETY OF KEY PUBLIC HEALTH, HEALTHCARE, AND COMMUNITY HEALTH NEEDS THE COMMUNITY DATA SCORECARD PROJECT INFORMS THE COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH IS CONDUCTED EVERY THREE YEARS

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - ASCENSION GENESYS HOSPITAL THE GREATER FLINT HEALTH COALITION CONDUCTED A JOINT CHNA FOR THE FOLLOWING HOSPITAL FACILITIES Ascension Genesys Hospital, HURLEY MEDICAL CENTER AND MCLAREN-FLINT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - ASCENSION GENESYS HOSPITAL GENESYS COUNTY HEALTH DEPARTMENT

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - ASCENSION GENESYS HOSPITAL - Part I ASCENSION GENESYS HOSPITAL IDENTIFIED AND ADDRESSED THE FOLLOWING HEALTH ISSUES AS THOSE MOST PERTINENT PER THE PREVIOUS 2016 - 2019 (TAX YEAR 2015) COMMUNITY HEALTH NEEDS ASSESSMENT -PRIORITIZED NEED ACCESS TO CLEAN & SAFE DRINKING WATER - LEAD MITIGATION AND NUTRITION RESOURCES - ASCENSION GENESYS HOSPI TAL RECOGNIZED THE NEED TO SUPPORT THE FLINT COMMUNITY BY ALIGNING ITS EFFORTS WITH THE RE COMMENDATIONS OF THE FLINT WATER CRISIS/HEALTH/MEDICAL INTERVENTION STRATEGY RESPONSE PLAN VIA THE GREATER FLINT HEALTH COALITION AND HURLEY CHILDREN'S HOSPITAL ASCENSION GENESYS HOSPITAL PROVIDED LEAD MITIGATION AND NUTRITION INFORMATION AND SERVICES THROUGH CURRENTLY EXISTING PROGRAMS CENTERING PREGNANCY, LACTATION SERVICES, DIABETES/ GESTATIONAL DIABETE S SELF-MANAGEMENT EDUCATION, MEDICAL NUTRITION THERAPY EDUCATION, AND CARDIAC AND PULMONAR Y REHABILITATION FROM 2016 THROUGH 2018, ASCENSION GENESYS HOSPITAL PROVIDED ITS EMPLOYEE S WHO WERE FLINT RESIDENTS WITH BOTTLED WATER VALUED AT \$80,000 TO TAKE HOME WITH THEM AS CENSION GENESYS HOSPITAL IS A MEMBER OF THE REGIONAL FOOD SYSTEM NAVIGATION INITIATIVE LED BY THE COMMUNITY FOUNDATION OF GREATER FLINT THAT IMPLEMENTED SEVERAL PROGRAMS TO MITIGAT E THE EFFECTS OF LEAD EXPOSURE (SEE RFSN SECTION BELOW) FARMERS FROM THE GENESYS WOMEN IN AGRICULTURE FARM DEVELOPMENT CENTER HAVE INTENTIONALLY GROWN LED MITIGATING VEGETABLES TH AT HAVE BEEN SOLD/PROVIDED TO COMMUNITIES WITH THE GREATEST NEED TO ACCESS HEALTHY FOOD VI A THE FLINT FRESH MOBILE MARKET AND IN COLLABORATION WITH THE HURLEY FOOD FARMACY -PRIORI TIZED NEED INFANT / CHILD HEALTH & DEVELOPMENT CENTERING PREGNANCY - DUE TO OPERATIONAL C HALLENGES, THE PROGRAM WAS SUSPENDED IN OCTOBER 2016 LACTATION SERVICES - GENESYS LACTATI ON PROGRAM PROVIDED PROGRAMMING AND SUPPORT SERVICES TO WOMEN A 2017 MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES MICHIGAN BIRTHING HOSPITAL GRANT SUPPORTED THE BEGINNING PHAS ES TO ACHIEVE BABY FRIENDLY (BF) DESIGNATION INCLUDING ESTABLISHMENT OF A BF WORK PLAN, CO MPREHENSIVE STAFF TRAINING FOR OVER 100 LABOR & DELIVERY, SPECIAL CARE NURSERY, AND POSTPA RTUM NURSES WITH PRACTICAL SKILLS TO IMPLEMENT THE BF INFANT FEEDING POLICY IN A SAFE, EFF ECTIVE MANNER, AND ESTABLISH A BF DATA COLLECTION/EXTRACTION PROCESS COMMIT TO HEALTHY HE ARTS - CHH ENGAGES MULTIDISCIPLINARY SERVICE PROVIDERS - HEALTH, EDUCATION AND COMMUNITY - TO DEVELOP AND IMPLEMENT AN INNOVATIVE, COMMUNITY-BASED MODEL OF CARDIOVASCULAR RISK ASSE SSMENT, POPULATION HEALTH AND PRIMARY PREVENTION SERVICES TO ADDRESS CARDIOVASCULAR (CV) R ISK AMONG 9TH GRADE STUDENTS IN THE GRAND BLANC SCHOOL DISTRICT SERVICES WERE PROVIDED IN TWO PROGRAM DELIVERY SETTINGS THE HEALTH EDUCATION ELEMENT ENGAGED 1,120 9TH GRADE STUDE NTS IN WELLNESS AND NUTRITION LECTURES THAT SHOWED KNOWLEDGE GAINED ABOUT MAKING HEALTHY F OOD CHOICES, UNDERSTANDING HEALTHY BODY FAT, UNDERSTANDING PROPER NUTRITION AND HYDRATION, AND STAYING MINDFUL OF OVERAL

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	L HEALTH THE PRIMARY PREVENTION INTERVENTION ELEMENT WAS DELIVERED TO SEVEN COHORTS COMPRISED OF 154 YOUTH AND 150 FAMILY MEMBERS FOR STUDENTS WHO WERE SCREENED FOR CARDIOVASCULAR RISK PRE/POST TESTS INDICATE THAT OVERALL, STUDENTS REPORTED INCREASED PHYSICAL ACTIVITY , INCREASED INTAKE OF FRUITS AND VEGETABLES, AND DECREASED SCREEN TIME AFTER PROGRAM PARTICIPATION -PRIORITIZED NEED OBESITY / OVERWEIGHT / HEALTHY LIFESTYLES DIABETES PREVENTION PROGRAM (DPP) - ASCENSION GENESYS BEGAN THEIR FIRST FY18 DPP COHORT IN JANUARY 2018 AFTER TRAINING DPP COACHES PARTICIPANTS INCLUDED PRIMARILY GESTATIONAL DIABETICS WHO PREVIOUSLY ATTENDED CLASSES AT THE ASCENSION GENESYS DIABETES LEARNING CENTER THIS COHORT HAD A 5 13% AVERAGE WEIGHT LOSS, AND AN 85% PARTICIPANT RETENTION RATE IN ADDITION TO THE PROGRAM , THE DIABETES LEARNING CENTER HELD FOUR PRESENTATIONS AND SCREENED AND REFERRED MORE THAN 30 COMMUNITY MEMBERS WITH THE PRE-DIABETES SCREENING TEST ASCENSION GENESYS HAS SINCE APPLIED TO ATTAIN CDC RECOGNITION THE ASCENSION MICHIGAN APPROACH TO ADDRESSING PRE-DIABETES THROUGH DPP COHORTS AND AWARENESS CAMPAIGNS IS NOW CONSIDERED A BEST PRACTICE ACROSS ASCENSION -PRIORITIZED NEED EFFECTIVE CARE DELIVERY FOR AN AGING POPULATION PROGRAM FOR THE ALL-INCLUSIVE CARE OF THE ELDERLY (PACE) - ASCENSION GENESYS IS COMMITTED TO CARING FOR THE OLDER ADULTS OF GENEESE COUNTY THROUGH ITS EXISTING PROGRAM FOR THE ALL-INCLUSIVE CARE OF THE ELDERLY (PACE) AND ADVANCE CARE PLANNING PROGRAMS PACE COMMITTED TO IMPROVING WAYS TO REACH THE GENEESE COUNTY COMMUNITY WITH COMMUNITY OUTREACH AND EDUCATION EFFORTS ADVANCED CARE PLANNING IS A KEY ELEMENT WITH EACH NEW PARTICIPANT AFTER ENROLLMENT IN ASCENSION GENESYS PACE -PRIORITIZED NEED FOOD INSECURITY MICHIGAN FOOD & FARMING SYSTEMS (MIFFS) WOMEN IN AGRICULTURE (WIA) FARM DEVELOPMENT CENTER - LOCATED ON THE ASCENSION GENESYS HOSPITAL CAMPUS, THE WIA FARM DEVELOPMENT CENTER IS A PLACE WHERE BEGINNING WOMEN FARMERS CAN RECEIVE EDUCATION AND DEVELOPMENT TO ACHIEVE VIABLE FARMING CAREERS ASCENSION GENESYS ALSO LOCATED A 3-ACRE PARCEL OF LAND ON ITS CAMPUS FOR THE WIA FARM INCLUDING LAND TO FARM, A HOOP HOUSE, AND A VERMICOMPOSTING BIN ASCENSION GENESYS ALSO DESIGNATES 0.25 FTE OF THE ASCENSION GENESYS GREENHOUSE MANAGER'S TIME TO COORDINATE USE OF THE PARCEL INCLUDING ROAD ACCESS, USE OF WATER AND ELECTRICITY (PROVIDED BY ASCENSION GENESYS) AND SERVING AS A LIAISON BETWEEN THE FARM AND THE HEALTH SYSTEM TO MANAGE OVERALL OPERATIONS MIFFS PROVIDES OVERALL PROJECT OVERSIGHT AND DAY-TO-DAY MANAGEMENT OF FARM ACTIVITIES AND DESIGNATES A 0.50 FTE WIA FARM MANAGER TO MANAGE FARMING AND EDUCATION PROGRAMMING SINCE APRIL OF 2016, OVER 2,611 POUNDS OF NUTRIENT-RICH/LEAD MITIGATING FOOD HAS BEEN PRODUCED AND DISTRIBUTED, 622 VOLUNTEER HOURS HAVE BEEN LOGGED, 14 EDUCATIONAL TRAININGS HAVE BEEN CONDUCTED, FOUR WOMEN ARE NEWLY GROWING AND SELLING FOOD, WITH FOUR MORE ACTIVELY WORKING TOWARD THIS MILESTONE, AND 150 POUNDS OF ASCENSION

