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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](http://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

SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC

Doing business as

THE SETON FUND SETON SCHOOL OF NURSING ALUMNI

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

1345 PHILOMENA STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code  
AUSTIN, TX 78723

F Name and address of principal officer

MIGUEL ROMANO JR

1345 PHILOMENA STREET

AUSTIN, TX 78723

D Employer identification number

74-2212968

E Telephone number

(314) 733-8000

G Gross receipts \$

16,288,213

I Tax-exempt status

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

J Website: ▶

[https //supportseton org/foundations/the-seton-fund/about-us/](https://supportseton.org/foundations/the-seton-fund/about-us/)

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1981

M State of legal domicile

TX

Part I

Summary

Activities & Governance

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

TO ACTIVELY SEEK AND INVEST CHARITABLE SUPPORT FOR ASCENSION SETON, SO THAT THEY MAY IMPROVE THE HEALTH AND WELL-BEING OF ALL THE PEOPLE IN THE COMMUNITIES THEY 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)

24

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

22

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

0

6 Total number of volunteers (estimate if necessary)

148

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

0

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

0

Revenue

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

8,825,402

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

0

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

1,422,079

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

-228,014

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

10,019,467

Expenses

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

14,781,175

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

0

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

1,448,054

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

0

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

191,715

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

1,169,963

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

17,399,192

19 Revenue less expenses Subtract line 18 from line 12

-7,379,725

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

87,292,982

21 Total liabilities (Part X, line 26)

19,360,282

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

67,932,700

Part II

Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

TONYA MERSHON TAX OFFICER

Type or print name and title

2020-05-15

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶

Firm's address ▶

Preparer's signature

Firm's EIN ▶

Phone no

Date

Check ☐ if self-employed

PTIN

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 \$ 18,559,842 including grants of \$ 16,930,276 ) (Revenue \$ 0 )  
See Additional Data











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

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

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

**4e** Total program service expenses ▶ 18,559,842

**Part IV Checklist of Required Schedules**

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

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

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

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

|           |  | Yes | No  |
|-----------|--|-----|-----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   | 1a  | 22  |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  | 1b  | 0   |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c  | Yes |

|  |  |           |   |            |     |
|--|--|-----------|---|------------|-----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .  |  | <b>2a</b> | 0 |            |     |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                  |  |           |   | <b>2b</b>  |     |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .  |  |           |   | <b>3a</b>  | No  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .   |  |           |   | <b>3b</b>  |     |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . |  |           |   | <b>4a</b>  | No  |
| <b>b</b> If "Yes," enter the name of the foreign country ▶ _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)   |  |           |   |            |     |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . .  |  |           |   | <b>5a</b>  | No  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |  |           |   | <b>5b</b>  | No  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .  |  |           |   | <b>5c</b>  |     |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .                                    |  |           |   | <b>6a</b>  | No  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .   |  |           |   | <b>6b</b>  |     |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |  |           |   |            |     |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .   |  |           |   | <b>7a</b>  | Yes |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .   |  |           |   | <b>7b</b>  | Yes |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .  |  |           |   | <b>7c</b>  | Yes |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .   |  |           |   | <b>7d</b>  |     |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |  |           |   | <b>7e</b>  | No  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .  |  |           |   | <b>7f</b>  | No  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .  |  |           |   | <b>7g</b>  |     |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .  |  |           |   | <b>7h</b>  |     |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .  |  |           |   | <b>8</b>   |     |
| <b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . .   |  |           |   | <b>9a</b>  |     |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .   |  |           |   | <b>9b</b>  |     |
| <b>10 Section 501(c)(7) organizations.</b> Enter   |  |           |   |            |     |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .  |  |           |   | <b>10a</b> |     |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |  |           |   | <b>10b</b> |     |
| <b>11 Section 501(c)(12) organizations.</b> Enter  |  |           |   |            |     |
| <b>a</b> Gross income from members or shareholders . . . . .   |  |           |   | <b>11a</b> |     |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .  |  |           |   | <b>11b</b> |     |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |  |           |   | <b>12a</b> |     |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |  |           |   | <b>12b</b> |     |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |  |           |   |            |     |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O   |  |           |   | <b>13a</b> |     |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .   |  |           |   | <b>13b</b> |     |
| <b>c</b> Enter the amount of reserves on hand . . . . .  |  |           |   | <b>13c</b> |     |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .  |  |           |   | <b>14a</b> | No  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .   |  |           |   | <b>14b</b> |     |
| <b>15</b> 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 . . . . .                     |  |           |   | <b>15</b>  | No  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .   |  |           |   | <b>16</b>  | 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 |
|--|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year  | <b>1a</b> 24 |     |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O             |              |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent  | <b>1b</b> 22 |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | <b>2</b>     |     | No |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?  | <b>6</b>     | Yes |    |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | <b>7a</b>    | Yes |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | <b>7b</b>    | Yes |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |              |     |    |
| <b>a</b> The governing body?   | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | <b>8b</b>    | Yes |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.       | <b>9</b>     |     | No |

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

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

**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 O'BRIEN 11775 BORMAN DRIVE MARYLAND HEIGHTS, MO 63146 (314) 733-8070

## 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 ☐

1

● 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

[illegible]

## Part VII

|   |   |           |         |
|---|---|-----------|---------|
| <b>1b Sub-Total</b>   |   |           |         |
| <b>1c Total from continuation sheets to Part VII, Section A</b> |   |           |         |
| <b>1d Total (add lines 1b and 1c)</b>                           | 0 | 2,637,611 | 149,922 |

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

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

## Section B. Independent Contractors

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)                       | (B)                     | (C)          |
|---------------------------|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |

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 ▶ 0



**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

|                 |  |           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|-----------------|--|-----------|----------------------|--|---|--|
| <b>1a</b>       | Federated campaigns . . .  | <b>1a</b> |                      |  |   |  |
| <b>b</b>        | Membership dues . . .  | <b>1b</b> |                      |  |   |  |
| <b>c</b>        | Fundraising events . . .   | <b>1c</b> | 2,009,972            |  |   |  |
| <b>d</b>        | Related organizations  | <b>1d</b> |                      |  |   |  |
| <b>e</b>        | Government grants (contributions)  | <b>1e</b> |                      |  |   |  |
| <b>f</b>        | All other contributions, gifts, grants,<br>and similar amounts not included<br>above | <b>1f</b> | 10,749,488           |  |   |  |
| <b>g</b>        | Noncash contributions included<br>in lines 1a - 1f \$ <u>523,436</u>                 |           |                      |  |   |  |
| <b>h Total.</b> | Add lines 1a-1f . . . . . ▶  |           | 12,759,460           |  |   |  |

Program Service Revenue

|                 |                                   | Business Code |   |   |   |   |
|-----------------|-----------------------------------|---------------|---|---|---|---|
| <b>2a</b>       |                                   |               |   |   |   |   |
| <b>b</b>        |                                   |               |   |   |   |   |
| <b>c</b>        |                                   |               |   |   |   |   |
| <b>d</b>        |                                   |               |   |   |   |   |
| <b>e</b>        |                                   |               |   |   |   |   |
| <b>f</b>        | All other program service revenue |               | 0 | 0 | 0 | 0 |
| <b>g Total.</b> | Add lines 2a-2f . . . . . ▶       |               | 0 |   |   |   |

Other Revenue

|                          |  |                |               |   |   |           |
|--------------------------|--|----------------|---------------|---|---|-----------|
| <b>3</b>                 | Investment income (including dividends, interest, and other<br>similar amounts) . . . . . ▶  |                | 2,408,331     |   |   | 2,408,331 |
| <b>4</b>                 | Income from investment of tax-exempt bond proceeds ▶   |                |               |   |   |           |
| <b>5</b>                 | Royalties . . . . . ▶  |                |               |   |   |           |
| <b>6a</b>                | Gross rents  | (i) Real       | (ii) Personal |   |   |           |
| <b>b</b>                 | Less rental expenses   |                |               |   |   |           |
| <b>c</b>                 | Rental income or<br>(loss)   | 0              | 0             |   |   |           |
| <b>d</b>                 | Net rental income or (loss) . . . . . ▶  |                |               |   |   |           |
| <b>7a</b>                | Gross amount<br>from sales of<br>assets other<br>than inventory  | (i) Securities | (ii) Other    |   |   |           |
| <b>b</b>                 | Less cost or<br>other basis and<br>sales expenses  | 829,303        |               |   |   |           |
| <b>c</b>                 | Gain or (loss)   | 627,099        |               |   |   |           |
| <b>d</b>                 | Net gain or (loss) . . . . . ▶   | 202,204        | 0             |   |   | 202,204   |
| <b>8a</b>                | Gross income from fundraising events<br>(not including \$ <u>2,009,972</u> of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . <b>a</b> |                | 258,449       |   |   |           |
| <b>b</b>                 | Less direct expenses . . . . . <b>b</b>  |                | 571,295       |   |   |           |
| <b>c</b>                 | Net income or (loss) from fundraising events . . . ▶   |                | -312,846      |   |   | -312,846  |
| <b>9a</b>                | Gross income from gaming activities<br>See Part IV, line 19 . . . . . <b>a</b>   |                | 32,400        |   |   |           |
| <b>b</b>                 | Less direct expenses . . . . . <b>b</b>  |                | 3,000         |   |   |           |
| <b>c</b>                 | Net income or (loss) from gaming activities . . . ▶  |                | 29,400        |   |   | 29,400    |
| <b>10a</b>               | Gross sales of inventory, less<br>returns and allowances . . . <b>a</b>  |                |               |   |   |           |
| <b>b</b>                 | Less cost of goods sold . . . <b>b</b>   |                |               |   |   |           |
| <b>c</b>                 | Net income or (loss) from sales of inventory . . . ▶   |                |               |   |   |           |
| Miscellaneous Revenue    |  | Business Code  |               |   |   |           |
| <b>11a</b>               | ESCHEATMENT REVENUE  | 900099         | 270           |   |   | 270       |
| <b>b</b>                 |  |                |               |   |   |           |
| <b>c</b>                 |  |                |               |   |   |           |
| <b>d</b>                 | All other revenue . . . . .  |                | 0             | 0 | 0 | 0         |
| <b>e Total.</b>          | Add lines 11a-11d . . . . . ▶  |                | 270           |   |   |           |
| <b>12 Total revenue.</b> | See Instructions . . . . . ▶   |                | 15,086,819    | 0 | 0 | 2,327,359 |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 16,930,276            | 16,930,276                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members.   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.  |                       |                                 |  |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages.  |                       |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits.   |                       |                                 |  |                             |
| <b>10</b> Payroll taxes.  |                       |                                 |  |                             |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management.  |                       |                                 |  |                             |
| <b>b</b> Legal.   |                       |                                 |  |                             |
| <b>c</b> Accounting.  |                       |                                 |  |                             |
| <b>d</b> Lobbying.  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   |                       |                                 |  |                             |
| <b>f</b> Investment management fees.  |                       |                                 |  |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).  | 7,713                 | 6,556                           | 386                                    | 771                         |
| <b>12</b> Advertising and promotion.  | 68                    | 58                              | 3                                      | 7                           |
| <b>13</b> Office expenses.  | 60,737                | 51,626                          | 3,037                                  | 6,074                       |
| <b>14</b> Information technology.   | 766                   | 651                             | 38                                     | 77                          |
| <b>15</b> Royalties.  |                       |                                 |  |                             |
| <b>16</b> Occupancy.  | 9,812                 | 8,340                           | 491                                    | 981                         |
| <b>17</b> Travel.   | 32,257                | 27,418                          | 1,613                                  | 3,226                       |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings.   | 8,628                 | 7,334                           | 431                                    | 863                         |
| <b>20</b> Interest.   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates.   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization.  |                       |                                 |  |                             |
| <b>23</b> Insurance.  |                       |                                 |  |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):   |                       |                                 |  |                             |
| <b>a</b> WAGE & BENEFIT ALLOCATION  | 1,336,343             | 1,135,892                       | 66,817                                 | 133,634                     |
| <b>b</b> PURCHASED SERVICES   | 293,986               | 249,888                         | 14,699                                 | 29,399                      |
| <b>c</b> MANAGEMENT FEE TO AFFILIATE  | 115,213               | 97,931                          | 5,761                                  | 11,521                      |
| <b>d</b> Maintenance & Repairs  | 5,467                 | 4,647                           | 273                                    | 547                         |
| <b>e</b> All other expenses   | 46,148                | 39,225                          | 2,308                                  | 4,615                       |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.   | 18,847,414            | 18,559,842                      | 95,857                                 | 191,715                     |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

|                                    |  |   |            | (A)<br>Beginning of year |            | (B)<br>End of year |        |
|------------------------------------|--|---|------------|--------------------------|------------|--------------------|--------|
| <b>Assets</b>                      | <b>1</b>   | Cash—non-interest-bearing . . . . .   |            |                          | <b>1</b>   |                    |        |
|                                    | <b>2</b>   | Savings and temporary cash investments . . . . .  |            | 953,985                  | <b>2</b>   | 1,335,678          |        |
|                                    | <b>3</b>   | Pledges and grants receivable, net . . . . .  |            | 3,437,096                | <b>3</b>   | 2,942,846          |        |
|                                    | <b>4</b>   | Accounts receivable, net . . . . .  |            |                          | <b>4</b>   |                    |        |
|                                    | <b>5</b>   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |            | 0                        | <b>5</b>   | 0                  |        |
|                                    | <b>6</b>   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |            | 0                        | <b>6</b>   | 0                  |        |
|                                    | <b>7</b>   | Notes and loans receivable, net . . . . .   |            |                          | <b>7</b>   |                    |        |
|                                    | <b>8</b>   | Inventories for sale or use . . . . .   |            |                          | <b>8</b>   |                    |        |
|                                    | <b>9</b>   | Prepaid expenses and deferred charges . . . . .   |            | 54                       | <b>9</b>   | 0                  |        |
|                                    | <b>10a</b>   | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.   | <b>10a</b> | 73,000                   |            |                    |        |
|                                    | <b>b</b>   | Less: accumulated depreciation  | <b>10b</b> | 0                        | 73,000     | <b>10c</b>         | 73,000 |
|                                    | <b>11</b>  | Investments—publicly traded securities . . . . .  |            | 65,592,549               | <b>11</b>  | 82,904,335         |        |
|                                    | <b>12</b>  | Investments—other securities. See Part IV, line 11 . . . . .  |            | 17,236,195               | <b>12</b>  |                    |        |
|                                    | <b>13</b>  | Investments—program-related. See Part IV, line 11 . . . . .   |            | 0                        | <b>13</b>  |                    |        |
|                                    | <b>14</b>  | Intangible assets . . . . .   |            |                          | <b>14</b>  |                    |        |
|                                    | <b>15</b>  | Other assets. See Part IV, line 11 . . . . .  |            | 103                      | <b>15</b>  | 0                  |        |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   |   | 87,292,982 | <b>16</b>                | 87,255,859 |                    |        |
| <b>Liabilities</b>                 | <b>17</b>  | Accounts payable and accrued expenses . . . . .   |            | 45,576                   | <b>17</b>  | 92,793             |        |
|                                    | <b>18</b>  | Grants payable . . . . .  |            |                          | <b>18</b>  |                    |        |
|                                    | <b>19</b>  | Deferred revenue . . . . .  |            |                          | <b>19</b>  |                    |        |
|                                    | <b>20</b>  | Tax-exempt bond liabilities . . . . .   |            |                          | <b>20</b>  |                    |        |
|                                    | <b>21</b>  | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .   |            |                          | <b>21</b>  |                    |        |
|                                    | <b>22</b>  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  |            | 0                        | <b>22</b>  | 0                  |        |
|                                    | <b>23</b>  | Secured mortgages and notes payable to unrelated third parties . . . . .  |            |                          | <b>23</b>  |                    |        |
|                                    | <b>24</b>  | Unsecured notes and loans payable to unrelated third parties . . . . .  |            |                          | <b>24</b>  |                    |        |
|                                    | <b>25</b>  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .   |            | 19,314,706               | <b>25</b>  | 18,273,707         |        |
|                                    | <b>26</b>  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   |            | 19,360,282               | <b>26</b>  | 18,366,500         |        |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |            |                          |            |                    |        |
|                                    | <b>27</b>  | Unrestricted net assets . . . . .   |            | -4,790,487               | <b>27</b>  | -3,314,614         |        |
|                                    | <b>28</b>  | Temporarily restricted net assets . . . . .   |            | 52,600,711               | <b>28</b>  | 51,957,549         |        |
|                                    | <b>29</b>  | Permanently restricted net assets . . . . .   |            | 20,122,476               | <b>29</b>  | 20,246,424         |        |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |            |                          |            |                    |        |
|                                    | <b>30</b>  | Capital stock or trust principal, or current funds . . . . .  |            |                          | <b>30</b>  |                    |        |
|                                    | <b>31</b>  | Paid-in or capital surplus, or land, building or equipment fund . . . . .   |            |                          | <b>31</b>  |                    |        |
|                                    | <b>32</b>  | Retained earnings, endowment, accumulated income, or other funds . . . . .  |            |                          | <b>32</b>  |                    |        |
|                                    | <b>33</b>  | <b>Total net assets or fund balances</b> . . . . .  |            | 67,932,700               | <b>33</b>  | 68,889,359         |        |
|                                    | <b>34</b>  | <b>Total liabilities and net assets/fund balances</b> . . . . .   |            | 87,292,982               | <b>34</b>  | 87,255,859         |        |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 15,086,819 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 18,847,414 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | -3,760,595 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 67,932,700 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | 1,556,010  |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |            |
| <b>7</b>  | Investment expenses   | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 3,161,244  |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 68,889,359 |