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	N GENESYS FOOD PREPARATION WASTE PER WEEK WAS DIVERTED FROM THE LANDFILL TO THE FARM'S VER MICULTURE COMPOST SYSTEM THESE OUTCOMES HAVE TRANSLATED INTO COMMUNITY IMPACT BY SUPPORTI NG OTHER FOOD SYSTEM INITIATIVES DEDICATED TO HEALTHY FOOD ACCESS AND CONSUMPTION INCLUDIN G DISTRIBUTION OF NUTRIENT RICH/LEAD MITIGATING FOOD THAT IS DISTRIBUTED IN HIGH NEED COM MUNITIES (VEGGIE BOX PROGRAM AND FLINT FRESH MOBILE MARKET), AND FORMING A COLLABORATIVE R ELATIONSHIP WITH HURLEY MEDICAL CENTER TO OFFER PATIENTS IN ASCENSION GENESYS COMMUNITY CL INICS WHO HAVE FOOD-RELATED NEEDS TO RECEIVE A PRESCRIPTION TO THE HURLEY FOOD FARMACY WHE RE THE WIA FARM SELLS FRESH PRODUCE TO MEET FOOD INSECURITY NEEDS REGIONAL FOOD SYSTEM NA VIGATION (RFSN) - SINCE ITS INCEPTION, ASCENSION GENESYS HAS SERVED IN A KEY LEADERSHIP RO LE IN THE REGIONAL FOOD SYSTEM NAVIGATION (RFSN) INITIATIVE, A COMMUNITY FOUNDATION OF GRE ATER FLINT -LED EFFORT TO ADVANCE IMPROVED HEALTH OUTCOMES THROUGH ACCESS TO AND CONSUMPTI ON OF HEALTHY FOODS THE RFSN INITIATIVE WAS LAUNCHED WITH A DEDICATED NAVIGATOR POSITION TO COORDINATE FOOD SYSTEM WORK TO ACHIEVE ACCESS TO HEALTHY FOOD FOR ALL COMMUNITY MEMBERS THROUGH THE INITIATION OF NEW PARTNERSHIPS AMONG HISTORICALLY UNCONNECTED PEOPLE AND ENT ITIES, THE RFSN INITIATIVE HAS ESTABLISHED A SHARED, NON-PROPRIETARY VISION FOR HEALTHY FO OD ACCESS AIMED AT THE GREATER GOOD OF ALL STAKEHOLDERS - GROWERS, PROCESSORS, DISTRIBUTOR S, COMMUNITY-BASED ORGANIZATIONS, AND CONSUMERS THIS WORK HAS CREATED A DIFFERENT PERSPEC TIVE ON HOW NUTRITION IS VIEWED BY ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH - MEETING PEOPLE WHERE THEY ARE IN A CULTURALLY COMPETENT FASHION - TO CUSTOMIZE FOOD SYSTEM PROGRAM MING TO MEET IDENTIFIED COMMUNITY NEEDS THROUGH THE DEVELOPMENT OF RELIABLE RELATIONSHIPS AND USE OF TOOLS SUCH AS PARTNERSHIP AGREEMENTS, PROJECTS WERE DEVELOPED, AND FUNDING HAS BEEN SECURED BY LEVERAGING THE STRENGTHS OF DIVERSE STAKEHOLDER PARTNERS TO MEET COMMUNIT Y NEEDS SINCE 2016, \$5,599,000 HAS BEEN SECURED TO ADVANCE FOOD SYSTEM WORK THROUGHOUT TH E COMMUNITY INCLUDING THE FLINT FRESH MOBILE MARKET, THE VEGGIE BOX PROGRAM, HEALTHY FOOD ACCESS ENHANCEMENTS FOR SENIORS, HOME-BOUND INDIVIDUALS, VETERANS, PEOPLE WITH DISABILITIE S AND YOUTH, THE GENESEE COUNTY FOOD RESCUE PROGRAM, AND THE FLINT FRESH FOOD HUB THIS SY STEMIC APPROACH POSITIONED THE COMMUNITY TO QUICKLY RESPOND TO THE FLINT WATER CRISIS TO S SECURE RESOURCES TO DEVELOP FOOD ACCESS PROGRAMS AND SERVICES WITH LEAD MITIGATING FOODS AN D BEHAVIORS AS THEIR CENTERPIECE

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - ASCENSION GENESYS HOSPITAL - Part II PRIORITIZED NEED HEALTHCARE ACCESS - VETERANS CHOICE PROGRAM ASCENSION GENESYS LAUNCHED THE VETERANS CHOICE PROGRAM IN APRIL 2 016 VETERANS CAN NOW RECEIVE CARE AT ASCENSION GENESYS AND OTHER SITES OF CARE ACROSS THE COUNTRY, RATHER THAN THROUGH THE U S DEPARTMENT OF VETERANS AFFAIRS (VA), IF THEY FACE W AIT TIMES IN EXCESS OF 30 DAYS OR HAVE TO TRAVEL FARTHER THAN 40 MILES FROM THEIR HOME TO A VA FACILITY WITH A FULL-TIME PRIMARY CARE PHYSICIAN ASCENSION GENESYS PROVIDERS ARE AUT HORIZED TO PROVIDE PRIMARY CARE, INPATIENT AND OUTPATIENT SPECIALTY CARE, AND MENTAL HEALT H CARE FOR ELIGIBLE VETERANS OUTSIDE OF THE VA THE NEWLY ENACTED VETERANS ACCESS, CHOICE AND ACCOUNTABILITY ACT PROVIDES \$10 BILLION FOR A TEMPORARY PROGRAM TO GIVE NON-VA MEDICAL CARE TO ELIGIBLE VETERANS ASCENSION GENESYS CAREGIVERS ARE CALLED TO SUSTAIN AND IMPROVE THE HEALTH OF INDIVIDUALS AND COMMUNITIES THROUGH THE VETERANS CHOICE PROGRAM, ASCENSION SITES OF CARE NATIONWIDE HELP EXPAND THE NUMBER OF HEALTHCARE OPTIONS FOR OUR NATION'S VE TERANS, ENSURING MORE TIMELY ACCESS TO HIGH-QUALITY CARE TO ADVANCE THE ASCENSION GENESYS PRIORITY TO ENSURE THAT VETERANS RECEIVE TIMELY ACCESS TO HEALTH CARE AND BENEFITS, ASCEN SION GENESYS FOUNDATION HAS ALLOCATED FUNDS RAISED BY THE ASCENSION GENESYS CHARITY GOLF C LASSIC FOR VETERAN NAVIGATION SERVICES IN GENESEE COUNTY TO THE GENESEE HEALTH PLAN, AN OR GANIZATION THAT IS WELL-POSITIONED TO DELIVER NAVIGATION SERVICES TO THIS POPULATION THE EMPOWERING VETERANS OF AMERICA WITH NAVIGATION SERVICES (EVANS) PROJECT IS A COMMUNITY-BAS ED NAVIGATION MODEL TO IDENTIFY AND ASSIST VETERANS IN NAVIGATING THE HEALTHCARE SYSTEM BY LINKING THEM TO SERVICES AND BENEFITS WITHIN THE VETERANS ADMINISTRATION (VA) AND THE COM MUNITY TO ENABLE SEAMLESS MOVEMENT BETWEEN VA AND COMMUNITY CARE AND FACILITATE ACCESS TO HIGH-QUALITY HEALTHCARE OPTIONS LAUNCHED IN THE FALL OF 2018, THE EVANS PROJECT HAS A DED ICATED VETERAN NAVIGATOR TO SUPPORT VETERANS BY REDUCING BARRIERS TO CARE, ESTABLISHING A PATIENT CENTERED MEDICAL HOME (PCMH) FOR VETERANS WHO DO NOT HAVE ONE, AND IMPROVING COLLA BORATION AMONG PROVIDERS TO FACILITATE A SEAMLESS CONTINUUM OF CARE Priority Needs identi fied in Ascension Genesys Hospital Tax Year 2018 CHNA THE JOINT COMMUNITY HEALTH NEEDS A SSSMENT CONDUCTED BY THIS COLLABORATION HAS IDENTIFIED TWELVE PRIORITY HEALTH NEEDS FOR THE FLINT & GENESEE COUNTY COMMUNITY THE IDENTIFIED HEALTH NEEDS WERE SELECTED BASED UPON THEIR POTENTIAL TO IMPACT BOTH SHORT- AND LONG-TERM HEALTH OUTCOMES, THE ABILITY OF LOCAL HEALTH CARE SYSTEMS TO HAVE AN IMPACT ON ADDRESSING THE IDENTIFIED NEEDS, CURRENT PRIORIT IES AND PROGRAMS, AND EFFECTIVENESS OF EXISTING PROGRAMS THE TAX YEAR 2018 PRIORITY HEALT H NEEDS FOR THE FLINT & GENESEE COUNTY COMMUNITY ARE ARE SOCIAL DETERMINANTS OF HEALTH, SUBSTANCE USE (WITH EMPHASIS ON OPIOID MISUSE AND ADDICTION), CHILD HEALTH & DEVELOPMENT, MENTAL HEALTH, OBESITY & HEALT

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	H BEHAVIORS, SAFE & AFFORDABLE DRINKING WATER, HEALTHCARE ACCESS, CHRONIC DISEASE BURDEN, EFFECTIVE CARE DELIVERY FOR AN AGING POPULATION, MATERNAL & INFANT HEALTH, SEXUAL HEALTH, AND HEALTH EQUITY ASCENSION GENESYS LEADERSHIP IN COLLABORATION WITH THE ASCENSION GENESYS CHNA STEERING COMMITTEE ASSESSED HOW THE GENESEE COUNTY CHNA PRIORITY HEALTH NEEDS ALIGN ED WITH BOTH CURRENT AND PROJECTED ASCENSION GENESYS PROGRAMS/INITIATIVES TO INFORM THE PR IORITIZATION OF FOUR OF THESE AS PRIMARY AREAS OF FOCUS FOR THE NEXT THREE YEARS AS FOLLOW S 1 MENTAL HEALTH 2 OBESITY AND HEALTH BEHAVIORS 3 HEALTHCARE ACCESS 4 CHRONIC DISEAS E BURDEN THESE FOUR PRIORITY AREAS WERE SELECTED BECAUSE OF THE POTENTIAL TO EXTEND THE RE ACH OF GENESYS' CURRENT SERVICES INTO THE COMMUNITY (I E BEHAVIORAL TELEHEALTH), IMPROVE THE HEALTH OF SPECIFIC POPULATIONS (I E PEOPLE WITH DIABETES/PRE-DIABETES, VETERANS), A ND/OR PROVIDE OPPORTUNITIES TO COLLABORATE/PARTNER WITH OTHER ORGANIZATIONS TO LEVERAGE CO MMUNITY RESOURCES AND ACHIEVE GREATER IMPACT (I E EVANS PROJECT) IT IS IMPORTANT TO NOT E THAT THESE PRIORITY AREAS OFTEN OVERLAP WITH EACH AND WITH PRIORITY NEEDS NOT SELECTED ALTHOUGH NOT CALLED OUT SPECIFICALLY AS FOCUS AREAS FOR GENESYS, WE WILL VIEW EACH OF OUR FOUR PRIORITY AREAS THROUGH THE LENS OF SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY WH ICH CONCENTRATE OUR EFFORTS TO SERVE COMMUNITY RESIDENTS WHO ARE POOR AND MOST VULNERABLE DUE TO SOCIAL, ECONOMIC, AND ENVIRONMENTAL CONDITIONS ASCENSION GENESYS HOSPITAL WILL ADD RESS THE PRIORITY NEEDS IN THE TAX YEAR 2018 CHNA AS FOLLOWS -PRIORITIZED NEED MENTAL HE ALTH/SUBSTANCE USE DISORDER GOAL EXPAND ACCESS TO BEHAVIORAL HEALTH SERVICES BY BUILDING CAPACITY THROUGH THE ADDITION OF PRACTITIONERS (PSYCHIATRISTS AND THERAPISTS), ENHANCEMENT S OF TECHNOLOGY (TELE-HEALTH), AND LEVERAGED COMMUNITY RESOURCES (GREATER FLINT HEALTH COA LITION, HUMAN TRAFFICKING MULTIDISCIPLINARY TEAM, NEW PATHS, OPIOID OVERDOSE RESPONSE PROG RAM) STRATEGY 1 BUILD CAPACITY OF THE ASCENSION GENESYS HOSPITAL EMERGENCY DEPARTMENT (E D) TO IDENTIFY, ASSESS, AND TREAT PATIENTS WITH SUBSTANCE USE DISORDER (SUD) BY IMPLEMENTI NG THE MEDICALLY ASSISTED TREATMENT (MAT) PROTOCOL ACTIONS 1 MAINTAIN REPRESENTATION ON THE GFHC'S MENTAL AND SUBSTANCE USE COMMITTEE AS A LINKAGE TO THE COMMUNITY WIDE MENTAL H EALTH AND SUBSTANCE USE DISORDER PLAN 2 DESIGN AND DEVELOP THE ED MAT PROTOCOL 3 DESIGN AND DEVELOP ED MAT ORDER SET 4 PROVIDE NECESSARY INITIAL TRAINING TO ED STAFF, CONDUCT ON -GOING TRAINING ANNUALLY 5 IMPLEMENT THE ED MAT PROTOCOL 6 REVIEW ED MAT PROTOCOL ANNUAL LY STRATEGY 2 BUILD CAPACITY AT ASCENSION GENESYS HILLSIDE CENTER FOR BEHAVIORAL HEALTH (HS) TO EXPAND ACCESS TO BEHAVIORAL HEALTH SERVICES BY ADDING ADDITIONAL PRACTITIONERS (PSY CHIATRISTS AND MID-LEVEL) AND IMPLEMENTING A TELE-BEHAVORAL HEALTH PROGRAM ACTIONS 1 D ESIGN AND DEVELOP A TELE-BEHAVORAL HEALTH PROGRAM 2 IMPLEMENT A TELE-BEHAVORAL HEALTH P ROGRAM 3 HIRE MID-LEVEL MENTA