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

- 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
- 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
- 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
- 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?
- 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

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

# Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 74-2212968  
**Name:** SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC

Form 990 (2018)

**Form 990, Part III, Line 4a:**

THE SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL ("SETON FUND") RAISES PHILANTHROPIC FUNDS TO SUPPORT ASCENSION TEXAS, INCLUDING ASCENSION SETON MEDICAL CENTER AUSTIN, DELL SETON MEDICAL CENTER AT THE UNIVERSITY OF TEXAS (DELL SETON), AND ASCENSION SETON SHOAL CREEK THROUGH ITS FUNDRAISING INITIATIVES, THE SETON FUND CONTRIBUTES TO SETON'S COMMITMENT TO HEALTH CARE EXCELLENCE AND ASCENSION TEXAS IN CENTRAL TEXAS TO SERVE THE POOR AND VULNERABLE THROUGH ITS PARTNERSHIPS WITH GENEROUS DONORS, COMMUNITY VOLUNTEERS AND SUPPORT GROUPS, THE SETON FUND HELPS BUILD AND STRENGTHEN SUSTAINABLE COLLABORATIVE EFFORTS THAT BENEFIT THE HEALTH AND WELL-BEING OF THE LOCAL COMMUNITY

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| MIKE VOLLMAN<br>CHAIR                               | 10<br>.....<br>0   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| SCOTT DUNAWAY<br>VICE CHAIR                         | 10<br>.....<br>0   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| DONNA CARTER<br>SECRETARY                           | 10<br>.....<br>0   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| HAL PETERSON<br>TREASURER                           | 10<br>.....<br>0   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| JESSICA O CERNOSEK<br>EX-OFFICIO/EXECUTIVE DIRECTOR | 00<br>.....<br>50 0  | X   |                       | X       |              |                              |        | 0  | 55,516  | 8,646   |
| SISTER JOANNE VASA DC<br>EX-OFFICIO                 | 10<br>.....<br>40  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| PAM GIBLIN<br>DIRECTOR                              | 10<br>.....<br>10  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| DONNA BUDAK<br>DIRECTOR (END 9/2018)                | 00<br>.....<br>50 0  | X   |                       |         |              |                              |        | 0  | 205,364   | 36,284  |
| CRAIG A CORDOLA FACHE<br>EX-OFFICIO                 | 00<br>.....<br>50 0  | X   |                       |         |              |                              |        | 0  | 975,628   | 41,969  |
| EDVIN BEASLEY<br>DIRECTOR (START 9/2018)            | 10<br>.....<br>0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                     |         |              |                              |        |  |   |   |
|---|--|---|---------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                     |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Insttutcnal Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| LAURA BEUERLINE   | 10   |   |                     |         |              |                              |        |  |   |   |
| DIRECTOR (START 9/2018)   | .....<br>0   | X   |                     |         |              |                              |        | 0  | 0   | 0   |
| MEREDITH DELK   | 10   |   |                     |         |              |                              |        |  |   |   |
| DIRECTOR  | .....<br>0   | X   |                     |         |              |                              |        | 0  | 0   | 0   |
| JAMES DYESS   | 10   |   |                     |         |              |                              |        |  |   |   |
| DIRECTOR  | .....<br>0   | X   |                     |         |              |                              |        | 0  | 0   | 0   |
| TAYLOR HARPER   | 10   |   |                     |         |              |                              |        |  |   |   |
| DIRECTOR  | .....<br>0   | X   |                     |         |              |                              |        | 0  | 0   | 0   |
| LARA KEEL   | 10   |   |                     |         |              |                              |        |  |   |   |
| DIRECTOR (START 9/2018)   | .....<br>0   | X   |                     |         |              |                              |        | 0  | 0   | 0   |
| ERIC KELLEY   | 10   |   |                     |         |              |                              |        |  |   |   |
| DIRECTOR (START 9/2018)   | .....<br>0   | X   |                     |         |              |                              |        | 0  | 0   | 0   |
| CHUCK LISPCOMB  | 10   |   |                     |         |              |                              |        |  |   |   |
| DIRECTOR  | .....<br>0   | X   |                     |         |              |                              |        | 0  | 0   | 0   |
| JOHN MINTER   | 10   |   |                     |         |              |                              |        |  |   |   |
| DIRECTOR  | .....<br>0   | X   |                     |         |              |                              |        | 0  | 0   | 0   |
| EDWARD MOODY  | 10   |   |                     |         |              |                              |        |  |   |   |
| DIRECTOR  | .....<br>0   | X   |                     |         |              |                              |        | 0  | 0   | 0   |
| TIMOTHY MOODY   | 10   |   |                     |         |              |                              |        |  |   |   |
| DIRECTOR  | .....<br>0   | X   |                     |         |              |                              |        | 0  | 0   | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ANDREW MORTON<br>DIRECTOR (START 9/2018)           | 1 0<br>.....<br>0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| COLIN ROBERTS<br>DIRECTOR (START 9/2018)           | 1 0<br>.....<br>0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| SAM S ROBERTS III MD<br>DIRECTOR                   | 1 0<br>.....<br>0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| HOLLI SADLER<br>EX-OFFICIO                         | 1 0<br>.....<br>0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| TIM TAYLOR<br>DIRECTOR (END 12/2018)               | 1 0<br>.....<br>0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| BEN VAUGHN III<br>DIRECTOR                         | 1 0<br>.....<br>0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| MIGUEL ROMANO JR<br>PRESIDENT                      | 0 0<br>.....<br>50 0   |   |                       | X       |              |                              |        | 0  | 311,909   | 25,578  |
| SCOTT HERNDON<br>CFO, MINISTRY MARKET              | 0 0<br>.....<br>50 0   |   |                       | X       |              |                              |        | 0  | 503,252   | 37,162  |
| THOMAS E GALLAGHER<br>FORMER OFFICER (END 12/2016) | 0 0<br>.....<br>0 0  |   |                       |         |              |                              | X      | 0  | 585,943   | 283   |



SCHEDULE A

(Form 990 or 990-EZ)

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC

Employer identification number

74-2212968

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

1

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 |   |   |
| (A) ASCENSION SETON                | 741109643 | 3  | Yes   |    | 16,352,082  | 0   |
| Total                              | 1         |  |   |    | 16,352,082  | 0   |

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<br>(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  | <b>Total.</b> Add lines 1 through 3   |          |          |          |          |          |           |
| 5  | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6  | <b>Public support.</b> Subtract line 5 from line 4  |          |          |          |          |          |           |

| Section B. Total Support                         |  |         |         |         |         |         |          |
|--|--|---------|---------|---------|---------|---------|----------|
| Calendar year<br>(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   | <b>Total support.</b> Add lines 7 through 10   |         |         |         |         |         |          |
| 12   | Gross receipts from related activities, etc (see instructions)   |         |         |         |         | 12      |          |
| 13   | <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/> |         |         |         |         |         |          |

| Section C. Computation of Public Support Percentage |   |    |  |
|---|---|----|--|
| 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   | <b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>  |    |  |
| b   | <b>33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>   |    |  |
| 17a   | <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>      |    |  |
| b   | <b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span> |    |  |
| 18  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>   |    |  |

**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<br>(or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

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

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

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

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

**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  |
|---|------------|-----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  | <b>1</b>   | Yes |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   | <b>2</b>   | No  |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>  | <b>3a</b>  | No  |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>   | <b>3b</b>  |     |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>  | <b>3c</b>  |     |
| <b>4a</b> 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>  | <b>4a</b>  | No  |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  | <b>4b</b>  |     |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   | <b>4c</b>  |     |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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> | <b>5a</b>  | No  |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | <b>5b</b>  |     |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | <b>5c</b>  |     |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 <b>Part VI</b>.</i>  | <b>6</b>   | No  |
| <b>7</b> 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>  | <b>7</b>   | No  |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   | <b>8</b>   | No  |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  | <b>9a</b>  | No  |
| <b>b</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 <b>Part VI</b>.</i>  | <b>9b</b>  | No  |
| <b>c</b> 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 <b>Part VI</b>.</i>   | <b>9c</b>  | No  |
| <b>10a</b> 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>   | <b>10a</b> | No  |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  | <b>10b</b> |     |

**Part IV Supporting Organizations** (continued)

|  | Yes        | No        |
|--|------------|-----------|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |           |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |            |           |
| <b>b</b> A family member of a person described in (a) above?   |            |           |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>   |            |           |
|  | <b>11a</b> | <b>No</b> |
|  | <b>11b</b> | <b>No</b> |
|  | <b>11c</b> | <b>No</b> |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

|  | Yes      | No        |
|--|----------|-----------|
| <b>1</b> 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> |          |           |
|  | <b>1</b> | <b>No</b> |

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

|   | Yes      | No |
|---|----------|----|
| <b>1</b> 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? |          |    |
|   | <b>1</b> |    |
| <b>2</b> 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>  |          |    |
|   | <b>2</b> |    |
| <b>3</b> 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>  |          |    |
|   | <b>3</b> |    |

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

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

**2 Activities Test Answer (a) and (b) below.**

|   | Yes       | No |
|---|-----------|----|
| <b>a</b> 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>2a</b> |    |
| <b>b</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>  |           |    |
|   | <b>2b</b> |    |
| <b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |           |    |
| <b>a</b> 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>3a</b> |    |
| <b>b</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>  |           |    |
|   | <b>3b</b> |    |

|   |  |                |                             |
|---|--|----------------|-----------------------------|
| <b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>  |  |                |                             |
| <div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div> |  |                |                             |
| <b>Section A - Adjusted Net Income</b>  |  | (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   | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | 8              |                             |
| <b>Section B - Minimum Asset Amount</b>   |  | (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   | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                             |
| e   | <b>Discount</b> 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   | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                             |
| <b>Section C - Distributable Amount</b>   |  |                | 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   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6              |                             |
| 7   | <div><input type="checkbox"/></div> 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)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>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. . . . .   |                             |  |   |

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

| Facts And Circumstances Test |
|------------------------------|
|                              |

**990 Schedule A, Supplemental Information**

| Return Reference                                      | Explanation  |
|---|--|
| Schedule A, Part IV, Section A, Line 1 LISTED BY NAME | In addition to the listed qualifying supported organization with which the filing organization has a historical relationship, the filing organization also has a supporting organization relationship with the Ascension Religious Sponsor and Ascension Founding Religious Sponsors, by and through Ascension Health Alliance |



**990 Schedule A, Supplemental Information**

| Return Reference   | Explanation  |
|--|--|
| Schedule A, Part IV, Section C,<br>Line 1 Majority director detail | THE FILING ORGANIZATION HAS ONE MEMBER, ASCENSION TEXAS ASCENSION TEXAS HAS THE POWER TO APPOINT AND REMOVE THE MEMBERS OF THE BOARD OF THE FILING ORGANIZATION, AS WELL AS TO APPOINT AND REMOVE THE CHAIR OF THE BOARD OF THE FILING ORGANIZATION THE SOLE MEMBER OF THE SUPPORTED ORGANIZATION, ASCENSION SETON, IS ALSO ASCENSION TEXAS THROUGH THIS COMMON CONTROL BY ASCENSION TEXAS, THE FILING ORGANIZATION IS SUPERVISED AND CONTROLLED IN CONNECTION WITH ITS SUPPORTED ORGANIZATION |

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC

Employer identification number  
74-2212968

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

|  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements   | 2a                          |
| b Total acreage restricted by conservation easements   | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a)   | 2c                          |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d                          |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

**Part III**

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

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

**a** ☐ Public exhibition

**b** ☐ Scholarly research

**c** ☐ Preservation for future generations

**d** ☐ Loan or exchange programs

**e** ☐ Other

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **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 |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

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

**Part V**

**Endowment Funds.** Complete if the organization answered "Yes" 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 |
|---|-----------------|---------------|-------------------|---------------------|--------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 73,892,978      | 71,655,330    | 65,697,181        | 70,559,228          | 73,606,584         |
| <b>b</b> Contributions . . . . .                                  | 175,387         | 159,462       | 32,978            | 299,889             | 407,931            |
| <b>c</b> Net investment earnings, gains, and losses               | 4,166,546       | 5,618,784     | 8,672,584         | -2,934,294          | 800,629            |
| <b>d</b> Grants or scholarships . . . . .                         | 3,217,451       | 3,540,598     | 2,747,413         | 2,227,642           | 4,258,916          |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                 |               |                   |                     |                    |
| <b>f</b> Administrative expenses . . . . .                        |                 |               |                   |                     | -3,000             |
| <b>g</b> End of year balance . . . . .                            | 75,017,460      | 73,892,978    | 71,655,330        | 65,697,181          | 70,559,228         |

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

**a** Board designated or quasi-endowment ▶ 11 %

**b** Permanent endowment ▶ 62 %

**c** Temporarily restricted endowment ▶ 27 %

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 . . . . .

**3a(i)** ☐ **Yes** ☒ **No**

**3a(ii)** ☐ **Yes** ☒ **No**

**3b** ☐ **Yes** ☒ **No**

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

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

**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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 73,000                          |                              | 73,000         |
| <b>b</b> Buildings . . . . .   |                                      | 0                               | 0                            | 0              |
| <b>c</b> Leasehold improvements  |                                      | 0                               | 0                            | 0              |
| <b>d</b> Equipment . . . . .   |                                      | 0                               | 0                            | 0              |
| <b>e</b> Other . . . . .   |                                      | 0                               | 0                            | 0              |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ |                                      |                                 |                              | 73,000         |

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<br>(including name of security) | (b) Book<br>value | (c) Method of valuation<br>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<br>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)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶ |                |

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  | 0              |
| DUE TO AFFILIATES   | 18,273,707     |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ | 18,273,707     |

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.

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

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

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

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

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII**   **Supplemental Information** *(continued)*

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

**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 74-2212968  
**Name:** SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC

**Supplemental Information**

| Return Reference   | Explanation  |
|--|--|
| Schedule D, Part V, Line 4<br>Intended uses of endowment funds | FOR ALMOST 400 YEARS, THE DAUGHTERS OF CHARITY HAVE LIVED IN SERVICE TO HELP THE SICK AND THE POOR. IN PARTNERSHIP WITH OTHERS, THEY HAVE MET THE CHALLENGES AND NEEDS OF OUR GROWING COMMUNITY. SINCE THE SETON INFIRMARY OPENED ITS DOORS IN 1902, TO CONTINUE TO SUSTAIN THIS LEGACY, SETON FUND CREATED ENDOWMENT FUNDS TO SUPPORT THE HEALTHCARE MINISTRY OF ASCENSION SETON. THE PRINCIPAL OF AN ENDOWMENT IS NEVER TOUCHED. THE DISTRIBUTIONS FROM AN ENDOWMENT PROVIDE A DEPENDABLE SOURCE OF INCOME EACH YEAR TO HELP SETON TO CONTINUE TO MEET THE COMMUNITY'S HEALTHCARE NEEDS. |

| Supplemental Information                                |   |
|---|---|
| Return Reference  | Explanation   |
| Schedule D, Part X, Line 2 FIN<br>48 (ASC 740) footnote | THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRE<br>SHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A<br>T<br>AX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE SYSTEM HAS DETERMINED THAT<br>NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2019 |





Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a)Event #1               | (b) Event #2             | (c)Other events     | (d)  |
|-----------------|--|---------------------------|--------------------------|---------------------|--|
|                 |  | EASB GALA<br>(event type) | SDB GALA<br>(event type) | 1<br>(total number) | Total events<br>(add col (a) through<br>col (c)) |
| Revenue         | 1 Gross receipts . . . . .   | 1,343,450                 | 619,031                  | 305,940             | 2,268,421  |
|                 | 2 Less Contributions . . . . .   | 1,178,432                 | 542,622                  | 288,918             | 2,009,972  |
|                 | 3 Gross income (line 1 minus<br>line 2) . . . . .                          | 165,018                   | 76,409                   | 17,022              | 258,449  |
| Direct Expenses | 4 Cash prizes . . . . .  | 0                         | 0                        | 0                   | 0  |
|                 | 5 Noncash prizes . . . . .   | 20,480                    | 0                        | 0                   | 20,480   |
|                 | 6 Rent/facility costs . . . . .  | 7,000                     | 0                        | 0                   | 7,000  |
|                 | 7 Food and beverages . . . . .   | 42,131                    | 76,635                   | 24,159              | 142,925  |
|                 | 8 Entertainment . . . . .  | 0                         | 0                        | 0                   | 0  |
|                 | 9 Other direct expenses . . . . .  | 286,817                   | 75,054                   | 39,019              | 400,890  |
|                 | 10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                           |                          |                     | 571,295  |
|                 | 11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                           |                          |                     | -312,846   |

Part III

Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/Instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col (a) through col (c)) |
|-----------------|---|---|---|---|---|
| Revenue         | 1 Gross revenue . . . . .   |   |   | 32,400  | 32,400  |
| Direct Expenses | 2 Cash prizes . . . . .   |   |   | 3,000   | 3,000   |
|                 | 3 Noncash prizes . . . . .  |   |   | 0   | 0   |
|                 | 4 Rent/facility costs . . . . .   |   |   | 0   | 0   |
|                 | 5 Other direct expenses . . . . .   |   |   | 0   | 0   |
|                 | 6 Volunteer labor . . . . .   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 20 %<br><input type="checkbox"/> No |   |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   | 3,000   |
|                 | 8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   | 29,400  |

9 Enter the state(s) in which the organization conducts gaming activities TX

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☒ No

b If "No," explain \_\_\_\_\_  
The state of Texas does not require a gaming license for raffles

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☒ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|           |   |   |
|-----------|---|---|
| <b>11</b> | Does the organization conduct gaming activities with nonmembers?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>12</b> | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>13</b> | Indicate the percentage of gaming activity conducted in   |   |
| <b>a</b>  | The organization's facility   | <b>13a</b> 20 %   |
| <b>b</b>  | An outside facility   | <b>13b</b> 80 %   |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► LETISHA LYNCH

Address ► 1345 PHILOMENIA STREET  
AUSTIN, TX 78723

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_ 0

Description of services provided ► \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 0

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

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

Schedule I  
(Form 990)

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](http://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  
SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC

Employer identification number  
74-2212968

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) ASCENSION SETON<br>1345 PHILOMENIA STREET<br>AUSTIN, TX 78723 | 74-1109643 | 501(C)(3)                       | 16,930,276               |                                   |   |                                       | OPERATING SUPPORT                  |

2

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

1

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<br>Procedures for monitoring use of grant funds | THE SETON HEALTHY COMMUNITIES FUND COMMITTEE IS RESPONSIBLE FOR THE ADMINISTRATION OF GRANT FUNDS. THE COMMITTEE INCLUDES EMPLOYEES AS WELL AS EXECUTIVES AND IS CHARGED WITH REVIEWING REQUESTS FROM OTHER ORGANIZATIONS AND DETERMINING WHETHER THEY MEET THE NETWORK'S CHARITABLE REQUEST GUIDELINES. THE REQUESTING ORGANIZATIONS SUBMIT LETTERS SPECIFYING THE AMOUNT OF CONTRIBUTION REQUESTED AND DETAILS OF ITS PROGRAM. EACH ENTITY MUST PROVIDE ITS IRS 501(C)(3) DETERMINATION LETTER (AS EVIDENCE OF TAX-EXEMPT STATUS), A HISTORY OF ITS USE OF FUNDS, A LIST OF OTHER FUNDING SOURCES AND A LIST OF BOARD OF DIRECTORS. REQUESTORS ALSO ARE ASKED TO IDENTIFY THE ORGANIZATION'S PURPOSE, THE ACTIVITIES THAT REFLECT CONSISTENCY WITH ITS STATED PURPOSE AND PROVIDE A DESCRIPTION AS TO HOW FUNDS WILL BE USED. GENERALLY, A SUCCESSFUL REQUESTING ORGANIZATION WILL SPEND AT LEAST 60 PERCENT OF ITS ANNUAL EXPENSES ON PROGRAM ACTIVITIES, ENSURE THAT FUNDRAISING EXPENSES ARE REASONABLE OVER TIME AND WILL NOT HAVE A PERSISTENT DEFICIT IN NET CURRENT ASSETS. IN AWARDING FUNDS, THE GRANTS COMMITTEE LOOKS FOR ORGANIZATIONS THAT: - HAVE A MISSION ALIGNED WITH SETON'S MISSION, VISION AND VALUES (E.G., IMPROVING THE HEALTH OF THOSE WE SERVE, PARTICULARLY THE POOR AND VULNERABLE); - CAN DEMONSTRATE THAT THE EVENT OR ACTIVITY WILL ENHANCE ACCESS TO HEALTH-RELATED SERVICES AND HUMAN SERVICE NEEDS, IMPROVE HEALTH OUTCOMES, PROVIDE HEALTH-RELATED EDUCATION, INFORMATION AND SUPPORT, AND/OR OFFER SUSTAINABLE IMPACT; - PROVIDE OUTREACH IN SETON'S SERVICE AREA, SUPPORT A DIVERSE POPULATION, SUPPORT WORKFORCE DEVELOPMENT AND/OR HELP SUSTAIN A RELATIONSHIP WITH A POTENTIAL OR EXISTING SETON STAKEHOLDER. GENERALLY, THE COMMITTEE, PURSUANT TO ITS POLICIES AND PROCEDURES, CONFIRMS PRIOR TO ANY AWARD THAT GRANTEEES ARE ORGANIZATIONS WHOSE HEADQUARTERS AND WORK ARE BASED IN CENTRAL TEXAS, OR THE WORK FOR WHICH WE GRANTED THEM A SPONSORSHIP IS IN CENTRAL TEXAS, AND POST-AWARD WE GENERALLY RECEIVE CONFIRMATION OF HOW THE FUNDS WERE USED. |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- 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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization  
SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC

Employer identification number

74-2212968

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**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.

**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?

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**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?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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?

**b** Any related organization?

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?

**b** Any related organization?

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.

**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.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

**1b**

**2**

**4a**

Yes

**4b**

Yes

**4c**

No

**5a**

No

**5b**

No

**6a**

No

**6b**

No

**7**

No

**8**

No

**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 3 Arrangement used to establish the top management official's compensation | ASCENSION HEALTH, A RELATED ORGANIZATION OF SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, INC , USES THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE |



| Return Reference  | Explanation   |
|---|---|
| Schedule J, Part I, Line 4a Severance<br>or change-of-control payment | THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS FROM THE ORGANIZATION DURING CALENDAR YEAR 2018<br>THOMAS E GALLAGHER - \$579,027 |

| Return Reference   | Explanation  |
|--|--|
| Schedule J, Part I, Line 4b<br>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 NO INDIVIDUALS RECEIVED CURRENT YEAR DISTRIBUTIONS |



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC

Employer identification number  
74-2212968

Part I

Types of Property

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art . . . . .   |                               |  |   |  |
| 2 Art—Historical treasures . . . . .                                       |                               |  |   |  |
| 3 Art—Fractional interests . . . . .                                       |                               |  |   |  |
| 4 Books and publications . . . . .   |                               |  |   |  |
| 5 Clothing and household<br>goods . . . . .                                |                               |  |   |  |
| 6 Cars and other vehicles . . . . .  |                               |  |   |  |
| 7 Boats and planes . . . . .   |                               |  |   |  |
| 8 Intellectual property . . . . .  |                               |  |   |  |
| 9 Securities—Publicly traded . . . . .                                     | X                             | 37   | 523,436   | Market value   |
| 10 Securities—Closely held stock . . . . .                                 |                               |  |   |  |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                               |  |   |  |
| 12 Securities—Miscellaneous . . . . .                                      |                               |  |   |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |  |   |  |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                               |  |   |  |
| 15 Real estate—Residential . . . . .                                       |                               |  |   |  |
| 16 Real estate—Commercial . . . . .  |                               |  |   |  |
| 17 Real estate—Other . . . . .   |                               |  |   |  |
| 18 Collectibles . . . . .  |                               |  |   |  |
| 19 Food inventory . . . . .  |                               |  |   |  |
| 20 Drugs and medical supplies . . . . .                                    |                               |  |   |  |
| 21 Taxidermy . . . . .   |                               |  |   |  |
| 22 Historical artifacts . . . . .  |                               |  |   |  |
| 23 Scientific specimens . . . . .  |                               |  |   |  |
| 24 Archeological artifacts . . . . .                                       |                               |  |   |  |
| 25 Other ► ( ) . . . . .   |                               |  |   |  |
| 26 Other ► ( ) . . . . .   |                               |  |   |  |
| 27 Other ► ( ) . . . . .   |                               |  |   |  |
| 28 Other ► ( ) . . . . .   |                               |  |   |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

290

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2018)

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference  | Explanation   |
|---|---|
| Schedule M, Part I Explanations of reporting method for number of contributions | Securities - Publicly traded - STOCKS NUMBER OF ITEMS |

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

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC

Employer identification number

74-2212968

**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<br>Reference  | Explanation  |
|--|--|
| Form 990,<br>Part VI, Line<br>15b Process<br>for<br>Determining<br>Compensation<br>of Other<br>Officers or<br>Key<br>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<br>Reference  | Explanation   |
|--|---|
| Form 990,<br>Part VI, Line<br>6 Classes of<br>members or<br>stockholders | SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, INC HAS A SINGLE CORPORATE MEMBER,<br>ASCENSION TEXAS |



**990 Schedule O, Supplemental Information**

| Return<br>Reference   | Explanation  |
|---|--|
| Form 990,<br>Part VI, Line<br>7a Members<br>or<br>stockholders<br>electing<br>members of<br>governing<br>body | SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, INC HAS A SINGLE CORPORATE MEMBER, ASCENSION TEXAS SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, INC (SETON FUND) HAS A SINGLE CORPORATE MEMBER, ASCENSION TEXAS, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF SETON FUND |

# 990 Schedule O, Supplemental Information

| Return<br>Reference  | Explanation   |
|--|---|
| Form 990,<br>Part VI, Line<br>7b Decisions<br>requiring<br>approval by<br>members or<br>stockholders | ALL DECISIONS THAT HAVE A MATERIAL IMPACT TO SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, INC FINANCIAL INFORMATION OR CORPORATION AS A WHOLE ARE SUBJECT TO APPR OVAL BY ITS SOLE CORPORATE MEMBER, ASCENSION TEXAS |

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

**990 Schedule O, Supplemental Information**

| Return<br>Reference  | Explanation  |
|--|--|
| Form 990,<br>Part VI, Line<br>19 Required<br>documents<br>available to<br>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<br>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<br>Reference  | Explanation  |
|--|--|
| Form 990,<br>Part XI, Line<br>9 Other<br>changes in<br>net assets or<br>fund<br>balances | TRANSFERS WITH ALPHA FUND - 2930589, OWNERSHIP DISTRIBUTION FROM TWENTY SIX DOORS, INC - 357395,<br>PRIOR YEAR PLEDGE WRITE OFF'S - -126740, |

**990 Schedule O, Supplemental Information**

| Return<br>Reference  | Explanation  |
|--|--|
| Form 990,<br>Part XII, Line<br>2b audited<br>financial<br>statements | The activity of Seton Fund of the Daughters of Charity of St Vincent De Paul, Inc is reported in the consolidated financial statements of ascension health alliance no individual audit of seton fund of the daughters of charity of st vincent de paul, inc is completed therefore, the audited financial statements are of ascension health alliance and affiliates, which include seton fund of the daughters of charity of st vincent de paul, inc |



**990 Schedule O, Supplemental Information**

| Return<br>Reference   | Explanation  |
|---|--|
| Form 990,<br>Part XII, Line<br>2c oversight<br>of audit or<br>selection of<br>independent<br>accountant | seton fund of the daughters of charity of st vincent de paul, inc is included in the con<br>solidated financial statements of ascension health alliance the finance and audit committ<br>ee of ascension health alliance's board assumes responsibility for the consolidated organi<br>zation as a whole |

|  |  |                           |  |  |                  |
|--|--|---------------------------|--|--|------------------|
| efile GRAPHIC print - DO NOT PROCESS   |  | As Filed Data -           |  | DLN: 93493136034970                          |                  |
| SCHEDULE R<br>(Form 990)   | Related Organizations and Unrelated Partnerships<br><br>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.<br>▶ Attach to Form 990.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. |                           |  |  | OMB No 1545-0047 |
|  |  |                           |  |  | 2018             |
|  | Department of the Treasury<br>Internal Revenue Service   | Open to Public Inspection |  |  |                  |
| Name of the organization<br>SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC |  |                           |  | Employer identification number<br>74-2212968 |                  |

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                         |  |                     |                           |                                  |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>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?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . |     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | Yes |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   |     | No |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .                              |     | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                               |     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               |     | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | Yes |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | Yes |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | Yes |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | No |

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) ASCENSION SETON                 | B                                | 16,930,276             | FAIR MARKET VALUE                            |
| (2) ASCENSION SETON                 | P                                | 115,416                | FAIR MARKET VALUE                            |
| (3) ASCENSION SETON                 | Q                                | 1,359,291              | FAIR MARKET VALUE                            |
| (4) CMC FOUNDATION OF CENTRAL TEXAS | P                                | 283,942                | FAIR MARKET VALUE                            |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |

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: 74-2212968

Name: SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC

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

| (a)<br>Name, address, and EIN of related organization                | (b)<br>Primary activity   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|--|---|--|----------------------------|---|----------------------------------|---|----|
|  |   |  |                            |   |                                  | Yes   | No |
| 1506 Oneida St<br>Appleton, WI 54915<br>39-1568866                   | HEALTH SYSTEM   | IL   | 501(c)(3)                  | Type II   | MINISTRY HEALTH CARE INC         | Yes   |    |
| 6100 NORTH 42ND STREET<br>MILWAUKEE, WI 53209<br>39-1641846          | COMMUNITY CENTER  | WI   | 501(c)(3)                  | 7   | MINISTRY HEALTH CARE INC         | Yes   |    |
| 6801 AIRPORT BLVD<br>MOBILE, AL 36608<br>46-2847744                  | SUPPORT PROVIDENCE HOSPITAL   | AL   | 501(c)(3)                  | 10  | GULF COAST HEALTH SYSTEM         | Yes   |    |
| 2601 Navistar Drive<br>Lisle, IL 60532<br>47-2360513                 | JOINT OPERATING COMPANY   | IL   | 501(c)(3)                  | Type II   | NA                               |   | No |
| 2601 Navistar Drive<br>Lisle, IL 60532<br>36-4336931                 | PHYSICIAN SERVICES  | IL   | 501(c)(3)                  | 3   | Alexian Brothers Health System   | Yes   |    |
| 1650 Moon Lake Blvd<br>Hoffman Estates, IL 60169<br>36-4251848       | BEHAVIORAL HEALTH HOSPITAL  | IL   | 501(c)(3)                  | 3   | Alexian Brothers Health System   | Yes   |    |
| 825 Wellington Avenue<br>Chicago, IL 60657<br>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<br>Arlington Heights, IL 60004<br>36-3045007 | OUTPATIENT COMMUNITY MENTAL HEALTH SERVICES   | IL   | 501(c)(3)                  | 10  | Alexian Brothers Health System   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>St Louis, MO 63127<br>36-4344423      | PACE- COMPREHENSIVE & COORDINATED COMMUNITY BASED SERVICES                                      | IL   | 501(c)(3)                  | 10  | Ascension Health Senior Care     | Yes   |    |
| 200 South Wacker Drive<br>Chicago, IL 60606<br>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<br>Lisle, IL 60532<br>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<br>ST LOUIS, MO 63127<br>43-1470362      | SKILLED NURSING FACILITY  | MO   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE     | Yes   |    |
| 2601 Navistar Drive<br>Lisle, IL 60532<br>47-1930457                 | PHYSICIAN SERVICES  | IL   | 501(c)(3)                  | 3   | Alexian Brothers Health System   | Yes   |    |
| 800 Biesterfield Road<br>Elk Grove Village, IL 60007<br>36-2596381   | ACUTE CARE HOSPITAL   | IL   | 501(c)(3)                  | 3   | Alexian Brothers Health System   | Yes   |    |
| 2601 Navistar Drive<br>Lisle, IL 60532<br>81-1110738                 | SPECIALTY PHYSICIAN PRACTICE GROUP  | IL   | 501(c)(3)                  | 3   | ALEXIAN BROTHERS HEALTH SYSTEM   | Yes   |    |
| 2601 Navistar Drive<br>Lisle, IL 60532<br>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<br>ST LOUIS, MO 63127<br>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<br>Arlington Heights, IL 60005<br>43-1295333    | HUD HOUSING   | MO   | 501(c)(3)                  | 10  | Alexian Brothers Health System   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>St Louis, MO 63127<br>43-1592502      | SKILLED NURSING FACILITY  | MO   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE     | Yes   |    |
| 2601 Navistar Drive<br>Lisle, IL 60532<br>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 |                                      |  |                            |   |   |   |    |
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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity              | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity  | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                                      |  |                            |   |   | Yes   | No |
| 12250 Weber Hill Rd Ste 200<br>St Louis, MO 63127<br>39-1351584                    | CONTINUING CARE RETIREMENT COMMUNITY | WI   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE  | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>St Louis, MO 63127<br>62-1136742                    | CONTINUING CARE RETIREMENT COMMUNITY | TN   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE  | Yes   |    |
| 2434 Interstate Plaza Drive<br>Hammond, IN 46234<br>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<br>BIRMINGHAM, AL 35205<br>63-0952490               | SPORTS MEDICINE                      | AL   | 501(c)(3)                  | 7   | ST VINCENT'S BIRMINGHAM   | Yes   |    |
| 1190 E 2900 N ROAD<br>CLIFTON, IL 60927<br>36-2841358                              | RETIREMENT COMMUNITY                 | IL   | 501(c)(3)                  | 10  | PRESENCE LIFE CONNECTIONS   | Yes   |    |
| 28000 DEQUINDRE ROAD<br>WARREN, MI 48092<br>38-2601348                             | HEALTH CARE                          | MI   | 501(c)(3)                  | 10  | ST JOHN PROVIDENCE  | Yes   |    |
| 3801 SPRING STREET<br>RACINE, WI 53405<br>39-1264986                               | HOSPITAL                             | WI   | 501(c)(3)                  | 3   | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC                                 | Yes   |    |
| 2202 N FORBES BLVD<br>TUCSON, AZ 85745<br>86-0455920                               | HOSPITAL                             | AZ   | 501(c)(3)                  | 3   | ASCENSION HEALTH  | Yes   |    |
| 1521 GULL ROAD<br>KALAMAZOO, MI 49048<br>23-7222558                                | FUNDRAISING                          | MI   | 501(c)(3)                  | Type III-FI   | ASCENSION BORGESS HOSPITAL  | Yes   |    |
| 1521 GULL ROAD<br>KALAMAZOO, MI 49048<br>38-1360526                                | HEALTHCARE SERVICES                  | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN  | Yes   |    |
| 420 W HIGH STREET<br>DOWAGIAC, MI 49047<br>38-2860459                              | FUNDRAISING                          | MI   | 501(c)(3)                  | Type III-FI   | ASCENSION BORGESS-LEE HOSPITAL  | Yes   |    |
| 420 WEST HIGH STREET<br>DOWAGIAC, MI 49047<br>38-1490190                           | HEALTHCARE SERVICES                  | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN  | Yes   |    |
| 12851 GRAND RIVER<br>BRIGHTON, MI 48116<br>38-1576680                              | HOSPITAL                             | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN  | Yes   |    |
| 614 MEMORIAL DRIVE<br>CHILTON, WI 53014<br>39-0905385                              | HOSPITAL                             | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC  | Yes   |    |
| )<br>101 South Hanley Ste 450<br>St Louis, MO 63105<br>46-1121862                  | HEALTH CARE                          | MO   | 501(c)(3)                  | 7   | Ascension Health Alliance   | Yes   |    |
| 201 HOSPITAL ROAD<br>EAGLE RIVER, WI 54521<br>39-0985690                           | HOSPITAL                             | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC  | Yes   |    |
| 28000 DEQUINDRE ROAD<br>WARREN, MI 48092<br>38-1958763                             | HEALTH CARE                          | MI   | 501(c)(3)                  | 10  | ST JOHN PROVIDENCE  | Yes   |    |
| ONE GENESYS PARKWAY<br>GRAND BLANC, MI 484398065<br>38-3591148                     | FOUNDATION                           | MI   | 501(c)(3)                  | Type I  | GENESYS HEALTH SYSTEM   | Yes   |    |
| ONE GENESYS PARKWAY<br>GRAND BLANC, MI 484398065<br>38-2377821                     | HOSPITAL                             | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN  | Yes   |    |
| 601 SOUTH CENTER AVENUE<br>MERRILL, WI 54452<br>39-0808503                         | HOSPITAL                             | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC  | Yes   |    |



| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                              |  |                            |   |   |   |    |
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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity      | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                      | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                              |  |                            |   |   | Yes   | No |
| PO BOX 45998<br>ST LOUIS, MO 63145<br>31-1662309                                   | NATIONAL HEALTH              | MO   | 501(c)(3)                  | Type I  | ASCENSION HEALTH ALLIANCE                             |   | No |
| PO BOX 45998<br>ST LOUIS, MO 63145<br>65-1257719                                   | SUPPORTING ORGANIZATION      | MO   | 501(c)(3)                  | Type I  | ASCENSION HEALTH ALLIANCE                             | Yes   |    |
| PO BOX 45998<br>ST LOUIS, MO 63145<br>45-3358926                                   | NATIONAL HEALTH SYSTEM       | MO   | 501(c)(3)                  | Type I  | NA  |   | No |
| RUST<br>4600 EDMUNDSON RD<br>ST LOUIS, MO 63134<br>36-7046706                      | SUPPORTING ORGANIZATION      | MO   | 501(c)(3)                  | Type I  | ASCENSION HEALTH ALLIANCE                             | Yes   |    |
| 101 SOUTH HANLEY<br>SUITE 450<br>ST LOUIS, MO 63105<br>65-1205990                  | SUPPORTING ORGANIZATION      | MO   | 501(c)(3)                  | Type I  | ASCENSION HEALTH ALLIANCE                             | Yes   |    |
| 12250 Weber Hill Road<br>St Louis, MO 63127<br>43-1227406                          | PARENT COMPANY               | MO   | 501(c)(3)                  | Type I  | ASCENSION HEALTH                                      | Yes   |    |
| PO BOX 46944<br>ST LOUIS, MO 63146<br>43-1601369                                   | TRUST                        | MO   | 501(c)(9)                  |   | ASCENSION HEALTH                                      | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>82-4710412                    | RETIREMENT COMMUNITY         | WI   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE                          | Yes   |    |
| 28000 DEQUINDRE ROAD<br>WARREN, MI 48092<br>38-3322109                             | HOSPITAL                     | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN                                    | Yes   |    |
| 28000 Dequinidre Rd<br>WARREN, MI 48092<br>38-3494637                              | HEALTH CARE                  | MI   | 501(c)(3)                  | 10  | ST JOHN PROVIDENCE                                    | Yes   |    |
| 1521 GULL ROAD<br>KALAMAZOO, MI 49048<br>38-3193801                                | HEALTHCARE SERVICES          | MI   | 501(c)(3)                  | 10  | BORGESS HEALTH ALLIANCE INC                           | Yes   |    |
| 1570 APPLETON RD<br>MENASHA, WI 54952<br>39-1127163                                | CLINICAL HEALTHCARE SERVICES | WI   | 501(c)(3)                  | 3   | AFFINITY HEALTH SYSTEM                                | Yes   |    |
| 824 ILLINOIS AVENUE<br>STEVENS POINT, WI 54481<br>39-1965593                       | MEDICAL GROUP                | WI   | 501(c)(3)                  | Type III-FI   | MINISTRY HEALTH CARE INC                              | Yes   |    |
| 400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>39-1791586                   | MEDICAL GROUP                | WI   | 501(c)(3)                  | 3   | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes   |    |
| 28000 DEQUINDRE ROAD<br>WARREN, MI 48092<br>38-2631907                             | HEALTH CARE                  | MI   | 501(c)(3)                  | Type I  | ASCENSION HEALTH                                      | Yes   |    |
| PO BOX 45998<br>ST LOUIS, MO 63145<br>27-3174701                                   | SUPPORTING ORGANIZATION      | MO   | 501(c)(3)                  | Type I  | ASCENSION HEALTH ALLIANCE                             | Yes   |    |
| 1506 S ONEIDA STREET<br>APPLETON, WI 54915<br>39-0816818                           | HOSPITAL                     | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC                              | Yes   |    |
| 1120 PINE STREET<br>STANLEY, WI 54768<br>39-0807065                                | HOSPITAL                     | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC                              | Yes   |    |
| 6901 MEDICAL PARKWAY<br>WACO, TX 76712<br>74-1109636                               | HEALTHCARE SERVICES          | TX   | 501(c)(3)                  | 3   | ASCENSION TEXAS                                       | Yes   |    |
| 22101 MOROSS<br>DETROIT, MI 48236<br>38-3526629                                    | FUNDRAISING                  | MI   | 501(c)(3)                  | Type III-FI   | ST JOHN PROVIDENCE                                    | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                                  |  |                            |   |   |   |    |
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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity          | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                      | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                                  |  |                            |   |   | Yes   | No |
| 16001 WEST NINE MILE ROAD<br>SOUTHFIELD, MI 48037<br>38-1358212                    | HOSPITAL                         | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN                                    | Yes   |    |
| ENTER FOUNDATION<br>1101 WEST UNIVERSITY DR<br>ROCHESTER, MI 48307<br>38-2627336   | SUPPORTING                       | MI   | 501(c)(3)                  | Type I  | ASCENSION PROVIDENCE<br>ROCHESTER HOSPITAL            | Yes   |    |
| 1101 W UNIVERSITY DR<br>ROCHESTER, MI 48307<br>38-1359247                          | GENERAL HOSPITAL                 | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN                                    | Yes   |    |
| 4100 RIVER ROAD<br>EAST CHINA, MI 48054<br>38-3160564                              | HOSPITAL                         | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN                                    | Yes   |    |
| PO BOX 347<br>STEVENS POINT, WI 54481<br>39-1390638                                | HOSPITAL                         | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC                              | Yes   |    |
| 5000 WEST CHAMBERS STREET<br>MILWAUKEE, WI 53210<br>39-0816857                     | HOSPITAL                         | WI   | 501(c)(3)                  | 3   | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-1109643                            | DELIVERY OF HEALTH CARE SERVICES | TX   | 501(c)(3)                  | 3   | ASCENSION TEXAS                                       | Yes   |    |
| 28000 DEQUINDRE ROAD<br>WARREN, MI 48092<br>38-2262856                             | HEALTH CARE                      | MI   | 501(c)(3)                  | 3   | ST JOHN PROVIDENCE                                    | Yes   |    |
| 3400 MINISTRY PARKWAY<br>WESTON, WI 54476<br>72-1531917                            | HOSPITAL                         | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC                              | Yes   |    |
| 3237 SOUTH 16TH STREET<br>MILWAUKEE, WI 53215<br>39-0907740                        | HOSPITAL                         | WI   | 501(c)(3)                  | 3   | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes   |    |
| 22101 MOROSS<br>DETROIT, MI 48236<br>20-2961579                                    | FUNDRAISING                      | MI   | 501(c)(3)                  | 7   | ST JOHN PROVIDENCE                                    | Yes   |    |
| 28000 DEQUINDRE ROAD<br>WARREN, MI 48092<br>38-1359063                             | HEALTH CARE                      | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN                                    | Yes   |    |
| 200 HEMLOCK ROAD<br>TAWAS CITY, MI 48763<br>01-0790428                             | FUNDRAISING                      | MI   | 501(c)(3)                  | Type I  | ASCENSION ST JOSEPH'S HOSPITAL                        | Yes   |    |
| 200 HEMLOCK ROAD<br>TAWAS CITY, MI 48763<br>38-1443395                             | HEALTH CARE                      | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN                                    | Yes   |    |
| 800 S WASHINGTON AVENUE<br>SAGINAW, MI 48601<br>38-2246366                         | FUNDRAISING                      | MI   | 501(c)(3)                  | Type II   | ASCENSION ST MARY'S HOSPITAL                          | Yes   |    |
| 800 S WASHINGTON AVENUE<br>SAGINAW, MI 48601<br>38-0997730                         | HOSPITAL                         | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN                                    | Yes   |    |
| 900 ILLINOIS AVENUE<br>STEVENS POINT, WI 54481<br>39-0808443                       | HOSPITAL                         | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC                              | Yes   |    |
| 805 WEST CEDEAR STREET<br>STANDISH, MI 48658<br>38-1671120                         | HOSPITAL                         | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN                                    | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>45-4364243                            | DELIVERY OF HEALTH CARE SERVICES | TX   | 501(c)(3)                  | Type I  | ASCENSION HEALTH                                      | Yes   |    |
| 8200 E THORN DRIVE<br>WICHITA, KS 67226<br>48-0958974                              | MANAGEMENT COMPANY               | KS   | 501(c)(3)                  | 10  | ASCENSION VIA CHRISTI HEALTH INC                      | Yes   |    |

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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                 | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                                 | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |   |  |                            |   |  | Yes   | No |
| 8200 E THORN DRIVE<br>WICHITA, KS 67226<br>48-1172107                              | HEALTH SYSTEM PARENT                    | KS   | 501(c)(3)                  | Type III-FI   | ASCENSION HEALTH   | Yes   |    |
| 1823 COLLEGE AVENUE<br>MANHATTAN, KS 66502<br>48-1186704                           | HOSPITAL                                | KS   | 501(c)(3)                  | 3   | ASCENSION VIA CHRISTI HEALTH INC                                 | Yes   |    |
| 1 MT CARMEL WAY<br>PITTSBURG, KS 66762<br>48-0543778                               | HOSPITAL                                | KS   | 501(c)(3)                  | 3   | ASCENSION VIA CHRISTI HEALTH INC                                 | Yes   |    |
| 14800 W ST TERESA<br>WICHITA, KS 67235<br>27-1965272                               | HOSPITAL                                | KS   | 501(c)(3)                  | 3   | ASCENSION VIA CHRISTI HEALTH INC                                 | Yes   |    |
| 929 N SAINT FRANCIS<br>WICHITA, KS 67214<br>48-1172106                             | HOSPITAL                                | KS   | 501(c)(3)                  | 3   | ASCENSION VIA CHRISTI HEALTH INC                                 | Yes   |    |
| 8200 E THORN DRIVE<br>WICHITA, KS 67226<br>48-0948571                              | PROPERTY MANAGEMENT                     | KS   | 501(c)(4)                  |   | ASCENSION VIA CHRISTI HOSPITALS WICHITA INC                      | Yes   |    |
| 1151 N ROCK ROAD<br>WICHITA, KS 67206<br>48-1158274                                | REHABILITATION HOSPITAL                 | KS   | 501(c)(3)                  | 3   | ASCENSION VIA CHRISTI HOSPITALS WICHITA INC                      | Yes   |    |
| 3237 SOUTH 16TH STREET<br>MILWAUKEE, WI 53215<br>39-1701402                        | LABORATORY                              | WI   | 501(c)(3)                  | 10  | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC            | Yes   |    |
| 19525 WEST NORTH AVENUE<br>BROOKFIELD, WI 53005<br>39-1613624                      | PHARMACY                                | WI   | 501(c)(3)                  | 10  | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC            | Yes   |    |
| 2000 CHURCH STREET<br>NASHVILLE, TN 37236<br>58-1509251                            | COMMUNITY HEALTH PROMOTION              | TN   | 501(c)(3)                  | Type I  | SAINT THOMAS NETWORK   | Yes   |    |
| 2000 CHURCH STREET<br>NASHVILLE, TN 37236<br>58-1861378                            | INACTIVE                                | TN   | 501(c)(3)                  | Type I  | SAINT THOMAS MIDTOWN HOSPITAL                                    | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>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<br>KALAMAZOO, MI 49048<br>38-2468823                                | HOLDING COMPANY                         | MI   | 501(c)(3)                  | 3   | BORGESS HEALTH ALLIANCE INC                                      | Yes   |    |
| 1521 GULL ROAD<br>KALAMAZOO, MI 49048<br>38-2335286                                | HEALTH SYSTEM PARENT                    | MI   | 501(c)(3)                  | Type III-FI   | ASCENSION MICHIGAN   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>38-2555589                    | SKILLED NURSING FACILITY                | MI   | 501(c)(3)                  | 3   | ASCENSION HEALTH SENIOR CARE                                     | Yes   |    |
| 2202 N FORBES BLVD<br>TUSCON, AZ 85716<br>86-0749574                               | FOUNDATION                              | AZ   | 501(c)(3)                  | Type I  | ASCENSION ARIZONA  | Yes   |    |
| 1000 CARONDELET DRIVE<br>KANSAS CITY, MO 63145<br>43-1276738                       | HEALTH SYSTEM PARENT                    | MO   | 501(c)(3)                  | Type III-FI   | ASCENSION HEALTH   | Yes   |    |
| 2202 N FORBES BLVD<br>TUCSON, AZ 85745<br>56-1943271                               | INACTIVE HOSPITAL                       | AZ   | 501(c)(3)                  | 3   | ASCENSION ARIZONA  | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>74-2505427                    | SKILLED NURSING FACILITY                | MO   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE                                     | Yes   |    |
| 427 GUY PARK AVE<br>AMSTERDAM, NY 12010<br>81-4769136                              | MEDICAL GROUP                           | NY   | 501(c)(3)                  | 3   | ST MARY'S HEALTHCARE   | Yes   |    |