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	L HEALTH PROVIDERS 4 HIRE PSYCHIATRISTS 5 REVIEW, EVALUATE, AND DETERMINE REPLICABILITY OF INTEGRATED BEHAVIORAL HEALTH MODEL STRATEGY 3 BUILD THE CAPACITY OF ASCENSION GENESYS HOSPITAL DEPARTMENT ASSOCIATES (EMERGENCY, OBSERVATION, WOMEN& CHILDREN, NEURO) TO IDENTIF Y, ASSESS, TREAT, AND INITIATE COMMUNITY OUTREACH TO REFER AND COORDINATE OPTIMAL SUPPORT SERVICES FOR VICTIMS OF HUMAN TRAFFICKING (HK) ACROSS THE CONTINUUM OF CARE ACTIONS 1 P ROVIDE HT ON-BOARDING EDUCATION FOR NEW ASSOCIATES WITHIN EMERGENCY DEPARTMENT 2 PROVIDE REFRESHER HT EDUCATION FOR TRAINED NURSING STAFF 3 CREATE AND IMPLEMENT A NURSE SELF-CARE PROTOCOL TO ADDRESS PERSONAL STRESS AND SECONDARY TRAUMA 4 EXTEND HT EDUCATION BEYOND TH E EMERGENCY DEPARTMENT TO INCLUDE WOMEN AND CHILDREN'S, OBSERVATION, AND NEUROTRAUMA DEPAR TMENTS 5 RECRUIT AND TRAIN ADDITIONAL HT SUBJECT MATTER EXPERTS 6 CREATE AND IMPLEMENT A TRAUMA-INFORMED CARE MODULE FOCUSED ON CARING FOR VICTIMS OF HT 7 CONDUCT TWO MULTIDISCI PLINARY TEAM (MDT) MEETINGS EACH YEAR 8 FORMALIZE COMMUNITY PARTNERSHIPS WITH YWCA OF GRE ATER FLINT AND VOICES FOR CHILDREN TO ENSURE OPTIMAL SERVICE DELIVERY FOR VICTIMS OF HT 9 IDENTIFY AND COLLABORATE ON GRANT PROPOSALS TO SUPPORT VICTIM SERVICES ACROSS THE CONTINU UM OF CARE (LOCALLY, REGIONALLY, AND /OR STATEWIDE) -PRIORITIZED NEED OBESITY AND HEALTH BEHAVIORS GOAL IMPROVE HEALTH BEHAVIORS AND OUTCOMES OF INDIVIDUAL WITH DIABETES AND PRE- DIABETES TO ADDRESS OBESITY AND RELATED CHRONIC DISEASES BY FOCUSING ON READINESS TO CHANG E AND SUSTAINED LIFESTYLE MODIFICATION STRATEGY 1 IMPLEMENT THE ASCENSION DREAM (DIABETE S RESOURCES FOR EDUCATION AND MOTIVATION) PROJECT WHICH WILL EMBED A COMPUTER- ASSISTED MOT IVATIONAL INTERVIEWING (MI) ENHANCEMENT INTO DIABETES PREVENTION PROGRAM (DPP) AND DIABETE S SELF-MANAGEMENT EDUCATION (DSME) CURRICULUMS TO GUIDE PATIENTS IN SETTING BEHAVIOR CHANG E GOALS RESULTING IN IMPROVED BEHAVIOR CHANGE READINESS AND SUSTAINED SELF-DIRECTED CHANGE ACTIONS 1 ENGAGE E-WORK COM TO CUSTOMIZE EXISTING E-WORK DIABETES EDUCATION ON-LINE ED UCATIONAL MODULES TO ENHANCE AND STANDARDIZE CLASSROOM DSME AND DPP 2 ENGAGE E-WORK COM T O DEVELOP COMPUTER ASSISTED MI MODULES FOR DIABETES-RELATED BEHAVIOR CHANGE GOAL SETTING I N COLLABORATION WITH DIABETES EDUCATORS AND CLINICAL HEALTH PSYCHOLOGISTS 3 DEVELOP MI BE HAVIOR CHANGE GOAL READINESS AND GOAL SETTING MODULE 4 CLINICAL HEALTH PSYCHOLOGISTS WILL TRAIN DIABETES EDUCATORS (DE) TO USE MI TO GUIDE PATIENT GOAL SETTING WITH LECTURE AND RO LE PLAY CURRICULUM 5 UTILIZE NEW PATIENT ASSESSMENT AND MI TOOLS WITH DPP AND DSME PATIE NTS WITHIN EXISTING PROGRAM STRUCTURE 6 EVALUATE BEHAVIORAL AND CLINICAL SHORT, MEDIUM A ND LONG-TERM OUTCOMES

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 3	Facility , 3 - ASCENSION GENESYS HOSPITAL - Part III -PRIORITIZED NEED HEALTHCARE ACCESS GOAL IMPROVE ACCESS TO HEALTHCARE AND BASIC SERVICES FOR POOR AND VULNERABLE POPULATIONS IN GENESEE COUNTY THROUGH INTEGRATED SERVICE MODELS AND COMMUNITY-BASED EVENTS WHICH ADDR ESS SOCIAL DETAINMENTS OF HEALTH BY PROVIDING RESIDENTS WITH THE RIGHT SERVICES, AT THE RI GHT TIME, IN THE RIGHT LOCATION, FOR THE RIGHT COST STRATEGY 1 IMPLEMENT EMPOWER GENESEE IN COLLABORATION WITH GENESEE HEALTH PLAN, CONSUMERS ENERGY, AND HUNTINGTON BANK TO ENGAG E A VULNERABLE GENESEE COUNTY POPULATION BY ASSISTING RESIDENTS TO ACHIEVE OPTIMAL UTILIZA TION OF HEALTHCARE, FINANCIAL, ENERGY ASSISTANCE SERVICES, AND COMMUNITY RESOURCES ACTION S 1 DEVELOP EMPOWER GENESEE COMMUNITY NAVIGATION MODEL WITHIN IDENTIFIED COMMUNITY-BASED LOCATION 2 HIRE COMMUNITY NAVIGATOR 3 TRAIN NAVIGATOR 4 PROVIDE NAVIGATION SERVICES TO CE CLIENTS 5 HOLD KICK-OFF EVENT IN ALIGNMENT WITH MMAH 6 ESTABLISH AND IMPLEMENT DEDIC ATED DATA TRACKING MODULE WITHIN GHP'S EXISTING SYSTEM(S) 7 SERVE AS A MEMBER ON THE STAK EHOLDER ORGANIZATION ADVISORY GROUP TO PROVIDE PROJECT OVERSIGHT AND EVALUATION STRATEGY 2 HOLD ONE (1) MEDICAL MISSION AT HOME IN FY20 FOR LOW-INCOME AND UNINSURED RESIDENTS WITH IN GENESEE COUNTY WHO DO NOT HAVE (ADEQUATE) ACCESS TO HEALTHCARE SERVICES BY PROVIDING RE AL-TIME DELIVERY OF ORGANIZED HEALTH AND SOCIAL SERVICES WITH FOLLOW-UP CARE AND CONTINUIT Y AS NEEDED TO SUSTAIN AND IMPROVE THE HEALTH OF INDIVIDUALS AND THE COMMUNITY ACTIONS 1 FORM A MMAH PLANNING COMMITTEE WHICH WILL PLAN AND COORDINATE THE EVENT, INCLUDING LOGIS TICS, PROMOTIONAL MATERIALS, COLLABORATION WITH KEY ORGANIZATIONS, DAY OF EVENT FLOW ETC 2 IDENTIFY AND OUTREACH TO KEY COMMUNITY PARTNERS, JOIN MMAH STEERING COMMITTEE 3 DETERM INE EVENT LOGISTICS (DATE, TIME, LOCATION, ETC) 4 DETERMINE AND CONFIRM DAY-OF EVENT HEA LTH SCREENINGS 5 DETERMINE PARTICIPANT INCENTIVES 6 DESIGN AND DEVELOP A MARKETING TOOLK IT TO BE USED BY ASCENSION GENESYS AND COMMUNITY PARTNERS TO PROMOTE EVENT 7 RECRUIT VOLU NTEERS 8 DETERMINE AND CONFIRM REFRESHMENTS (PARTICIPANTS, VOLUNTEERS, EXHIBITORS/VENDORS) 9 DETERMINE AND CONFIRM DAY-OF EVENT DETAILS (AGENDA, SIGNAGE, VOLUNTEER AND EXHIBITOR/ VENDOR TRAINING, SIGN-IN, OPENING CEREMONY, SIGN-OUT / PARTICIPANT SURVEY) 10 HOLD ONE (1) MEDICAL MISSION AT HOME (MMAH) 11 HOLD DEBRIEF FOR ASCENSION GENESYS ASSOCIATES AND PH YSICIANS AND EPG -PRIORITIZED NEED CHRONIC DISEASE BURDEN GOAL REDUCE CHRONIC DISEASE BU RDEN WITHIN GENESEE COUNTY BY PROVIDING COMMUNITY-FACING, BEST PRACTICE MODELS TO ENSURE T HAT PATIENTS RECEIVE THE RIGHT SERVICES, AT THE RIGHT TIME, IN THE RIGHT LOCATION, FOR THE RIGHT COST STRATEGY 1 IMPLEMENT THE ASCENSION GENESYS HOSPITAL PALLIATIVE CARE (PC) PROG RAM BY CREATING A COMMUNITY-FACING, BEST PRACTICE MODEL CARE TO IDENTIFY, ASSESS, AND PROV IDE OPTIMAL PC SERVICES FOR PATIENTS WITH A SERIOUS ILLNESS IN NEED OF SPECIALIZED MEDICAL CARE AND THEIR FAMILIES ACTIO

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 3	NS 1 ESTABLISH & CONDUCT REGULAR PALLIATIVE CARE MULTIDISCIPLINARY TEAM (MDT) MEETINGS T O PROVIDE PROGRAM OVERSIGHT, PLANNING, IMPLEMENTATION, SUSTAINABILITY 2 SET OUTCOMES & ME TRICS FOR PC PROGRAM PROGRAM, CLINICAL, FINANCIAL, SATISFACTION, SUSTAINABILITY 3 HIRE A ND TRAIN THREE (3) PALLIATIVE CARE NURSE PRACTITIONERS TO IMPLEMENT PC PROGRAM 4 HIRE AND TRAIN MEDICAL DIRECTOR (PART TIME) TO OVERSEE PC PROGRAM 5 DEVELOP AGH/AMGG PALLIATIVE C ARE PROTOCOL AROUND FIVE (5) ICD 10 DIAGNOSES (COPD, CHF, CANCER, RENAL FAILURE, DEMENTIA) 6 DEVELOP AN ELECTRONIC FLAG FOR PATIENTS WHO NEED PC TO BE SENT TO PHYSICIAN TO MAKE A REFERRAL 7 IDENTIFY & DEVELOP AN OUTPATIENT COMMUNITY-FACING SPACE FOR PC REFERRALS, CONS ULTS, AND EXAMS, AND BUSINESS OFFICE SPACE 8 PILOT PC PROGRAM IN THREE (3) PRACTICES WITH TWO (2) DIAGNOSES - CHF AND RENAL FAILURE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 18d Facility , 1	Facility , 1 - ASCENSION GENESYS HOSPITAL Patients can be considered under the Financial Assistance Policy at any point before, during or after receiving services Patients that are not identified for consideration for Financial Assistance are sent a minimum of 3 billing statements and 3 pre-collection letters prior to being placed with outside collection agencies Outside collection agencies hold credit reporting for a minimum of 90 days to assure patients are provided an opportunity to be identified and consider for eligibility under the Financial Assistance policy Financial Assistance policy is widely publicized both inside the organization (posters) and on the organizations websites to assure patients have access to assistance related to bills for health care services In rare instances, and only after the approval of internal ministry leadership, external collection agencies may file for garnishment or civil judgements on unpaid balances

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ASCENSION GENESYS HOSPITAL

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
38-2377821

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 noncash assistance	(h) Purpose of grant or assistance
(1) MICHIGAN STATE UNIVERSITY 965 FEE RD RM A310 EAST LANSING, MI 488246410	38-6005984	501(c)(3)	6,000				GENERAL SUPPORT
(2) GRAND BLANC TOWNSHIP PO BOX 1833 GRAND BLANC, MI 48480	38-6025445	170(b)(1)(A)(v)	82,488				GENERAL SUPPORT

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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	ASCENSION GENESYS HOSPITAL NORMALLY REQUIRES AN ANNUAL REPORT (WHERE APPLICABLE) FOR POTENTIAL GRANT ASSISTANCE. IN ADDITION, ASCENSION GENESYS HOSPITAL POINT PERSON WILL NORMALLY ATTEND A MEETING AT THE ENTITY OR WITH AN INDIVIDUAL TO HELP UNDERSTAND THEIR NEEDS. FINAL APPROVAL FOR ANY ASSISTANCE WILL COME FROM THE OFFICE OF THE PRESIDENT. DEPENDING ON THE NATURE OF THE GRANT, A FINAL REPORT OR SUBSTANTIATION OF THE GRANT ASSISTANCE USED, IS REQUIRED TO BE SUBMITTED BACK TO THE HOSPITAL. OTHER TYPES OF GRANTS (FUNDRAISERS) ARE EVALUATED BASED UPON THE PURPOSE OF THE CAMPAIGN.

Schedule J (Form 990)	Compensation Information 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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization ASCENSION GENESYS HOSPITAL	Employer identification number 38-2377821
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
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.	1b	Yes	
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?	2	Yes	
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.			
☐ Compensation committee	☐ Written employment contract		
☐ Independent compensation consultant	☐ Compensation survey or study		
☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
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:			
a Receive a severance payment or change-of-control payment?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			
a The organization?	5a		No
b Any related organization?	5b		No
If "Yes," on line 5a or 5b, describe in Part III.			
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:			
a The organization?	6a		No
b Any related organization?	6b		No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
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.	8		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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.

[illegible]

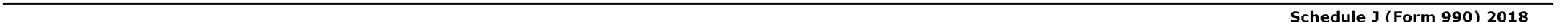
Part III **Supplemental Information**

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 1a Health or social club dues or initiation fees	THE GENESYS HEALTH SYSTEM'S TOP MANAGEMENT OFFICIAL HAD FEES THAT WERE PAID FOR A SOCIAL CLUB. THE CLUB DUES WERE PAID FOR BUSINESS PURPOSES. WRITTEN COMPANY POLICY ALONG WITH ANY IRS TAX REQUIREMENTS (WHERE APPLICABLE) WERE FOLLOWED.

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	A RELATED ORGANIZATION OF ASCENSION GENESYS HOSPITAL, USES THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT & CEO -COMPENSATION COMMITTEE, -INDEPENDENT COMPENSATION CONSULTANT, -COMPENSATION SURVEY OR STUDY, AND -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	ELIGIBLE EXECUTIVES PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS. THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION. BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED. DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT AS NOTED FOR CALENDAR YEAR 2018: ELIZABETH L. ADERHOLDT - \$330,554



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 38-2377821
Name: ASCENSION GENESYS HOSPITAL

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

(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				
JEAN MEYER	(i)	0	0	0	0	0	0	0
EX-OFFICIO	(ii)	811,379	185,625	121,527	17,875	28,415	1,164,822	0
ELIZABETH L ADERHOLDT	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 6/2016)	(ii)	93,325	0	332,869	2,827	6,062	435,083	330,554
CHRISTOPHER J PALAZZOLO	(i)	0	0	0	0	0	0	0
PRESIDENT & CEO	(ii)	538,581	66,480	91,673	16,500	25,819	739,053	0
NANCY A HAYWOOD	(i)	0	0	0	0	0	0	0
CFO	(ii)	332,399	0	37,476	17,875	22,424	410,174	0
CHARLES HUSSON DO	(i)	113,872	0	27,127	6,063	4,364	151,426	0
FORMER KEY EMPLOYEE (END 6/2017)	(ii)	307,532	0	32,232	11,812	10,326	361,903	0
DENNIS V DESIMONE MD	(i)	299,185	0	32,365	16,500	4,587	352,636	0
VP, MEDICAL AFFAIRS	(ii)	0	0	0	0	0	0	0
JOY M FINKENBINER	(i)	260,796	0	32,829	17,030	9,089	319,744	0
VP, OPERATIONS	(ii)	0	0	0	0	0	0	0
NICK S BUTTAR	(i)	833,258	92,490	4,902	17,875	39,034	987,559	0
REGIONAL MEDICAL DIRECTOR	(ii)	0	0	0	0	0	0	0
HOLLY J JASKIERNY	(i)	372,219	31,380	593	14,044	25,841	444,077	0
PROGRAM DIRECTOR, PHYSICIAN RESIDENCY	(ii)	0	0	0	0	0	0	0
MARC C LEWIS	(i)	380,072	0	1,977	14,425	22,175	418,649	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
BARBARA PAWLACZYK	(i)	306,610	2,250	1,467	15,125	25,899	351,350	0
PROGRAM DIRECTOR, PHYSICIAN RESIDENCY	(ii)	0	0	0	0	0	0	0
FREDERICK C SCHREIBER	(i)	299,904	0	322	6,875	7,335	314,436	0
PROGRAM DIRECTOR, PHYSICIAN RESIDENCY	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
ASCENSION GENESYS HOSPITAL**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection**

Employer identification number

38-2377821

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 20b AUDITED FINANCIAL STATEMENTS	THE ACTIVITY OF ASCENSION GENESYS HOSPITAL IS REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE NO INDIVIDUAL AUDIT OF ASCENSION GENESYS HOSPITAL IS COMPLETED THEREFORE, THE ATTACHED AUDITED FINANCIAL STATEMENTS ARE OF ASCENSION HEALTH ALLIANCE AND AFFILIATES, WHICH INCLUDE THE ACTIVITY OF ASCENSION GENESYS HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 24a Tax Exempt Bond Issuance	Ascension Genesys Hospital is a health facility that is part of Ascension Health System. A scension Health Alliance is the borrower for tax exempt hospital revenue bonds. Ascension Genesys Hospital holds an intercompany note payable with Ascension Health Alliance, and th is information is reported on the balance sheet.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process For Determining Compensation of Top Management Official	The process for determining compensation of the organization's CEO, Executive Director, or Top Management Official is performed by a related organization. The process includes review and approval by independent persons of the related organization's compensation committee, use of comparability data, and contemporaneous substantiation of the deliberation and decision regarding the compensation arrangement. The compensation committee is charged with overseeing the process in a manner designed to assure independence, avoid conflicts of interest, ensure reasonableness and market comparability of total compensation, and to otherwise abide by pertinent laws and regulations.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process for Determining Compensation of Other Officers or Key Employees	The process for determining compensation of the organization's other officers or key employees is performed by a related organization. The process includes review and approval by independent persons of the related organization's compensation committee, use of comparability data, and contemporaneous substantiation of the deliberation and decision regarding the compensation arrangement. The compensation committee is charged with overseeing the process in a manner designed to assure independence, avoid conflicts of interest, ensure reasonableness and market comparability of total compensation, and to otherwise abide by pertinent laws and regulations.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	the organizing documents were amended in october 2018 to change the name from genesys regional medical center to ascension genesys hospital

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	ASCENSION GENESYS HOSPITAL HAS A SINGLE CORPORATE MEMBER ASCENSION MICHIGAN

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	ASCENSION GENESYS HOSPITAL HAS A SINGLE CORPORATE MEMBER, ASCENSION MICHIGAN, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF ASCENSION GENESYS HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	ALL DECISIONS THAT HAVE A MATERIAL IMPACT TO ASCENSION GENESYS HOSPITAL FINANCIAL INFORMATION OR CORPORATION AS A WHOLE ARE SUBJECT TO APPROVAL BY ITS SOLE CORPORATE MEMBER, ASCENSION MICHIGAN

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	ASCENSION GENESYS HOSPITAL DOES NOT HAVE ANY COMMITTEES THAT HAVE AUTHORITY TO ACT ON ITS BEHALF

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS WHICH MAY INCLUDE, AS NEEDED, FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO DESIGNATED MANAGEMENT TEAM MEMBERS WITH EXPERIENCE IN TAX IN LIEU OF THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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 CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE MEETING WILL DECIDE IF CONFLICTS OF INTEREST EXIST EACH DIRECTOR, PRINCIPAL, OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE