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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity          | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity          | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                                  |  |                            |   |   | Yes   | No |
| N4642 COUNTY N<br>APPLETON, WI 54914<br>45-4681563                                 | BEHAVIORAL HEALTH SERVICES       | WI   | 501(c)(3)                  | 3   | AFFINITY HEALTH SYSTEM                    | Yes   |    |
| 5455 ALI DRIVE DEPT200<br>GRAND BLANC, MI 484395195<br>38-2514708                  | ADULT DAY CARE                   | MI   | 501(c)(3)                  | Type I  | GENESYS AMBULATORY HEALTH SERVICES        | Yes   |    |
| 2001 W 86TH STREET<br>INDIANAPOLIS, IN 46260<br>35-1869951                         | FREESTANDING OUTPATIENT CENTER   | IN   | 501(c)(3)                  | Type III-FI   | ST VINCENT HEALTH INC                     | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>20-0468031                            | FUNDRAISING                      | TX   | 501(c)(3)                  | Type I  | ASCENSION TEXAS                           | Yes   |    |
| 4425 NORTH PORT WASHINGTON ROAD<br>GLENDALE, WI 53212<br>39-1596986                | COLLEGE                          | WI   | 501(c)(3)                  | 2   | COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC | Yes   |    |
| 400 W RIVER WOODS PKWY<br>GLENDALE, WI 53212<br>39-1494981                         | FOUNDATION                       | WI   | 501(c)(3)                  | 7   | COLUMBIA ST MARY'S INC                    | Yes   |    |
| 4425 NORTH PORT WASHINGTON ROAD<br>GLENDALE, WI 53212<br>39-0806315                | HOSPITAL                         | WI   | 501(c)(3)                  | 3   | COLUMBIA ST MARY'S INC                    | Yes   |    |
| 4425 NORTH PORT WASHINGTON ROAD<br>GLENDALE, WI 53212<br>39-0807063                | HOSPITAL                         | WI   | 501(c)(3)                  | 3   | COLUMBIA ST MARY'S INC                    | Yes   |    |
| 400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>39-1834639                   | HEALTH SYSTEM                    | WI   | 501(c)(3)                  | Type I  | ASCENSION HEALTH                          | Yes   |    |
| 2622 W Central Suite 100<br>Wichita, KS 67203<br>48-1241079                        | RETIREMENT COMMUNITY             | KS   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC                  | Yes   |    |
| 1101 WEST UNIVERSITY DR<br>ROCHESTER, MI 48307<br>38-3239057                       | CANCER TREATMENT                 | MI   | 501(c)(3)                  | 10  | ASCENSION PROVIDENCE ROCHESTER HOSPITAL   | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2800601                            | DELIVERY OF HEALTH CARE SERVICES | TX   | 501(c)(3)                  | 10  | SETON CLINICAL ENTERPRISE CORPORATION     | Yes   |    |
| PO BOX 829<br>WOODRUFF, WI 54568<br>39-1357365                                     | NURSING/ASSISTED LIVING SERVICES | WI   | 501(c)(3)                  | 10  | HOWARD YOUNG HEALTH CARE INC              | Yes   |    |
| 800 S WASHINGTON AVENUE<br>SAGINAW, MI 48601<br>38-2790703                         | MEDICAL RESEARCH ORGANIZATION    | MI   | 501(c)(3)                  | 10  | ASCENSION ST MARY'S HOSPITAL              | Yes   |    |
| 3400 MINISTRY PARKWAY<br>WESTON, WI 54476<br>75-3193633                            | FOUNDATION                       | WI   | 501(c)(3)                  | Type I  | ASCENSION ST CLARE'S HOSPITAL INC         | Yes   |    |
| 611 SAINT JOSEPH AVENUE<br>MARSHFIELD, WI 54449<br>39-1684957                      | FOUNDATION                       | WI   | 501(c)(3)                  | Type I  | SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC | Yes   |    |
| 5455 ALI DR DEPT 200<br>GRAND BLANC, MI 484395195<br>38-2371754                    | HEALTH SRVCS/STAFFING/PROP MNGT  | MI   | 501(c)(3)                  | Type II   | GENESYS HEALTH SYSTEM                     | Yes   |    |
| 8481 HOLLY ROAD<br>GRAND BLANC, MI 484391812<br>38-2317364                         | CONVALESCENT CENTER              | MI   | 501(c)(3)                  | 3   | GENESYS AMBULATORY HEALTH SERVICES        | Yes   |    |
| ONE GENESYS PARKWAY<br>GRAND BLANC, MI 484398065<br>38-3339703                     | HEALTH SYSTEM PARENT             | MI   | 501(c)(3)                  | Type II   | ASCENSION MICHIGAN                        | Yes   |    |
| 101 SOUTH HANLEY<br>SUITE 200<br>ST LOUIS, MO 63105<br>83-1078006                  | SUPPORTING ORGANIZATION          | MO   | 501(c)(3)                  | Type I  | ASCENSION HEALTH ALLIANCE                 | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |  |  |                            |   |   |   |    |
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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                                    | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |  |  |                            |   |   | Yes   | No |
| 601 SOUTH CENTER AVENUE<br>MERRILL, WI 54452<br>39-1627755                         | FOUNDATION   | WI   | 501(c)(3)                  | Type I  | ASCENSION GOOD SAMARITAN HOSPITAL INC           | Yes   |    |
| 6801 AIRPORT BLVD<br>MOBILE, AL 36608<br>63-0934712                                | HEALTH SYSTEM  | AL   | 501(c)(3)                  | Type III-FI   | ST VINCENT'S HEALTH SYSTEM                      | Yes   |    |
| 5151 N 9TH AVENUE<br>PENSACOLA, FL 32504<br>59-3620346                             | NURSING HOME   | FL   | 501(c)(3)                  | 10  | SACRED HEART HEALTH SYSTEM                      | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>27-3220767                            | DELIVERY OF HEALTH CARE SERVICES                           | TX   | 501(c)(3)                  | 10  | SETON CLINICAL ENTERPRISE CORPORATION           | Yes   |    |
| 240 MAPLE STREET<br>WOODRUFF, WI 54568<br>39-1521169                               | CHARITABLE FOUNDATION                                      | WI   | 501(c)(3)                  | 7   | HOWARD YOUNG HEALTH CARE INC                    | Yes   |    |
| 240 MAPLE STREET<br>WOODRUFF, WI 54568<br>39-1499115                               | HOME OFFICE  | WI   | 501(c)(3)                  | Type II   | MINISTRY HEALTH CARE INC                        | Yes   |    |
| 3500 E FRANK PHILLIPS BLVD<br>BARTLESVILLE, OK 74006<br>73-0606129                 | HEALTH CARE  | OK   | 501(c)(3)                  | 3   | ST JOHN HEALTH SYSTEM INC                       | Yes   |    |
| 237 SOUTH LOCUST<br>NOWATA, OK 74048<br>73-1440267                                 | HEALTH CARE  | OK   | 501(c)(3)                  | 3   | ST JOHN HEALTH SYSTEM INC                       | Yes   |    |
| 18927 HICKORY CREEK DRIVE<br>SUITE 300<br>MOKENA, IL 60448<br>36-3438977           | LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS | IL   | 501(c)(3)                  | 10  | PRESENCE LIFE CONNECTIONS                       | Yes   |    |
| 520 NORTH 4TH AVENUE<br>PASCO, WA 99301<br>91-1528577                              | FUNDRAISING  | WA   | 501(c)(3)                  | Type I  | OUR LADY OF LOURDES HOSPITAL AT PASCO           | Yes   |    |
| 169 Riverside Drive<br>Binghamton, NY 13905<br>22-2873637                          | RENTAL OF HEALTH CARE FACILITIES                           | NY   | 501(c)(2)                  |   | Our Lady of Lourdes Memorial Hospital Inc       | Yes   |    |
| 427 GUY PARK AVE<br>AMSTERDAM, NY 12010<br>14-1776546                              | MEDICAL OFFICE BUILDING                                    | NY   | 501(c)(25)                 |   | ST MARY'S HEALTHCARE                            | Yes   |    |
| 2380 E Dempster Street<br>DES PLAINES, IL 60016<br>36-3495969                      | HEALTH CARE  | IL   | 501(c)(3)                  | 10  | Presence Health Partners Services               | Yes   |    |
| PO BOX 3370<br>OSHKOSH, WI 54903<br>23-7140261                                     | FOUNDATION   | WI   | 501(c)(3)                  | 10  | AFFINITY HEALTH SYSTEM                          | Yes   |    |
| 400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>94-3436893                   | MEDICAL GROUP  | WI   | 501(c)(3)                  | 3   | ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN INC | Yes   |    |
| 10925 W LAKE PARK DR STE 100<br>MILWAUKEE, WI 53224<br>39-1490371                  | PARENT CORPORATION   | WI   | 501(c)(3)                  | Type II   | ASCENSION HEALTH                                | Yes   |    |
| 2251 NORTH SHORE DRIVE<br>RHINELANDER, WI 54501<br>39-1829015                      | SPECIALTY HEALTH SERVICES                                  | WI   | 501(c)(3)                  | 3   | ASCENSION SACRED HEART-STMARY'S HOSPITALS INC   | Yes   |    |
| 520 NORTH 4TH AVENUE<br>PASCO, WA 99301<br>91-0349750                              | HEALTHCARE   | WA   | 501(c)(3)                  | 3   | ASCENSION HEALTH                                | Yes   |    |
| 169 RIVERSIDE DRIVE<br>BINGHAMTON, NY 13905<br>15-0532221                          | HOSPITAL   | NY   | 501(c)(3)                  | 3   | ASCENSION HEALTH                                | Yes   |    |
| 5285 Lewiston Road<br>Lewiston, NY 14092<br>16-1608735                             | SKILLED NURSING FACILITY                                   | NY   | 501(c)(3)                  | 3   | ASCENSION HEALTH SENIOR CARE                    | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |  |  |                            |   |  |   |    |
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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                            | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity         | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |  |  |                            |   |  | Yes   | No |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>20-3700131                           | HEALTH CARE  | OK   | 501(c)(3)                  | 3   | ST JOHN HEALTH SYSTEM INC                | Yes   |    |
| 2380 E Dempster Street<br>DES PLAINES, IL 60016<br>36-4286236                      | HEALTH CARE  | IL   | 501(c)(3)                  | 10  | Presence Care Transformation Corporation | Yes   |    |
| 1820 SOUTH 25TH AVENUE<br>BROADVIEW, IL 60155<br>36-2709982                        | HEALTH CARE  | IL   | 501(c)(3)                  | 10  | Presence Care Transformation Corporation | Yes   |    |
| 18927 HICKORY CREEK DR 300<br>MOKENA, IL 60448<br>46-0483587                       | HEALTH CARE  | IL   | 501(c)(3)                  | 10  | PRESENCE CARE TRANSFORMATION CORPORATION | Yes   |    |
| 200 South Wacker Drive<br>Chicago, IL 60606<br>36-3366652                          | MGMT SUPPORT                                       | IL   | 501(c)(3)                  | Type III-FI   | Alexian Brothers Health System           | Yes   |    |
| 200 South Wacker Drive<br>Chicago, IL 60606<br>36-4195126                          | HEALTH CARE  | IL   | 501(c)(3)                  | 3   | Presence Care Transformation Corporation | Yes   |    |
| 200 SOUTH WACKER DRIVE<br>CHICAGO, IL 60606<br>36-2235165                          | HEALTH CARE  | IL   | 501(c)(3)                  | 3   | Presence Care Transformation Corporation | Yes   |    |
| 200 SOUTH WACKER DRIVE<br>CHICAGO, IL 60606<br>36-3330929                          | FUNDRAISING  | IL   | 501(c)(3)                  | 7   | Alexian Brothers Health System           | Yes   |    |
| 2380 E DEMPSTER AVE STE 236<br>DES PLAINES, IL 60016<br>36-2644178                 | HEALTH CARE  | IL   | 501(c)(3)                  | Type II   | Alexian Brothers Health System           | Yes   |    |
| 2380 E Dempster Street<br>DES PLAINES, IL 60016<br>36-3330928                      | HEALTH CARE  | IL   | 501(c)(3)                  | 3   | Presence Care Transformation Corporation | Yes   |    |
| 18927 HICKORY CREEK DR 300<br>MOKENA, IL 60448<br>46-0483581                       | HEALTH CARE  | IL   | 501(c)(3)                  | 10  | PRESENCE CARE TRANSFORMATION CORPORATION | Yes   |    |
| 18927 HICKORY CREEK DRIVE 300<br>MOKENA, IL 60448<br>37-1127787                    | RETIREMENT COMMUNITY                               | IL   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE             | Yes   |    |
| 100 NORTH RIVER ROAD<br>DES PLAINES, IL 60016<br>23-7061646                        | RETIREMENT COMMUNITY                               | IL   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE             | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>20-8775914                       | DORMANT  | IN   | 501(c)(3)                  | 10  | ST MARY'S HEALTH INC                     | Yes   |    |
| 6801 AIRPORT BLVD<br>MOBILE, AL 36608<br>63-0914564                                | SUPPORT PROVIDENCE HOSPITAL                        | AL   | 501(c)(2)                  |   | GULF COAST HEALTH SYSTEM                 | Yes   |    |
| 6801 AIRPORT BLVD<br>MOBILE, AL 36608<br>63-0915493                                | SUPPORT PROVIDENCE HOSPITAL                        | AL   | 501(c)(3)                  | 7   | GULF COAST HEALTH SYSTEM                 | Yes   |    |
| 6901 MEDICAL PARKWAY<br>WACO, TX 76712<br>74-2683112                               | SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE | TX   | 501(c)(3)                  | Type I  | ASCENSION PROVIDENCE                     | Yes   |    |
| 6901 MEDICAL PARKWAY<br>WACO, TX 76712<br>74-2696970                               | PHYSICIAN PRACTICES                                | TX   | 501(c)(3)                  | 3   | ASCENSION PROVIDENCE                     | Yes   |    |
| 1150 VARNUM STREET NE<br>WASHINGTON, DC 20017<br>52-1275583                        | FUNDRAISING ORGANIZATION                           | DC   | 501(c)(3)                  | Type I  | PROVIDENCE HOSPITAL                      | Yes   |    |
| 1150 VARNUM STREET NE<br>WASHINGTON, DC 20017<br>52-1275587                        | PHYSICIAN PRACTICES                                | DC   | 501(c)(3)                  | Type I  | PROVIDENCE HOSPITAL                      | Yes   |    |

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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity  | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity         | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                          |  |                            |   |  | Yes   | No |
| 6801 AIRPORT BLVD<br>MOBILE, AL 36608<br>63-0288861                                | HOSPITAL                 | AL   | 501(c)(3)                  | 3   | GULF COAST HEALTH SYSTEM                 | Yes   |    |
| 1150 VARNUM STREET NE<br>WASHINGTON, DC 20017<br>53-0196636                        | HOSPITAL                 | DC   | 501(c)(3)                  | 3   | ASCENSION HEALTH                         | Yes   |    |
| 300 W Highway 6<br>Waco, TX 76712<br>61-1759304                                    | SKILLED NURSING FACILITY | TX   | 501(c)(3)                  | 3   | ASCENSION HEALTH SENIOR CARE             | Yes   |    |
| 1550 BISHOP COURT<br>MOUNT PROSPECT, IL 60056<br>36-3296367                        | HEALTH CARE              | IL   | 501(c)(3)                  | 10  | Presence Care Transformation Corporation | Yes   |    |
| 5151 N 9TH AVENUE<br>PENSACOLA, FL 32504<br>59-2436597                             | FOUNDATION               | FL   | 501(c)(3)                  | 7   | SACRED HEART HEALTH SYSTEM               | Yes   |    |
| 5151 N 9TH AVENUE<br>PENSACOLA, FL 32504<br>59-0634434                             | HOSPITAL                 | FL   | 501(c)(3)                  | 3   | ST VINCENT'S HEALTH SYSTEM INC           | Yes   |    |
| 5151 N 9TH AVENUE<br>PENSACOLA, FL 32504<br>57-1183283                             | INVESTMENT               | FL   | 501(c)(3)                  | Type I  | SACRED HEART HEALTH SYSTEM               | Yes   |    |
| 4425 NORTH PORT WASHINGTON ROAD<br>GLENDALE, WI 53212<br>39-0902199                | REHAB SERVICES           | WI   | 501(c)(3)                  | 3   | COLUMBIA ST MARY'S INC                   | Yes   |    |
| 1200 GRANT BLVD WEST<br>WABASHA, MN 55981<br>41-0693877                            | HOSPITAL                 | MN   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC                 | Yes   |    |
| 611 SAINT JOSEPH AVENUE<br>MARSHFIELD, WI 54449<br>39-0847631                      | HOSPITAL                 | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC                 | Yes   |    |
| 900 ILLINOIS AVENUE<br>STEVENS POINT, WI 54481<br>39-1657410                       | FOUNDATION               | WI   | 501(c)(3)                  | Type I  | ASCENSION ST MICHAEL'S HOSPITAL INC      | Yes   |    |
| 4220 HARDING ROAD<br>NASHVILLE, TN 37205<br>58-1716804                             | SYSTEM PARENT            | TN   | 501(c)(3)                  | Type III-FI   | ASCENSION HEALTH                         | Yes   |    |
| PO BOX 380<br>NASHVILLE, TN 37202<br>58-1663055                                    | OPERATES FOUNDATION      | TN   | 501(c)(3)                  | 7   | SAINT THOMAS NETWORK                     | Yes   |    |
| 135 EAST SWAN STREET<br>CENTERVILLE, TN 37033<br>58-1737573                        | HOSPITAL                 | TN   | 501(c)(3)                  | 3   | BAPTIST HEALTH CARE AFFILIATES INC       | Yes   |    |
| 135 EAST SWAN STREET<br>CENTERVILLE, TN 37033<br>62-1836937                        | HOME HEALTH CARE         | TN   | 501(c)(3)                  | 10  | SAINT THOMAS HICKMAN HOSPITAL            | Yes   |    |
| 2000 CHURCH STREET<br>NASHVILLE, TN 37236<br>62-1529858                            | HEALTHCARE PROVIDER      | TN   | 501(c)(3)                  | 10  | SAINT THOMAS NETWORK                     | Yes   |    |
| 4220 HARDING ROAD<br>NASHVILLE, TN 37205<br>62-1869474                             | ACUTE CARE HOSPITAL      | TN   | 501(c)(3)                  | 3   | SAINT THOMAS HEALTH                      | Yes   |    |
| 4220 HARDING ROAD<br>NASHVILLE, TN 37205<br>62-1284994                             | HEALTH INVESTMENT ENTITY | TN   | 501(c)(3)                  | 10  | SAINT THOMAS HEALTH                      | Yes   |    |
| 4220 HARDING PIKE<br>NASHVILLE, TN 37205<br>47-4063046                             | HOSPITALS                | TN   | 501(c)(3)                  | 3   | SAINT THOMAS HEALTH                      | Yes   |    |
| 1700 MEDICAL CENTER PARKWAY<br>MURFREESBORO, TN 37219<br>62-1167917                | FOUNDATION               | TN   | 501(c)(3)                  | Type I  | SAINT THOMAS RUTHERFORD HOSPITAL         | Yes   |    |