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 VII, Section A RELATED ENTITIES	THE ORGANIZATION UTILIZES AN AFFILIATE AS THE COMMON PAY AGENT EMPLOYEES REPORTED IN PART VII MAY HAVE DUTIES THAT IMPACT MULTIPLE RELATED ENTITIES TOTAL AVERAGE HOURS WORKED AND COMPENSATION AND BENEFITS PAID ARE REPORTED IN DOING SO, IF AVAILABLE, A COMMON LAW EMPLOYER ANALYSIS IS USED TO DETERMINE WHETHER THE HOURS AND COMPENSATION/BENEFITS ARE REPORTABLE AS ATTRIBUTABLE DIRECTLY TO THE FILING ORGANIZATION OR ANOTHER ENTITY, OTHERWISE, THE BEST AVAILABLE INFORMATION HAS BEEN USED AS THE BASIS FOR ALLOCATIONS UTILIZED IN THE REPORTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Income from Joint Ventures - Total Revenue -11263, Related or Exempt Function Revenue -11263, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Lab Services - Total Revenue 412, Related or Exempt Function Revenue 412, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , MANAGE MENT FEES - Total Revenue 700, Related or Exempt Function Revenue 700, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Escheatment Revenue - Total Revenue 23745, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 23745, Late Penalty Fees - Total Revenue 3313, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 3313, Medical Records Fees - Total Revenue 5743, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 5743, Miscellaneous Revenue - Total Revenue 103200, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 103200,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	FAS 158 - -2941813, TRANSFER TO ALPHA - -25350669, TRANSFERS WITH AFFILIATES - 31670336,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c oversight of audit or selection of independent accountant	ASCENSION GENESYS HOSPITAL 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)

Department of the Treasury
Internal Revenue Service

Name of the organization
ASCENSION GENESYS HOSPITAL

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
38-2377821

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

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

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

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	

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

Yes

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

Yes

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

1k

Yes

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

Yes

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

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

1r

Yes

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

1s

Yes

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

See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 38-2377821
Name: ASCENSION GENESYS HOSPITAL

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
1506 Oneida St Appleton, WI 54915 39-1568866	HEALTH SYSTEM	IL	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
6100 NORTH 42ND STREET MILWAUKEE, WI 53209 39-1641846	COMMUNITY CENTER	WI	501(c)(3)	7	MINISTRY HEALTH CARE INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 46-2847744	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	10	GULF COAST HEALTH SYSTEM	Yes	
2601 Navistar Drive Lisle, IL 60532 47-2360513	Joint Operating Company	IL	501(c)(3)	Type II	NA		No
2601 Navistar Drive Lisle, IL 60532 36-4336931	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
1650 Moon Lake Blvd Hoffman Estates, IL 60169 36-4251848	Behavioral health hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
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	
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	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 36-4344423	PACE- Comprehensive & Coordinated Community Based Services	TN	501(c)(3)	10	Ascension Health Senior Care	Yes	
200 South Wacker Drive Chicago, IL 60606 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	
2601 Navistar Drive Lisle, IL 60532 36-3276552	Supports the provision of healthcare services for related corporations	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 43-1470362	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2601 Navistar Drive Lisle, IL 60532 47-1930457	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381	Acute care hospital	TX	501(c)(3)	3	Alexian Brothers Health System	Yes	
2601 Navistar Drive Lisle, IL 60532 81-1110738	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(c)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	Yes	
2601 Navistar Drive Lisle, IL 60532 94-1530037	Acute care hospital (sold in 1998)	TX	501(c)(3)	Type I	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 36-4484290	Supports the provision of healthcare for related corporations	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
3040 W Salt Creek Ln Arlington Heights, IL 60005 43-1295333	HUD housing	MO	501(c)(3)	10	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 43-1592502	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2601 Navistar Drive Lisle, IL 60532 80-0710751	Specialty physician practice group	IL	501(c)(3)	3	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
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 39-1351584	CONTINUING CARE RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 62-1136742	CONTINUING CARE RETIREMENT COMMUNITY	TN	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2434 Interstate Plaza Drive Hammond, IN 46234 20-3238867	HEALTH CARE	IN	501(c)(3)	3	Presence Central & Suburban Hospitals Network AND PRESENCE CHICAGO HOSPITAL S NETWORK	Yes	
2660 10TH AVENNUE SOUTH NO 505 BIRMINGHAM, AL 35205 63-0952490	SPORTS MEDICINE	AL	501(c)(3)	7	ST VINCENT'S BIRMINGHAM	Yes	
1190 E 2900 N ROAD CLIFTON, IL 60927 36-2841358	RETIREMENT COMMUNITY	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2601348	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
3801 SPRING STREET RACINE, WI 53405 39-1264986	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 86-0455920	HOSPITAL	AZ	501(c)(3)	3	ASCENSION HEALTH	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 23-7222558	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS HOSPITAL	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
420 W HIGH STREET DOWAGIAC, MI 49047 38-2860459	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS-LEE HOSPITAL	Yes	
420 WEST HIGH STREET DOWAGIAC, MI 49047 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
12851 GRAND RIVER BRIGHTON, MI 48116 38-1576680	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
614 MEMORIAL DRIVE CHILTON, WI 53014 39-0905385	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
) 101 South Hanley Ste 450 St Louis, MO 63105 46-1121862	Health care	MO	501(c)(3)	7	Ascension Health Alliance	Yes	
201 HOSPITAL ROAD EAGLE RIVER, WI 54521 39-0985690	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-1958763	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3591148	FOUNDATION	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-0808503	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 45998 ST LOUIS, MO 63145 65-1257719	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
RUST 4600 EDMUNDSON RD ST LOUIS, MO 63134 36-7046706	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
101 SOUTH HANLEY SUITE 450 ST LOUIS, MO 63105 65-1205990	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
12250 Weber Hill Road St Louis, MO 63127 43-1227406	PARENT COMPANY	MO	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
PO BOX 46944 ST LOUIS, MO 63146 43-1601369	TRUST	MO	501(c)(9)		ASCENSION HEALTH	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 82-4710412	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-3322109	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
28000 Dequinidre Rd WARREN, MI 48092 38-3494637	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-3193801	HEALTHCARE SERVICES	MI	501(c)(3)	10	BORGESS HEALTH ALLIANCE INC	Yes	
1570 APPLETON RD MENASHA, WI 54952 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
824 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1965593	MEDICAL GROUP	WI	501(c)(3)	Type III-FI	MINISTRY HEALTH CARE INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1791586	MEDICAL GROUP	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2631907	HEALTH CARE	MI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
PO BOX 45998 ST LOUIS, MO 63145 27-3174701	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
1506 S ONEIDA STREET APPLETON, WI 54915 39-0816818	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
1120 PINE STREET STANLEY, WI 54768 39-0807065	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
6901 MEDICAL PARKWAY WACO, TX 76712 74-1109636	HEALTHCARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
22101 MOROSS DETROIT, MI 48236 38-3526629	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN PROVIDENCE	Yes	
16001 WEST NINE MILE ROAD SOUTHFIELD, MI 48037 38-1358212	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	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
ENTER FOUNDATION 1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-2627336	SUPPORTING	MI	501(c)(3)	Type I	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	Yes	
1101 W UNIVERSITY DR ROCHESTER, MI 48307 38-1359247	GENERAL HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
4100 RIVER ROAD EAST CHINA, MI 48054 38-3160564	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
PO BOX 347 STEVENS POINT, WI 54481 39-1390638	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-0816857	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE- SOUTHEAST WISCONSIN INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-1109643	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2262856	HEALTH CARE	MI	501(c)(3)	3	ST JOHN PROVIDENCE	Yes	
3400 MINISTRY PARKWAY WESTON, WI 54476 72-1531917	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-0907740	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE- SOUTHEAST WISCONSIN INC	Yes	
22101 MOROSS DETROIT, MI 48236 20-2961579	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-1359063	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
200 HEMLOCK ROAD TAWAS CITY, MI 48763 01-0790428	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION ST JOSEPH'S HOSPITAL	Yes	
200 HEMLOCK ROAD TAWAS CITY, MI 48763 38-1443395	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2246366	FUNDRAISING	MI	501(c)(3)	Type II	ASCENSION ST MARY'S HOSPITAL	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-0997730	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-0808443	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
805 WEST CEDEAR STREET STANDISH, MI 48658 38-1671120	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364243	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
8200 E THORN DRIVE WICHITA, KS 67226 48-0958974	MANAGEMENT COMPANY	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH INC	Yes	
8200 E THORN DRIVE WICHITA, KS 67226 48-1172107	HEALTH SYSTEM PARENT	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1823 COLLEGE AVENUE MANHATTAN, KS 66502 48-1186704	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
1 MT CARMEL WAY PITTSBURG, KS 66762 48-0543778	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
14800 W ST TERESA WICHITA, KS 67235 27-1965272	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
929 N SAINT FRANCIS WICHITA, KS 67214 48-1172106	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
8200 E THORN DRIVE WICHITA, KS 67226 48-0948571	PROPERTY MANAGEMENT	KS	501(c)(4)		ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
1151 N ROCK ROAD WICHITA, KS 67206 48-1158274	REHABILITATION HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-1701402	LABORATORY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
19525 WEST NORTH AVENUE BROOKFIELD, WI 53005 39-1613624	PHARMACY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 58-1509251	COMMUNITY HEALTH PROMOTION	TN	501(c)(3)	Type I	SAINT THOMAS NETWORK	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 58-1861378	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS MIDTOWN HOSPITAL	Yes	
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	
1521 GULL ROAD KALAMAZOO, MI 49048 38-2468823	HOLDING COMPANY	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 38-2555589	SKILLED NURSING FACILITY	MI	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
2202 N FORBES BLVD TUSCON, AZ 85716 86-0749574	FOUNDATION	AZ	501(c)(3)	Type I	ASCENSION ARIZONA	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 63145 43-1276738	HEALTH SYSTEM PARENT	MO	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 56-1943271	INACTIVE HOSPITAL	AZ	501(c)(3)	3	ASCENSION ARIZONA	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 74-2505427	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 81-4769136	MEDICAL GROUP	NY	501(c)(3)	3	ST MARY'S HEALTHCARE	Yes	
N4642 COUNTY N APPLETON, WI 54914 45-4681563	BEHAVIORAL HEALTH SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	

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						Yes	No
6801 AIRPORT BLVD MOBILE, AL 36608 63-0934712	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ST VINCENT'S HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-3620346	NURSING HOME	FL	501(c)(3)	10	SACRED HEART HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220767	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-1521169	CHARITABLE FOUNDATION	WI	501(c)(3)	7	HOWARD YOUNG HEALTH CARE INC	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-1499115	HOME OFFICE	WI	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-0606129	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
237 SOUTH LOCUST NOWATA, OK 74048 73-1440267	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
18927 HICKORY CREEK DRIVE SUITE 300 MOKENA, IL 60448 36-3438977	LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
520 NORTH 4TH AVENUE PASCO, WA 99301 91-1528577	FUNDRAISING	WA	501(c)(3)	Type I	OUR LADY OF LOURDES HOSPITAL AT PASCO	Yes	
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	
427 GUY PARK AVE AMSTERDAM, NY 12010 14-1776546	MEDICAL OFFICE BUILDING	NY	501(c)(25)		ST MARY'S HEALTHCARE	Yes	
2380 E Dempster Street DES PLAINES, IL 60016 36-3495969	HEALTH CARE	IL	501(c)(3)	10	Presence Health Partners Services	Yes	
PO BOX 3370 OSHKOSH, WI 54903 23-7140261	FOUNDATION	WI	501(c)(3)	10	AFFINITY HEALTH SYSTEM	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 94-3436893	Medical Group	WI	501(c)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN INC	Yes	
10925 W LAKE PARK DR STE 100 MILWAUKEE, WI 53224 39-1490371	PARENT CORPORATION	WI	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
2251 NORTH SHORE DRIVE RHINELANDER, WI 54501 39-1829015	SPECIALTY HEALTH SERVICES	WI	501(c)(3)	3	ASCENSION SACRED HEART-STMARY'S HOSPITALS INC	Yes	
520 NORTH 4TH AVENUE PASCO, WA 99301 91-0349750	HEALTHCARE	WA	501(c)(3)	3	ASCENSION HEALTH	Yes	
169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 15-0532221	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
5285 Lewiston Road Lewiston, NY 14092 16-1608735	SKILLED NURSING FACILITY	NY	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3700131	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	