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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity          | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |   |  |                            |   |   | Yes   | No |
| 1700 MEDICAL CENTER PARKWAY<br>MURFREESBORO, TN 37219<br>62-0475842                | HOSPITAL  | TN   | 501(c)(3)                  | 3   | SAINT THOMAS HEALTH                       | Yes   |    |
| 4220 HARDING ROAD<br>NASHVILLE, TN 37205<br>62-0347580                             | HOSPITAL  | TN   | 501(c)(3)                  | 3   | SAINT THOMAS HEALTH                       | Yes   |    |
| 520 SOUTH SANTA FE AVE<br>SALINA, KS 67401<br>43-1948057                           | MEDICAL EQUIPMENT   | KS   | 501(c)(3)                  | 10  | ASCENSION VIA CHRISTI HEALTH PARTNERS INC | Yes   |    |
| 2601 Navistar Drive<br>Lisle, IL 60532<br>36-3308965                               | OWNS OR LEASES PROPERTIES WHERE HEALTHCARE SERVICES ARE DELIVERED | IL   | 501(c)(2)                  |   | Alexian Brothers Health System            | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>45-4364681                            | DELIVERY OF HEALTH CARE SERVICES                                  | TX   | 501(c)(3)                  | Type I  | ASCENSION TEXAS                           | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>26-4562522                            | DELIVERY OF HEALTH CARE SERVICES                                  | TX   | 501(c)(3)                  | 10  | SETON CLINICAL ENTERPRISE CORPORATION     | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>27-1311790                            | DELIVERY OF HEALTH CARE SERVICES                                  | TX   | 501(c)(3)                  | 10  | SETON CLINICAL ENTERPRISE CORPORATION     | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>26-2842608                            | FUNDRAISING   | TX   | 501(c)(3)                  | Type I  | ASCENSION TEXAS                           | Yes   |    |
| 28000 DEQUINDRE<br>WARREN, MI 48092<br>38-2820107                                  | HEALTH CARE   | MI   | 501(c)(3)                  | 10  | ST JOHN PROVIDENCE                        | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>45-2498998                            | DELIVERY OF HEALTH CARE SERVICES                                  | TX   | 501(c)(3)                  | 10  | ASCENSION SETON                           | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>45-4364813                            | DELIVERY OF HEALTH CARE SERVICES                                  | TX   | 501(c)(3)                  | Type I  | ASCENSION TEXAS                           | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>23-2960726                    | SKILLED NURSING FACILITY  | PA   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE              | Yes   |    |
| 900 CATON AVENUE<br>BALTIMORE, MD 21229<br>39-2064992                              | PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY                     | MD   | 501(c)(3)                  | 10  | ASCENSION MEDICAL GROUP LLC               | Yes   |    |
| 6801 AIRPORT BLVD<br>MOBILE, AL 36608<br>63-0937704                                | SUPPORT PROVIDENCE HOSPITAL                                       | AL   | 501(c)(3)                  | Type II   | GULF COAST HEALTH SYSTEM                  | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>42-1670843                            | DELIVERY OF HEALTH CARE SERVICES                                  | TX   | 501(c)(3)                  | 10  | SETON CLINICAL ENTERPRISE CORPORATION     | Yes   |    |
| 810 ST VINCENTS DRIVE<br>BIRMINGHAM, AL 35205<br>23-7326976                        | REAL ESTATE   | AL   | 501(c)(2)                  |   | ST VINCENT'S HEALTH SYSTEM                | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>20-5330986                            | FUNDRAISING   | TX   | 501(c)(3)                  | Type I  | ASCENSION TEXAS                           | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2869762                            | DELIVERY OF HEALTH CARE SERVICES                                  | TX   | 501(c)(3)                  | 10  | SETON CLINICAL ENTERPRISE CORPORATION     | Yes   |    |
| 415 6TH STREET<br>LEWISTON, ID 83501<br>82-0204264                                 | HOSPITAL  | ID   | 501(c)(3)                  | 3   | ASCENSION HEALTH                          | Yes   |    |
| 169 RIVERSIDE DRIVE<br>BINGHAMTON, NY 13905<br>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<br>JACKSONVILLE, FL 32216<br>59-2292041               | PHYSICIAN PRACTICE       | FL   | 501(c)(3)                  | 10  | ASCENSION MEDICAL GROUP LLC            | Yes   |    |
| 900 CATON AVENUE<br>BALTIMORE, MD 21229<br>52-1415083                              | FUNDRAISING              | MD   | 501(c)(3)                  | Type I  | ST AGNES HEALTHCARE                    | Yes   |    |
| 900 CATON AVENUE<br>BALTIMORE, MD 21229<br>52-0591657                              | HOSPITAL                 | MD   | 501(c)(3)                  | 3   | ASCENSION HEALTH                       | Yes   |    |
| 1555 Barrington Road<br>Hoffman Estates, IL 60194<br>36-4251846                    | ACUTE CARE HOSPITAL      | IL   | 501(c)(3)                  | 3   | Alexian Brothers Health System         | Yes   |    |
| 1750 Stockton Street<br>Jacksonville, FL 32204<br>59-1878316                       | SKILLED NURSING FACILITY | FL   | 501(c)(3)                  | 3   | ASCENSION HEALTH SENIOR CARE           | Yes   |    |
| 1506 S ONEIDA STREET<br>APPLETON, WI 54915<br>39-1256677                           | FOUNDATION               | WI   | 501(c)(3)                  | 7   | AFFINITY HEALTH SYSTEM                 | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-0999759                           | HEALTH CARE              | OK   | 501(c)(3)                  | 10  | ST JOHN HEALTH SYSTEM INC              | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>38-3833117                           | HEALTH CARE              | OK   | 501(c)(3)                  | 3   | ST JOHN HEALTH SYSTEM INC              | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>61-1659782                           | REAL ESTATE              | OK   | 501(c)(2)                  |   | ST JOHN HEALTH SYSTEM INC              | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1133139                           | HEALTH CARE              | OK   | 501(c)(3)                  | 7   | ST JOHN HEALTH SYSTEM INC              | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1215174                           | SYSTEM PARENT            | OK   | 501(c)(3)                  | Type I  | ASCENSION HEALTH                       | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-0579286                           | HEALTH CARE              | OK   | 501(c)(3)                  | 3   | ST JOHN HEALTH SYSTEM INC              | Yes   |    |
| 28000 DEQUINDRE ROAD<br>WARREN, MI 48092<br>38-2244034                             | PARENT                   | MI   | 501(c)(3)                  | Type III-FI   | ASCENSION MICHIGAN                     | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-0662663                           | HEALTH CARE              | OK   | 501(c)(3)                  | 3   | ST JOHN HEALTH SYSTEM INC              | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1077367                           | NURSING HOME             | OK   | 501(c)(3)                  | 10  | ST JOHN HEALTH SYSTEM INC              | Yes   |    |
| 1907 W SYCAMORE STREET<br>KOKOMO, IN 46901<br>23-7313206                           | SUPPORTING ORGANIZATION  | IN   | 501(c)(3)                  | Type I  | ST JOSEPH HOSPITAL & HEALTH CENTER INC | Yes   |    |
| 1907 W SYCAMORE STREET<br>KOKOMO, IN 46901<br>35-0992717                           | HOSPITAL                 | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                  | Yes   |    |
| 1000 CARONDELET DRIVE<br>KANSAS CITY, MO 63145<br>43-1388461                       | FUNDRAISING              | MO   | 501(c)(3)                  | Type III-FI   | CARONDELET HEALTH                      | Yes   |    |
| 415 6TH STREET<br>LEWISTON, ID 83501<br>51-0168321                                 | FUNDRAISING              | ID   | 501(c)(3)                  | Type I  | SJPMC Inc                              | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>52-1835288                    | SKILLED NURSING FACILITY | MD   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE           | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                                     |  |                            |   |   |   |    |
|--|-------------------------------------|--|----------------------------|---|---|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity             | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity          | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                                     |  |                            |   |   | Yes   | No |
| 4205 BELFORT ROAD SUITE 4020<br>JACKSONVILLE, FL 32216<br>26-0479484               | HOSPITAL                            | FL   | 501(c)(3)                  | 3   | ST VINCENT'S HEALTH SYSTEM INC            | Yes   |    |
| 800 S WASHINGTON AVENUE<br>SAGINAW, MI 48601<br>46-1084363                         | SUPPORTING ORGANIZATION             | MI   | 501(c)(3)                  | Type III-FI   | ASCENSION MICHIGAN                        | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>35-1899560                       | DME/HOME CARE                       | IN   | 501(c)(3)                  | Type I  | ST MARY'S HEALTH INC                      | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>23-7248362                       | REAL ESTATE HOLDING COMPANY         | IN   | 501(c)(2)                  |   | ST MARY'S HEALTH INC                      | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>35-1899562                       | TAX-EXEMPT AFFILIATE REIMBURSEMENTS | IN   | 501(c)(3)                  | Type I  | ST MARY'S HEALTH INC                      | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>23-7045370                       | SUPPORTING ORGANIZATION             | IN   | 501(c)(3)                  | Type I  | ST MARY'S HEALTH INC                      | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>35-1679526                       | INVESTMENT SERVICES                 | IN   | 501(c)(3)                  | Type III-FI   | ST MARY'S HEALTH INC                      | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>35-0869065                       | HOSPITAL                            | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                     | Yes   |    |
| 427 GUY PARK AVE<br>AMSTERDAM, NY 12010<br>14-1347719                              | HOSPITAL                            | NY   | 501(c)(3)                  | 3   | ASCENSION HEALTH                          | Yes   |    |
| 1000 CARONDELET DRIVE<br>KANSAS CITY, MO 63145<br>43-1918107                       | FUNDRAISING                         | MO   | 501(c)(3)                  | Type III-FI   | CARONDELET HEALTH                         | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>26-1356310                       | PHYSICIAN PROFESSIONAL SERVICES     | IN   | 501(c)(3)                  | 10  | ST VINCENT MEDICAL GROUP INC              | Yes   |    |
| 901 ST MARYS DRIVE<br>EVANSVILLE, IN 47714<br>27-3474697                           | DORMANT                             | IN   | 501(c)(3)                  | Type I  | ST MARY'S MEDICAL GROUP LLC               | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>20-5342518                       | AMBULANCE SERVICES                  | IN   | 501(c)(4)                  |   | ST MARY'S HEALTH SERVICES INC             | Yes   |    |
| 1116 MILLIS AVENUE<br>BOONVILLE, IN 47601<br>35-1343019                            | HOSPITAL                            | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                     | Yes   |    |
| 2015 JACKSON STREET<br>ANDERSON, IN 46016<br>35-2053693                            | SUPPORTING ORGANIZATION             | IN   | 501(c)(3)                  | Type I  | ST VINCENT ANDERSON REGIONAL HOSPITAL INC | Yes   |    |
| 2015 JACKSON STREET<br>ANDERSON, IN 46016<br>46-0877261                            | HOSPITAL                            | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                     | Yes   |    |
| 13500 N MERIDIAN STREET<br>CARMEL, IN 46032<br>74-3107055                          | HOSPITAL                            | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                     | Yes   |    |
| 1206 E NATIONAL AVENUE<br>BRAZIL, IN 47834<br>35-2112529                           | CRITICAL ACCESS HOSPITAL            | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                     | Yes   |    |
| 1600 23RD STREET<br>BEDFORD, IN 47421<br>27-2192831                                | CRITICAL ACCESS HOSPITAL            | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                     | Yes   |    |
| 13861 OLIO ROAD<br>FISHERS, IN 46037<br>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)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity         | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity               | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                                 |  |                            |   |  | Yes   | No |
| 1300 S JACKSON<br>FRANKFORT, IN 46041<br>35-1531734                                | SUPPORTING ORGANIZATION         | IN   | 501(c)(3)                  | Type I  | ST VINCENT FRANKFORT HOSPITAL INC              | Yes   |    |
| 1300 S JACKSON<br>FRANKFORT, IN 46041<br>35-2099320                                | CRITICAL ACCESS HOSPITAL        | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 10330 N MERIDIAN STREET STE 430N<br>INDIANAPOLIS, IN 46290<br>35-2052591           | PARENT COMPANY                  | IN   | 501(c)(3)                  | Type III-FI   | ASCENSION HEALTH                               | Yes   |    |
| 8333 NAAB ROAD STE 301<br>INDIANAPOLIS, IN 46260<br>46-1227327                     | HEALTH AND WELLNESS SERVICES    | IN   | 501(c)(3)                  | 10  | ST VINCENT HEALTH INC                          | Yes   |    |
| 2001 W 86TH STREET<br>INDIANAPOLIS, IN 46260<br>35-0869066                         | HOSPITAL                        | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 8402 Harcourt Rd Ste 210<br>INDIANAPOLIS, IN 46260<br>35-6088862                   | SUPPORTING ORGANIZATION         | IN   | 501(c)(3)                  | Type I  | ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC | Yes   |    |
| 301 HENRY STREET<br>NORTH VERNON, IN 47265<br>84-1703732                           | DORMANT                         | IN   | 501(c)(3)                  | 1   | ST VINCENT JENNINGS HOSPITAL INC               | Yes   |    |
| 301 HENRY STREET<br>NORTH VERNON, IN 47265<br>35-1841606                           | CRITICAL ACCESS HOSPITAL        | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 1331 SOUTH A STREET<br>ELWOOD, IN 46036<br>35-0876389                              | HOSPITAL                        | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 8425 HARCOURT ROAD<br>INDIANAPOLIS, IN 46260<br>27-2039417                         | PHYSICIAN PROFESSIONAL SERVICES | IN   | 501(c)(3)                  | 10  | ST VINCENT CARMEL HOSPITAL INC                 | Yes   |    |
| 1331 SOUTH A STREET<br>ELWOOD, IN 46036<br>31-1066871                              | SUPPORTING ORGANIZATION         | IN   | 501(c)(3)                  | Type I  | ST VINCENT MADISON COUNTY HEALTH SYSTEM INC    | Yes   |    |
| 473 GREENVILLE AVENUE<br>WINCHESTER, IN 47394<br>35-2133006                        | SUPPORTING ORGANIZATION         | IN   | 501(c)(3)                  | Type I  | ST VINCENT RANDOLPH HOSPITAL INC               | Yes   |    |
| 473 GREENVILLE AVENUE<br>WINCHESTER, IN 47394<br>35-2103153                        | CRITICAL ACCESS HOSPITAL        | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 10330 N MERIDIAN STREET STE 400N<br>INDIANAPOLIS, IN 46290<br>47-1289091           | RETAIL AMBULATORY SERVICES      | IN   | 501(c)(3)                  | 10  | ST VINCENT HEALTH INC                          | Yes   |    |
| 911 N SHELBY STREET<br>SALEM, IN 47167<br>27-0847538                               | CRITICAL ACCESS HOSPITAL        | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 8050 TOWNSHIP LINE RD<br>INDIANAPOLIS, IN 46260<br>35-1712001                      | LONG TERM CARE HOSPITAL         | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 412 N MONROE STREET<br>WILLIAMSPORT, IN 47993<br>74-3130159                        | SUPPORTING ORGANIZATION         | IN   | 501(c)(3)                  | Type I  | ST VINCENT WILLIAMSPORT HOSPITAL INC           | Yes   |    |
| 412 N MONROE STREET<br>WILLIAMSPORT, IN 47993<br>35-0784551                        | CRITICAL ACCESS HOSPITAL        | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 810 ST VINCENTS DRIVE<br>BIRMINGHAM, AL 35205<br>63-0288864                        | HOSPITAL                        | AL   | 501(c)(3)                  | 3   | ST VINCENT'S HEALTH SYSTEM                     | Yes   |    |
| 150 GILBREATH DRIVE<br>ONEONTA, AL 35121<br>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 |  |  |                            |   |                                       |   |    |
|--|--|--|----------------------------|---|---------------------------------------|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity      | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |  |  |                            |   |                                       | Yes   | No |
| 2800 MAIN STREET<br>BRIDGEPORT, CT 06606<br>06-1331677                             | COLLEGE OF HEALTH SCIENCE              | CT   | 501(c)(3)                  | 2   | STVINCENT'S MEDICAL CENTER            | Yes   |    |
| 95 MERRITT BOULEVARD<br>TRUMBULL, CT 06611<br>22-2554128                           | REAL ESTATE HOLDINGS                   | CT   | 501(c)(25)                 |   | ST VINCENT'S HEALTH SERVICES CORP     | Yes   |    |
| 50 MEDICAL PARK EAST DRIVE<br>BIRMINGHAM, AL 35235<br>63-0578923                   | HOSPITAL                               | AL   | 501(c)(3)                  | 3   | ST VINCENT'S HEALTH SYSTEM            | Yes   |    |
| 1 Medical Park East Drive<br>BIRMINGHAM, AL 35235<br>63-0868066                    | FUNDRAISING                            | AL   | 501(c)(3)                  | 7   | ST VINCENT'S HEALTH SYSTEM            | Yes   |    |
| 4205 BELFORT ROAD SUITE 4020<br>JACKSONVILLE, FL 32216<br>59-2219923               | FUND RAISING                           | FL   | 501(c)(3)                  | 7   | ST VINCENT'S HEALTH SYSTEM INC        | Yes   |    |
| 2800 MAIN STREET<br>BRIDGEPORT, CT 06606<br>22-2558134                             | HOLDING COMPANY                        | CT   | 501(c)(3)                  | Type I  | ST VINCENT'S MEDICAL CENTER           | Yes   |    |
| 810 ST VINCENTS DRIVE<br>BIRMINGHAM, AL 35205<br>63-0931008                        | HEALTH SYSTEM                          | AL   | 501(c)(3)                  | Type III-FI   | ASCENSION HEALTH                      | Yes   |    |
| 4205 BELFORT ROAD SUITE 4020<br>JACKSONVILLE, FL 32216<br>59-3650609               | PARENT ENTITY                          | FL   | 501(c)(3)                  | Type II   | ASCENSION HEALTH                      | Yes   |    |
| 2800 MAIN STREET<br>BRIDGEPORT, CT 06606<br>06-0646886                             | HOSPITAL AND SYSTEM PARENT             | CT   | 501(c)(3)                  | 3   | ASCENSION HEALTH                      | Yes   |    |
| 4205 BELFORT ROAD SUITE 4020<br>JACKSONVILLE, FL 32216<br>46-1523194               | HOSPITAL                               | FL   | 501(c)(3)                  | 3   | ST VINCENT'S HEALTH SYSTEM INC        | Yes   |    |
| 2800 MAIN STREET<br>BRIDGEPORT, CT 06606<br>22-2558132                             | FUNDRAISING                            | CT   | 501(c)(3)                  | 7   | ST VINCENT'S HEALTH SERVICES CORP     | Yes   |    |
| 4205 BELFORT ROAD SUITE 4020<br>JACKSONVILLE, FL 32216<br>59-0624449               | HOSPITAL                               | FL   | 501(c)(3)                  | 3   | ST VINCENT'S HEALTH SYSTEM INC        | Yes   |    |
| 2800 MAIN STREET<br>BRIDGEPORT, CT 06606<br>80-0458769                             | PHYSICIAN PRACTICES                    | CT   | 501(c)(3)                  | Type I  | ST VINCENT'S MEDICAL CENTER           | Yes   |    |
| 95 MERRITT BOULEVARD<br>TRUMBULL, CT 06611<br>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<br>INDIANAPOLIS, IN 46290<br>20-5002285           | REAL ESTATE HOLDING COMPANY            | IN   | 501(c)(3)                  | Type III-FI   | ST VINCENT HEALTH INC                 | Yes   |    |
| 2202 N FORBES BLVD<br>TUCSON, AZ 85745<br>85-4088322                               | FOUNDATION                             | AZ   | 501(c)(3)                  | Type I  | CARONDELET FOUNDATION INC             | Yes   |    |
| 5455 ALI DR DEPT 200<br>GRAND BLANC, MI 484395195<br>38-2427678                    | PRG RELATED INVESTMENTS                | MI   | 501(c)(3)                  | Type I  | GENESYS HEALTH SYSTEM                 | Yes   |    |
| 240 MAPLE STREET<br>WOODRUFF, WI 54568<br>39-0873606                               | HOSPITAL                               | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC              | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2727509                            | SPIRITUALITY CENTER                    | TX   | 501(c)(3)                  | Type I  | ASCENSION TEXAS                       | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>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)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity        | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                                 | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                                |  |                            |   |  | Yes   | No |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>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<br>BIRMINGHAM, AL 35205<br>63-0932323                        | PHYSICIAN GROUP                | AL   | 501(c)(3)                  | Type II   | ST VINCENT'S HEALTH SYSTEM                                       | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>48-1236589                    | PACE (SNF)                     | KS   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>48-1129325                    | RETIREMENT COMMUNITY           | KS   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>20-2828680                    | RETIREMENT COMMUNITY           | KS   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>48-1078862                    | RETIREMENT COMMUNITY           | KS   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>48-1247723                    | RETIREMENT COMMUNITY           | KS   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>74-3070971                    | RETIREMENT COMMUNITY           | KS   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>73-1153337                    | RETIREMENT COMMUNITY           | OK   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>48-0559086                    | MANAGEMENT COMPANY             | KS   | 501(c)(3)                  | Type III-FI   | ASCENSION HEALTH SENIOR CARE                                     | Yes   |    |
| 3807 SPRING STREET<br>RACINE, WI 53405<br>93-0838390                               | FOUNDATION                     | WI   | 501(c)(3)                  | 10  | ASCENSION ALL SAINTS HOSPITAL INC                                | Yes   |    |
| 711 Genn Drive<br>Wamego, KS 66547<br>72-1526400                                   | HOSPITAL                       | KS   | 501(c)(3)                  | 3   | ASCENSION VIA CHRISTI HOSPITAL MANHATTAN INC                     | Yes   |    |
| 3237 SOUTH 16TH STREET<br>MILWAUKEE, WI 53215<br>39-2028808                        | FOUNDATION                     | WI   | 501(c)(3)                  | Type I  | ASCENSION SE WISCONSIN HOSPITAL INC                              | Yes   |    |
| 5000 WEST CHAMBERS STREET<br>MILWAUKEE, WI 53210<br>39-1636804                     | FOUNDATION                     | WI   | 501(c)(3)                  | Type I  | ASCENSION SE WISCONSIN HOSPITAL INC                              | Yes   |    |
| 3805B SPRING STREET<br>RACINE, WI 53405<br>39-1570877                              | FOUNDATION                     | WI   | 501(c)(3)                  | 7   | ASCENSION ALL SAINTS HOSPITAL INC                                | Yes   |    |
| 19333 WEST NORTH AVENUE<br>BROOKFIELD, WI 53045<br>39-6068950                      | AUXILIARY                      | WI   | 501(c)(3)                  | Type III-FI   | ASCENSION SE WISCONSIN HOSPITAL INC                              | Yes   |    |
| 3237 SOUTH 16TH STREET<br>MILWAUKEE, WI 53215<br>32-0135258                        | FOUNDATION                     | WI   | 501(c)(3)                  | Type I  | ASCENSION ST FRANCIS HOSPITAL INC                                | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>39-1486775                    | RETIREMENT COMMUNITY           | WI   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE                                     | Yes   |    |
| 4300 BROWN DEER ROAD<br>SUITE 250<br>BROWN DER, WI 53223<br>56-2426294             | FOUNDATION                     | WI   | 501(c)(3)                  | Type I  | ASCENSION WISCONSIN PHARMACY INC                                 | Yes   |    |
| 400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>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)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity                 | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V-UBI amount in<br>Box 20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|---|---|---|--|---|---------------------------------|--|--|----|---|--|----|--------------------------------|
|   |   |   |  |   |                                 |  | Yes                                    | No |   | Yes  | No |                                |
| (1)<br>ALEXIAN REHABILITATION<br>SERVICES LLC<br><br>935 Beisner<br>Elk Grove Village, IL 60007<br>30-0221481                 | REHABILITATION<br>HOSPITAL              | IL  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (1)<br>ALVERNO CLINICAL<br>LABORATORIES LLC<br><br>2434 INTERSTATE PLAZA DRIVE<br>HAMMOND, IN 46324<br>20-3240648             | MEDICAL SERVICE                         | IN  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (2)<br>AMBROSE PARKWOOD WEST II<br>LLC<br><br>55 MONUMENTAL CIRCLE<br>STE 450<br>INDIANAPOLIS, IN 46204<br>27-0532924         | LAND HOLDINGS                           | IN  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (3)<br>AMBULATORY SURGERY CENTER<br>LP<br><br>818 N EMPORIA STE 108<br>WICHITA, KS 67214<br>48-1114690                        | SURGERY CENTER                          | KS  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (4) ASCENSION ALPHA FUND LLC<br><br>101 SOUTH HANLEY ROAD<br>SUITE 200<br>ST LOUIS, MO 63105<br>90-0786464                    | INVESTMENTS                             | MO  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (5)<br>ASCENSION VIA CHRISTI<br>IMAGING MANHATTAN LLC<br><br>1823 COLLEGE AVE<br>MANHATTAN, KS 66502<br>48-1251984            | RADIOLOGY SERVICES                      | KS  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (6)<br>ASCENSION WISCONSIN EMERUS<br>JV LLC<br><br>8040 EXCELSOIR DRIVE<br>SUITE 400<br>MADISON, WI 53717<br>38-4118568       | ACUTE CARE HOSPITALS                    | WI  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (7)<br>BAPTIST WOMENS HEALTH<br>CENTER LLC<br><br>1900 CHURCH STREET SUITE 300<br>NASHVILLE, TN 37203<br>62-1772195           | OWNS AND OPERATES<br>SPECIALTY HOSPITAL | TN  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (8)<br>BELMONT HARLEM SURGERY<br>CENTER LLC<br><br>3101 NORTH HARLEM<br>CHICAGO, IL 60634<br>41-2237162                       | MEDICAL SERVICE                         | IL  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (9)<br>BONAVENTURE MEDICAL<br>FOUNDATION LLC<br><br>2601 NAVISTAR DRIVE<br>Lisle, IL 60532<br>36-3978153                      | MANAGES MANAGED<br>CARE CONTRACTS       | DE  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (10)<br>BORGESS HEALTH PARTNERS LLC<br><br>28000 DEQUINDRE<br>Warren, MI 48092<br>38-2648846                                  | MANAGED CARE                            | MI  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (11)<br>CARMEL AMBULATORY SURGERY<br>CENTER LLC<br><br>13421 OLD MERIDIAN STREET<br>STE 150<br>CARMEL, IN 46032<br>32-0014795 | AMBULATORY SURGERY<br>CENTER            | IN  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (12)<br>CENTRAL TEXAS LAUNDRY LLC<br><br>4255 PROFIT STREET<br>SAN ANTONIO, TX 78219<br>74-2613749                            | LAUNDRY SERVICES                        | TX  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (13) CHV III LP<br><br>101 SOUTH HANLEY ROAD<br>ST LOUIS, MO 63105<br>45-4486925  | INVESTMENTS                             | MO  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (14) CHV IV LP<br><br>101 SOUTH HANLEY ROAD<br>ST LOUIS, MO 63105<br>81-3953953   | INVESTMENTS                             | DE  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership                                    |                               |   |  |   |                                 |  |  |    |  |  |    |                                |
|--|-------------------------------|---|--|---|---------------------------------|--|--|----|--|--|----|--------------------------------|
| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity       | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V-UBI amount in<br>Box 20 of Schedule K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|  |                               |   |  |   |                                 |  | Yes                                    | No |  | Yes  | No |                                |
| (16) ENDOSCOPY CENTER LLC<br><br>13421 OLD MERIDIAN STREET<br>STE 150<br>CARMEL, IN 46032<br>32-0029881                              | ENDOSCOPY CENTER              | IN  | NA                                     | N/A   |                                 |  |  |    |  |  |    |                                |
| (1) ENDOSCOPY GROUP LLC<br><br>4810 NORTH DAVIS HIGHWAY<br>PENSACOLA, FL 32503<br>59-3519881   | MEDICAL SERVICES              | FL  | NA                                     | N/A   |                                 |  |  |    |  |  |    |                                |
| (2) HOSPITAL CONSOLIDATED<br>LABORATORIES LLC<br><br>39595 W 10 MILE ROAD<br>Novi, MI 48375<br>38-3318428                            | LAB SERVICES                  | MI  | NA                                     | N/A   |                                 |  |  |    |  |  |    |                                |
| (3) INTERVENTIONAL<br>REHABILITATION CENTER LLC<br><br>1549 AIRPORT BOULEVARD STE<br>420<br>PENSACOLA, FL 32503<br>59-3673361        | MEDICAL SERVICES              | FL  | NA                                     | N/A   |                                 |  |  |    |  |  |    |                                |
| (4) KANSAS SURGERY AND<br>RECOVERY CENTER LLC<br><br>2770 NORTH WEBB ROAD<br>WICHITA, KS 67226<br>48-1148580                         | SURGERY CENTER                | KS  | NA                                     | N/A   |                                 |  |  |    |  |  |    |                                |
| (5) KENOSHA DIGESTIVE HEALTH<br>CENTER<br><br>1033 N MAYFAIR ROAD<br>SUITE 101<br>WAUWATUSA, WI 53226<br>84-2167873                  | DIGESTIVE HEALTH              | WI  | NA                                     | N/A   |                                 |  |  |    |  |  |    |                                |
| (6) LOURDES HEALTH SUPPORT LLC<br><br>333 BUTTERNUT DRIVE<br>Suite 100<br>Dewitt, NY 13214<br>16-1611707                             | MEDICAL EQUIPMENT<br>PROVIDER | NY  | NA                                     | N/A   |                                 |  |  |    |  |  |    |                                |
| (7) MIDDLE TENNESSEE IMAGING LLC<br><br>400 N HIGHLAND AVENUE<br>MURFREESBORO, TN 37219<br>01-0570490                                | DIAGNOSTIC IMAGING<br>CENTER  | TN  | NA                                     | N/A   |                                 |  |  |    |  |  |    |                                |
| (8) MURFREESBORO DIAGNOSTIC<br>IMAGING LLC<br><br>400 N HIGHLAND AVENUE<br>MURFREESBORO, TN 37219<br>20-0291952                      | DIAGNOSTIC IMAGING<br>CENTER  | TN  | NA                                     | N/A   |                                 |  |  |    |  |  |    |                                |
| (9) NAAB ROAD SURGERY CENTER<br>LLC<br><br>8260 NAAB ROAD<br>STE 100<br>INDIANAPOLIS, IN 46260<br>35-1991390                         | AMBULATORY SURGERY<br>CENTER  | IN  | NA                                     | N/A   |                                 |  |  |    |  |  |    |                                |
| (10) OKLAHOMA CANCER SPECIALISTS<br>REAL ESTATE COMPANY LLC<br><br>12697 E 51ST STREET South<br>TULSA, OK 74146<br>61-1774455        | REAL ESTATE HOLDING           | OK  | NA                                     | N/A   |                                 |  |  |    |  |  |    |                                |
| (11) OPEN MRI OF MICHIGAN<br><br>411 W 13 MILE ROAD<br>MADISON HEIGHTS, MI 48071<br>38-3544539                                       | MRI CENTER                    | MI  | NA                                     | N/A   |                                 |  |  |    |  |  |    |                                |
| (12) ORTHOPEDIC SURGERY CENTER<br>OF THE FOX VALLEY LLC<br><br>2223 LIME KILN ROAD<br>SUITE 101<br>GREEN BAY, WI 54311<br>84-2016212 | SURGERY CENTER                | WI  | NA                                     | N/A   |                                 |  |  |    |  |  |    |                                |
| (13) PET LLC<br><br>5149 NORTH 9TH AVENUE SUITE<br>124<br>PENSACOLA, FL 32504<br>59-3788701  | MEDICAL SERVICES              | FL  | NA                                     | N/A   |                                 |  |  |    |  |  |    |                                |
| (14) PREMIER RADIOLOGY WISCONSIN<br>LLC<br><br>500 W BROWN DEER ROAD<br>SUITE 202<br>BAYSIDE, WI 53217<br>83-3180104                 | RADIOLOGY                     | WI  | NA                                     | N/A   |                                 |  |  |    |  |  |    |                                |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership                                |   |   |  |   |                                 |  |  |    |   |  |    |                                |
|--|---|---|--|---|---------------------------------|--|--|----|---|--|----|--------------------------------|
| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity                               | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V-UBI amount in<br>Box 20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|  |   |   |  |   |                                 |  | Yes                                    | No |   | Yes  | No |                                |
| (31)<br>PRESENCE LAKESHORE<br>GASTROENTEROLOGY LLC<br><br>150 N RIVER ROAD<br>Suite 210<br>Des Plaines, IL 60016<br>81-1750563   | MEDICAL SERVICES                                      | IL  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (1)<br>PROFESSIONAL CLINICAL<br>LABORATORIES LLC<br><br>113 E 4TH ST<br>MICHIGAN CITY, IN 46360<br>30-0711211                    | MEDICAL SERVICES                                      | IN  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (2) RADS OF AMERICA LLC<br><br>PO BOX 249<br>GOODLETTSVILLE, TN 370700249<br>20-0597581  | AMBULATORY SURGERY<br>CENTER                          | TN  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (3)<br>SAINT THOMAS HOME RECOVERY<br>CARE LLC<br><br>49 MUSIC SQUARE WEST<br>SUITE 401<br>NASHVILLE, TN 37203<br>84-2100096      | MEDICAL AND<br>REHABILITATION<br>SERVICES             | TN  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (4)<br>SOUTH COAST REAL ESTATE<br>VENTURE LLC<br><br>5907 HIGHWAY 90<br>MOSS POINT, MS 39563<br>45-5599047                       | OWN REAL ESTATE FOR<br>A PHYSICIAN OFFICE<br>BUILDING | MS  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (5)<br>ST VINCENT'S OUTPATIENT<br>SURGERY SERVICES LLC<br><br>810 ST VINCENTS DRIVE<br>BIRMINGHAM, AL 35205<br>20-0708162        | OUTPATIENT SURGERY                                    | AL  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (6)<br>ST VINCENT'S SLEEP DISORDER<br>CENTER<br><br>810 ST VINCENTS DRIVE<br>BIRMINGHAM, AL 35205<br>63-1282288                  | SLEEP DISORDER<br>CENTER                              | AL  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (7)<br>STVINCENT HEART CENTER OF<br>INDIANA LLC<br><br>10580 N MERIDIAN STREET<br>INDIANAPOLIS, IN 46290<br>36-4492612           | HEART HOSPITAL  | IN  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (8) STHS SLEEP CENTER LLC<br><br>102 WOODMONT BOULEVARD<br>SUITE 800<br>NASHVILLE, TN 37205<br>20-3664894                        | OPERATES A SLEEP<br>CENTER                            | TN  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (9)<br>THE MICHIGAN INSTITUTE FOR<br>ADVANCED SURGERY LLC<br><br>1375 S LAPEER ROAD<br>109<br>Lake Orion, MI 48360<br>03-0444972 | OUTPATIENT SERVICES                                   | MI  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (10)<br>TOWNE CENTRE SURGERY CENTER<br>LLC<br><br>4599 TOWNE CENTRE<br>SAGINAW, MI 48604<br>20-4943843                           | OUTPATIENT SERVICES                                   | MI  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (11)<br>TRI-STATE COMMUNITY CLINICS<br>LLC<br><br>8601 N KENTUCKY AVENUE<br>STE J<br>EVANSVILLE, IN 47711<br>27-0885968          | PRIMARY CARE<br>PHYSICIAN PRACTICES                   | IN  | NA                                     | N/A   |                                 |  |  |    |   |  |    |                                |
| (12)<br>VIA CHRISTI MERCY CLINIC LLC<br><br>1 Mt CARMEL PLACE<br>Pittsburg, KS 66762<br>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)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity          | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity                   | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|----------------------------------|---|---|--|---------------------------------|---|--------------------------------|--|----|
|  |                                  |   |   |  |                                 |   |                                | Yes  | No |
| (1) ADVANTAGE HEALTHCO INC<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2698151  | HEALTH SERVICES                  | TX  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (1) ADVENT INC<br>28000 DEQUINDRE<br>WARREN, MI 48092<br>38-2971743  | RENTAL REAL ESTATE               | MI  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (2) AFFILIATED HEALTH SERVICES INC<br>28000 DEQUINDRE<br>WARREN, MI 48092<br>38-2292922  | MEDICAL SERVICES                 | MI  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (3)<br>AFFILIATED MEDICAL SERVICES<br>LABORATORY INC<br>2916 E CENTRAL<br>WICHITA, KS 67214<br>48-1239522                                  | MEDICAL LABORATORY               | KS  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (4) AH INCUBATIONS ACCELERATOR INC<br>101 SOUTH HANLEY ROAD<br>SUITE 450<br>ST LOUIS, MO 63105<br>45-5078523                               | MEDICAL SERVICE                  | MO  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (5)<br>ALEXIAN BROTHERS CORPUS CHRISTI<br>HOUSING PROJECT LLC<br>3900 SOUTH GRAND<br>ST LOUIS, MO 63118<br>94-3465394                      | HOUSING                          | MO  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (6)<br>ALEXIAN BROTHERS HEALTH PROVIDERS<br>ASSOCIATION INC<br>2601 NAVISTAR DRIVE<br>LISLE, IL 60532<br>36-3853286                        | MESSENGER MODEL IPA              | IL  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (7) ALEXIAN VILLAGE OF ELK GROVE<br>3040 W SALT CREEK<br>ARLINGTON HEIGHTS, IL 60005<br>35-2211303   | TAX CREDIT FINANCED<br>HOUSING   | IL  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (8)<br>AMITA HEALTH CLINICALLY INTEGRATED<br>NETWORK LLC<br>2601 NAVISTAR DRIVE<br>LISLE, IL 60532<br>80-0967178                           | MANAGED CARE                     | IL  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (9) ASCENSION CAPITAL UK LIMITED<br>FOUNTAIN HOUSE<br>130 FENCHURCH STREET<br>LONDON, ENGLAND EC3M5DJ<br>UK                                | INSURANCE                        | UK  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (10)<br>ASCENSION CARE MANAGEMENT HEALTH<br>PARTNERS TENNESSEE<br>102 WOODMONT BOULEVARD<br>SUITE 700<br>NASHVILLE, TN 37205<br>45-2958482 | ACCOUNTABLE CARE<br>ORGANIZATION | TN  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (11)<br>ASCENSION CARE MANAGEMENT HEALTH<br>PARTNERS INC<br>101 SOUTH HANLEY ROAD<br>SUITE 200<br>CLAYTON, MO 63105<br>45-4413419          | MEDICAL SERVICE                  | MO  | ASCENSION HEALTH<br>ALLIANCE                          | C Corporation  |                                 |   |                                | Yes  |    |
| (12)<br>ASCENSION CARE MANAGEMENT HOLDINGS<br>LTD AND SUBSIDIARIES<br>8220 IRVING<br>STERLING HEIGHTS, MI 48312<br>38-3269272              | INSURANCE AND TPA                | MI  | ASCENSION CARE<br>MANAGEMENT<br>INSURANCE<br>HOLDINGS | C Corporation  |                                 |   |                                | Yes  |    |
| (13)<br>ASCENSION HEALTH INSURANCE LIMITED<br>PO BOX 1159<br>GRAND CAYMAN, Bahamas KY11102<br>CJ   | INSURANCE                        | CJ  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (14)<br>ASCENSION HEALTH MASTER PENSION<br>TRUST<br>11775 BORMAN DRIVE<br>SUITE 200<br>ST LOUIS, MO 63146<br>36-6891022                    | TRUST                            | MO  | NA  | Trust  |                                 |   |                                | Yes  |    |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                                |  |   |                                     |  |                                 |   |                                |  |    |
|--|--|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity                | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|  |  |   |                                     |  |                                 |   |                                | Yes  | No |
| (16)<br>ASCENSION HEALTH RISK PURCHASING<br>GROUP<br>101 SOUTH HANLEY ROAD<br>SUITE 450<br>ST LOUIS, MO 63105<br>27-4176480              | SUPPORTING<br>ORGANIZATION             | MO  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (1)<br>ASCENSION MEDICAL GROUP VIA CHRISTI PA<br>3311 EAST MURDOCK<br>WICHITA, KS 67208<br>48-0993446                                    | PROFESSIONAL<br>ASSOCIATION            | KS  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (2) ASCENSION VENTURES CORPORATION<br>810 ST VINCENTS DRIVE<br>BIRMINGHAM, AL 35205<br>63-1217059  | MISC HEALTHCARE<br>SERVICES            | AL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (3) BAPTIST HEALTH CARE VENTURES INC<br>2000 CHURCH STREET<br>NASHVILLE, TN 37236<br>62-0469214  | HOLDING COMPANY                        | TN  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (4) BAYLEY CONDOMINIUM ASSOCIATION<br>2121 HIGHLAND AVENUE SOUTH<br>BIRMINGHAM, AL 35205<br>63-1209915                                   | CONDOMINIUM<br>ASSOCIATION             | AL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (5) BEECHER BALLENGER SERVICES<br>ONE GENESYS PARKWAY<br>GRAND BLANC, MI 484398065<br>38-2497922   | HOLDING COMPANY                        | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (6) CARONDELET MEDICAL GROUP INC<br>2202 N FORBES BLVD<br>TUCSON, AZ 85745<br>86-0836126   | MEDICAL GROUP                          | AZ  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (7) CARONDELET SPECIALIST GROUP INC<br>2202 N FORBES BLVD<br>TUCSON, AZ 85745<br>28-1558773  | PHYSICIAN PRACTICE                     | AZ  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (8) CLINICAL HOLDINGS CORP<br>101 SOUTH HANLEY ROAD<br>SUITE 200<br>CLAYTON, MO 63105<br>45-3802297                                      | HOLDING COMPANY                        | MO  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (9)<br>CONSOLIDATED PHARMACY SERVICES INC<br>AND SUBSIDIARIES<br>4205 BELFORT ROAD<br>SUITE 4030<br>JACKSONVILLE, FL 32216<br>59-3398033 | RETAIL PHARMACY &<br>PATIENT TRANSPORT | FL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (10) CORBETT CORPORATION<br>169 RIVERSIDE DRIVE<br>BINGHAMTON, NY 13905<br>16-1268267  | PROPERTY MANAGEMENT                    | NY  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (11)<br>CRITTENTON DEVELOPMENT CORPORATION<br>2251 N SQUIRREL RD<br>SUITE 310<br>AUBURN HILLS, MI 48326<br>38-2594115                    | REAL ESTATE                            | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (12) CRITTENTON MEDICAL PHARMACY INC<br>1135 WEST UNIVERSITY DR 105<br>ROCHESTER, MI 48307<br>20-3773341                                 | PHARMACY SERVICES                      | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (13) DELL CHILDREN'S HEALTH ALLIANCE<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>27-1311909  | HEALTH SERVICES                        | TX  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (14) EASTSIDE VENTURES<br>810 ST VINCENTS DRIVE<br>BIRMINGHAM, AL 35205<br>63-0846221  | MISC HEALTHCARE<br>SERVICES            | AL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                                  |                                    |   |                                     |  |                                 |   |                                |  |    |
|--|------------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity            | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|  |                                    |   |                                     |  |                                 |   |                                | Yes  | No |
| (31)<br>FAMILY MEDICINE CENTER CONDOMINIUM<br>ASSOCIATION INC<br>1 SHIRCLIFF WAY<br>JACKSONVILLE, FL 32204<br>26-1983355                   | CONDOMINIUM<br>ASSOCIATION         | FL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (1)<br>FRANKLIN MEDICAL OFFICE BUILDING<br>CONDOMINIUM ASSOCIATION INC<br>400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>34-1983857 | CONDO ASSOCIATION                  | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (2) GENESYS PRACTICE PARTNERS<br>5445 ALI DRIVE<br>DEPT 200<br>GRAND BLANC, MI 48439<br>03-0516871   | EMPLOYED PHY<br>PRACTICE           | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (3) GULF COAST DIVERSIFIED INC<br>5154 NORTH 9TH AVENUE<br>PENSACOLA, FL 32507<br>59-2432798   | INVESTMENT                         | FL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (4) HEALTHNET OF ALABAMA INC<br>PO BOX 830605<br>BIRMINGHAM, AL 352830605<br>63-1027511  | PREFERRED PROVIDER<br>ORGANIZATION | AL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (5) HOWARD YOUNG CLINICS INC<br>240 MAPLE STREET<br>WOODRUFF, WI 54568<br>39-1969706   | HEALTHCARE                         | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (6) INDIAN CREEK CENTER INC<br>101 S HANLEY<br>SUITE 200<br>ST LOUIS, MO 63105<br>48-0956627   | MANAGEMENT                         | MO  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (7) INTEGRATED HEALTHCARE SYSTEMS INC<br>3311 EAST MURDOCK<br>WICHITA, KS 67208<br>48-0941549  | CLINIC SERVICES                    | KS  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (8) MADISON MEDICAL AFFILIATES INC<br>4425 N PORT WASHINGTON RD<br>GLENDALE, WI 53212<br>39-1855720  | HEALTHCARE                         | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (9) MID-STATE PROPERTIES INC<br>2000 CHURCH STREET<br>NASHVILLE, TN 37236<br>62-1232018  | INACTIVE                           | TN  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (10) MISSISSIPPI PROVIDENCE HEALTHCARE<br>SERVICES INC<br>6801 AIRPORT BLVD<br>MOBILE, AL 36608<br>46-1130426                              | HEALTHCARE SERVICES                | MS  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (11) OMNI MEDICAL GROUP INC<br>1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1335536  | MEDICAL SERVICES                   | OK  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (12) PHYSICIAN SUPPORT SERVICES INC<br>1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1437252  | MEDICAL SERVICES                   | OK  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (13)<br>PHYSICIANS OF PASCO CONDOMINIUMS<br>ASSOC<br>520 NORTH 4TH AVENUE<br>PASCO, WA 99301<br>45-3691641                                 | PROPERTY MANAGEMENT                | WA  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (14) PRESENCE PROPERTIES INC<br>100 NORTH RIVER ROAD<br>DES PLAINES, IL 60016<br>36-3520630  | MEDICAL                            | IL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                    |                         |   |                                     |  |                                 |   |                                |  |    |
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| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|  |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| (46) PRESENCE SERVICE CORPORATION<br>2380 E DEMPSTER STREET<br>DES PLAINES, IL 60016<br>36-4314354                           | MEDICAL                 | IL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (1) PRESENCE VENTURES INC<br>100 NORTH RIVER ROAD<br>DES PLAINES, IL 60016<br>37-1168085                                     | MEDICAL                 | IL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (2) PROSPECT MEDICAL COMMONS<br>CONDOMINIUM ASSOCIATION INC<br>4425 N PORT WASHINGTON RD<br>GLENDALE, WI 53212<br>20-8042108 | CONDO ASSOCIATION       | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (3) PROVIDENCE PARK INC<br>PO BOX 850429<br>MOBILE, AL 36685<br>63-0886846   | REAL ESTATE             | AL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (4) REGIONAL MEDICAL LABORATORIES INC<br>1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1131608                            | MEDICAL SERVICES        | OK  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (5) RESOURCE PHARMACIES INC<br>1150 VARNUM STREET NE<br>WASHINGTON, DC 20017<br>52-1410076                                   | RETAIL PHARMACY         | DC  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (6) SETON INSURANCE COMPANY<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>47-5395483                                       | HEALTH SERVICES         | TX  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (7) SETON ACCOUNTABLE CARE ORGANIZATION<br>INC<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2677756                    | HEALTH SERVICES         | TX  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (8) SETON HEALTH ALLIANCE<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>45-3047469   | HEALTH SERVICES         | TX  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (9) SETON HEALTH PLAN INC<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2725348   | HMO                     | TX  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (10) SETON MSO INC<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2870455  | HEALTH SERVICES         | TX  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (11) SETON PHARMACY INC<br>4205 BELFORT ROAD<br>SUITE 4030<br>JACKSONVILLE, FL 32216<br>59-3001427                           | RETAIL PHARMACY         | FL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (12) SETON PHYSICIAN HOSPITAL NETWORK<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2643825                             | HEALTH SERVICES         | TX  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (13) SOVA INC<br>102 WOODMONT BOULEVARD<br>SUITE 700<br>NASHVILLE, TN 37205<br>26-1319638                                    | HEALTH SERVICES         | TN  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (14) ST AGNES HEALTH VENTURES INC<br>900 CATON AVENUE<br>BALTIMORE, MD 21229<br>52-1733632                                   | HOLDING COMPANY         | MD  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |

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|  |  |   |                                     |  |                                 |   |                                | Yes  | No |
| (61) ST JOHN ANESTHESIA SERVICES INC<br>1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>20-3690446                   | MEDICAL SERVICES                                   | OK  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (1) ST JOHN PHYSICIANS INC<br>1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1321032                             | MEDICAL SERVICES                                   | OK  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (2) ST JOHN URGENT CARE CLINICS INC<br>1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>20-4990275                    | MEDICAL SERVICES                                   | OK  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (3) ST JOSEPH HEALTH ENTERPRISES<br>200 HEMLOCK ROAD<br>TAWAS CITY, MI 48764<br>38-2686747                         | OTHER MEDICAL                                      | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (4) ST MARY'S HEALTH<br>800 S WASHINGTON AVENUE<br>SAGINAW, MI 48601<br>38-3477017                                 | DORMANT  | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (5) ST MARY'S MEDICAL GROUP INC<br>3700 WASHINGTON AVE<br>EVANSVILLE, IN 47750<br>35-2076827                       | INVESTMENT   | IN  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (6) ST VINCENT'S STRATEGIC VENTURES INC<br>4205 BELFORT ROAD<br>SUITE 4030<br>JACKSONVILLE, FL 33213<br>59-3133073 | LEASING  | FL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (7) SUNFLOWER ASSURANCE LTD<br>PO BOX 1085<br>GRAND CAYMAN, Bahamas KY11102<br>CJ                                  | INSURANCE  | CJ  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (8) TEXTILE SYSTEMS INC<br>817 WALBRIDGE<br>KALAMAZOO, MI 49007<br>38-2705047                                      | LAUNDRY SERVICES                                   | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (9) THELEN CORPORATION<br>3040 SALT CREEK LANE<br>ARLINGTON HEIGHTS, IL 60005<br>36-3266316                        | OWNS/ LEASES<br>PROPERTY, JOINT<br>VENTURE PARTNER | IL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (10) TRAVEL SERVICES CORPORATION<br>PO BOX 45998<br>ST LOUIS, MO 631455998<br>26-3764978                           | TRAVEL SERVICES                                    | MO  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (11) US HEALTH HOLDINGS LTD AND<br>SUBSIDIARIES<br>8220 IRVING<br>STERLING HEIGHTS, MI 48312<br>38-3269272         | INSURANCE AND TPA                                  | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (12) UTICA SERVICES INC<br>1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1057650                                | MEDICAL SERVICES                                   | OK  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (13) VCH IOWA PC<br>8200 E THORN DRIVE<br>WICHITA, KS 67226<br>27-3983977  | PROFESSIONAL<br>ASSOCIATION                        | IA  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (14) VCH IOWA PC TRUST<br>8200 E THORN DRIVE<br>WICHITA, KS 67226<br>27-6937322                                    | BENEFICIARY TRUST                                  | IA  | NA                                  | Trust  |                                 |   |                                | Yes  |    |