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						Yes	No
5455 ALI DRIVE DEPT200 GRAND BLANC, MI 484395195 38-2514708	ADULT DAY CARE	MI	501(c)(3)	Type I	GENESYS AMBULATORY HEALTH SERVICES	Yes	
2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-1869951	FREESTANDING OUTPATIENT CENTER	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 20-0468031	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1596986	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes	
400 W RIVER WOODS PKWY GLENDALE, WI 53212 39-1494981	FOUNDATION	WI	501(c)(3)	7	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0806315	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0807063	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1834639	HEALTH SYSTEM	WI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
2622 W Central Suite 100 Wichita, KS 67203 48-1241079	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-3239057	CANCER TREATMENT	MI	501(c)(3)	10	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2800601	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
PO BOX 829 WOODRUFF, WI 54568 39-1357365	NURSING/ASSISTED LIVING SERVICES	WI	501(c)(3)	10	HOWARD YOUNG HEALTH CARE INC	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2790703	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	10	ASCENSION ST MARY'S HOSPITAL	Yes	
3400 MINISTRY PARKWAY WESTON, WI 54476 75-3193633	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST CLARE'S HOSPITAL INC	Yes	
611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-1684957	FOUNDATION	WI	501(c)(3)	Type I	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	Yes	
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	
8481 HOLLY ROAD GRAND BLANC, MI 484391812 38-2317364	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
101 SOUTH HANLEY SUITE 200 ST LOUIS, MO 63105 83-1078006	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-1627755	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION GOOD SAMARITAN HOSPITAL INC	Yes	

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						Yes	No
2380 E Dempster Street DES PLAINES, IL 60016 36-4286236	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
1820 SOUTH 25TH AVENUE BROADVIEW, IL 60155 36-2709982	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
18927 HICKORY CREEK DR 300 MOKENA, IL 60448 46-0483587	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
200 South Wacker Drive Chicago, IL 60606 36-3366652	MGMT SUPPORT	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
200 South Wacker Drive Chicago, IL 60606 36-4195126	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
200 SOUTH WACKER DRIVE CHICAGO, IL 60606 36-2235165	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
200 SOUTH WACKER DRIVE CHICAGO, IL 60606 36-3330929	FUNDRAISING	IL	501(c)(3)	7	Alexian Brothers Health System	Yes	
2380 E DEMPSTER AVE STE 236 DES PLAINES, IL 60016 36-2644178	HEALTH CARE	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
2380 E Dempster Street DES PLAINES, IL 60016 36-3330928	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
18927 HICKORY CREEK DR 300 MOKENA, IL 60448 46-0483581	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
18927 HICKORY CREEK DRIVE 300 MOKENA, IL 60448 37-1127787	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
100 NORTH RIVER ROAD DES PLAINES, IL 60016 23-7061646	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-8775914	DORMANT	IN	501(c)(3)	10	ST MARY'S HEALTH INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0914564	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(2)		GULF COAST HEALTH SYSTEM	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0915493	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	7	GULF COAST HEALTH SYSTEM	Yes	
6901 MEDICAL PARKWAY WACO, TX 76712 74-2683112	SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE	TX	501(c)(3)	Type I	ASCENSION PROVIDENCE	Yes	
6901 MEDICAL PARKWAY WACO, TX 76712 74-2696970	PHYSICIAN PRACTICES	TX	501(c)(3)	3	ASCENSION PROVIDENCE	Yes	
1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275583	FUNDRAISING ORGANIZATION	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275587	PHYSICIAN PRACTICES	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0288861	HOSPITAL	AL	501(c)(3)	3	GULF COAST HEALTH SYSTEM	Yes	

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						Yes	No
1150 VARNUM STREET NE WASHINGTON, DC 20017 53-0196636	HOSPITAL	DC	501(c)(3)	3	ASCENSION HEALTH	Yes	
300 W Highway 6 Waco, TX 76712 61-1759304	SKILLED NURSING FACILITY	TX	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
1550 BISHOP COURT MOUNT PROSPECT, IL 60056 36-3296367	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-2436597	FOUNDATION	FL	501(c)(3)	7	SACRED HEART HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-0634434	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 57-1183283	INVESTMENT	FL	501(c)(3)	Type I	SACRED HEART HEALTH SYSTEM	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0902199	REHAB SERVICES	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
1200 GRANT BLVD WEST WABASHA, MN 55981 41-0693877	HOSPITAL	MN	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-0847631	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1657410	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST MICHAEL'S HOSPITAL INC	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 58-1716804	SYSTEM PARENT	TN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
PO BOX 380 NASHVILLE, TN 37202 58-1663055	OPERATES FOUNDATION	TN	501(c)(3)	7	SAINT THOMAS NETWORK	Yes	
135 EAST SWAN STREET CENTERVILLE, TN 37033 58-1737573	HOSPITAL	TN	501(c)(3)	3	BAPTIST HEALTH CARE AFFILIATES INC	Yes	
135 EAST SWAN STREET CENTERVILLE, TN 37033 62-1836937	HOME HEALTH CARE	TN	501(c)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 62-1529858	HEALTHCARE PROVIDER	TN	501(c)(3)	10	SAINT THOMAS NETWORK	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 62-1869474	ACUTE CARE HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 62-1284994	HEALTH INVESTMENT ENTITY	TN	501(c)(3)	10	SAINT THOMAS HEALTH	Yes	
4220 HARDING PIKE NASHVILLE, TN 37205 47-4063046	HOSPITALS	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-1167917	FOUNDATION	TN	501(c)(3)	Type I	SAINT THOMAS RUTHERFORD HOSPITAL	Yes	
1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-0475842	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	

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						Yes	No
4220 HARDING ROAD NASHVILLE, TN 37205 62-0347580	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
520 SOUTH SANTA FE AVE SALINA, KS 67401 43-1948057	MEDICAL EQUIPMENT	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH PARTNERS INC	Yes	
2601 Navistar Drive Lisle, IL 60532 36-3308965	Owns or leases properties where healthcare services are delivered	IL	501(c)(2)		Alexian Brothers Health System	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364681	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562522	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311790	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2212968	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-2842608	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
28000 DEQUINDRE WARREN, MI 48092 38-2820107	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-2498998	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	ASCENSION SETON	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364813	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 23-2960726	SKILLED NURSING FACILITY	PA	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 39-2064992	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0937704	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type II	GULF COAST HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 42-1670843	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 23-7326976	REAL ESTATE	AL	501(c)(2)		ST VINCENT'S HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 20-5330986	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2869762	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
415 6TH STREET LEWISTON, ID 83501 82-0204264	HOSPITAL	ID	501(c)(3)	3	ASCENSION HEALTH	Yes	
169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 82-1103087	HEALTHCARE	NY	501(c)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	Yes	

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						Yes	No
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2292041	PHYSICIAN PRACTICE	FL	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 52-1415083	FUNDRAISING	MD	501(c)(3)	Type I	ST AGNES HEALTHCARE	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 52-0591657	HOSPITAL	MD	501(c)(3)	3	ASCENSION HEALTH	Yes	
1555 Barrington Road Hoffman Estates, IL 60194 36-4251846	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
1750 Stockton Street Jacksonville, FL 32204 59-1878316	SKILLED NURSING FACILITY	FL	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
1506 S ONEIDA STREET APPLETON, WI 54915 39-1256677	FOUNDATION	WI	501(c)(3)	7	AFFINITY HEALTH SYSTEM	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0999759	HEALTH CARE	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 38-3833117	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 61-1659782	REAL ESTATE	OK	501(c)(2)		ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1133139	HEALTH CARE	OK	501(c)(3)	7	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1215174	SYSTEM PARENT	OK	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0579286	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2244034	PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0662663	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1077367	NURSING HOME	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
1907 W SYCAMORE STREET KOKOMO, IN 46901 23-7313206	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST JOSEPH HOSPITAL & HEALTH CENTER INC	Yes	
1907 W SYCAMORE STREET KOKOMO, IN 46901 35-0992717	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 63145 43-1388461	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
415 6TH STREET LEWISTON, ID 83501 51-0168321	FUNDRAISING	ID	501(c)(3)	Type I	SJPMC Inc	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 52-1835288	SKILLED NURSING FACILITY	MD	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	

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						Yes	No
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 26-0479484	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 46-1084363	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899560	DME/HOME CARE	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7248362	REAL ESTATE HOLDING COMPANY	IN	501(c)(2)		ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899562	TAX-EXEMPT AFFILIATE REIMBURSEMENTS	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7045370	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1679526	INVESTMENT SERVICES	IN	501(c)(3)	Type III-FI	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-0869065	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 14-1347719	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 63145 43-1918107	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 26-1356310	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT MEDICAL GROUP INC	Yes	
901 ST MARYS DRIVE EVANSVILLE, IN 47714 27-3474697	DORMANT	IN	501(c)(3)	Type I	ST MARY'S MEDICAL GROUP LLC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-5342518	AMBULANCE SERVICES	IN	501(c)(4)		ST MARY'S HEALTH SERVICES INC	Yes	
1116 MILLIS AVENUE BOONVILLE, IN 47601 35-1343019	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
2015 JACKSON STREET ANDERSON, IN 46016 35-2053693	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Yes	
2015 JACKSON STREET ANDERSON, IN 46016 46-0877261	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
13500 N MERIDIAN STREET CARMEL, IN 46032 74-3107055	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1206 E NATIONAL AVENUE BRAZIL, IN 47834 35-2112529	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1600 23RD STREET BEDFORD, IN 47421 27-2192831	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
13861 OLIO ROAD FISHERS, IN 46037 45-4243702	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1300 S JACKSON FRANKFORT, IN 46041 35-1531734	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT FRANKFORT HOSPITAL INC	Yes	
1300 S JACKSON FRANKFORT, IN 46041 35-2099320	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 35-2052591	PARENT COMPANY	IN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
8333 NAAB ROAD STE 301 INDIANAPOLIS, IN 46260 46-1227327	HEALTH AND WELLNESS SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-0869066	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
8402 Harcourt Rd Ste 210 INDIANAPOLIS, IN 46260 35-6088862	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Yes	
301 HENRY STREET NORTH VERNON, IN 47265 84-1703732	DORMANT	IN	501(c)(3)	1	ST VINCENT JENNINGS HOSPITAL INC	Yes	
301 HENRY STREET NORTH VERNON, IN 47265 35-1841606	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1331 SOUTH A STREET ELWOOD, IN 46036 35-0876389	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
8425 HARCOURT ROAD INDIANAPOLIS, IN 46260 27-2039417	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT CARMEL HOSPITAL INC	Yes	
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	
473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2133006	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT RANDOLPH HOSPITAL INC	Yes	
473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2103153	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
10330 N MERIDIAN STREET STE 400N INDIANAPOLIS, IN 46290 47-1289091	RETAIL AMBULATORY SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
911 N SHELBY STREET SALEM, IN 47167 27-0847538	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260 35-1712001	LONG TERM CARE HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
412 N MONROE STREET WILLIAMSPORT, IN 47993 74-3130159	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT WILLIAMSPORT HOSPITAL INC	Yes	
412 N MONROE STREET WILLIAMSPORT, IN 47993 35-0784551	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0288864	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
150 GILBREATH DRIVE ONEONTA, AL 35121 63-0909073	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
2800 MAIN STREET BRIDGEPORT, CT 06606 06-1331677	COLLEGE OF HEALTH SCIENCE	CT	501(c)(3)	2	STVINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 22-2554128	REAL ESTATE HOLDINGS	CT	501(c)(25)		ST VINCENT'S HEALTH SERVICES CORP	Yes	
50 MEDICAL PARK EAST DRIVE BIRMINGHAM, AL 35235 63-0578923	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
1 Medical Park East Drive BIRMINGHAM, AL 35235 63-0868066	FUNDRAISING	AL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2219923	FUND RAISING	FL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558134	HOLDING COMPANY	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0931008	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-3650609	PARENT ENTITY	FL	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 06-0646886	HOSPITAL AND SYSTEM PARENT	CT	501(c)(3)	3	ASCENSION HEALTH	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 46-1523194	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558132	FUNDRAISING	CT	501(c)(3)	7	ST VINCENT'S HEALTH SERVICES CORP	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-0624449	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 80-0458769	PHYSICIAN PRACTICES	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
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	
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	
2202 N FORBES BLVD TUCSON, AZ 85745 85-4088322	FOUNDATION	AZ	501(c)(3)	Type I	CARONDELET FOUNDATION INC	Yes	
5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-0873606	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2727509	SPIRITUALITY CENTER	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562712	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
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	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0932323	PHYSICIAN GROUP	AL	501(c)(3)	Type II	ST VINCENT'S HEALTH SYSTEM	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1236589	PACE (SNF)	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1129325	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 20-2828680	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1078862	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1247723	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 74-3070971	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 73-1153337	RETIREMENT COMMUNITY	OK	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-0559086	MANAGEMENT COMPANY	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH SENIOR CARE	Yes	
3807 SPRING STREET RACINE, WI 53405 93-0838390	FOUNDATION	WI	501(c)(3)	10	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
711 Genn Drive Wamego, KS 66547 72-1526400	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-2028808	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-1636804	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
3805B SPRING STREET RACINE, WI 53405 39-1570877	FOUNDATION	WI	501(c)(3)	7	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-6068950	AUXILIARY	WI	501(c)(3)	Type III-FI	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 32-0135258	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST FRANCIS HOSPITAL INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 39-1486775	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
4300 BROWN DEER ROAD SUITE 250 BROWN DER, WI 53223 56-2426294	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION WISCONSIN PHARMACY INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1568865	PARENT CORPORATION	IL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	

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

(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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Alexian Rehabilitation Services LLC 935 Beisner Elk Grove Village, IL 60007 30-0221481	Rehabilitation hospital	IL	NA	N/A								
(1) ALVERNO CLINICAL LABORATORIES LLC 2434 INTERSTATE PLAZA DRIVE HAMMOND, IN 46324 20-3240648	MEDICAL SERVICE	IN	NA	N/A								
(2) AMBROSE PARKWOOD WEST II LLC 55 MONUMENTAL CIRCLE STE 450 INDIANAPOLIS, IN 46204 27-0532924	LAND HOLDINGS	IN	NA	N/A								
(3) AMBULATORY SURGERY CENTER LP 818 N Emporia Ste 108 WICHITA, KS 67214 48-1114690	SURGERY CENTER	KS	NA	N/A								
(4) ASCENSION ALPHA FUND LLC 101 SOUTH HANLEY ROAD SUITE 200 ST LOUIS, MO 63105 90-0786464	INVESTMENTS	MO	NA	N/A								
(5) ASCENSION VIA CHRISTI IMAGING MANHATTAN LLC 1823 College Avenue MANHATTAN, KS 66502 48-1251984	RADIOLOGY SERVICES	KS	NA	N/A								
(6) ASCENSION WISCONSIN EMERUS JV LLC 8040 EXCELSOIR DRIVE SUITE 400 MADISON, WI 53717 38-4118568	ACUTE CARE HOSPITALS	WI	NA	N/A								
(7) BAPTIST WOMENS HEALTH CENTER LLC 1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203 62-1772195	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	NA	N/A								
(8) BELMONT HARLEM SURGERY CENTER LLC 3101 NORTH HARLEM CHICAGO, IL 60634 41-2237162	MEDICAL SERVICE	IL	NA	N/A								
(9) Bonaventure Medical Foundation LLC 2601 Navistar Drive Lisle, IL 60532 36-3978153	Manages managed care contracts	DE	NA	N/A								
(10) Borgess Health Partners LLC 28000 DeQuindre Warren, MI 48092 38-2648846	MANAGED CARE	MI	NA	N/A								
(11) CARMEL AMBULATORY SURGERY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0014795	AMBULATORY SURGERY CENTER	IN	NA	N/A								
(12) CENTRAL TEXAS LAUNDRY LLC 4255 PROFIT STREET SAN ANTONIO, TX 78219 74-2613749	LAUNDRY SERVICES	TX	NA	N/A								
(13) CHV III LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 45-4486925	INVESTMENTS	MO	NA	N/A								
(14) CHV IV LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 81-3953953	INVESTMENTS	MO	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(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) Disproprtionate 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	
(16) ENDOSCOPY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0029881	ENDOSCOPY CENTER	IN	NA	N/A								
(1) ENDOSCOPY GROUP LLC 4810 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503 59-3519881	MEDICAL SERVICES	FL	NA	N/A								
(2) Hospital Consolidated Laboratories LLC 39595 W 10 Mile Rd Novi, MI 48375 38-3318428	LAB SERVICES	MI	NA	N/A								
(3) INTERVENTIONAL REHABILITATION CENTER LLC 1549 AIRPORT BOULEVARD STE 420 PENSACOLA, FL 32503 59-3673361	MEDICAL SERVICES	FL	NA	N/A								
(4) KANSAS SURGERY AND RECOVERY CENTER LLC 2770 North Webb Road WICHITA, KS 67226 48-1148580	SURGERY CENTER	KS	NA	N/A								
(5) KENOSHA DIGESTIVE HEALTH CENTER 1033 N MAYFAIR ROAD SUITE 101 WAUWATUSA, WI 53226 84-2167873	DIGESTIVE HEALTH	WI	NA	N/A								
(6) Lourdes Health Support LLC 333 Butternut Drive Suite 100 Dewitt, NY 13214 16-1611707	Medical Equipment Provider	NY	NA	N/A								
(7) MIDDLE TENNESSEE IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 01-0570490	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
(8) MURFREESBORO DIAGNOSTIC IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 20-0291952	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
(9) NAAB ROAD SURGERY CENTER LLC 8260 NAAB ROAD STE 100 INDIANAPOLIS, IN 46260 35-1991390	AMBULATORY SURGERY CENTER	IN	NA	N/A								
(10) Oklahoma Cancer Specialists Real Estate Company LLC 12697 E 51st St South TULSA, OK 74146 61-1774455	REAL ESTATE HOLDING	OK	NA	N/A								
(11) Open MRI of Michigan 411 W 13 MILE ROAD MADISON HEIGHTS, MI 48071 38-3544539	MRI Center	MI	NA	N/A								
(12) ORTHOPEDIC SURGERY CENTER OF THE FOX VALLEY LLC 2223 LIME KILN ROAD SUITE 101 GREEN BAY, WI 54311 84-2016212	SURGERY CENTER	WI	NA	N/A								
(13) PET LLC 5149 NORTH 9TH AVENUE SUITE 124 PENSACOLA, FL 32504 59-3788701	MEDICAL SERVICES	FL	NA	N/A								
(14) PREMIER RADIOLOGY WISCONSIN LLC 500 W BROWN DEER ROAD SUITE 202 BAYSIDE, WI 53217 83-3180104	RADIOLOGY	WI	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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							Yes	No		Yes	No	
(31) Presence Lakeshore Gastroenterology LLC 150 N River Road Suite 210 Des Plaines, IL 60016 81-1750563	Medical Service	IL	NA	N/A								
(1) PROFESSIONAL CLINICAL LABORATORIES LLC 113 E 4TH ST MICHIGAN CITY, IN 46360 30-0711211	MEDICAL SERVICES	IN	NA	N/A								
(2) RADS OF AMERICA LLC PO BOX 249 GOODLETTSVILLE, TN 370700249 20-0597581	AMBULATORY SURGERY CENTER	TN	NA	N/A								
(3) SAINT THOMAS HOME RECOVERY CARE LLC 49 MUSIC SQUARE WEST SUITE 401 NASHVILLE, TN 37203 84-2100096	MEDICAL AND REHABILITATION SERVICES	TN	NA	N/A								
(4) SOUTH COAST REAL ESTATE VENTURE LLC 5907 HIGHWAY 90 MOSS POINT, MS 39563 45-5599047	OWN REAL ESTATE FOR A PHYSICIAN OFFICE BUILDING	MS	NA	N/A								
(5) ST VINCENT'S OUTPATIENT SURGERY SERVICES LLC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 20-0708162	OUTPATIENT SURGERY	AL	NA	N/A								
(6) ST VINCENT'S SLEEP DISORDER CENTER 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1282288	SLEEP DISORDER CENTER	AL	NA	N/A								
(7) STVINCENT HEART CENTER OF INDIANA LLC 10580 N MERIDIAN STREET INDIANAPOLIS, IN 46290 36-4492612	HEART HOSPITAL	IN	NA	N/A								
(8) STHS SLEEP CENTER LLC 102 WOODMONT BOULEVARD SUITE 800 NASHVILLE, TN 37205 20-3664894	OPERATES A SLEEP CENTER	TN	NA	N/A								
(9) The Michigan Institute for Advanced Surgery LLC 1375 S Lapeer Rd 109 Lake Orion, MI 48360 03-0444972	OUTPATIENT SERVICES	MI	NA	N/A								
(10) TOWNE CENTRE SURGERY CENTER LLC 4599 TOWNE CENTRE SAGINAW, MI 48604 20-4943843	OUTPATIENT SERVICES	MI	NA	N/A								
(11) TRI-STATE COMMUNITY CLINICS LLC 8601 N KENTUCKY AVENUE STE J EVANSVILLE, IN 47711 27-0885968	PRIMARY CARE PHYSICIAN PRACTICES	IN	NA	N/A								
(12) VIA CHRISTI MERCY CLINIC LLC 1 Mt Carmel Place Pittsburg, KS 66762 81-2927645	MEDICAL SERVICES	KS	NA	N/A								

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) ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2698151	HEALTH SERVICES	TX	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) AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	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) ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT LLC 3900 SOUTH GRAND ST LOUIS, MO 63118 94-3465394	HOUSING	MO	NA	C Corporation				Yes	
(6) Alexian Brothers Health Providers Association Inc 2601 Navistar Drive Lisle, IL 60532 36-3853286	Messenger model IPA	IL	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) AMITA HEALTH CLINICALLY INTEGRATED NETWORK LLC 2601 NAVISTAR DRIVE LISLE, IL 60532 80-0967178	MANAGED CARE	IL	NA	C Corporation				Yes	
(9) ASCENSION CAPITAL UK LIMITED FOUNTAIN HOUSE 130 FENCHURCH STREET LONDON, ENGLAND EC3M5DJ UK	INSURANCE	UK	NA	C Corporation				Yes	
(10) Ascension Care Management Health Partners Tennessee 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482	ACCOUNTABLE CARE ORGANIZATION	TN	NA	C Corporation				Yes	
(11) ASCENSION CARE MANAGEMENT HEALTH PARTNERS INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-4413419	MEDICAL SERVICE	MO	ASCENSION HEALTH ALLIANCE	C Corporation				Yes	
(12) ASCENSION CARE MANAGEMENT HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272	INSURANCE AND TPA	MI	ASCENSION CARE MANAGEMENT INSURANCE HOLDINGS	C Corporation				Yes	
(13) ASCENSION HEALTH INSURANCE LIMITED PO BOX 1159 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
(14) ASCENSION HEALTH MASTER PENSION TRUST 11775 BORMAN DRIVE SUITE 200 ST LOUIS, MO 63146 36-6891022	TRUST	MO	NA	Trust				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) ASCENSION HEALTH RISK PURCHASING GROUP 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 27-4176480	SUPPORTING ORGANIZATION	MO	NA	C Corporation				Yes	
(1) ASCENSION MEDICAL GROUP VIA CHRISTI PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	NA	C Corporation				Yes	
(2) ASCENSION VENTURES CORPORATION 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1217059	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
(3) BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214	HOLDING COMPANY	TN	NA	C Corporation				Yes	
(4) BAYLEY CONDOMINIUM ASSOCIATION 2121 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205 63-1209915	CONDOMINIUM ASSOCIATION	AL	NA	C Corporation				Yes	
(5) BEECHER BALLENGER SERVICES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation				Yes	
(6) CARONDELET MEDICAL GROUP INC 2202 N FORBES BLVD TUCSON, AZ 85745 86-0836126	MEDICAL GROUP	AZ	NA	C Corporation				Yes	
(7) CARONDELET SPECIALIST GROUP INC 2202 N FORBES BLVD TUCSON, AZ 85745 28-1558773	PHYSICIAN PRACTICE	AZ	NA	C Corporation				Yes	
(8) CLINICAL HOLDINGS CORP 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-3802297	HOLDING COMPANY	MO	NA	C Corporation				Yes	
(9) CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3398033	RETAIL PHARMACY & PATIENT TRANSPORT	FL	NA	C Corporation				Yes	
(10) Corbett Corporation 169 Riverside Drive Binghamton, NY 13905 16-1268267	Property Management	NY	NA	C Corporation				Yes	
(11) CRITTENTON DEVELOPMENT CORPORATION 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115	REAL ESTATE	MI	NA	C Corporation				Yes	
(12) CRITTENTON MEDICAL PHARMACY INC 1135 West University Dr 105 ROCHESTER, MI 48307 20-3773341	PHARMACY SERVICES	MI	NA	C Corporation				Yes	
(13) DELL CHILDREN'S HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311909	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(14) EASTSIDE VENTURES 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0846221	MISC HEALTHCARE SERVICES	AL	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) FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 26-1983355	CONDOMINIUM ASSOCIATION	FL	NA	C Corporation				Yes	
(1) FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 34-1983857	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
(2) GENESYS PRACTICE PARTNERS 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 03-0516871	EMPLOYED PHY PRACTICE	MI	NA	C Corporation				Yes	
(3) GULF COAST DIVERSIFIED INC 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798	INVESTMENT	FL	NA	C Corporation				Yes	
(4) HEALTHNET OF ALABAMA INC PO BOX 830605 BIRMINGHAM, AL 352830605 63-1027511	PREFERRED PROVIDER ORGANIZATION	AL	NA	C Corporation				Yes	
(5) HOWARD YOUNG CLINICS INC 240 MAPLE STREET WOODRUFF, WI 54568 39-1969706	HEALTHCARE	WI	NA	C Corporation				Yes	
(6) INDIAN CREEK CENTER INC 101 S Hanley Ste 200 St Louis, MO 63105 48-0956627	MANAGEMENT	MO	NA	C Corporation				Yes	
(7) INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(8) MADISON MEDICAL AFFILIATES INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 39-1855720	HEALTHCARE	WI	NA	C Corporation				Yes	
(9) MID-STATE PROPERTIES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-1232018	INACTIVE	TN	NA	C Corporation				Yes	
(10) MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES INC 6801 AIRPORT BLVD MOBILE, AL 36608 46-1130426	HEALTHCARE SERVICES	MS	NA	C Corporation				Yes	
(11) OMNI MEDICAL GROUP INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1335536	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(12) PHYSICIAN SUPPORT SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1437252	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(13) PHYSICIANS OF PASCO CONDOMINIUMS ASSOC 520 NORTH 4TH AVENUE PASCO, WA 99301 45-3691641	PROPERTY MANAGEMENT	WA	NA	C Corporation				Yes	
(14) PRESENCE PROPERTIES INC 100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-3520630	MEDICAL	IL	NA	C Corporation				Yes	

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								Yes	No
(46) PRESENCE SERVICE CORPORATION 2380 E DEMPSTER STREET DES PLAINES, IL 60016 36-4314354	MEDICAL	IL	NA	C Corporation				Yes	
(1) PRESENCE VENTURES INC 100 NORTH RIVER ROAD DES PLAINES, IL 60016 37-1168085	MEDICAL	IL	NA	C Corporation				Yes	
(2) PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION INC 4425 N Port Washington Rd GLENDALE, WI 53212 20-8042108	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
(3) PROVIDENCE PARK Inc PO BOX 850429 MOBILE, AL 36685 63-0886846	REAL ESTATE	AL	NA	C Corporation				Yes	
(4) REGIONAL MEDICAL LABORATORIES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1131608	MEDICAL SERVICES	OK	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) SETON INSURANCE COMPANY 1345 PHILOMENA STREET AUSTIN, TX 78723 47-5395483	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(7) SETON ACCOUNTABLE CARE ORGANIZATION INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2677756	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(8) SETON HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 45-3047469	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(9) SETON HEALTH PLAN INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2725348	HMO	TX	NA	C Corporation				Yes	
(10) SETON MSO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2870455	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(11) SETON PHARMACY INC 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3001427	RETAIL PHARMACY	FL	NA	C Corporation				Yes	
(12) SETON PHYSICIAN HOSPITAL NETWORK 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2643825	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(13) SOVA INC 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638	HEALTH SERVICES	TN	NA	C Corporation				Yes	
(14) ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD 21229 52-1733632	HOLDING COMPANY	MD	NA	C Corporation				Yes	

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								Yes	No
(61) ST JOHN ANESTHESIA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3690446	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(1) ST JOHN PHYSICIANS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1321032	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(2) ST JOHN URGENT CARE CLINICS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-4990275	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(3) ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747	OTHER MEDICAL	MI	NA	C Corporation				Yes	
(4) St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017	Dormant	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) St Vincent's Strategic Ventures Inc 4205 Belfort Road Suite 4030 Jacksonville, FL 33213 59-3133073	LEASING	FL	NA	C Corporation				Yes	
(7) SUNFLOWER ASSURANCE LTD PO BOX 1085 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
(8) TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047	LAUNDRY SERVICES	MI	NA	C Corporation				Yes	
(9) Thelen Corporation 3040 Salt Creek Lane Arlington Heights, IL 60005 36-3266316	Owns/ leases property, joint venture partner	IL	NA	C Corporation				Yes	
(10) TRAVEL SERVICES CORPORATION PO BOX 45998 ST LOUIS, MO 631455998 26-3764978	TRAVEL SERVICES	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) UTICA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(13) VCH IOWA PC 8200 E THORN DRIVE WICHITA, KS 67226 27-3983977	PROFESSIONAL ASSOCIATION	IA	NA	C Corporation				Yes	
(14) VCH IOWA PC TRUST 8200 E THORN DRIVE WICHITA, KS 67226 27-6937322	BENEFICIARY TRUST	IA	NA	Trust				Yes	

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								Yes	No
(76) VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE WICHITA, KS 67226 27-3984287	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(1) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE WICHITA, KS 67226 48-2872857	ACO	KS	NA	C Corporation				Yes	
(2) VINCENTIAN VENTURES OF NORTH ALABAMA INC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0965456	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
(3) VINCENTURES INC 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-1211417	INACTIVE	CT	NA	C Corporation				Yes	
(4) WHEATON FRANCISCAN ENTERPRISES INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1985204	HOLDING CO	WI	NA	C Corporation				Yes	
(5) WHEATON FRANCISCAN HOLDINGS INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357	HOLDING CO	WI	NA	C Corporation				Yes	
(6) WHEATON FRANCISCAN MEDICAL GROUP - SUSSEX INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1361100	HEALTHCARE	WI	NA	C Corporation				Yes	
(7) WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140	PROVIDER CONTRACT	WI	NA	C Corporation				Yes	
(8) WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53123 30-0659830	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
(9) L GILBRAITH INSURANCE SPC LTD C/O STRATEGIC RISK SOLUTIONS PO BOX 1159 GRAND CAYMAN KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	

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

(a)	Name of related organization	(b)	Transaction type(a-s)	(c)	Amount Involved	(d)	Method of determining amount involved
(1)	Ascension Health IS Inc	P		561,312		FAIR MARKET VALUE	
(1)	Ascension Health IS Inc	Q		142,566		FAIR MARKET VALUE	
(2)	Ascension St John Hospital	P		85,371		FAIR MARKET VALUE	
(3)	Ascension St John Hospital	Q		93,063		FAIR MARKET VALUE	
(4)	St John Providence	P		13,539,069		FAIR MARKET VALUE	
(5)	St John Providence	Q		3,459,523		FAIR MARKET VALUE	
(6)	Ascension Genesys Foundation	P		483,586		FAIR MARKET VALUE	
(7)	Ascension Genesys Foundation	Q		248,260		FAIR MARKET VALUE	
(8)	Ascension Genesys Foundation	R		324,896		FAIR MARKET VALUE	
(9)	Ascension Medical Group Michigan	P		129,464		FAIR MARKET VALUE	
(10)	Beecher Ballenger Services	J		83,811		FAIR MARKET VALUE	
(11)	Beecher Ballenger Services	K		58,609		FAIR MARKET VALUE	
(12)	Beecher Ballenger Services	P		653,406		FAIR MARKET VALUE	
(13)	Beecher Ballenger Services	Q		122,707		FAIR MARKET VALUE	
(14)	Beecher Ballenger Services	R		1,123,503		FAIR MARKET VALUE	
(15)	Genesys Ambulatory Health Services	K		429,376		FAIR MARKET VALUE	
(16)	Genesys Ambulatory Health Services	O		62,290		FAIR MARKET VALUE	
(17)	Genesys Ambulatory Health Services	P		268,567		FAIR MARKET VALUE	
(18)	Genesys Ambulatory Health Services	Q		1,592,671		FAIR MARKET VALUE	
(19)	Genesys Ambulatory Health Services	R		3,412,623		FAIR MARKET VALUE	
(20)	Genesys Convalescent Center	P		1,083,771		FAIR MARKET VALUE	
(21)	Ascension Borgess Hospital	P		1,207,225		FAIR MARKET VALUE	
(22)	Ascension Providence Rochester Hospital	Q		597,728		FAIR MARKET VALUE	
(23)	Ascension St Mary's Hospital	Q		874,295		FAIR MARKET VALUE	
(24)	Ascension St Mary's Hospital	R		248,194		FAIR MARKET VALUE	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26) Ascension St Mary's Hospital	S	64,941	FAIR MARKET VALUE
(1) Ascension Genesys Foundation	C	320,984	FAIR MARKET VALUE