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|  |                             |   |                                     |  |                                 |   |                                | Yes  | No |
| (76) VIA CHRISTI CLINIC SERVICES INC<br>8200 E THORN DRIVE<br>WICHITA, KS 67226<br>27-3984287                                  | CLINIC SERVICES             | KS  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (1) VIA CHRISTI HEALTH ALLIANCE IN<br>ACCOUNTABLE CARE INC<br>8200 E THORN DRIVE<br>WICHITA, KS 67226<br>48-2872857            | ACO                         | KS  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (2) VINCENTIAN VENTURES OF NORTH ALABAMA<br>INC<br>810 ST VINCENTS DRIVE<br>BIRMINGHAM, AL 35205<br>63-0965456                 | MISC HEALTHCARE<br>SERVICES | AL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (3) VINCENTURES INC<br>95 MERRITT BOULEVARD<br>TRUMBULL, CT 06611<br>06-1211417  | INACTIVE                    | CT  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (4) WHEATON FRANCISCAN ENTERPRISES INC<br>400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>39-1985204                     | HOLDING CO                  | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (5) WHEATON FRANCISCAN HOLDINGS INC<br>400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>39-1836357                        | HOLDING CO                  | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (6) WHEATON FRANCISCAN MEDICAL GROUP -<br>SUSSEX INC<br>400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>39-1361100       | HEALTHCARE                  | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (7) WHEATON FRANCISCAN PROVIDER NETWORK<br>INC<br>400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>39-1952140             | PROVIDER CONTRACT           | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (8) WHEATON WAY CONDOMINIUM OWNERS<br>ASSOCIATION INC<br>10101 SOUTH 27TH STREET<br>FRANKLIN, WI 53123<br>30-0659830           | CONDO ASSOCIATION           | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (9) L GILBRAITH INSURANCE SPC LTD<br>C/O STRATEGIC RISK SOLUTIONS<br>PO BOX 1159<br>GRAND CAYMAN, CAYMAN ISLANDS KY11120<br>CJ | INSURANCE                   | CJ  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |