Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

B Check if applicable	C Name of organization ASCENSION ALLEGAN HOSPITAL (F/K/A ALLEGAN GENERAL HOSPITAL)	D Employer identification number
☐ Address change	Doing business as ASCENSION ALLEGAN BORGESS HOSPITAL	38-1359180
☑ Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number
☐ Initial return	555 LINN STREET	(314) 733-8000
☐ Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	
☐ Amended return	ALLEGAN, MI 49010	G Gross receipts $ 42,661,303
☐ Application pending	F Name and address of principal officer PETER BERGMANN 1521 GULL ROAD, KALAMAZOO, MI 49048	H(a) Is this a group return for subordinates? ☐ Yes ☑ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)

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

J Website ▶ HTTPS://HEALTHCARE.ASCENSION.ORG/LOCATIONS/MICHIGAN/MIKAL/ALLEGAN-ASCENSION-BORGESS-ALLEGAN-HOSPITAL H(c) Group exemption number ▶

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1944 M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH AND WELL-BEING OF ALL PEOPLE IN THE COMMUNITIES WE SERVE

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	377
6	Total number of volunteers (estimate if necessary)	6	42
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	26,250	120,211
9	Program service revenue (Part VIII, line 2g)	36,016,259	42,003,469
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,655,568	19,125
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,415,938	504,964
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,114,015	42,647,769
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	23,453,678	22,482,006
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	26,760,691	24,714,523
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	50,214,369	47,196,529
19	Revenue less expenses Subtract line 18 from line 12	(1,100,354)	(4,548,760)

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	21,761,281	103,911,109
21	Total liabilities (Part X, line 26)	28,466,525	75,182,776
22	Net assets or fund balances Subtract line 21 from line 20	(6,705,244)	28,728,333

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OGDEN, UT
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Part II Signature Block

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

Sign Here	Signature of officer	Date
	11/16/2020	
	TONYA MERSHON, ASSISTANT VP OF TAX	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2019)

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

(CONTINUED ON SCHEDULE O)

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 $ 37,373,136 including grants of $) (Revenue $ 42,003,469)

ASCENSION ALLEGAN HOSPITAL IS A 25-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY DURING CALENDAR YEAR 2019, ASCENSION ALLEGAN HOSPITAL TREATED 528 ADULTS AND CHILDREN FOR A TOTAL OF 1,798 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 54,412 OUTPATIENT VISITS, WHICH INCLUDED 1,209 OUTPATIENT SURGERIES AND 10,167 EMERGENCY ROOM VISITS. SEE SCHEDULE H FOR A NON-EXHAUSTIVE LIST OF COMMUNITY BENEFIT PROGRAMS AND DESCRIPTIONS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 37,373,136

ABD HRJO

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	32		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 377			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country ▶ ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		✓

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . .	1a	10		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		✓	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✓
6	Did the organization have members or stockholders?	6		✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			✓

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)*

19 Describe on 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, FAX: (314) 733-8888

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER R KOZIARA, MD	50.0									
PHYSICIAN	0.0					✓		843,061	0	35,705
(2) GERALD J BARBINI	50.0									
PRESIDENT & CEO-COMPENSATED BY QUORUM (END 8/2019)	0.0			✓				691,414	0	75,901
(3) PETER U BERGMANN	0.0									
PRESIDENT & CEO (START 9/2019)	50.0			✓				0	500,224	28,450
(4) MATTHEW S RALPH, MD	50.0									
PHYSICIAN	0.0					✓		347,838	0	35,625
(5) RACHEL A VANDENBRINK, MD	50.0									
PHYSICIAN	0.0					✓		334,126	0	25,892
(6) LOUIS T PRAAMSMA, MD	50.0									
PHYSICIAN	0.0					✓		298,928	0	35,625
(7) SHELLY WOODY WHITE, III	50.0									
INTERIM CFO-COMPENSATED BY QUORUM (END 8/2019)	0.0			✓				243,517	0	51,062
(8) JOSHUA J NATALI, MD	50.0									
PHYSICIAN	0.0					✓		264,782	0	9,241
(9) MARINA A HOUGHTON	0.0									
VP, FINANCE (START 9/2019)	50.0			✓				0	239,181	28,599
(10) KATHY S CHAPMAN	50.0									
FORMER OFFICER (END 12/2018)	0.0						✓	147,237	0	10,254
(11) DAVID G FEDERINKO	50.0									
FORMER OFFICER (END 12/2018)	0.0						✓	126,354	0	24,823
(12) TIMOTHY K DICKINSON, MD	25.0									
DIRECTOR/PHYSICIAN	0.0	✓						87,540	0	2,626
(13) JAMES CONNELL, DVM	1.0									
SECRETARY	2.0	✓		✓				0	0	0
(14) JAMES MUENZER	1.0									
CHAIR	2.0	✓		✓				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JANA TIBBITTS, CPA	1.0									
TREASURER	2.0	✓		✓				0	0	0
(16) PAUL A HODGE, OD	1.0									
VICE CHAIR	2.0	✓		✓				0	0	0
(17) AMANDA MORGAN	1.0									
DIRECTOR	1.0	✓						0	0	0
(18) JASON BURCHARDT	1.0									
DIRECTOR	1.0	✓						0	0	0
(19) KIMBERLY SHIRVER	1.0									
DIRECTOR (END 11/2019)	1.0	✓						0	0	0
(20) MATTHEW ANTKOVIAK	1.0									
DIRECTOR	1.0	✓						0	0	0
(21) NATHAN HOFFMAN	1.0									
DIRECTOR	1.0	✓						0	0	0
(22) RYAN D MOORE, RPH	1.0									
DIRECTOR	1.0	✓						0	0	0
(23)										
(24)										
(25)										
1b Subtotal ▶								3,384,797	739,405	363,803
c Total from continuation sheets to Part VII, Section A ▶								0	0	0
d Total (add lines 1b and 1c) ▶								3,384,797	739,405	363,803

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 ▶ 24

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	✓	
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? *If "Yes," complete Schedule J for such individual*	✓	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	✓	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HIMAGINE SOLUTIONS, P.O. BOX 743505, ATLANTA, GA 30374	MEDICAL RECORDS CODING	384,120
PHARMACY SYSTEMS, 5050 BRADENTON AVENUE, DUBLIN, OH 43017	PHARMACY SERVICES	266,049
AMERICAN HEALTH STAFFING, PO BOX 1928, EDMOND, OK 73083-1928	MEDICAL SERVICES	253,562
ALLEGAN INTERNAL MEDICINE, 305 THOMAS STREET, ALLEGAN, MI 49010	HOSPITALIST SERVICES	223,000
AHED ZAYZAFOON, MD, 3699 BYRAM CIRCLE, PORTAGE, MI 49024	HOSPITALIST	202,000

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 ▶ 8

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	100,000				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	20,211				
	g	Noncash contributions included in lines 1a–1f	1g	$				
	h	**Total.** Add lines 1a–1f ▶			120,211			
Program Service Revenue			Business Code					
	2a	NET PATIENT SERVICE REVENUE	621110		41,527,151	41,527,151		
	b	MANAGEMENT FEES	561000		129,868	129,868		
	c	RENTAL INCOME FROM AFFILIATES	531120		70,878	70,878		
	d	PHARMACY REVENUE	446110		33,939	33,939		
	e	INCENTIVES	900099		241,633	241,633		
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f ▶			42,003,469			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶						
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents 6a	204,124					
	b	Less: rental expenses 6b	8,775					
	c	Rental income or (loss) 6c	195,349	0				
	d	Net rental income or (loss) ▶			195,349			195,349
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a	19,125					
	b	Less: cost or other basis and sales expenses 7b						
	c	Gain or (loss) 7c	19,125	0				
	d	Net gain or (loss) ▶			19,125			19,125
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a						
	b	Less: direct expenses 8b						
	c	Net income or (loss) from fundraising events ▶						
	9a	Gross income from gaming activities. See Part IV, line 19 9a						
	b	Less: direct expenses 9b						
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances 10a	6,771					
	b	Less: cost of goods sold 10b	4,759					
	c	Net income or (loss) from sales of inventory ▶			2,012			2,012
Miscellaneous Revenue			Business Code					
	11a	CAFETERIA	722514		112,856			112,856
	b	COMMUNITY EDUCATION	611430		10,593			10,593
	c	MEDICAL RECORDS FEES	900099		8,653			8,653
	d	All other revenue	900099		175,501	0	0	175,501
	e	**Total.** Add lines 11a–11d ▶			307,603			
	12	**Total revenue.** See instructions ▶			42,647,769	42,003,469	0	524,089

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,152,060	0	1,152,060	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	16,912,351	13,271,768	3,640,583	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	320,791	320,791		
9	Other employee benefits	952,505	704,854	247,651	
10	Payroll taxes	3,144,299	2,326,781	817,518	
11	Fees for services (nonemployees):				
a	Management				
b	Legal	187,284	138,590	48,694	
c	Accounting	71,347	52,797	18,550	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,871,989	3,679,489	192,500	0
12	Advertising and promotion	94,455	69,897	24,558	
13	Office expenses	638,101	472,195	165,906	
14	Information technology				
15	Royalties				
16	Occupancy	549,723	406,795	142,928	
17	Travel	64,170	47,486	16,684	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,583	21,891	7,692	
20	Interest	472,178	349,412	122,766	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,070,794	1,532,388	538,406	
23	Insurance	263,719	195,152	68,567	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PURCHASED SERVICES	7,629,221	5,645,624	1,983,597	
b	MEDICAL SUPPLIES	6,330,673	6,330,673		
c	EQUIPMENT LEASE	974,418	721,069	253,349	
d	MAINTENANCE & REPAIRS	552,343	408,734	143,609	
e	All other expenses	914,525	676,750	237,775	0
25	**Total functional expenses.** Add lines 1 through 24e	47,196,529	37,373,136	9,823,393	0
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	210,391	1	0
	2	Savings and temporary cash investments	1,897,430	2	2,023,768
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	5,175,272	4	5,042,786
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	923,757	8	599,421
	9	Prepaid expenses and deferred charges	153,716	9	585,015
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 57,373,741			
	b	Less: accumulated depreciation — 10b: 46,089,299	12,712,739	10c	11,284,442
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	687,976	15	84,375,677
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	21,761,281	16	103,911,109
Liabilities	17	Accounts payable and accrued expenses	6,387,172	17	4,265,112
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	20,463,440	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	1,615,913	25	70,917,664
	26	**Total liabilities.** Add lines 17 through 25	28,466,525	26	75,182,776
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	(6,705,244)	27	28,728,333
	28	Net assets with donor restrictions	0	28	0
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds	0	29	0
	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31	Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32	Total net assets or fund balances	(6,705,244)	32	28,728,333
	33	Total liabilities and net assets/fund balances	21,761,281	33	103,911,109

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,647,769
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,196,529
3	Revenue less expenses. Subtract line 2 from line 1	3	(4,548,760)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	(6,705,244)
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	39,982,337
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,728,333

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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?	2a		✓
	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?	2b	✓	
	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?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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?	3a		✓
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 on Schedule O and describe any steps taken to undergo such audits	3b		

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* for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
ASCENSION ALLEGAN HOSPITAL (F/K/A ALLEGAN GENERAL HOSPITAL)	38-1359180

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.)

03

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2019.** 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—2018.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

a ☐ 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).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

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

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

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015 . . .			
b	Excess from 2016 . . .			
c	Excess from 2017 . . .			
d	Excess from 2018 . . .			
e	Excess from 2019 . . .			

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* for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
ASCENSION ALLEGAN HOSPITAL (F/K/A ALLEGAN GENERAL HOSPITAL)	38-1359180

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 (for example, recreation or education)
☐ Preservation of a 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 Tax 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 FASB 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 FASB 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 FASB 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 make 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 program
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:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		70,556		70,556
b Buildings		27,801,379	18,963,597	8,837,782
c Leasehold improvements				
d Equipment		29,489,626	27,125,702	2,363,924
e Other		12,180		12,180
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				11,284,442

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	82,839,371
(2) ESTIMATED 3RD PARTY PAYOR SETTLEMENTS	969,548
(3) OTHER RECEIVABLES	401,758
(4) OTHER CURRENT ASSETS	165,000
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	84,375,677

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	
(2) DUE TO AFFILIATES	42,606,484
(3) ESTIMATED 3RD PARTY PAYOR SETTLEMENT	7,157,468
(4) DEBT WITH ASCENSION HEALTH	21,071,961
(5) PROPERTY TAX LIABILITY	81,751
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	70,917,664

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☑

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

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

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

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

Part XIII Supplemental Information.

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

SEE STATEMENT

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 - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2020.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
ASCENSION ALLEGAN HOSPITAL (F/K/A ALLEGAN GENERAL HOSPITAL)	38 1359180

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	✓	
b	If "Yes," was it a written policy?	1b	✓	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☑ Other 250 %	3a	✓	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 0 %	3b	✓	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	✓	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	✓	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	✓	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		✓
6a	Did the organization prepare a community benefit report during the tax year?	6a	✓	
b	If "Yes," did the organization make it available to the public?	6b	✓	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			70,966		70,966	0.15
b Medicaid (from Worksheet 3, column a)			8,952,085	4,694,134	4,257,951	9.02
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d **Total.** Financial Assistance and Means-Tested Government Programs	0	0	9,023,051	4,694,134	4,328,917	9.17
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	92	83,119	145,926		145,926	0.31
f Health professions education (from Worksheet 5)	19	103	79,390		79,390	0.17
g Subsidized health services (from Worksheet 6)					0	0.00
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)	124	307	14,572		14,572	0.03
j **Total.** Other Benefits	235	83,529	239,888	0	239,888	0.51
k **Total.** Add lines 7d and 7j	235	83,529	9,262,939	4,694,134	4,568,805	9.68

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	31		4,059		4,059	0.01
2	Economic development					0	0.00
3	Community support					0	0.00
4	Environmental improvements					0	0.00
5	Leadership development and training for community members					0	0.00
6	Coalition building	41		6,707		6,707	0.01
7	Community health improvement advocacy	4		551		551	0.00
8	Workforce development	8	20	1,287		1,287	0.00
9	Other					0	0.00
10	**Total**	84	20	12,604	0	12,604	0.03

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		✓	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	1,715,828		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	5,884,249		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	6,028,479		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(144,230)		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 ASCENSION ALLEGAN HOSPITAL 555 LINN STREET, ALLEGAN, MI 49010 HTTPS://HEALTHCARE.ASCENSION.ORG/LOCATIONS /MICHIGAN/MIKAL/ALLEGAN-ASCENSION-BORGESS -ALLEGAN-HOSPITAL STATE LICENSE NO. . M937636	✓	✓			✓		✓			
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V, Section C

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	FACILITY NAME: ASCENSION ALLEGAN HOSPITAL DESCRIPTION: THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM HOSPITAL LEADERSHIP AS WELL AS REPRESENTATIVES FROM GOVERNMENTAL HEALTH ORGANIZATIONS, AND COMMUNITY AGENCY INDIVIDUALS WHO ARE DIRECTLY INVOLVED IN PROVIDING SERVICES TO THE MEDICALLY UNDERSERVED, MINORITY, AND LOW INCOME POPULATIONS. IN THE INITIAL STAGES OF THE CHNA PROCESS, ASCENSION ALLEGAN HOSPITAL ENGAGED THE ALLEGAN COUNTY MULTI-AGENCY COLLABORATIVE COUNCIL (MACC) AND THE PARTNER ORGANIZATIONS OF THE ALLEGAN COUNTY CHIP, WHICH FORMED THE HEALTHY ALLEGAN COUNTY COALITION (HACC) THESE COMMUNITY PARTNERS CONTRIBUTED THEIR TIME THROUGH PARTICIPATION IN STAKEHOLDER SURVEYS, DISTRIBUTION AND COLLECTION OF COMMUNITY SURVEYS AND DURING THE DATA REVIEW PROCESS THEY WERE ALSO ACTIVELY ENGAGED IN THE PRIORITIZATION OF HEALTH ISSUES. A QUANTITATIVE ASSESSMENT WAS CONDUCTED FROM OCTOBER 9, 2019 - NOVEMBER 15, 2019 USING A SURVEY ADMINISTERED ELECTRONICALLY. A COPY OF THE SURVEY IS INCLUDED IN THE APPENDICES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH IS AVAILABLE ON THE HOSPITAL'S WEBSITE. STAKEHOLDER SURVEYS WERE ALSO ADMINISTERED ELECTRONICALLY DURING THE SAME TIME ADDITIONAL QUANTITATIVE DATA WAS COLLECTED USING A VARIETY OF SOURCES INCLUDING: US CENSUS BUREAU, US DEPARTMENT OF LABOR, US DEPARTMENT OF HEALTH AND HUMAN SERVICES, MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS,) COUNTY HEALTH RANKINGS AND ROADMAPS, CENTERS FOR DISEASE CONTROL, AND COMMUNITY COMMONS. ASCENSION ALLEGAN HOSPITAL ALSO CONTRACTED WITH KUSHION CONSULTING, LLC. MARY KUSHION, OWNER OF KUSHION CONSULTING, BRINGS EXPERTISE IN DATA COLLECTION, ANALYSIS AND THE CHNA PROCESS. KUSHION CONSULTING WAS BROUGHT INTO THE PROCESS TO CONDUCT DATA COLLECTION AND ANALYSIS, REPORT THE FINDINGS TO THE STAKEHOLDERS, FACILITATE THE DISCUSSION AND HEALTH ISSUE PRIORITIZATION PROCESS AND TO PRODUCE THE CHNA REPORT. MEMBERS OF THE COMMUNITY PARTNERS ARE LISTED BELOW: ALLEGAN AREA EDUCATIONAL SERVICE AGENCY (AAESA) ALLEGAN CHAMBER OF COMMERCE ALLEGAN COUNTY 48TH CIRCUIT COURT ALLEGAN COUNTY COMMUNITY MENTAL HEALTH ALLEGAN COUNTY EMERGENCY MANAGEMENT ALLEGAN COUNTY FOOD PANTRY COLLABORATIVE ALLEGAN COUNTY HEALTH DEPARTMENT ALLEGAN COUNTY LEGAL ASSISTANCE CENTER ALLEGAN COUNTY PARKS AND RECREATION ALLEGAN COUNTY TRANSPORTATION ALLEGAN COUNTY UNITED WAY ALLEGAN LIBRARY ALLEGAN PUBLIC SCHOOLS ALLIANCE HOME HEALTH ARBOR CIRCLE OF ALLEGAN ARC OF ALLEGAN COUNTY BRIDGES OF HOPE ALLEGAN COUNTY CHRISTIAN NEIGHBORS COMMUNITY ACTION OF ALLEGAN COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES EVERGREEN COMMONS GREAT START COLLABORATIVE - ALLEGAN COUNTY GUN LAKE TRIBE GUN PLAINWELL TOWNSHIP INTERCARE COMMUNITY HEALTH NETWORK LAKE MICHIGAN COMMUNITY COLLEGE LIFE EMS LOVE INC. PULLMAN MEALS ON WHEELS WEST MICHIGAN MEDITATION SERVICES MICHIGAN STATE UNIVERSITY EXTENSION MICHIGAN WORKS OTTAWA COUNTY UNITED WAY OTTAWA DEPARTMENT OF PUBLIC HEALTH OTTAWA INTERMEDIATE SCHOOL DISTRICT PATHWAYS PERRIGO PLAINWELL COMMUNITY SCHOOLS RENEWED HOPE RESILIENCE: ADVOCATES FOR ENDING VIOLENCE (FORMERLY CENTER FOR WOMEN IN TRANSITION) SAFE HARBOR CHILDREN'S ADVOCACY CENTER SALVATION ARMY SYLVIA'S PLACE UNITED WAY - ALLEGAN COUNTY

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: ASCENSION ALLEGAN HOSPITAL DESCRIPTION: DURING THE MOST RECENTLY CONDUCTED CHNA IN 2019, THE FOLLOWING HEALTH NEEDS WERE IDENTIFIED: 1.ACCESS TO MENTAL HEALTH SERVICES STRATEGY: PARTNER WITH ASCENSION BORGESS HOSPITAL DELANO CLINIC TO BUILD CAPACITY AT ASCENSION BORGESS ALLEGAN HOSPITAL PSYCHOLOGICAL MEDICINE TO EXPAND ACCESS TO BEHAVIORAL HEALTH SERVICES BY ADDING ADDITIONAL PRACTITIONERS AND IMPLEMENTING A TELEBEHAVIORAL HEALTH PROGRAM. 2.ALCOHOL AND DRUG USE STRATEGY 1: WORK WITH PRIMARY CARE PROVIDERS TO BETTER UTILIZE RESOURCES AVAILABLE TO ASSIST PATIENTS WITH ALCOHOL AND DRUG ADDICTIONS. STRATEGY 2: COLLABORATE WITH MICHIGAN STATE UNIVERSITY (MSU) EXTENSION OFFICE TO PROVIDE EDUCATION ABOUT OPIOID USE IN RURAL COMMUNITIES. 3.WEIGHT/OBESITY STRATEGY: COLLABORATE WITH HEALTHY ALLEGAN COUNTY COALITION (HACC) TO INCREASE ACCESS TO WEIGHT REDUCTION PROGRAMS/SERVICES FOR INDIVIDUALS LIVING WITH EXCESS WEIGHT IN ALLEGAN COUNTY. 4.TRANSPORTATION STRATEGY: PROMOTE TO ASCENSION BORGESS ALLEGAN HOSPITAL ASSOCIATES THE FUNDING OPTIONS AVAILABLE THROUGH THE ASCENSION BORGESS ALLEGAN FOUNDATION TO ASSIST PATIENTS WITH TRANSPORTATION NEEDS. IN ADDITION TO THE FOUR PRIORITY AREAS SELECTED, TWO OTHER AREAS WERE IDENTIFIED BUT DID NOT GARNER SUPPORT FOR INCLUSION AND DEVELOPMENT INTO THE IMPLEMENTATION PLAN PHASE. THESE TWO AREAS ARE AS FOLLOWS: 1.ACCESS TO AFFORDABLE HOUSING 2.HAVING ENOUGH MONEY ON WHICH TO LIVE IT IS IMPORTANT TO STATE THAT ALTHOUGH ASCENSION ALLEGAN HOSPITAL HAS OPTED TO NOT ADDRESS THESE ISSUES DIRECTLY, IT IS CERTAINLY SUPPORTIVE AND OPEN TO CONTINUED COMMUNITY AND STAKEHOLDER DISCUSSIONS AND ACTIONS THAT WILL ADDRESS BOTH THE HOUSING AND FINANCIAL STABILITY FOR THE COMMUNITY IT SERVES. THE CHNA IMPLEMENTATION STRATEGY WAS APPROVED BY THE BOARD IN APRIL 2020. DUE TO THE CORONAVIRUS PANDEMIC, NO SIGNIFICANT PROGRESS HAS BEEN MADE ON ANY OF THE FOUR PRIORITY HEALTH NEEDS. THE FOLLOWING ARE THE GOALS, STRATEGIES AND OUTCOMES FROM THE PREVIOUS 2016 CHNA AND IMPLEMENTATION STRATEGY: PRIORITIZED NEED #1 - MENTAL HEALTH/SUICIDE STRATEGY 1: INVESTIGATE BRINGING ON ADDITIONAL STAFF TO OUTPATIENT CLINIC TO INCREASE CAPACITY - PARTNERED WITH ASCENSION ST. JOHN PROVIDENCE TO PROVIDE TELE-BEHAVIORAL HEALTH SERVICES. - COLLABORATED SERVICES WITH ALLEGAN COUNTY COMMUNITY MENTAL HEALTH. - WORKED WITH ASCENSION TO STREAMLINE THE TRANSFER OF BEHAVIORAL HEALTH PATIENTS FROM THE ER TO AN APPROPRIATE SETTING. STRATEGY 2: RESEARCH DRUG PREVENTION/EDUCATION SESSIONS WITHIN THE SCHOOLS DUE TO LIMITED RESOURCES, THIS STRATEGY WAS NOT IMPLEMENTED. PRIORITIZED NEED #2 - PRIMARY CARE STRATEGY 1: PARTNER WITH QUORUM AND OTHER ORGANIZATIONS TO RECRUIT PHYSICIANS - OVER THE THREE YEARS, A TOTAL OF 13 NEW PRIMARY CARE PROVIDERS WERE RECRUITED TO OUR RURAL HEALTH CLINICS AND, OF THOSE, SEVEN REMAIN - ACQUIRED FENNVILLE MEDICAL CENTER IN FENNVILLE, MICHIGAN. THE PRACTICE OPENED ITS DOORS IN AUGUST 2017. PRIORITIZED NEED #3 - AFFORDABILITY/ACCESSIBILITY STRATEGY 1: CONTINUE CURRENT PROGRAMS RELATED TO AFFORDABILITY AND ACCESSIBILITY - FINANCIAL ASSISTANCE POLICY AND SLIDING FEE SCALE ARE ACCEPTED AT ALL HOSPITAL FACILITIES. - ALLEGAN NEIGHBORS/CANCER FUND THROUGH THE ASCENSION ALLEGAN FOUNDATION PROVIDES

Return Reference - Identifier	Explanation
	ASSISTANCE TO INDIVIDUALS AND FAMILIES WITH A MEDICAL NEED. - FINANCIAL COUNSELOR AVAILABLE TO ASSIST UNINSURED INDIVIDUALS OBTAIN MEDICAID. - WORKING WITH OTHER AREA HEALTHCARE ORGANIZATIONS TO BRING VISITING SPECIALISTS INCLUDING CARDIOLOGY, PULMONOLOGY, VASCULAR, DERMATOLOGY, ENT, ONCOLOGY, SLEEP, OB/GYN AND UROLOGY TO ALLEGAN, SO PATIENTS DON'T HAVE TO TRAVEL FAR. STRATEGY 2: PARTICIPATION IN ACO INCLUDING CHRONIC CARE COORDINATOR FOR AT-RISK PATIENTS OPTED OUT OF THE ACO IN 2018, BUT ADDED A CARE COORDINATOR FOR AT-RISK PATIENTS AND A SOCIAL WORKER IN OUR RURAL HEALTH CLINICS. STRATEGY 3: WORK WITH QUORUM ON LEAN PROCESS IMPROVEMENT INVOLVING PATIENT ACCESS DUE TO LIMITED RESOURCES, THIS STRATEGY WAS NOT IMPLEMENTED. STRATEGY 4: WORK WITH ALTARUM INSTITUTE ON LEAN PROCESS INVOLVING PATIENT THROUGHPUT DUE TO LIMITED RESOURCES, THIS STRATEGY WAS NOT IMPLEMENTED. PRIORITIZED NEED #4 - URGENT CARE STRATEGY 1: CONTINUE ACTIVITIES IN PLACE, SUCH AS CURRENT WALK-IN CLINIC; REDUCED COST ATHLETIC ASSESSMENT FOR LOCAL STUDENTS; MULTIPLE COMMUNITY FLU SHOT CLINICS SEPTEMBER - NOVEMBER; AND ADDITIONAL SAME-DAY APPOINTMENTS AVAILABLE FOR EACH OF THE 10 PRIMARY CARE PHYSICIANS (OUTPATIENT) AND 10 MID-LEVEL PROVIDERS - ASSESSED THE EFFICIENCY OF PROVIDING REDUCED COST ATHLETIC ASSESSMENTS IN THE URGENT CARE SETTING AND OPTED, INSTEAD, TO PROVIDE A SATURDAY SPORTS INJURY CLINIC AT OUR ORTHOPEDIC PRACTICE INSTEAD IN THE FALL OF 2019. - IMPLEMENTED ONLINE APPOINTMENTS FOR OUR WALK-IN CENTER IN JUNE 2018. - IMPLEMENTED MULTIPLE COMMUNITY FLU SHOT CLINICS IN THE PCP SETTING RATHER THAN IN URGENT CARE. PRIORITIZED NEED #5 - HEALTHY LIFESTYLE STRATEGY 1: ADDING INJURY PREVENTION OUTREACH - PROVIDED FREE BIKE HELMETS AND EDUCATION - OFFERED THE COMMUNITY FREE STOP THE BLEED TRAINING - BROUGHT A DISTRACTED DRIVING SIMULATOR TO ALLEGAN STRATEGY 2: CONTINUE PROGRAMMING RELATED TO HEALTHY LIFESTYLE - FREE COMMUNITY HEART SCREENINGS - FREE QUARTERLY PERIPHERAL ARTERY DISEASE (PAD) SCREENINGS - FREE COMMUNITY VEIN SCREENINGS - QUARTERLY NEWSLETTER THAT INCLUDES HEALTHY LIFESTYLE TIPS - FREE COMMUNITY EDUCATION SESSIONS PROVIDED ON SUBJECTS SUCH AS PELVIC HEALTH, NUTRITION, DIABETES, ORTHOPEDIC CARE AND STRESS - OFFER A MONTHLY BETTER BREATHERS CLUB - IMPLEMENTED THE PINK ALLEGAN PROGRAM THAT PROVIDES FREE MAMMOGRAMS FOR THE UNDER- AND UNINSURED - HOSTED THE ANNUAL SPIRIT OF WOMEN EVENT THAT ENCOURAGES INDIVIDUALS TO MOVE AND TRY DIFFERENT EXERCISE CLASSES - COORDINATED WITH ALLEGAN ELEMENTARY SCHOOLS TO HAVE PROVIDERS SPEAK ON THE TIGERS IN MOTION PROGRAM
SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR DISCOUNTED CARE	FACILITY NAME: ASCENSION ALLEGAN HOSPITAL DESCRIPTION: THE HOSPITAL USES INCOME LEVELS, NUMBER OF DEPENDENTS, AND THE PATIENTS GURANTORS AS ADDITIONAL FACTORS IN DETERMINING DISCOUNTED CARE.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://HEALTHCARE.ASCENSION.ORG/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://HEALTHCARE.ASCENSION.ORG/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://HEALTHCARE.ASCENSION.ORG/FINANCIAL-ASSISTANCE

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ASCENSION ALLEGAN HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		✓
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		✓
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	✓	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		✓
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	✓	
7	Did the hospital facility make its CHNA report widely available to the public?	7	✓	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url) HTTPS //HEALTHCARE.ASCENSION.ORG/CHNA			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	✓	
a	If "Yes," (list url): HTTPS://HEALTHCARE.ASCENSION.ORG/CHNA			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		✓
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group ASCENSION ALLEGAN HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	✓	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance status			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	✓	
15	Explained the method for applying for financial assistance?	15	✓	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	✓	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): (SEE STATEMENT)			
b	☑ The FAP application form was widely available on a website (list url): (SEE STATEMENT)			
c	☑ A plain language summary of the FAP was widely available on a website (list url): (SEE STATEMENT)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group ASCENSION ALLEGAN HOSPITAL

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	✓	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☑ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		✓
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)
- d ☑ Made presumptive eligibility determinations (if not, describe in Section C)
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group ASCENSION ALLEGAN HOSPITAL

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a	☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	☐ The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		✓
	If "Yes," explain in Section C.			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		✓
	If "Yes," explain in Section C.			

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
1 ALLEGAN MEDICAL CLINIC 551 LINN STREET ALLEGAN, MI 49010	FAMILY PRACTICE, WALK IN, PROFESSIONAL GENERAL SURGERY, PROFESSIONAL ORTHOPEDICS, PSYCH MED
2 GOBLES MEDICAL CLINIC 406 NORTH STATE STREET GOBLES, MI 49055	FAMILY PRACTICE
3 OTSEGO MEDICAL CLINIC 900 DIX STREET OTSEGO, MI 49078	FAMILY PRACTICE
4 FENNVILLE MEDICAL CLINIC 200 N MAPLE STREET FENNVILLE, MI 49408	FAMILY PRACTICE
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information.

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc.)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - FREE OR DISCOUNTED CARE	DURING CALENDAR 2019, IN ADDITION TO THE FPG, ASCENSION ALLEGAN HOSPITAL USED AN ASSET TEST TO DETERMINE DISCOUNTED CARE.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COST OF PROVIDING CHARITY CARE, MEANS-TESTED GOVERNMENT PROGRAMS, AND OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES. THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF PAY). THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE. FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED.
SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	RESEARCH SHOWS THE SOCIAL DETERMINANTS AND QUALITY OF LIFE PLAY A MAJOR ROLE IN THE HEALTH STATUS OF INDIVIDUALS AND COMMUNITIES. COMMUNITY BUILDING ACTIVITIES, WHICH FOCUS ON IMPROVING THE QUALITY OF LIFE WITHIN A COMMUNITY, ULTIMATELY INFLUENCE AND IMPROVE HEALTH STATUS. ASCENSION ALLEGAN HOSPITAL ACTIVELY PARTICIPATED ON VARIOUS HEALTH IMPROVEMENT COALITIONS AND PLANNING COMMITTEES PUT TOGETHER BY THE ALLEGAN COUNTY HEALTH DEPARTMENT. REPRESENTATIVES OF THE HOSPITAL ALSO WORKED WITH NOT ONLY THE ALLEGAN CHAMBER BOARD, BUT ALSO THE COUNTY DEVELOPMENT COMMISSION TO HELP GROW ECONOMIC DEVELOPMENT IN THE COUNTY. THE HOSPITAL WAS ALSO VERY ACTIVE IN REGIONAL AND STATE INJURY PREVENTION AND TRAUMA COALITIONS. MEMBERS OF THE HOSPITAL LEADERSHIP WERE INVOLVED IN WORKFORCE DEVELOPMENT ACTIVITIES INCLUDING HELPING CONDUCT MOCK INTERVIEWS WITH STUDENTS FROM THE ALLEGAN COUNTY AREA TECHNICAL AND EDUCATIONAL CENTER AND PARTICIPATING ON KVCC'S NURSING ADVISORY COMMITTEE.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN CALENDAR YEAR 2019 WAS $3,859,442 AT CHARGES, ($1,715,828 AT COST).
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL EXPERIENCE, ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE ORGANIZATION IS PART OF THE ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT (IMPLICIT PRICE CONCESSIONS) EXPENSE IS LOCATED IN FOOTNOTE #2, PAGES 16-18.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT. ASCENSION HEALTH AND ITS RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	ASCENSION ALLEGAN HOSPITAL FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE. A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE. ONCE QUALIFYING DOCUMENTATION IS RECEIVED THE PATIENT'S ACCOUNT IS ADJUSTED. PATIENT ACCOUNTS FOR THE QUALIFYING PATIENT IN THE PREVIOUS SIX MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE. ONCE A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	ASCENSION ALLEGAN HOSPITAL USES RELIABLE, THIRD PARTY REPORTS, INCLUDING DATA FROM GOVERNMENT SOURCES TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES. THESE REPORTS PROVIDE INFORMATION ABOUT KEY HEALTH, SOCIOECONOMIC, AND DEMOGRAPHIC INDICATORS THAT POINT TO AREAS OF NEED AND INCLUDE, BUT ARE NOT LIMITED TO, REPORTS FROM: LOCAL AND STATE DEPARTMENT'S OF HEALTH LOCAL GOVERNMENT PLANNING DEPARTMENTS INTERNAL INFECTION PREVENTION DEPARTMENT US CENSUS BUREAU ECONOMIC IMPACT STUDIES ASCENSION ALLEGAN HOSPITAL UTILIZES INFORMATION FROM THESE SECONDARY SOURCES TO DEVELOP PROGRAMS AND SERVICES THROUGHOUT THE REGION. IN ADDITION, ASCENSION ALLEGAN HOSPITAL CONSIDERS THE HEALTH CARE NEEDS OF THE OVERALL COMMUNITY WHEN EVALUATING INTERNAL FINANCIAL AND OPERATIONAL DECISIONS.
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	ASCENSION ALLEGAN HOSPITAL IS COMMITTED TO DELIVERING EFFECTIVE, SAFE, PERSON-CENTRIC HEALTH CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. AS A NONPROFIT HOSPITAL, IT IS OUR MISSION AND PRIVILEGE TO PLAY THIS IMPORTANT ROLE IN OUR COMMUNITY. STAFF SCREEN UNINSURED PATIENTS WHO RECEIVE MEDICALLY NECESSARY CARE AND IF FOUND POTENTIALLY ELIGIBLE FOR A GOVERNMENT FUNDING SOURCE, PROVIDE ASSISTANCE AND/OR RESOURCES TO THE PATIENT AND THEIR FAMILY. IF A PATIENT IS NOT ELIGIBLE FOR A PAYMENT SOURCE, ASCENSION ALLEGAN HOSPITAL'S FINANCIAL ASSISTANCE POLICY COVERS PATIENTS WHO LACK THE FINANCIAL RESOURCES TO PAY FOR ALL OR PART OF THEIR BILLS FOR MEDICALLY NECESSARY CARE. ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED UPON THE ANNUAL FEDERAL POVERTY GUIDELINES; ASCENSION ALLEGAN HOSPITAL PROVIDES 100% CHARITY CARE FOR THOSE WHO EARN LESS THAN OR EQUAL TO 250% OF THE FEDERAL POVERTY LEVEL (FPL). ASCENSION ALLEGAN HOSPITAL WIDELY PUBLICIZES ITS: FINANCIAL ASSISTANCE POLICY FINANCIAL ASSISTANCE APPLICATION FINANCIAL ASSISTANCE POLICY SUMMARY LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY, THIS WAS IN APPENDIX A OF THE FAP POLICY VIA THE HOSPITAL FACILITY'S WEBSITE: HTTPS://AGHOSP.ORG/PATIENTS_VISITORS/FINANCIAL_ASSISTANCE_PROGRAM.ASPX AND ALSO VIA HTTPS://HEALTHCARE.ASCENSION.ORG/LOCATIONS/MICHIGAN/MIKAL/ALLEGAN-ASCENSION-BORGESS-ALLEGAN-HOSPITAL/FINANCIAL-ASSISTANCE ASCENSION ALLEGAN HOSPITAL MAKES PAPER COPIES OF THE FOLLOWING READILY AVAILABLE AS PART OF THE INTAKE, DISCHARGE AND CUSTOMER SERVICE PROCESSES: FINANCIAL ASSISTANCE POLICY FINANCIAL ASSISTANCE APPLICATION FINANCIAL ASSISTANCE POLICY SUMMARY LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY, THIS WAS IN APPENDIX A OF THE FAP POLICY UPON REQUEST, PAPER COPIES CAN ALSO BE OBTAINED BY MAIL. ASCENSION ALLEGAN HOSPITAL ALSO INFORMS ITS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA A NOTICE ON PATIENT BILLING STATEMENTS, INCLUDING THE PHONE NUMBER AND WEB ADDRESS WHERE MORE INFORMATION MAY BE FOUND. SIGNAGE IS ALSO DISPLAYED IN THE EMERGENCY ROOM AND ADMISSIONS AREAS INFORMING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY. **WE DID NOT HAVE A SEPARATE AGB DOCUMENT PREVIOUSLY, PER OUR REVENUE CYCLE DIRECTOR "AGH USES THE LOOK BACK METHOD BASED ON CLAIMS ALLOWED BY MEDICARE FEE-FOR-SERVICE DURING A PRIOR TWELVE MONTH PERIOD TO DETERMINE AMOUNTS GENERALLY BILLED (AGB). AGH DOES NOT CHARGE ANY AMOUNTS TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY AND SO IS IN COMPLIANCE WITH THE AGB AND LESS-THAN-GROSS-CHARGE LIMITATIONS THAT APPLY TO CHARITABLE HOSPITALS UNDER 501(R) REGULATIONS."

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	ASCENSION ALLEGAN HOSPITAL IS LOCATED IN SOUTHWEST MICHIGAN, IN ALLEGAN COUNTY. THE HOSPITAL'S SERVICE AREAS INCLUDE NOT ONLY ALLEGAN, BUT VAN BUREN AND BARRY COUNTIES AS WELL. ALLEGAN COUNTY IS LOCATED AT THE NORTH WEST END OF THE REGION AND ACCORDING TO THE 2018 U.S. CENSUS ESTIMATE HAS A POPULATION OF 117,327 AND IS PREDOMINANTLY RURAL. ALLEGAN COUNTY COVERS 825 SQUARE MILES AND INCLUDES THE CITIES OF ALLEGAN, DORR, DOUGLAS, MARTIN, HOPKINS, FENNVILLE, OTSEGO, SHELBYVILLE, HAMILTON, PLAINWELL, WAYLAND, PULLMAN AND SAUGATUCK. FOR THE 2019 CHNA, ALLEGAN COUNTY HAS BEEN DEFINED AS OUR AREA OF FOCUS AND INCLUDES ALLEGAN WHICH IS THE LOCATION OF ASCENSION ALLEGAN HOSPITAL. THE MAJORITY OF ASCENSION ALLEGAN HOSPITAL PATIENTS RESIDE IN ALLEGAN COUNTY. THE POPULATION IS 49.93% FEMALE AND 50.07% MALE. IN 2019, THE RACIAL DEMOGRAPHICS WERE 94.37% WHITE; 7.2% HISPANIC OR LATINO; 1.4% BLACK OR AFRICAN-AMERICAN; .56% ASIAN; .49% AMERICAN INDIAN AND ALASKA NATIVE; AND 2.26% TWO OR MORE RACES. ALLEGAN COUNTY'S MEDIAN HOUSEHOLD INCOME IS $58,487 AND 10.78% OF THE POPULATION EARNS AN INCOME AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL. AS ALLEGAN COUNTY IS A RURAL AREA, ASCENSION ALLEGAN HOSPITAL IS A CRITICAL ACCESS HOSPITAL - A DESIGNATION GIVEN TO ELIGIBLE RURAL HOSPITALS BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) THEREFORE, THE HOSPITAL SERVES A FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREA AND POPULATION. THE CLOSEST HOSPITALS OUTSIDE OF ALLEGAN COUNTY ARE: HOLLAND HOSPITAL, HOLLAND, MI (24 MILES AWAY); SPECTRUM HEALTH ZEELAND COMMUNITY HOSPITAL, ZEELAND, MI (26.1 MILES); ASCENSION BORGESS HOSPITAL, KALAMAZOO, MI (28.1 MILES); BRONSON HOSPITAL, KALAMAZOO, MI (28.2 MILES AWAY); AND METRO HEALTH HOSPITAL, BYRON CENTER, MI (36.2 MILES). 14 3% OF ALLEGAN COUNTY RESIDENTS RECEIVE MEDICAID, AND 6% OF RESIDENTS ARE UNINSURED. THE RATE OF UNINSURED PERSONS IN ALLEGAN COUNTY IS THE SAME AS THE STATE OF MICHIGAN AVERAGE OF 6%.
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	ASCENSION ALLEGAN HOSPITAL'S GOVERNING BODY IS COMPOSED MOSTLY OF PERSONS WHO RESIDE IN ALLEGAN COUNTY AND REPRESENT DIVERSE ASPECTS AND INTERESTS OF THE COMMUNITY. MEMBERS OF THE HOSPITAL'S GOVERNING BODY ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF. ASCENSION ALLEGAN HOSPITAL IS A CRITICAL ACCESS HOSPITAL AND PROVIDES MEDICAL SERVICES TO ALL PEOPLE IN THE COMMUNITY WITHOUT REGARD TO THE PATIENT'S RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS OR ABILITY TO PAY. IN ADDITION, THE ORGANIZATION PARTICIPATES IN MEDICARE MEDICAID, CHAMPUS AND OTHER GOVERNMENT SPONSORED HEALTH CARE PROGRAMS. THE ORGANIZATION PROVIDED FREE COMMUNITY EDUCATION IN CALENDAR YEAR 2019 ON NUTRITION, MANAGING ACHES AND PAINS, WELLNESS PLANNING, AS WELL AS ON OVERALL HEALTH AND WELL-BEING. THROUGHOUT THE YEAR THE CARDIAC SERVICES DEPARTMENT OFFERED FREE COMMUNITY HEART SCREENS AND PERIPHERAL ARTERY DISEASE (PAD) SCREENINGS. DURING THE ALLEGAN COUNTY FAIR, STAFF OFFERED A FREE BIKE HELMET FITTING AND NUMEROUS BLOOD PRESSURE SCREENINGS. THE HOSPITAL ALSO HOSTED A BETTER BREATHERS CLUB (JANUARY - OCTOBER) FOR INDIVIDUALS WITH COPD AND CHRONIC LUNG DISEASES TO ASSIST THEM IN BETTER COPING WITH THEIR DISEASE. THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALTIES.
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	ALLEGAN GENERAL HOSPITAL (AGH) SIGNED A DEFINITIVE AGREEMENT WITH ASCENSION MICHIGAN AND EFFECTIVE SEPTEMBER 1, 2019, AGH BECAME PART OF ASCENSION. PRIOR TO THIS AGREEMENT, THE HOSPITAL WAS AN INDEPENDENT, NON-PROFIT, CRITICAL ACCESS HOSPITAL. ASCENSION HEALTH'S AFFILIATES ARE LARGE MULTI-FACETED, INTEGRATED, NOT-FOR-PROFIT MINISTRIES INCLUDING HOSPITAL AND NON-HOSPITAL MINISTRIES (PHYSICIAN GROUP PRACTICES, HOSPITAL ORGANIZATIONS, RESEARCH, HOME HEALTH, DURABLE MEDICAL EQUIPMENT, AND SENIOR FACILITIES.) THESE MINISTRIES WORK TOGETHER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF SERVING AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS, ESPECIALLY THOSE WHO ARE VULNERABLE. THIS COMMUNITY BENEFIT HAPPENS THROUGH ITS FOCUS ON PATIENT CARE, EDUCATION AND RESEARCH. THE ORGANIZATIONS WORK TOGETHER TO SERVE THEIR COMMUNITIES AT THE LOCAL, REGIONAL, STATE AND NATIONAL LEVEL. ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011. ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN MORE THAN 20 OF THE UNITED STATES AND THE DISTRICT OF COLUMBIA. ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON. THE PARTICIPATING ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, ST. LOUISE PROVINCE; THE CONGREGATION OF ST. JOSEPH; THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET; THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC. - AMERICAN PROVINCE; AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE. ASCENSION ALLEGAN HOSPITAL, LOCATED IN ALLEGAN, MICHIGAN, IS A NONPROFIT CRITICAL ACCESS HOSPITAL. THE HOSPITAL PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES FOR THE RESIDENTS OF ALLEGAN, MICHIGAN, AS WELL AS RESIDENTS IN THE NEIGHBORING COUNTIES OF VANBUREN AND BARRY. ADMITTING PHYSICIANS ARE PRIMARILY PRACTITIONERS IN THE LOCAL AREA. SUBSTANTIALLY ALL EXPENSES OF ASCENSION HEALTH AND ITS SPONSORED ORGANIZATIONS ARE RELATED TO PROVIDING HEALTH CARE SERVICES.
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	MI

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
ASCENSION ALLEGAN HOSPITAL (F/K/A ALLEGAN GENERAL HOSPITAL)

Employer identification number
38-1359180

Part I Questions Regarding Compensation

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

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	GERALD J BARBINI	(i)	406,177	0	285,237	0	75,901	767,315	0
	PRESIDENT & CEO-COMPENSATED BY QUORUM (END 8/2019)	(ii)	0	0	0	0	0	0	0
2	PETER U BERGMANN	(i)	0	0	0	0	0	0	0
	PRESIDENT & CEO (START 9/2019)	(ii)	393,511	50,000	56,713	10,120	18,330	528,674	0
3	MARINA A HOUGHTON	(i)	0	0	0	0	0	0	0
	VP, FINANCE (START 9/2019)	(ii)	220,976	15,000	3,205	11,442	17,157	267,780	0
4	SHELLY WOODY WHITE, III	(i)	243,517	0	0	0	51,062	294,579	0
	INTERIM CFO-COMPENSATED BY QUORUM (END 8/2019)	(ii)	0	0	0	0	0	0	0
5	CHRISTOPHER R KOZIARA, MD	(i)	842,953	0	108	7,500	28,205	878,766	0
	PHYSICIAN	(ii)	0	0	0	0	0	0	0
6	MATTHEW S RALPH, MD	(i)	347,730	0	108	7,500	28,125	383,463	0
	PHYSICIAN	(ii)	0	0	0	0	0	0	0
7	RACHEL A VANDENBRINK, MD	(i)	334,072	0	54	6,559	19,333	360,018	0
	PHYSICIAN	(ii)	0	0	0	0	0	0	0
8	LOUIS T PRAAMSMA, MD	(i)	298,670	0	258	7,500	28,125	334,553	0
	PHYSICIAN	(ii)	0	0	0	0	0	0	0
9	JOSHUA J NATALI, MD	(i)	264,746	0	36	6,242	2,999	274,023	0
	PHYSICIAN	(ii)	0	0	0	0	0	0	0
10	KATHY S CHAPMAN	(i)	146,979	0	258	4,160	6,094	157,491	0
	FORMER OFFICER (END 12/2018)	(ii)	0	0	0	0	0	0	0
11	DAVID G FEDERINKO	(i)	125,958	0	396	2,661	22,162	151,177	0
	FORMER OFFICER (END 12/2018)	(ii)	0	0	0	0	0	0	0
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Schedule J, Part III — Compensation from an unrelated organization or individual

Return Reference - Identifier	Explanation
SCHEDU_E J, PART II - COMPENSATION FROM AN UNRELATED ORGANIZATION OR INDIVIDUAL	

Name	Compensation from Unrelated Organization	Name of Unrelated Organization	Type of Compensation
GERALD J BARBINI	767,315	QUORUM	PAYROLL
SHELLY WOODY WHITE, III	294,579	QUORUM	PAYROLL

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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	GERALD J. BARBINI WAS EMPLOYED BY QUORUM, AN UNRELATED ORGANIZATION. ASCENSION ALLEGAN HOSPITAL PAID QUORUM FOR THE SERVICES RENDERED BY GERALD J. BARBINI AS ASCENSION ALLEGAN HOSPITAL'S PRESIDENT. GERALD J. BARBINI'S SERVICES WERE TERMINATED IN 8/2019 AND ASCENSION ALLEGAN HOSPITAL PAID QUORUM $285,237 AS SEVERANCE RELATED TO HIS TERMINATION.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT AS NOTED DURING CALENDAR YEAR 2019: TOM T SAAD, MD $18,149
SCHEDULE J, PART III - APPROVAL OF CEO COMPENSATION	AS OF 9/1/2019, A RELATED ORGANIZATION OF ASCENSION ALLEGAN HOSPITAL USED THE FOLLOWING 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

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information ▶ Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information	2019 Open to Public Inspection

Name of the Organization	Employer Identification Number
ASCENSION ALLEGAN HOSPITAL (F/K/A ALLEGAN GENERAL HOSPITAL)	38-1359180

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	COMMUNITIES. WE ARE ADVOCATES FOR A COMPASSIONATE AND JUST SOCIETY THROUGH OUR ACTIONS AND OUR WORDS.
FORM 990, PART IV, LINE 24A - TAX EXEMPT BOND ISSUANCE	ASCENSION ALLEGAN HOSPITAL IS A HEALTH FACILITY THAT IS PART OF ASCENSION HEALTH SYSTEM. ASCENSION HEALTH ALLIANCE IS THE BORROWER FOR TAX EXEMPT HOSPITAL REVENUE BONDS ASCENSION ALLEGAN HOSPITAL HOLDS AN INTERCOMPANY NOTE PAYABLE WITH ASCENSION HEALTH ALLIANCE, AND THIS INFORMATION IS REPORTED ON THE BALANCE SHEET.
FORM 990, PART VI, LINE 3 - DELEGATION OF MANAGEMENT DUTIES	THE CEO AND INTERIM CFO WERE CONTRACTED OUT FROM A PROFESSIONAL STAFFING FIRM THROUGH AUGUST 2019.
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	THE ORGANIZING DOCUMENTS WERE REVISED AS OF SEPTEMBER 1, 2019 TO RENAME ALLEGAN GENERAL HOSPITAL TO ASCENSION ALLEGAN HOSPITAL, NAME THE MEMBER AS ASCENSION MICHIGAN AND TO DEFINE DECISION MAKING AUTHORITY BY ASCENSION MICHIGAN AS WELL AS THE ULTIMATE PARENT, ASCENSION HEALTH.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	ASCENSION ALLEGAN HOSPITAL HAS A SINGLE CORPORATE MEMBER, ASCENSION MICHIGAN.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	ASCENSION ALLEGAN HOSPITAL HAS A SINGLE CORPORATE MEMBER, ASCENSION MICHIGAN WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF THE ASCENSION ALLEGAN HOSPITAL.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE FOLLOWING MATTERS SHALL BE DECIDED BY ASCENSION MICHIGAN: 1. THE APPOINTMENT AND REMOVAL OF MEMBERS TO THE BOARD OF THE CORPORATION 2. THE APPOINTMENT AND REMOVAL OF THE CHAIR OF THE BOARD OF THE CORPORATION 3. THE ANNUAL PERFORMANCE ASSESSMENT OF THE BOARD OF THE CORPORATION 4. MINISTRY MARKET STRATEGY INVOLVING CORPORATION 5. CHANGES TO MAJOR CLINICAL PROGRAMS OR SERVICES PROVIDED BY CORPORATION 6. STRATEGIES INVOLVING CORPORATION FOR PARTICIPATING IN CLINICALLY INTEGRATED SYSTEMS OF CARE. 7. ARRANGEMENTS WITH PHYSICIANS PRACTICING AT CORPORATION 'S HEALTH CARE FACILITIES: 8. STRATEGIES INVOLVING CORPORATION FOR ESTABLISHING ARRANGEMENTS WITH LOCAL PAYERS, SELF-INSURED EMPLOYERS. AND OTHER HEALTH CARE PURCHASERS 9. STRATEGIES NECESSARY TO MEET COMMUNITY NEEDS AND 10. MARKET-SPECIFIC CLINICALLY RELIABLE PROCESS DEVELOPMENT. THE FOLLOWING MATTERS SHALL BE DECIDED BY ASCENSION: 1. MAJOR TRANSACTIONS INVOLVING CORPORATION AND CORPORATION SUBSIDIARY THAT IS A CREDIT GROUP MEMBER AND 2. THE INCURRENCE OF DEBT BY CORPORATION OR ANY CORPORATION SUBSIDIARY. THE FOLLOWING MATTERS SHALL BE DECIDED BY ASCENSION HEALTH: 1. CHANGES TO ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION WHERE SUCH CHANGES ARE NOT CONSISTENT WITH SYSTEM POLICY 2. THE APPOINTMENT, REMOVAL AND PERFORMANCE EVALUATION OF THE CORPORATION PRESIDENT; 3. THE FORMATION OF A CORPORATION SUBSIDIARY AND 4. MAJOR TRANSACTIONS INVOLVING ANY CORPORATION SUBSIDIARY THAT IS NOT A CREDIT GROUP MEMBER.
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.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE MEETING WILL DECIDE IF CONFLICTS OF INTEREST EXIST. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	A REVIEW IS PERFORMED COMPARING CURRENT COMPENSATION TO EXTERNAL WAGE SURVEYS ON MARKET RATES. ADDITIONALLY, AN INDEPENDENT COMPENSATION CONSULTANT IS USED AND THE BOARD CONDUCTS A STUDY TO DETERMINE COMPENSATION. ALL DECISIONS ARE DOCUMENTED IN WRITTEN CONTRACTS AND THE BOARD MINUTES. THIS PROCESS IS PERFORMED ANNUALLY. AS OF 9/1/19, 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
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	A REVIEW IS PERFORMED COMPARING CURRENT COMPENSATION TO EXTERNAL WAGE SURVEYS ON MARKET RATES. ADDITIONALLY, AN INDEPENDENT COMPENSATION CONSULTANT IS USED AND THE BOARD CONDUCTS A STUDY TO DETERMINE COMPENSATION. ALL DECISIONS ARE DOCUMENTED IN WRITTEN CONTRACTS AND THE BOARD MINUTES. THIS PROCESS IS PERFORMED ANNUALLY. AS OF 9/1/19, 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
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST.
FORM 990, PART VII, SECTION A - 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.
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description: TRANSFERS WITH AFFILIATES — (b) Amount: 39,982,337
FORM 990, PART XII, LINE 2C - OVERSIGHT OF AUDIT OR SELECTION OF INDEPENDENT ACCOUNTANT	ASCENSION ALLEGAN HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE. THE FINANCE AND AUDIT COMMITTEE OF ASCENSION HEALTH ALLIANCE'S BOARD ASSUMES RESPONSIBILITY FOR THE CONSOLIDATED ORGANIZATION AS A WHOLE.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
ASCENSION ALLEGAN HOSPITAL (F/K/A ALLEGAN GENERAL HOSPITAL)

Employer identification number
38-1359180

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) (SEE STATEMENT)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V–UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		✓
b	Gift, grant, or capital contribution to related organization(s)	1b		✓
c	Gift, grant, or capital contribution from related organization(s)	1c	✓	
d	Loans or loan guarantees to or for related organization(s)	1d		✓
e	Loans or loan guarantees by related organization(s)	1e		✓
f	Dividends from related organization(s)	1f		✓
g	Sale of assets to related organization(s)	1g		✓
h	Purchase of assets from related organization(s)	1h		✓
i	Exchange of assets with related organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✓
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✓
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		✓
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		✓
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		✓
o	Sharing of paid employees with related organization(s)	1o		✓
p	Reimbursement paid to related organization(s) for expenses	1p		✓
q	Reimbursement paid by related organization(s) for expenses	1q		✓
r	Other transfer of cash or property to related organization(s)	1r	✓	
s	Other transfer of cash or property from related organization(s)	1s	✓	

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

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ASCENSION ALLEGAN FOUNDATION	C	100,000	FAIR MARKET VALUE
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V–UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part II **Identification of Related Tax-Exempt Organizations** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AFFINITY HEALTH SYSTEM (39-1568866) 1506 ONEIDA ST, APPLETON, WI 54915	HEALTH SYSTEM	IL	501(C)(3)	12 TYPE II	MINISTRY HEALTH CARE, INC.	✓	
(2) ALABAMA PROVIDENCE HEALTHCARE SERVICES (46-2847744) 6801 AIRPORT BLVD., MOBILE, AL 36608	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	10	GULF COAST HEALTH SYSTEM	✓	
(3) ALEXIAN BROTHERS AMBULATORY GROUP (36-4336931) 2601 NAVISTAR DRIVE, LISLE, IL 60532	PHYSICIAN SERVICES	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(4) ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL (36-4251848) 1650 MOON LAKE BLVD., HOFFMAN ESTATES, IL 60169	BEHAVIORAL HEALTH HOSPITAL	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(5) ALEXIAN BROTHERS BONAVENTURE HOUSE (36-3527899) 825 WELLINGTON AVENUE, CHICAGO, IL 60657	HOUSING AND SUPPORTIVE CARE SERVICES FOR PERSONS WITH HIV/AIDS	IL	501(C)(3)	10	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(6) ALEXIAN BROTHERS CENTER FOR MENTAL HEALTH (36-3045007) 3436 N. KENNICOTT AVENUE, ARLINGTON HEIGHTS, IL 60004	OUTPATIENT COMMUNITY MENTAL HEALTH SERVICES	IL	501(C)(3)	10	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(7) ALEXIAN BROTHERS COMMUNITY SERVICES (36-4344423) 12250 WEBER HILL RD, STE 200, ST LOUIS, MO 63127	PACE-COMPREHENSIVE & COORDINATED COMMUNITY BASED SERVICES	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(8) ALEXIAN BROTHERS HEALTH SYSTEM (36-3260495) 200 SOUTH WACKER DRIVE, CHICAGO, IL 60606	SUPPORTS THE PROVISION OF HEALTHCARE SERVICES FOR RELATED CORPORATIONS FOR WHICH IT IS A MEMBER	IL	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(9) ALEXIAN BROTHERS HOSPITAL NETWORK (36-3276552) 2601 NAVISTAR DRIVE, LISLE, IL 60532	SUPPORTS THE PROVISION OF HEALTHCARE SERVICES FOR RELATED CORPORATIONS	IL	501(C)(3)	12 TYPE III-FI	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(10) ALEXIAN BROTHERS LANSDOWNE VILLAGE (43-1470362) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(11) ALEXIAN BROTHERS MEDICAL CARE GROUP, NFP (47-1930457) 2601 NAVISTAR DRIVE, LISLE, IL 60532	PHYSICIAN SERVICES	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(12) ALEXIAN BROTHERS MEDICAL CENTER (36-2596381) 800 BIESTERFIELD ROAD, ELK GROVE VILLAGE, IL 60007	ACUTE CARE HOSPITAL	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(13) ALEXIAN BROTHERS MEDICAL GROUP SPECIALTY CARE (81-1110738) 2601 NAVISTAR DRIVE, LISLE, IL 60532	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(14) ALEXIAN BROTHERS OF SAN JOSE, INC. (94-1530037) 2601 NAVISTAR DRIVE, LISLE, IL 60532	ACUTE CARE HOSPITAL (SOLD IN 1998)	TX	501(C)(3)	12 TYPE I	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(15) ALEXIAN BROTHERS SENIOR MINISTRIES (36-4484290) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	SUPPORTS THE PROVISION OF HEALTHCARE FOR RELATED CORPORATIONS	IL	501(C)(3)	12 TYPE II	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(16) ALEXIAN BROTHERS SERVICES, INC. (43-1295333) 3040 W SALT CREEK LN, ARLINGTON HEIGHTS, IL 60005	HUD HOUSING	MO	501(C)(3)	10	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(17) ALEXIAN BROTHERS SHERBROOKE VILLAGE (43-1592502) 12250 WEBER HILL RD, STE 200, ST LOUIS, MO 63127	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(18) ALEXIAN BROTHERS SPECIALTY GROUP (80-0710751) 2601 NAVISTAR DRIVE, LISLE, IL 60532	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(19) ALEXIAN VILLAGE OF MILWAUKEE, INC. (39-1351584) 12250 WEBER HILL RD, STE 200, ST LOUIS, MO 63127	CONTINUING CARE RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(20) ALEXIAN VILLAGE OF TENNESSEE (62-1136742) 12250 WEBER HILL RD, STE 200, ST LOUIS, MO 63127	CONTINUING CARE RETIREMENT COMMUNITY	TN	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(21) ALVERNO PROVENA HOSPITAL LABORATORIES, INC. (20-3238867) 2434 INTERSTATE PLAZA DRIVE, HAMMOND, IN 46234	HEALTH CARE	IN	501(C)(3)	3	PRESENCE CENTRAL & SUBURBAN HOSPITALS NETWORK AND PRESENCE CHICAGO HOSPITALS NETWORK	✓	
(22) AMERICAN SPORTS MEDICINE INSTITUTE (63-0952490) 2660 10TH AVENUE SOUTH NO. 505, BIRMINGHAM, AL 35205	SPORTS MEDICINE	AL	501(C)(3)	7	ST. VINCENT'S BIRMINGHAM	✓	
(23) ARTHUR MERKLE - CLARA KNIPPRATH NURSING HOME (36-2841358) 1190 E 2900 N ROAD, CLIFTON, IL 60927	RETIREMENT COMMUNITY	IL	501(C)(3)	10	PRESENCE LIFE CONNECTIONS	✓	
(24) ASCENSION ALL SAINTS HOSPITAL, INC. (39-1264986) 3801 SPRING STREET, RACINE, WI 53405	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(25) ASCENSION ALLEGAN FOUNDATION (38-2802463) 555 LINN STREET, ALLEGAN, MI 49010	FUNDRAISING	MI	501(C)(3)	12 TYPE II	ASCENSION ALLEGAN HOSPITAL	✓	
(26) ASCENSION ALLEGAN PROFESSIONAL HEALTH SERVICES, INC. (20-5800012) 555 LINN STREET, ALLEGAN, MI 49010	HEALTHCARE	MI	501(C)(3)	3	ALLEGAN HEALTHCARE GROUP	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(27) ASCENSION ARIZONA (86-0455920) 2202 N. FORBES BLVD., TUCSON, AZ 85745	HOSPITAL	AZ	501(C)(3)	3	ASCENSION HEALTH	✓	
(28) ASCENSION BORGESS FOUNDATION (23-7222558) 1521 GULL ROAD, KALAMAZOO, MI 49048	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION BORGESS HOSPITAL	✓	
(29) ASCENSION BORGESS HOSPITAL (38-1360526) 1521 GULL ROAD, KALAMAZOO, MI 49048	HEALTHCARE SERVICES	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(30) ASCENSION BORGESS LEE FOUNDATION (38-2860459) 420 W. HIGH STREET, DOWAGIAC, MI 49047	FUNDRAISING	MI	501(C)(3)	12 TYPE III-FI	ASCENSION BORGESS-LEE HOSPITAL	✓	
(31) ASCENSION BORGESS-LEE HOSPITAL (38-1490190) 420 WEST HIGH STREET, DOWAGIAC, MI 49047	HEALTHCARE SERVICES	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(32) ASCENSION BRIGHTON CENTER FOR RECOVERY (38-1576680) 12851 GRAND RIVER, BRIGHTON, MI 48116	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(33) ASCENSION CALUMET HOSPITAL, INC. (39-0905385) 614 MEMORIAL DRIVE, CHILTON, WI 53014	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(34) ASCENSION CARE MANAGEMENT INSURANCE HOLDINGS (F/K/A GLOBAL HEALTH PARTNERSHIP) (46-1121862) 101 SOUTH HANLEY STE 450, ST LOUIS, MO 63105	HEALTH CARE	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(35) ASCENSION EAGLE RIVER HOSPITAL, INC. (39-0985690) 201 HOSPITAL ROAD, EAGLE RIVER, WI 54521	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(36) ASCENSION EASTWOOD BEHAVIORAL HEALTH (38-1958763) 28000 DEQUINDRE ROAD, WARREN, MI 48092	HEALTH CARE	MI	501(C)(3)	10	ST. JOHN PROVIDENCE	✓	
(37) ASCENSION GENESYS FOUNDATION (38-3591148) ONE GENESYS PARKWAY, GRAND BLANC, MI 48439-8065	FOUNDATION	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(38) ASCENSION GENESYS HOSPITAL (38-2377821) ONE GENESYS PARKWAY, GRAND BLANC, MI 48439-8065	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(39) ASCENSION GOOD SAMARITAN HOSPITAL, INC. (39-0808503) 601 SOUTH CENTER AVENUE, MERRILL, WI 54452	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC	✓	
(40) ASCENSION HEALTH (31-1662309) PO BOX 45998, ST LOUIS, MO 63145	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE		✓
(41) ASCENSION HEALTH - IS INC (65-1257719) PO BOX 45998, ST LOUIS, MO 63145	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(42) ASCENSION HEALTH ALLIANCE (45-3358926) P.O. BOX 45998, ST. LOUIS, MO 63145	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	12 TYPE I	N/A		✓
(43) ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST (36-7046706) 4600 EDMUNDSON RD, ST LOUIS, MO 63134	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(44) ASCENSION HEALTH GLOBAL MISSION (65-1205990) 101 SOUTH HANLEY, SUITE 450, ST. LOUIS, MO 63105	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(45) ASCENSION HEALTH SENIOR CARE (43-1227406) 12250 WEBER HILL ROAD,, ST. LOUIS, MO 63127	PARENT COMPANY	MO	501(C)(3)	12 TYPE II	ASCENSION HEALTH	✓	
(46) ASCENSION LIVING - LAKESHORE AT SIENA, INC. (82-4710412) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	

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						Yes	No
(47) ASCENSION MACOMB OAKLAND HOSPITAL (38-3322109) 28000 DEQUINDRE ROAD, WARREN, MI 48092	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(48) ASCENSION MEDICAL GROUP GENESYS (83-1617112) 28000 DEQUNIDRE RD, WARREN, MI 48092	HEALTH CARE	MI	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(49) ASCENSION MEDICAL GROUP MICHIGAN (38-3494637) 28000 DEQUNIDRE RD, WARREN, MI 48092	HEALTH CARE	MI	501(C)(3)	10	ST JOHN PROVIDENCE	✓	
(50) ASCENSION MEDICAL GROUP PROMED (38-3193801) 1521 GULL ROAD, KALAMAZOO, MI 49048	HEALTHCARE SERVICES	MI	501(C)(3)	10	BORGESS HEALTH ALLIANCE INC	✓	
(51) ASCENSION MEDICAL GROUP-FOX VALLEY WISCONSIN, INC. (39-1127163) 1570 APPLETON RD., MENASHA, WI 54952	CLINICAL HEALTHCARE SERVICES	WI	501(C)(3)	3	AFFINITY HEALTH SYSTEM	✓	
(52) ASCENSION MEDICAL GROUP-NORTHERN WISCONSIN, INC. (39-1965593) 824 ILLINOIS AVENUE, STEVENS POINT, WI 54481	MEDICAL GROUP	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(53) ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN, INC. (39-1791586) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	MEDICAL GROUP	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(54) ASCENSION MICHIGAN (38-2631907) 28000 DEQUINDRE ROAD, WARREN, MI 48092	HEALTH CARE	MI	501(C)(3)	10	ASCENSION HEALTH	✓	
(55) ASCENSION MICHIGAN CMG (38-2601348) 28000 DEQUINDRE ROAD, WARREN, MI 48092	HEALTH CARE	MI	501(C)(3)	10	ST. JOHN PROVIDENCE	✓	
(56) ASCENSION MINISTRY AND MISSION FUND (27-3174701) PO BOX 45998, ST LOUIS, MO 63145	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(57) ASCENSION NE WISCONSIN, INC. (39-0816818) 1506 S ONEIDA STREET, APPLETON, WI 54915	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(58) ASCENSION OUR LADY OF VICTORY HOSPITAL, INC. (39-0807065) 1120 PINE STREET, STANLEY, WI 54768	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(59) ASCENSION PROVIDENCE (74-1109636) 6901 MEDICAL PARKWAY, WACO, TX 76712	HEALTHCARE SERVICES	TX	501(C)(3)	3	ASCENSION TEXAS	✓	
(60) ASCENSION PROVIDENCE FOUNDATION (38-3526629) 22101 MOROSS, DETROIT, MI 48236	FUNDRAISING	MI	501(C)(3)	7	ST. JOHN PROVIDENCE	✓	
(61) ASCENSION PROVIDENCE HOSPITAL (38-1358212) 16001 WEST NINE MILE ROAD, SOUTHFIELD, MI 48037	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(62) ASCENSION PROVIDENCE ROCHESTER FOUNDATION F/K/A CRITTENTON HOSPITAL MEDICAL CENTER FOUNDATION (38-2627336) 1101 WEST UNIVERSITY DR, ROCHESTER, MI 48307	SUPPORTING	MI	501(C)(3)	12 TYPE I	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	✓	
(63) ASCENSION PROVIDENCE ROCHESTER HOSPITAL (38-1359247) 1101 W UNIVERSITY DR., ROCHESTER, MI 48307	GENERAL HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(64) ASCENSION RIVER DISTRICT HOSPITAL (38-3160564) 4100 RIVER ROAD, EAST CHINA, MI 48054	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(65) ASCENSION SACRED HEART-ST.MARY'S HOSPITALS, INC. (39-1390638) P.O. BOX 347, STEVENS POINT, WI 54481	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	

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						Yes	No
(66) ASCENSION SE WISCONSIN HOSPITAL, INC. (39-0816857) 5000 WEST CHAMBERS STREET, MILWAUKEE, WI 53210	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(67) ASCENSION SETON (74-1109643) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	3	ASCENSION TEXAS	✓	
(68) ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH (38-2262856) 28000 DEQUINDRE ROAD, WARREN, MI 48092	HEALTH CARE	MI	501(C)(3)	3	ST. JOHN PROVIDENCE	✓	
(69) ASCENSION ST. CLARE'S HOSPITAL, INC. (72-1531917) 3400 MINISTRY PARKWAY, WESTON, WI 54476	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(70) ASCENSION ST. FRANCIS HOSPITAL, INC. (39-0907740) 3237 SOUTH 16TH STREET, MILWAUKEE, WI 53215	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(71) ASCENSION ST. JOHN FOUNDATION (20-2961579) 22101 MOROSS, DETROIT, MI 48236	FUNDRAISING	MI	501(C)(3)	7	ST. JOHN PROVIDENCE	✓	
(72) ASCENSION ST. JOHN HOSPITAL (38-1359063) 28000 DEQUINDRE ROAD, WARREN, MI 48092	HEALTH CARE	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(73) ASCENSION ST JOSEPH FOUNDATION (01-0790428) 200 HEMLOCK ROAD, TAWAS CITY, MI 48763	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION ST. JOSEPH'S HOSPITAL	✓	
(74) ASCENSION ST. JOSEPH'S HOSPITAL (38-1443395) 200 HEMLOCK ROAD, TAWAS CITY, MI 48763	HEALTH CARE	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(75) ASCENSION ST MARY'S FOUNDATION (38-2246366) 800 S. WASHINGTON AVENUE, SAGINAW, MI 48601	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION ST. MARY'S HOSPITAL	✓	
(76) ASCENSION ST. MARY'S HOSPITAL (38-0997730) 800 S. WASHINGTON AVENUE, SAGINAW, MI 48601	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(77) ASCENSION ST. MICHAEL'S HOSPITAL, INC. (39-0808443) 900 ILLINOIS AVENUE, STEVENS POINT, WI 54481	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(78) ASCENSION STANDISH HOSPITAL (38-1671120) 805 WEST CEDEAR STREET, STANDISH, MI 48658	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(79) ASCENSION TEXAS (45-4364243) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(80) ASCENSION VIA CHRISTI HEALTH PARTNERS, INC. (48-0958974) 8200 E. THORN DRIVE, WICHITA, KS 67226	MANAGEMENT COMPANY	KS	501(C)(3)	10	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(81) ASCENSION VIA CHRISTI HEALTH, INC. (48-1172107) 8200 E. THORN DRIVE, WICHITA, KS 67226	HEALTH SYSTEM PARENT	KS	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(82) ASCENSION VIA CHRISTI HOSPITAL MANHATTAN, INC. (48-1186704) 1823 COLLEGE AVENUE, MANHATTAN, KS 66502	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(83) ASCENSION VIA CHRISTI HOSPITAL PITTSBURG, INC. (48-0543778) 1 MT CARMEL WAY, PITTSBURG, KS 66762	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	

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						Yes	No
(84) ASCENSION VIA CHRISTI HOSPITAL WICHITA ST. TERESA, INC. (27-1965272) 14800 W. ST. TERESA, WICHITA, KS 67235	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(85) ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC. (48-1172106) 929 N. SAINT FRANCIS, WICHITA, KS 67214	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(86) ASCENSION VIA CHRISTI PROPERTY SERVICES, INC. (48-0948571) 8200 E. THORN DRIVE, WICHITA, KS 67226	PROPERTY MANAGEMENT	KS	501(C)(4)		ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC.	✓	
(87) ASCENSION VIA CHRISTI REHABILITATION HOSPITAL, INC. (48-1158274) 1151 N. ROCK ROAD, WICHITA, KS 67206	REHABILITATION HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC.	✓	
(88) ASCENSION WELFARE BENEFITS TRUST (43-1601369) PO BOX 46944, ST LOUIS, MO 63146	TRUST	MO	501(C)(9)		ASCENSION HEALTH	✓	
(89) ASCENSION WISCONSIN LABORATORIES, INC. (39-1701402) 3237 SOUTH 16TH STREET, MILWAUKEE, WI 53215	LABORATORY	WI	501(C)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(90) ASCENSION WISCONSIN PHARMACY,INC. (39-1613624) 19525 WEST NORTH AVENUE, BROOKFIELD, WI 53005	PHARMACY	WI	501(C)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(91) BAPTIST HEALTH CARE AFFILIATES, INC. (58-1509251) 2000 CHURCH STREET, NASHVILLE, TN 37236	COMMUNITY HEALTH PROMOTION	TN	501(C)(3)	12 TYPE I	SAINT THOMAS NETWORK	✓	
(92) BAPTIST HOSPITAL FOUNDATION OF NASHVILLE, INC. (58-1861378) 2000 CHURCH STREET, NASHVILLE, TN 37236	INACTIVE	TN	501(C)(3)	12 TYPE I	SAINT THOMAS MIDTOWN HOSPITAL	✓	
(93) BLUE LADIES MINERALS, INC. (74-2971975) 1345 PHILOMENA STREET, AUSTIN, TX 78723	OWN OIL AND MINERAL RIGHTS, REAL ESTATE	TX	501(C)(3)	12 TYPE III-FI	SETON FUND OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, INC.	✓	
(94) BORGESS AMBULATORY CARE CORPORATION (38-2468823) 1521 GULL ROAD, KALAMAZOO, MI 49048	HOLDING COMPANY	MI	501(C)(3)	3	BORGESS HEALTH ALLIANCE, INC.	✓	
(95) BORGESS HEALTH ALLIANCE, INC. (38-2335286) 1521 GULL ROAD, KALAMAZOO, MI 49048	HEALTH SYSTEM PARENT	MI	501(C)(3)	12 TYPE III-FI	ASCENSION MICHIGAN	✓	
(96) BORGESS NURSING HOME INC. (38-2555589) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	SKILLED NURSING FACILITY	MI	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(97) CARONDELET FOUNDATION, INC. (86-0749574) 2202 N. FORBES BLVD, TUSCON, AZ 85716	FOUNDATION	AZ	501(C)(3)	12 TYPE I	ASCENSION ARIZONA	✓	
(98) CARONDELET HEALTH (43-1276738) 1000 CARONDELET DRIVE, KANSAS CITY, MO 63145	HEALTH SYSTEM PARENT	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(99) CARONDELET LONG-TERM CARE FACILITIES, INC. (74-2505427) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	

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						Yes	No
(100) CARONDELET REGIONAL MEDICAL, P.C. (81-4769136) 427 GUY PARK AVE., AMSTERDAM, NY 12010	MEDICAL GROUP	NY	501(C)(3)	3	ST. MARY'S HEALTHCARE	✓	
(101) CARROLL MANOR (83-2068871) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	SKILLED NURSING FACILITY	DC	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(102) CATALPA HEALTH, INC. (45-4681563) N4642 COUNTY N, APPLETON, WI 54914	BEHAVIORAL HEALTH SERVICES	WI	501(C)(3)	3	AFFINITY HEALTH SYSTEM	✓	
(103) CENTER FOR GERONTOLOGY (38-2514708) 5455 ALI DRIVE, DEPT#200, GRAND BLANC, MI 48439-5195	ADULT DAY CARE	MI	501(C)(3)	12 TYPE II	GENESYS AMBULATORY HEALTH SERVICES	✓	
(104) CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. (35-1869951) 2001 W 86TH STREET, INDIANAPOLIS, IN 46260	FREESTANDING OUTPATIENT CENTER	IN	501(C)(3)	12 TYPE III-FI	ST. VINCENT HEALTH, INC.	✓	
(105) CMC FOUNDATION OF CENTRAL TEXAS (20-0468031) 1345 PHILOMENA STREET, AUSTIN, TX 78723	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(106) COLUMBIA COLLEGE OF NURSING, INC. (39-1596986) 4425 NORTH PORT WASHINGTON ROAD, GLENDALE, WI 53212	COLLEGE	WI	501(C)(3)	2	COLUMBIA ST. MARY'S HOSPITAL MILWAUKEE, INC.	✓	
(107) COLUMBIA ST. MARY'S FOUNDATION, INC. (39-1494981) 400 W. RIVER WOODS PKWY, GLENDALE, WI 53212	FOUNDATION	WI	501(C)(3)	7	COLUMBIA ST. MARY'S, INC.	✓	
(108) COLUMBIA ST. MARY'S HOSPITAL MILWAUKEE, INC. (39-0806315) 4425 NORTH PORT WASHINGTON ROAD, GLENDALE, WI 53212	HOSPITAL	WI	501(C)(3)	3	COLUMBIA ST MARY'S, INC.	✓	
(109) COLUMBIA ST. MARY'S HOSPITAL OZAUKEE, INC. (39-0807063) 4425 NORTH PORT WASHINGTON ROAD, GLENDALE, WI 53212	HOSPITAL	WI	501(C)(3)	3	COLUMBIA ST. MARY'S, INC.	✓	
(110) COLUMBIA ST. MARY'S, INC. (39-1834639) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	HEALTH SYSTEM	WI	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(111) CORNERSTONE ASSISTED LIVING, INC. (48-1241079) 2622 W. CENTRAL, SUITE 100, WICHITA, KS 67203	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(112) CRITTENTON CANCER CENTER (38-3239057) 1101 WEST UNIVERSITY DR, ROCHESTER, MI 48307	CANCER TREATMENT	MI	501(C)(3)	10	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	✓	
(113) DELL CHILDREN'S MEDICAL GROUP (74-2800601) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(114) DR. KATE NEWCOMB CONVALESCENT CENTER, INC. (39-1357365) P.O. BOX 829, WOODRUFF, WI 54568	NURSING/ASSISTED LIVING SERVICES	WI	501(C)(3)	10	HOWARD YOUNG HEALTH CARE, INC.	✓	
(115) FIELD NEUROSCIENCES INSTITUTE (38-2790703) 800 S. WASHINGTON AVENUE, SAGINAW, MI 48601	MEDICAL RESEARCH ORGANIZATION	MI	501(C)(3)	10	ASCENSION ST. MARY'S HOSPITAL	✓	
(116) FOUNDATION OF SAINT CLARE'S HOSPITAL OF WESTON, INC. (75-3193633) 3400 MINISTRY PARKWAY, WESTON, WI 54476	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION ST. CLARE'S HOSPITAL, INC.	✓	
(117) FOUNDATION OF SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC. (39-1684957) 611 SAINT JOSEPH AVENUE, MARSHFIELD, WI 54449	FOUNDATION	WI	501(C)(3)	12 TYPE II	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC.	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(118) GENESYS AMBULATORY HEALTH SERVICES (38-2371754) 5455 ALI DR., DEPT #200, GRAND BLANC, MI 48439-5195	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(119) GENESYS CONVALESCENT CENTER (38-2317364) 8481 HOLLY ROAD, GRAND BLANC, MI 48439-1812	CONVALESCENT CENTER	MI	501(C)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	✓	
(120) GENESYS HEALTH SYSTEM (38-3339703) ONE GENESYS PARKWAY, GRAND BLANC, MI 48439-8065	HEALTH SYSTEM PARENT	MI	501(C)(3)	12 TYPE II	ASCENSION MICHIGAN	✓	
(121) GOOD SAMARITAN HEALTH CENTER FOUNDATION OF MERRILL, WISCONSIN, INC. (39-1627755) 601 SOUTH CENTER AVENUE, MERRILL, WI 54452	FOUNDATION	WI	501(C)(3)	12 TYPE II	ASCENSION GOOD SAMARITAN HOSPITAL, INC.	✓	
(122) GULF COAST HEALTH SYSTEM (63-0934712) 6801 AIRPORT BLVD., MOBILE, AL 36608	HEALTH SYSTEM	AL	501(C)(3)	12 TYPE III-FI	ST. VINCENT'S HEALTH SYSTEM	✓	
(123) HAVEN OF OUR LADY OF PEACE, INC. (59-3620346) 5151 N 9TH AVENUE, PENSACOLA, FL 32504	NURSING HOME	FL	501(C)(3)	10	SACRED HEART HEALTH SYSTEM	✓	
(124) HEALTHCARE COLLABORATIVE (27-3220767) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(125) HOWARD YOUNG HEALTH CARE, INC. (39-1499115) 240 MAPLE STREET, WOODRUFF, WI 54568	HOME OFFICE	WI	501(C)(3)	12 TYPE II	MINISTRY HEALTH CARE, INC.	✓	
(126) JANE PHILLIPS MEMORIAL MEDICAL CENTER (73-0606129) 3500 E FRANK PHILLIPS BLVD., BARTLESVILLE, OK 74006	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(127) JANE PHILLIPS NOWATA HOSPITAL, INC. (73-1440267) 237 SOUTH LOCUST, NOWATA, OK 74048	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC	✓	
(128) LAVERNA TERRACE HOUSING CORPORATION (36-3438977) 18927 HICKORY CREEK DRIVE, SUITE 300, MOKENA, IL 60448	LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS	IL	501(C)(3)	10	PRESENCE LIFE CONNECTIONS	✓	
(129) LOURDES FOUNDATION (91-1528577) 520 NORTH 4TH AVENUE, PASCO, WA 99301	FUNDRAISING	WA	501(C)(3)	12 TYPE I	OUR LADY OF LOURDES HOSPITAL AT PASCO	✓	
(130) LOURDES REALTY CORPORATION, INC. (22-2873637) 169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905	RENTAL OF HEALTH CARE FACILITIES	NY	501(C)(2)		OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC.	✓	
(131) MEDICAL SERVICES ENHANCEMENT, INC. (14-1776546) 427 GUY PARK AVE., AMSTERDAM, NY 12010	MEDICAL OFFICE BUILDING	NY	501(C)(25)		ST. MARY'S HEALTHCARE	✓	
(132) MEDICARE VALUE PARTNERS (36-3495969) 2380 E. DEMPSTER STREET, DES PLAINES, IL 60016	HEALTH CARE	IL	501(C)(3)	10	PRESENCE HEALTH PARTNERS SERVICES	✓	
(133) MERCY HEALTH FOUNDATION, INC. (23-7140261) P.O. BOX 3370, OSHKOSH, WI 54903	FOUNDATION	WI	501(C)(3)	10	AFFINITY HEALTH SYSTEM	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(134) METRO PHYSICIANS, INC. (94-3436893) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	MEDICAL GROUP	WI	501(C)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN, INC.	✓	
(135) MINISTRY HEALTH CARE, INC. (39-1490371) 10925 W. LAKE PARK DR STE 100, MILWAUKEE, WI 53224	PARENT CORPORATION	WI	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(136) OUR LADY OF LOURDES HOSPITAL AT PASCO (91-0349750) 520 NORTH 4TH AVENUE, PASCO, WA 99301	HEALTHCARE	WA	501(C)(3)	3	ASCENSION HEALTH	✓	
(137) OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC (15-0532221) 169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905	HOSPITAL	NY	501(C)(3)	3	ASCENSION HEALTH	✓	
(138) OUR LADY OF PEACE, INC. (16-1608735) 5285 LEWISTON ROAD, LEWISTON , NY 14092	SKILLED NURSING FACILITY	NY	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(139) OWASSO MEDICAL FACILITY, INC. (20-3700131) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(140) PRESENCE AMBULATORY SERVICES (36-4286236) 2380 E. DEMPSTER STREET, DES PLAINES, IL 60016	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(141) PRESENCE BEHAVIORAL HEALTH (36-2709982) 1820 SOUTH 25TH AVENUE, BROADVIEW, IL 60155	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(142) PRESENCE CARE @ HOME (46-0483587) 18927 HICKORY CREEK DR 300, MOKENA, IL 60448	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(143) PRESENCE CARE TRANSFORMATION CORPORATION (36-3366652) 200 SOUTH WACKER DRIVE, CHICAGO, IL 60606	MGMT SUPPORT	IL	501(C)(3)	12 TYPE III-FI	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(144) PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK (36-4195126) 200 SOUTH WACKER DRIVE, CHICAGO, IL 60606	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(145) PRESENCE CHICAGO HOSPITALS NETWORK (36-2235165) 200 SOUTH WACKER DRIVE, CHICAGO, IL 60606	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(146) PRESENCE HEALTH FOUNDATION BOARD OF TRUSTEES (36-3330929) 200 SOUTH WACKER DRIVE, CHICAGO, IL 60606	FUNDRAISING	IL	501(C)(3)	7	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(147) PRESENCE HEALTH PARTNERS SERVICES (36-2644178) 2380 E DEMPSTER AVE, STE 236, DES PLAINES, IL 60016	HEALTH CARE	IL	501(C)(3)	12 TYPE II	ALEXIAN BROTHERS HEALTH SYSTEM	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(148) PRESENCE HEALTHCARE SERVICES (36-3330928) 2380 E. DEMPSTER STREET, DES PLAINES, IL 60016	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(149) PRESENCE HOME CARE (46-0483581) 18927 HICKORY CREEK DR 300, MOKENA, IL 60448	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(150) PRESENCE LIFE CONNECTIONS (37-1127787) 18927 HICKORY CREEK DRIVE 300, MOKENA, IL 60448	RETIREMENT COMMUNITY	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(151) PRESENCE SENIOR SERVICES CHICAGOLAND (23-7061646) 100 NORTH RIVER ROAD, DES PLAINES, IL 60016	RETIREMENT COMMUNITY	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(152) PRIMARY PHYSICIAN NETWORK, LLC (20-8775914) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	DORMANT	IN	501(C)(3)	10	ST. MARY'S HEALTH, INC.	✓	
(153) PROVIDENCE BUILDING CORPORATION (63-0914564) 6801 AIRPORT BLVD , MOBILE, AL 36608	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(2)		GULF COAST HEALTH SYSTEM	✓	
(154) PROVIDENCE FOUNDATION (63-0915493) 6801 AIRPORT BLVD., MOBILE, AL 36608	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	7	GULF COAST HEALTH SYSTEM	✓	
(155) PROVIDENCE FOUNDATION, INC (74-2683112) 6901 MEDICAL PARKWAY, WACO, TX 76712	SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE	TX	501(C)(3)	12 TYPE I	ASCENSION PROVIDENCE	✓	
(156) PROVIDENCE HEALTH ALLIANCE (74-2696970) 6901 MEDICAL PARKWAY, WACO, TX 76712	PHYSICIAN PRACTICES	TX	501(C)(3)	3	ASCENSION PROVIDENCE	✓	
(157) PROVIDENCE HEALTH FOUNDATION, INC. (52-1275583) 1150 VARNUM STREET, NE, WASHINGTON, DC 20017	FUNDRAISING ORGANIZATION	DC	501(C)(3)	12 TYPE I	PROVIDENCE HOSPITAL	✓	
(158) PROVIDENCE HEALTH SERVICES, INC. (52-1275587) 1150 VARNUM STREET, NE, WASHINGTON, DC 20017	PHYSICIAN PRACTICES	DC	501(C)(3)	12 TYPE I	PROVIDENCE HOSPITAL	✓	
(159) PROVIDENCE HOSPITAL (63-0288861) 6801 AIRPORT BLVD., MOBILE, AL 36608	HOSPITAL	AL	501(C)(3)	3	GULF COAST HEALTH SYSTEM	✓	
(160) PROVIDENCE HOSPITAL (53-0196636) 1150 VARNUM STREET, NE, WASHINGTON, DC 20017	HOSPITAL	DC	501(C)(3)	3	ASCENSION HEALTH	✓	
(161) PROVIDENCE PARK, INC. (61-1759304) 300 W. HIGHWAY 6, WACO, TX 76712	SKILLED NURSING FACILITY	TX	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(162) RAINBOW HOSPICE AND PALLIATIVE CARE (36-3296367) 1550 BISHOP COURT, MOUNT PROSPECT, IL 60056	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(163) SACRED HEART FOUNDATION, INC. (59-2436597) 5151 N 9TH AVENUE, PENSACOLA, FL 32504	FOUNDATION	FL	501(C)(3)	7	SACRED HEART HEALTH SYSTEM	✓	
(164) SACRED HEART HEALTH SYSTEM, INC. (59-0634434) 5151 N 9TH AVENUE, PENSACOLA, FL 32504	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(165) SACRED HEART HEALTH VENTURES, INC. (57-1183283) 5151 N 9TH AVENUE, PENSACOLA, FL 32504	INVESTMENT	FL	501(C)(3)	12 TYPE I	SACRED HEART HEALTH SYSTEM	✓	
(166) SACRED HEART REHABILITATION INSTITUTE, INC. (39-0902199) 4425 NORTH PORT WASHINGTON ROAD, GLENDALE, WI 53212	REHAB SERVICES	WI	501(C)(3)	3	COLUMBIA ST. MARY'S, INC.	✓	
(167) SAINT ELIZABETH'S HOSPITAL OF WABASHA, INC. (41-0693877) 1200 GRANT BLVD, WEST, WABASHA, MN 55981	HOSPITAL	MN	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(168) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC. (39-0847631) 611 SAINT JOSEPH AVENUE, MARSHFIELD, WI 54449	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(169) SAINT MICHAEL'S FOUNDATION OF STEVENS POINT, INC. (39-1657410) 900 ILLINOIS AVENUE, STEVENS POINT, WI 54481	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION ST. MICHAEL'S HOSPITAL, INC.	✓	
(170) SAINT THOMAS HEALTH (58-1716804) 4220 HARDING ROAD, NASHVILLE, TN 37205	SYSTEM PARENT	TN	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(171) SAINT THOMAS HEALTH FOUNDATIONS (58-1663055) P.O. BOX 380, NASHVILLE, TN 37202	OPERATES FOUNDATION	TN	501(C)(3)	7	SAINT THOMAS NETWORK	✓	
(172) SAINT THOMAS HICKMAN HOSPITAL (58-1737573) 135 EAST SWAN STREET, CENTERVILLE, TN 37033	HOSPITAL	TN	501(C)(3)	3	BAPTIST HEALTH CARE AFFILIATES, INC.	✓	
(173) SAINT THOMAS HOME HEALTH (62-1836937) 135 EAST SWAN STREET, CENTERVILLE, TN 37033	HOME HEALTH CARE	TN	501(C)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	✓	
(174) SAINT THOMAS MEDICAL PARTNERS (62-1529858) 2000 CHURCH STREET, NASHVILLE, TN 37236	HEALTHCARE PROVIDER	TN	501(C)(3)	10	SAINT THOMAS NETWORK	✓	
(175) SAINT THOMAS MIDTOWN HOSPITAL (62-1869474) 4220 HARDING ROAD, NASHVILLE, TN 37205	ACUTE CARE HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(176) SAINT THOMAS NETWORK (62-1284994) 4220 HARDING ROAD, NASHVILLE, TN 37205	HEALTH INVESTMENT ENTITY	TN	501(C)(3)	10	SAINT THOMAS HEALTH	✓	
(177) SAINT THOMAS REGIONAL HOSPITALS (47-4063046) 4220 HARDING PIKE, NASHVILLE, TN 37205	HOSPITALS	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(178) SAINT THOMAS RUTHERFORD FOUNDATION (62-1167917) 1700 MEDICAL CENTER PARKWAY, MURFREESBORO, TN 37219	FOUNDATION	TN	501(C)(3)	12 TYPE I	SAINT THOMAS RUTHERFORD HOSPITAL	✓	
(179) SAINT THOMAS RUTHERFORD HOSPITAL (62-0475842) 1700 MEDICAL CENTER PARKWAY, MURFREESBORO, TN 37219	HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(180) SAINT THOMAS WEST HOSPITAL (62-0347580) 4220 HARDING ROAD, NASHVILLE, TN 37205	HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(181) SALINA REGIONAL HOME MEDICAL SERVICES, LLC (43-1948057) 520 SOUTH SANTA FE AVE, SALINA, KS 67401	MEDICAL EQUIPMENT	KS	501(C)(3)	10	ASCENSION VIA CHRISTI HEALTH PARTNERS, INC.	✓	
(182) SAVELLI PROPERTIES, INC. (36-3308965) 2601 NAVISTAR DRIVE, LISLE, IL 60532	OWNS OR LEASES PROPERTIES WHERE HEALTHCARE SERVICES ARE DELIVERED	IL	501(C)(2)		ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(183) SETON CLINICAL ENTERPRISE CORPORATION (45-4364681) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE I	ASCENSION TEXAS	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(184) SETON FAMILY OF DOCTORS (26-4562522) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(185) SETON FAMILY OF PEDIATRIC SURGEONS (27-1311790) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(186) SETON FUND OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, INC. (74-2212968) 1345 PHILOMENA STREET, AUSTIN, TX 78723	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(187) SETON HAYS FOUNDATION (26-2842608) 1345 PHILOMENA STREET, AUSTIN, TX 78723	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(188) SETON HEALTH CORPORATION OF SOUTHEAST MICHIGAN (38-2820107) 28000 DEQUINDRE, WARREN, MI 48092	HEALTH CARE	MI	501(C)(3)	10	ST. JOHN PROVIDENCE	✓	
(189) SETON HOSPITALIST SERVICE (45-2498998) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	ASCENSION SETON	✓	
(190) SETON INSURANCE SERVICES CORPORATION (45-4364813) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(191) SETON MANOR, INC. (23-2960726) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	SKILLED NURSING FACILITY	PA	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(192) SETON MEDICAL GROUP, INC. (39-2064992) 900 CATON AVENUE, BALTIMORE, MD 21229	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(193) SETON MEDICAL MANAGEMENT (63-0937704) 6801 AIRPORT BLVD , MOBILE, AL 36608	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	12 TYPE II	GULF COAST HEALTH SYSTEM	✓	
(194) SETON ORAL & MAXILLOFACIAL SURGERY (42-1670843) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(195) SETON PROPERTY CORPORATION OF NORTH ALABAMA (23-7326976) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	REAL ESTATE	AL	501(C)(2)		ST. VINCENT'S HEALTH SYSTEM	✓	
(196) SETON WILLIAMSON FOUNDATION (20-5330986) 1345 PHILOMENA STREET, AUSTIN, TX 78723	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(197) SETON/UT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP (74-2869762) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(198) SJRMC, INC. (82-0204264) 415 6TH STREET, LEWISTON, ID 83501	HOSPITAL	ID	501(C)(3)	3	ASCENSION HEALTH	✓	
(199) SOUTHERN TIER MEDICAL CARE - NY PC (82-1103087) 169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905	HEALTHCARE	NY	501(C)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC.	✓	
(200) ST. AGNES FOUNDATION (52-1415083) 900 CATON AVENUE, BALTIMORE, MD 21229	FUNDRAISING	MD	501(C)(3)	12 TYPE I	ST. AGNES HEALTHCARE	✓	
(201) ST. AGNES HEALTHCARE, INC. (52-0591657) 900 CATON AVENUE, BALTIMORE, MD 21229	HOSPITAL	MD	501(C)(3)	3	ASCENSION HEALTH	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(202) ST. ALEXIUS MEDICAL CENTER (36-4251846) 1555 BARRINGTON ROAD, HOFFMAN ESTATES, IL 60194	ACUTE CARE HOSPITAL	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(203) ST. CATHERINE LABOURE MANOR, INC. (59-1878316) 1750 STOCKTON STREET, JACKSONVILLE, FL 32204	SKILLED NURSING FACILITY	FL	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(204) ST. ELIZABETH HOSPITAL FOUNDATION, INC. (39-1256677) 1506 S. ONEIDA STREET, APPLETON, WI 54915	FOUNDATION	WI	501(C)(3)	7	AFFINITY HEALTH SYSTEM	✓	
(205) ST. JOHN AUXILIARY, INC. (73-0999759) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	HEALTH CARE	OK	501(C)(3)	10	ST. JOHN HEALTH SYSTEM, INC.	✓	
(206) ST. JOHN BROKEN ARROW, INC. (38-3833117) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(207) ST. JOHN BUILDING CORPORATION (61-1659782) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	REAL ESTATE	OK	501(C)(2)		ST. JOHN HEALTH SYSTEM, INC	✓	
(208) ST. JOHN HEALTH SYSTEM FOUNDATION, INC. (73-1133139) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	HEALTH CARE	OK	501(C)(3)	7	ST. JOHN HEALTH SYSTEM, INC.	✓	
(209) ST. JOHN HEALTH SYSTEM, INC. (73-1215174) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	SYSTEM PARENT	OK	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(210) ST. JOHN MEDICAL CENTER, INC. (73-0579286) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(211) ST. JOHN PROVIDENCE (38-2244034) 28000 DEQUINDRE ROAD, WARREN, MI 48092	PARENT	MI	501(C)(3)	12 TYPE II	ASCENSION MICHIGAN	✓	
(212) ST. JOHN SAPULPA, INC. (73-0662663) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(213) ST. JOHN VILLAS, INC. (73-1077367) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	NURSING HOME	OK	501(C)(3)	10	ST. JOHN HEALTH SYSTEM, INC.	✓	
(214) ST. JOSEPH FOUNDATION OF KOKOMO, INDIANA, INC. (23-7313206) 1907 W SYCAMORE STREET, KOKOMO, IN 46901	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. JOSEPH HOSPITAL & HEALTH CENTER, INC.	✓	
(215) ST. JOSEPH HOSPITAL & HEALTH CENTER, INC. (35-0992717) 1907 W SYCAMORE STREET, KOKOMO, IN 46901	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(216) ST. JOSEPH MEDICAL CENTER FOUNDATION (43-1388461) 1000 CARONDELET DRIVE, KANSAS CITY, MO 64114	FUNDRAISING	MO	501(C)(3)	12 TYPE I	CARONDELET HEALTH	✓	
(217) ST. JOSEPH REGIONAL MEDICAL CENTER FOUNDATION, INC. (51-0168321) 415 6TH STREET, LEWISTON, ID 83501	FUNDRAISING	ID	501(C)(3)	12 TYPE I	SJRMC, INC.	✓	
(218) ST. JOSEPH'S MINISTRIES, INC. (52-1835288) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	SKILLED NURSING FACILITY	MD	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(219) ST. LUKE'S-ST. VINCENT'S HEALTHCARE, INC. (26-0479484) 4205 BELFORT ROAD, SUITE 4020, JACKSONVILLE, FL 32216	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(220) ST. MARY'S - ST. JOSEPH HEALTH SYSTEM (46-1084363) 800 S. WASHINGTON AVENUE, SAGINAW, MI 48601	SUPPORTING ORGANIZATION	MI	501(C)(3)	12 TYPE III-FI	ASCENSION MICHIGAN	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(221) ST. MARY'S AT HOME, INC. (35-1899560) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	DME/HOME CARE	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, INC.	✓	
(222) ST. MARY'S BUILDING CORPORATION (23-7248362) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	REAL ESTATE HOLDING COMPANY	IN	501(C)(2)		ST. MARY'S HEALTH, INC.	✓	
(223) ST. MARY'S CARE PARTNERS, INC. (35-1899562) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	TAX-EXEMPT AFFILIATE REIMBURSEMENTS	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, INC.	✓	
(224) ST. MARY'S HEALTH FOUNDATION, INC. (23-7045370) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, INC.	✓	
(225) ST. MARY'S HEALTH SERVICES, INC. (35-1679526) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	INVESTMENT SERVICES	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, INC.	✓	
(226) ST. MARY'S HEALTH, INC. (35-0869065) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(227) ST. MARY'S HEALTHCARE (14-1347719) 427 GUY PARK AVE., AMSTERDAM, NY 12010	HOSPITAL	NY	501(C)(3)	3	ASCENSION HEALTH	✓	
(228) ST. MARY'S MEDICAL CENTER FOUNDATION (43-1918107) 1000 CARONDELET DRIVE, KANSAS CITY, MO 63145	FUNDRAISING	MO	501(C)(3)	12 TYPE I	CARONDELET HEALTH	✓	
(229) ST. MARY'S MEDICAL GROUP, LLC (26-1356310) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	PHYSICIAN PROFESSIONAL SERVICES	IN	501(C)(3)	10	ST. VINCENT MEDICAL GROUP, INC.	✓	
(230) ST. MARY'S OHIO VALLEY HEARTCARE, LLC (27-3474697) 901 ST. MARY'S DRIVE, EVANSVILLE, IN 47714	DORMANT	IN	501(C)(3)	12 TYPE I	ST. MARY'S MEDICAL GROUP, LLC	✓	
(231) ST. MARY'S WARRICK EMERGENCY MEDICAL SERVICES, INC. (20-5342518) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	AMBULANCE SERVICES	IN	501(C)(4)		ST. MARY'S HEALTH SERVICES, INC.	✓	
(232) ST. MARY'S WARRICK HOSPITAL, INC. (35-1343019) 1116 MILLIS AVENUE, BOONVILLE, IN 47601	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(233) ST. VINCENT ANDERSON REGIONAL HOSPITAL FOUNDATION, INC. (35-2053693) 2015 JACKSON STREET, ANDERSON, IN 46016	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC.	✓	
(234) ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC. (46-0877261) 2015 JACKSON STREET, ANDERSON, IN 46016	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(235) ST. VINCENT CARMEL HOSPITAL, INC. (74-3107055) 13500 N MERIDIAN STREET, CARMEL, IN 46032	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(236) ST. VINCENT CLAY HOSPITAL, INC. (35-2112529) 1206 E NATIONAL AVENUE, BRAZIL, IN 47834	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(237) ST. VINCENT DUNN HOSPITAL, INC. (27-2192831) 1600 23RD STREET, BEDFORD, IN 47421	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(238) ST. VINCENT FISHERS HOSPITAL, INC. (45-4243702) 13861 OLIO ROAD, FISHERS, IN 46037	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(239) ST. VINCENT FRANKFORT HOSPITAL FOUNDATION, INC. (35-1531734) 1300 S JACKSON, FRANKFORT, IN 46041	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT FRANKFORT HOSPITAL, INC.	✓	
(240) ST. VINCENT FRANKFORT HOSPITAL, INC. (35-2099320) 1300 S JACKSON, FRANKFORT, IN 46041	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(241) ST. VINCENT HEALTH, INC. (35-2052591) 10330 N MERIDIAN STREET STE 430N, INDIANAPOLIS, IN 46290	PARENT COMPANY	IN	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(242) ST. VINCENT HEALTH, WELLNESS AND PREVENTIVE CARE INSTITUTE, INC. (46-1227327) 8333 NAAB ROAD, STE 301, INDIANAPOLIS, IN 46260	HEALTH AND WELLNESS SERVICES	IN	501(C)(3)	10	ST. VINCENT HEALTH, INC.	✓	
(243) ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. (35-0869066) 2001 W 86TH STREET, INDIANAPOLIS, IN 46260	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(244) ST. VINCENT HOSPITAL FOUNDATION, INC. (35-6088862) 8402 HARCOURT RD, STE 210, INDIANAPOLIS, IN 46260	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC.	✓	
(245) ST. VINCENT JENNINGS HOSPITAL FOUNDATION, INC. (84-1703732) 301 HENRY STREET, NORTH VERNON, IN 47265	DORMANT	IN	501(C)(3)	1	ST. VINCENT JENNINGS HOSPITAL, INC.	✓	
(246) ST. VINCENT JENNINGS HOSPITAL, INC. (35-1841606) 301 HENRY STREET, NORTH VERNON, IN 47265	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(247) ST. VINCENT MADISON COUNTY HEALTH SYSTEM, INC. (35-0876389) 1331 SOUTH A STREET, ELWOOD, IN 46036	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(248) ST. VINCENT MEDICAL GROUP, INC. (27-2039417) 8425 HARCOURT ROAD, INDIANAPOLIS, IN 46260	PHYSICIAN PROFESSIONAL SERVICES	IN	501(C)(3)	10	ST. VINCENT CARMEL HOSPITAL, INC.	✓	
(249) ST. VINCENT MERCY HOSPITAL FOUNDATION, INC. (31-1066871) 1331 SOUTH A STREET, ELWOOD, IN 46036	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT MADISON COUNTY HEALTH SYSTEM, INC.	✓	
(250) ST. VINCENT RANDOLPH HOSPITAL FOUNDATION, INC. (35-2133006) 473 GREENVILLE AVENUE, WINCHESTER, IN 47394	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT RANDOLPH HOSPITAL, INC.	✓	
(251) ST. VINCENT RANDOLPH HOSPITAL, INC. (35-2103153) 473 GREENVILLE AVENUE, WINCHESTER, IN 47394	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(252) ST. VINCENT RAS, INC. (47-1289091) 10330 N MERIDIAN STREET, STE 400N, INDIANAPOLIS, IN 46290	RETAIL AMBULATORY SERVICES	IN	501(C)(3)	10	ST. VINCENT HEALTH, INC.	✓	
(253) ST. VINCENT SALEM HOSPITAL, INC. (27-0847538) 911 N. SHELBY STREET, SALEM, IN 47167	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(254) ST. VINCENT SETON SPECIALTY HOSPITAL, INC. (35-1712001) 8050 TOWNSHIP LINE RD, INDIANAPOLIS, IN 46260	LONG TERM CARE HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(255) ST. VINCENT WILLIAMSPORT HOSPITAL FOUNDATION, INC. (74-3130159) 412 N MONROE STREET, WILLIAMSPORT, IN 47993	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT WILLIAMSPORT HOSPITAL, INC.	✓	
(256) ST. VINCENT WILLIAMSPORT HOSPITAL, INC. (35-0784551) 412 N MONROE STREET, WILLIAMSPORT, IN 47993	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(257) ST. VINCENT'S AMBULATORY CARE, INC. (59-2292041) 4205 BELFORT ROAD SUITE 4020, JACKSONVILLE, FL 32216	PHYSICIAN PRACTICE	FL	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(258) ST. VINCENT'S BIRMINGHAM (63-0288864) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	HOSPITAL	AL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(259) ST. VINCENT'S BLOUNT (63-0909073) 150 GILBREATH DRIVE, ONEONTA, AL 35121	HOSPITAL	AL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM	✓	
(260) ST. VINCENT'S COLLEGE, INC. (06-1331677) 2800 MAIN STREET, BRIDGEPORT, CT 06606	COLLEGE OF HEALTH SCIENCE	CT	501(C)(3)	10	ST.VINCENT'S MEDICAL CENTER	✓	
(261) ST. VINCENT'S DEVELOPMENT, INC. (22-2554128) 95 MERRITT BOULEVARD, TRUMBULL, CT 06611	REAL ESTATE HOLDINGS	CT	501(C)(25)		ST. VINCENT'S HEALTH SERVICES CORP	✓	
(262) ST. VINCENT'S EAST (63-0578923) 50 MEDICAL PARK EAST DRIVE, BIRMINGHAM, AL 35235	HOSPITAL	AL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM	✓	
(263) ST. VINCENT'S FOUNDATION OF ALABAMA, INC. (63-0868066) 1 MEDICAL PARK EAST DRIVE, BIRMINGHAM, AL 35235	FUNDRAISING	AL	501(C)(3)	7	ST. VINCENT'S HEALTH SYSTEM	✓	
(264) ST. VINCENT'S FOUNDATION, INC. (59-2219923) 4205 BELFORT ROAD, SUITE 4020, JACKSONVILLE, FL 32216	FUND RAISING	FL	501(C)(3)	7	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(265) ST. VINCENT'S HEALTH SERVICES CORP (22-2558134) 2800 MAIN STREET, BRIDGEPORT, CT 06606	HOLDING COMPANY	CT	501(C)(3)	12 TYPE I	ST. VINCENT'S MEDICAL CENTER	✓	
(266) ST. VINCENT'S HEALTH SYSTEM (63-0931008) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	HEALTH SYSTEM	AL	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(267) ST. VINCENT'S HEALTH SYSTEM, INC. (59-3650609) 4205 BELFORT ROAD, SUITE 4020, JACKSONVILLE, FL 32216	PARENT ENTITY	FL	501(C)(3)	12 TYPE II	ASCENSION HEALTH	✓	
(268) ST. VINCENT'S MEDICAL CENTER (06-0646886) 2800 MAIN STREET, BRIDGEPORT, CT 06606	HOSPITAL AND SYSTEM PARENT	CT	501(C)(3)	3	ASCENSION HEALTH	✓	
(269) ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC. (22-2558132) 2800 MAIN STREET, BRIDGEPORT, CT 06606	FUNDRAISING	CT	501(C)(3)	7	ST. VINCENT'S HEALTH SERVICES CORP	✓	
(270) ST. VINCENT'S MEDICAL CENTER, INC. (59-0624449) 4205 BELFORT ROAD, SUITE 4020, JACKSONVILLE, FL 32216	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC	✓	
(271) ST. VINCENT'S MEDICAL CENTER-CLAY COUNTY, INC. (46-1523194) 4205 BELFORT ROAD, SUITE 4020, JACKSONVILLE, FL 32216	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(272) ST. VINCENT'S MULTISPECIALTY GROUP, INC. (80-0458769) 2800 MAIN STREET, BRIDGEPORT, CT 06606	PHYSICIAN PRACTICES	CT	501(C)(3)	12 TYPE I	ST. VINCENT'S MEDICAL CENTER	✓	
(273) ST. VINCENT'S SPECIAL NEEDS CENTER, INC. (06-0702617) 95 MERRITT BOULEVARD, TRUMBULL, CT 06611	PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS	CT	501(C)(3)	10	ST. VINCENT'S HEALTH SERVICES CORP	✓	
(274) SVH REAL ESTATE, INC. (20-5002285) 10330 N MERIDIAN STREET, STE 430N, INDIANAPOLIS, IN 46290	REAL ESTATE HOLDING COMPANY	IN	501(C)(3)	12 TYPE III-FI	ST. VINCENT HEALTH, INC.	✓	
(275) THE HEALTH SOURCE GROUP (38-2427678) 5455 ALI DR., DEPT #200, GRAND BLANC, MI 48439-5195	PRG RELATED INVESTMENTS	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(276) THE HOWARD YOUNG MEDICAL CENTER, INC. (39-0873606) 240 MAPLE STREET, WOODRUFF, WI 54568	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(277) THE SETON COVE, INC. (74-2727509) 1345 PHILOMENA STREET, AUSTIN, TX 78723	SPIRITUALITY CENTER	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(278) TRI-COUNTY CLINICAL (26-4562712) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(279) TWENTY-SIX DOORS, INC. (74-2855201) 1345 PHILOMENA STREET, AUSTIN, TX 78723	TO HOLD TITLE TO REAL PROPERTY	TX	501(C)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, INC.	✓	
(280) UNIVERSAL HEALTH SERVICES (63-0932323) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	PHYSICIAN GROUP	AL	501(C)(3)	12 TYPE II	ST. VINCENT'S HEALTH SYSTEM	✓	
(281) VIA CHRISTI FOUNDATION, INC. (36-4943550) 3600 E HARRY, 3RD FL ADMIN, WICHITA, KS 67218	FOUNDATION	KS	501(C)(3)	7	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(282) VIA CHRISTI HEALTHCARE OUTREACH PROGRAM FOR ELDERS, INC. (48-1236589) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	PACE (SNF)	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(283) VIA CHRISTI VILLAGE GEORGETOWN, INC (48-1129325) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(284) VIA CHRISTI VILLAGE HAYS, INC. (20-2828680) 12250 WEBER HILL RD, STE 200, ST LOUIS, MO 63127	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(285) VIA CHRISTI VILLAGE MANHATTAN, INC. (48-1078862) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(286) VIA CHRISTI VILLAGE MCLEAN, INC. (48-1247723) 12250 WEBER HILL RD, STE 200, ST LOUIS, MO 63127	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(287) VIA CHRISTI VILLAGE PITTSBURG, INC. (74-3070971) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(288) VIA CHRISTI VILLAGE PONCA CITY, INC. (73-1153337) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	RETIREMENT COMMUNITY	OK	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(289) VIA CHRISTI VILLAGES, INC. (48-0559086) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	MANAGEMENT COMPANY	KS	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH SENIOR CARE	✓	
(290) VOLUNTEERS IN PARTNERSHIP WITH WHEATON FRANCISCAN HEALTHCARE-ALL SAINTS, INC (93-0838390) 3807 SPRING STREET, RACINE, WI 53405	FOUNDATION	WI	501(C)(3)	10	ASCENSION ALL SAINTS HOSPITAL, INC.	✓	
(291) WAMEGO HOSPITAL ASSOCIATION, INC. (72-1526400) 711 GENN DRIVE, WAMEGO, KS 66547	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN, INC.	✓	
(292) WHEATON FRANCISCAN - ELMBROOK MEMORIAL FOUNDATION, INC. (39-2028808) 3237 SOUTH 16TH STREET, MILWAUKEE, WI 53215	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION SE WISCONSIN HOSPITAL, INC.	✓	
(293) WHEATON FRANCISCAN - ST. JOSEPH FOUNDATION, INC. (39-1636804) 5000 WEST CHAMBERS STREET, MILWAUKEE, WI 53210	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION SE WISCONSIN HOSPITAL, INC.	✓	
(294) WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS FOUNDATION, INC. (39-1570877) 3805B SPRING STREET, RACINE, WI 53405	FOUNDATION	WI	501(C)(3)	7	ASCENSION ALL SAINTS HOSPITAL, INC.	✓	
(295) WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL AUXILIARY (39-6068950) 19333 WEST NORTH AVENUE, BROOKFIELD, WI 53045	AUXILIARY	WI	501(C)(3)	12 TYPE III-FI	ASCENSION SE WISCONSIN HOSPITAL, INC.	✓	
(296) WHEATON FRANCISCAN HEALTHCARE - FOUNDATION FOR ST. FRANCIS AND FRANKLIN, INC. (32-0135258) 3237 SOUTH 16TH STREET, MILWAUKEE, WI 53215	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION ST. FRANCIS HOSPITAL, INC.	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(297) WHEATON FRANCISCAN HEALTHCARE - TERRACE AT ST. FRANCIS, INC. (39-1486775) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(298) WHEATON FRANCISCAN HEALTHCARE-CIRCLE OF LIFE FOUNDATION, INC. (56-2426294) 4300 BROWN DEER ROAD, SUITE 250, BROWN DEER, WI 53223	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION WISCONSIN PHARMACY, INC.	✓	
(299) WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC. (39-1568865) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	PARENT CORPORATION	IL	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	

Part III Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) ALEXIAN REHABILITATION SERVICES, LLC (30-0221481) 935 BEISNER, ELK GROVE VILLAGE, IL 60007	REHABILITATION HOSPITAL	IL	N/A	N/A	N/A	N/A			N/A			N/A
(2) ALLEGAN GENERAL HOSPITAL PAIN ADMINSITRATION SERVICES, LLC (47-3706652) 555 LINN STREET, ALLEGAN, MI 49010	PAIN MANAGEMENT SERVICES	MI	ASCENSION ALLEGAN HOSPITAL	RELATED	74,889	755,073		✓	N/A	✓		51.00
(3) ALVERNO CLINICAL LABORATORIES, LLC (20-3240648) 2434 INTERSTATE PLAZA DRIVE, HAMMOND, IN 46324	MEDICAL SERVICE	IN	N/A	N/A	N/A	N/A			N/A			N/A
(4) AMBROSE PARKWOOD WEST II, LLC (27-0532924) 55 MONUMENT CIRCLE, STE 450, INDIANAPOLIS, IN 46204	LAND HOLDINGS	IN	N/A	N/A	N/A	N/A			N/A			N/A
(5) AMBULATORY SURGERY CENTER, L.P. (48-1114690) 818 N EMPORIA, STE 108, WICHITA, KS 67214	SURGERY CENTER	KS	N/A	N/A	N/A	N/A			N/A			N/A
(6) ASCENSION ALPHA FUND LLC (90-0786464) 101 SOUTH HANLEY ROAD, SUITE 200, ST LOUIS, MO 63105	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			N/A
(7) ASCENSION ATHO CARRY, L.P (84-4224833) 101 SOUTH HANLEY ROAD, ST LOUIS, MO 63105	INVESTMENTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(8) ASCENSION TOWERBROOK HEALTHCARE OPPORTUNITIES, L.P. (98-1500387) 65 EAST 55TH STREET, 19TH FLOOR, NEW YORK , NY 10022	INVESTMENTS	NY	N/A	N/A	N/A	N/A			N/A			N/A
(9) ASCENSION VIA CHRISTI IMAGING MANHATTAN, LLC (48-1251984) 1823 COLLEGE AVENUE, MANHATTAN, KS 66502	RADIOLOGY SERVICES	KS	N/A	N/A	N/A	N/A			N/A			N/A
(10) ASCENSION WISCONSIN EMERUS JV, LLC (38-4118568) 8040 EXCELSIOR DRIVE, SUITE 400, MADISON, WI 53717	ACUTE CARE HOSPITALS	WI	N/A	N/A	N/A	N/A			N/A			N/A
(11) BAPTIST WOMENS HEALTH CENTER, LLC (62-1772195) 1900 CHURCH STREET, SUITE 300, NASHVILLE, TN 37203	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	N/A	N/A	N/A	N/A			N/A			N/A
(12) BELMONT/HARLEM SURGERY CENTER, LLC (41-2237162) 3101 NORTH HARLEM, CHICAGO, IL 60634	MEDICAL SERVICE	IL	N/A	N/A	N/A	N/A			N/A			N/A
(13) BONAVENTURE MEDICAL FOUNDATION, LLC (36-3978153) 2601 NAVISTAR DRIVE, LISLE, IL 60532	MANAGES MANAGED CARE CONTRACTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(14) BORGESS HEALTH PARTNERS, LLC (38-2648846) 28000 DEQUINDRE, WARREN, MI 48092	MANAGED CARE	MI	N/A	N/A	N/A	N/A			N/A			N/A

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(15) CARMEL AMBULATORY SURGERY CENTER, LLC (32-0014795) 13421 OLD MERIDIAN STREET, STE 150, CARMEL, IN 46032	AMBULATORY SURGERY CENTER	IN	N/A	N/A	N/A	N/A			N/A			N/A
(16) CENTRAL TEXAS LAUNDRY, LLC (74-2613749) 4255 PROFIT STREET, SAN ANTONIO, TX 78219	LAUNDRY SERVICES	TX	N/A	N/A	N/A	N/A			N/A			N/A
(17) CHV II, LP (26-0534243) 101 SOUTH HANLEY ROAD, , CLAYTON, MO 63105	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			NA
(18) CHV III LP (45-4486925) 101 SOUTH HANLEY ROAD, ST LOUIS, MO 63105	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			N/A
(19) CHV IV LP (81-3953953) 101 SOUTH HANLEY ROAD, ST LOUIS, MO 63105	INVESTMENTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(20) CUMBERLAND BEHAVIORAL HEALTH, LLC (32-0530876) 6100 TOWER CIRCLE, SUITE 1000, FRANKLIN, TN 37067	BEHAVIORAL CLINIC OPERATIONS	TN	N/A	N/A	N/A	N/A			N/A			N/A
(21) ENDOSCOPY CENTER, LLC (32-0029881) 13421 OLD MERIDIAN STREET, STE 150, CARMEL, IN 46032	ENDOSCOPY CENTER	IN	N/A	N/A	N/A	N/A			N/A			N/A
(22) ENDOSCOPY GROUP, LLC (59-3519881) 4810 NORTH DAVIS HIGHWAY, PENSACOLA, FL 32503	MEDICAL SERVICES	FL	N/A	N/A	N/A	N/A			N/A			N/A
(23) HOSPITAL CONSOLIDATED LABORATORIES, LLC (38-3318428) 39595 W. 10 MILE RD., NOVI, MI 48375	LAB SERVICES	MI	N/A	N/A	N/A	N/A			N/A			N/A
(24) INTERVENTIONAL REHABILITATION CENTER, LLC (59-3673361) 1549 AIRPORT BOULEVARD, STE 420, PENSACOLA, FL 32503	MEDICAL SERVICES	FL	N/A	N/A	N/A	N/A			N/A			N/A
(25) KANSAS SURGERY AND RECOVERY CENTER, LLC (48-1148580) 2770 NORTH WEBB ROAD , WICHITA, KS 67226	SURGERY CENTER	KS	N/A	N/A	N/A	N/A			N/A			N/A
(26) KENOSHA DIGESTIVE HEALTH CENTER (84-2167873) 1033 N MAYFAIR ROAD, SUITE 101, WAUWATUSA, WI 53226	DIGESTIVE HEALTH	WI	N/A	N/A	N/A	N/A			N/A			N/A
(27) LOURDES HEALTH SUPPORT, LLC (16-1611707) 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	MEDICAL EQUIPMENT PROVIDER	NY	N/A	N/A	N/A	N/A			N/A			N/A
(28) MIDDLE TENNESSEE IMAGING, LLC (01-0570490) 400 N. HIGHLAND AVENUE, MURFREESBORO, TN 37219	DIAGNOSTIC IMAGING CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(29) MURFREESBORO DIAGNOSTIC IMAGING, LLC (20-0291952) 400 N. HIGHLAND AVENUE, MURFREESBORO, TN 37219	DIAGNOSTIC IMAGING CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(30) NAAB ROAD SURGERY CENTER, LLC (35-1991390) 8260 NAAB ROAD, STE 100, INDIANAPOLIS, IN 46260	AMBULATORY SURGERY CENTER	IN	N/A	N/A	N/A	N/A			N/A			N/A
(31) OKLAHOMA CANCER SPECIALISTS REAL ESTATE COMPANY, LLC (61-1774455) 12697 E 51ST ST SOUTH, TULSA, OK 74146	REAL ESTATE HOLDING	OK	N/A	N/A	N/A	N/A			N/A			N/A
(32) OPEN MRI OF MICHIGAN (38-3544539) 411 W. 13 MILE ROAD, MADISON HEIGHTS, MI 48071	MRI CENTER	MI	N/A	N/A	N/A	N/A			N/A			N/A
(33) ORTHOPEDIC SURGERY CENTER OF THE FOX VALLEY LLC (84-2016212) 2223 LIME KILN ROAD, SUITE 101, GREEN BAY, WI 54311	SURGERY CENTER	WI	N/A	N/A	N/A	N/A			N/A			N/A
(34) PET, LLC (59-3788701) 5149 NORTH 9TH AVENUE SUITE 124, PENSACOLA, FL 32504	MEDICAL SERVICES	FL	N/A	N/A	N/A	N/A			N/A			N/A
(35) PREMIER RADIOLOGY WISCONSIN LLC (83-3180104) 500 W BROWN DEER ROAD, SUITE 202, BAYSIDE, WI 53217	RADIOLOGY	WI	N/A	N/A	N/A	N/A			N/A			N/A
(36) PRESENCE LAKESHORE GASTROENTEROLOGY, LLC (81-1750563) 150 N. RIVER ROAD, SUITE 210, DES PLAINES, IL 60016	MEDICAL SERVICE	IL	N/A	N/A	N/A	N/A			N/A			N/A
(37) PROFESSIONAL CLINICAL LABORATORIES, LLC (30-0711211) 113 E 4TH ST., MICHIGAN CITY, IN 46360	MEDICAL SERVICES	IN	N/A	N/A	N/A	N/A			N/A			N/A
(38) RADS OF AMERICA, LLC (20-0597581) P.O. BOX 249, GOODLETTSVILLE, TN 37070-0249	AMBULATORY SURGERY CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(39) SAINT THOMAS HOME RECOVERY CARE, LLC (84-2100096) 49 MUSIC SQUARE WEST , SUITE 401, NASHVILLE, TN 37203	MEDICAL AND REHABILITATION SERVICES	TN	N/A	N/A	N/A	N/A			N/A			N/A
(40) SOUTH COAST REAL ESTATE VENTURE, LLC (45-5599047) 5907 HIGHWAY 90, MOSS POINT, MS 39563	OWN REAL ESTATE FOR A PHYSICIAN OFFICE BUILDING	MS	N/A	N/A	N/A	N/A			N/A			N/A
(41) ST. VINCENT'S OUTPATIENT SURGERY SERVICES, LLC (20-0708162) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	OUTPATIENT SURGERY	AL	N/A	N/A	N/A	N/A			N/A			N/A
(42) ST. VINCENT'S SLEEP DISORDER CENTER (63-1282288) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	SLEEP DISORDER CENTER	AL	N/A	N/A	N/A	N/A			N/A			N/A
(43) ST.VINCENT HEART CENTER OF INDIANA, LLC (36-4492612) 10580 N MERIDIAN STREET, INDIANAPOLIS, IN 46290	HEART HOSPITAL	IN	N/A	N/A	N/A	N/A			N/A			N/A

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							Yes	No		Yes	No	
(44) STHS SLEEP CENTER, LLC (20-3664894) 102 WOODMONT BOULEVARD, SUITE 800, NASHVILLE, TN 37205	OPERATES A SLEEP CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(45) THP - ST. VINCENT VENTURE, LLC (81-3184703) 1415 LOUISIANA STREET, 27TH FLOOR, HOUSTON, TX 77002	FREESTANDING ED'S	TX	N/A	N/A	N/A	N/A			N/A			N/A
(46) TOWNE CENTRE SURGERY CENTER, LLC (20-4943843) 4599 TOWNE CENTRE, SAGINAW, MI 48604	OUTPATIENT SERVICES	MI	N/A	N/A	N/A	N/A			N/A			N/A
(47) TRI-STATE COMMUNITY CLINICS, LLC (27-0885968) 8601 N KENTUCKY AVENUE, STE J, EVANSVILLE, IN 47711	PRIMARY CARE PHYSICIAN PRACTICES	IN	N/A	N/A	N/A	N/A			N/A			N/A
(48) VIA CHRISTI MERCY CLINIC, LLC (81-2927645) 1 MT CARMEL PLACE, PITTSBURG, KS 66762	MEDICAL SERVICES	KS	N/A	N/A	N/A	N/A			N/A			N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
(1) ADVANTAGE HEALTHCO, INC. (74-2698151) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(2) AFFILIATED HEALTH SERVICES, INC. (38-2292922) 28000 DEQUINDRE, WARREN, MI 48092	MEDICAL SERVICES	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(3) AFFILIATED MEDICAL SERVICES LABORATORY, INC (48-1239522) 2916 E. CENTRAL, WICHITA, KS 67214	MEDICAL LABORATORY	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(4) AH INCUBATIONS ACCELERATOR, INC. (45-5078523) 101 SOUTH HANLEY ROAD, SUITE 450, ST. LOUIS, MO 63105	MEDICAL SERVICE	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(5) ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT, LLC (94-3465394) 3900 SOUTH GRAND, ST. LOUIS, MO 63118	HOUSING	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(6) ALEXIAN BROTHERS HEALTH PROVIDERS ASSOCIATION, INC. (36-3853286) 2601 NAVISTAR DRIVE, LISLE, IL 60532	MESSENGER MODEL IPA	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(7) ALEXIAN VILLAGE OF ELK GROVE (35-2211303) 3040 W. SALT CREEK, ARLINGTON HEIGHTS, IL 60005	TAX CREDIT FINANCED HOUSING	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(8) AMITA HEALTH CLINICALLY INTEGRATED NETWORK, LLC (80-0967178) 2601 NAVISTAR DRIVE, LISLE, IL 60532	MANAGED CARE	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(9) ASCENSION CAPITAL UK, LIMITED FOUNTAIN HOUSE, 130 FENCHURCH STREET, LONDON, ENGLAND, EC3M 5DJ, UK	INSURANCE	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(10) ASCENSION CARE MANAGEMENT HEALTH PARTNERS TENNESSEE (45-2958482) 102 WOODMONT BOULEVARD, SUITE 700, NASHVILLE, TN 37205	ACCOUTABLE CARE ORGANIZATION	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(11) ASCENSION CARE MANAGEMENT HEALTH PARTNERS, INC. (45-4413419) 101 SOUTH HANLEY ROAD, SUITE 200, CLAYTON, MO 63105	MEDICAL SERVICE	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(12) ASCENSION CARE MANAGEMENT HOLDINGS, LTD. AND SUBSIDIARIES (38-3269272) 8220 IRVING, STERLING HEIGHTS, MI 48312	INSURANCE AND TPA	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(13) ASCENSION HEALTH INSURANCE LIMITED P.O. BOX 1159, GRAND CAYMAN, BAHAMAS, KY1-1102, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(14) ASCENSION HEALTH RISK PURCHASING GROUP (27-4176480) 101 SOUTH HANLEY ROAD, SUITE 450, ST. LOUIS, MO 63105	SUPPORTING ORGANIZATION	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(15) ASCENSION MEDICAL GROUP VIA CHRISTI, P.A. (48-0993446) 3311 EAST MURDOCK, WICHITA, KS 67208	PROFESSIONAL ASSOCIATION	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(16) ASCENSION VENTURES CORPORATION (63-1217059) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	MISC HEALTHCARE SERVICES	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(17) BAPTIST HEALTH CARE VENTURES, INC (62-0469214) 2000 CHURCH STREET, NASHVILLE, TN 37236	HOLDING COMPANY	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(18) BAYLEY CONDOMINIUM ASSOCIATION (63-1209915) 2121 HIGHLAND AVENUE SOUTH, BIRMINGHAM, AL 35205	CONDOMINIUM ASSOCIATION	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(19) BEECHER BALLENGER SERVICES, INC. AND SUBSIDIARIES (38-2497922) ONE GENESYS PARKWAY, GRAND BLANC, MI 48439	HOLDING COMPANY	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(20) CARONDELET MEDICAL GROUP, INC. (86-0836126) 2202 N. FORBES BLVD., TUCSON, AZ 85745	MEDICAL GROUP	AZ	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(21) CARONDELET SPECIALIST GROUP, INC. (28-1558773) 2202 N. FORBES BLVD., TUCSON, AZ 85745	PHYSICIAN PRACTICE	AZ	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(22) CLINICAL HOLDINGS CORP (45-3802297) 101 SOUTH HANLEY ROAD, SUITE 200, CLAYTON, MO 63105	HOLDING COMPANY	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(23) CONSOLIDATED PHARMACY SERVICES, INC. AND SUBSIDIARIES (59-3398033) 4205 BELFORT ROAD, SUITE 4030, JACKSONVILLE, FL 32216	RETAIL PHARMACY & PATIENT TRANSPORT	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(24) CORBETT CORPORATION (16-1268267) 169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905	PROPERTY MANAGEMENT	NY	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(25) CRITTENTON DEVELOPMENT CORPORATION AND SUBSIDIARIES (38-2594115) 2251 N. SQUIRREL RD, STE 310, AUBURN HILLS, MI 48326	REAL ESTATE	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(26) DELL CHILDREN'S HEALTH ALLIANCE (27-1311909) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(27) FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION, INC. (26-1983355) 1 SHIRCLIFF WAY, JACKSONVILLE, FL 32204	CONDOMINIUM ASSOCIATION	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(28) FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC. (34-1983857) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	CONDO ASSOCIATION	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(29) GULF COAST DIVERSIFIED, INC. (59-2432798) 5154 NORTH 9TH AVENUE, PENSACOLA, FL 32507	INVESTMENT	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(30) INDIAN CREEK CENTER, INC. (48-0956627) 101 S HANLEY, STE 200, ST. LOUIS, MO 63105	MANAGEMENT	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(31) INTEGRATED HEALTHCARE SYSTEMS, INC (48-0941549) 3311 EAST MURDOCK, WICHITA, KS 67208	CLINIC SERVICES	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(32) L. GILBRAITH INSURANCE SPC LTD. C/O STRATEGIC RISK SOLUTIONS, P.O. BOX 1159, GRAND CAYMAN, CAYMAN ISLANDS, KY1-1102, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(33) MADISON MEDICAL AFFILIATES, INC. (39-1855720) 4425 N. PORT WASHINGTON RD., GLENDALE, WI 53212	HEALTHCARE	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(34) MID-STATE PROPERTIES, INC. (62-1232018) 2000 CHURCH STREET, NASHVILLE, TN 37236	INACTIVE	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(35) MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES, INC. (46-1130426) 6801 AIRPORT BLVD., MOBILE, AL 36608	HEALTHCARE SERVICES	MS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(36) PRESENCE SERVICE CORPORATION (36-4314354) 2380 E DEMPSTER STREET, DES PLAINES, IL 60016	MEDICAL	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(37) PRESENCE VENTURES, INC. AND SUBSIDIARY (37-1168085) 100 NORTH RIVER ROAD, DES PLAINES, IL 60016	MEDICAL	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(38) PROVIDENCE PARK, INC. (63-0886846) P.O. BOX 850429, MOBILE, AL 36685	REAL ESTATE	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(39) RESOURCE PHARMACIES, INC. (52-1410076) 1150 VARNUM STREET, N.E., WASHINGTON, DC 20017	RETAIL PHARMACY	DC	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(40) SETON INSURANCE COMPANY (47-5395483) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(41) SETON HEALTH ALLIANCE (45-3047469) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(42) SETON HEALTH PLAN, INC (74-2725348) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HMO	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(43) SETON MSO, INC. (74-2870455) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(44) SETON PHYSICIAN HOSPITAL NETWORK AND SUBSIDIARIES (74-2643825) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(45) SOVA, INC. (26-1319638) 102 WOODMONT BOULEVARD, SUITE 700, NASHVILLE, TN 37205	HEALTH SERVICES	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(46) ST. AGNES HEALTH VENTURES, INC (52-1733632) 900 CATON AVENUE, BALTIMORE, MD 21229	HOLDING COMPANY	MD	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(47) ST. JOSEPH HEALTH ENTERPRISES (38-2686747) 200 HEMLOCK ROAD, TAWAS CITY, MI 48764	OTHER MEDICAL	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(48) ST. MARY'S HEALTH (38-3477017) 800 S. WASHINGTON AVENUE, SAGINAW, MI 48601	DORMANT	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(49) ST. MARY'S MEDICAL GROUP, INC (35-2076827) 3700 WASHINGTON AVE, EVANSVILLE, IN 47750	INVESTMENT	IN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(50) SUNFLOWER ASSURANCE, LTD P.O. BOX 1085, GRAND CAYMAN, BAHAMAS, KY1-1102, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(51) TEXTILE SYSTEMS, INC. (38-2705047) 817 WALBRIDGE, KALAMAZOO, MI 49007	LAUNDRY SERVICES	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(52) THE PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION, INC. (20-8042108) 4425 N PORT WASHINGTON RD, GLENDALE, WI 53212	CONDO ASSOCIATION	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(53) THELEN CORPORATION (36-3266316) 3040 SALT CREEK LANE, ARLINGTON HEIGHTS, IL 60005	OWNS/ LEASES PROPERTY, JOINT VENTURE PARTNER	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(54) TRAVEL SERVICES CORPORATION (26-3764978) P.O. BOX 45998, ST. LOUIS, MO 63145-5998	TRAVEL SERVICES	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(55) UTICA SERVICES, INC. AND SUBSIDIARIES (73-1057650) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C CORPORATION	N/A	N/A	N/A	✓	

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(56) VCH IOWA, P.C. (27-3983977) 8200 E THORN DRIVE, WICHITA, KS 67226	PROFESSIONAL ASSOCIATION	IA	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(57) VCH IOWA, P.C. TRUST (27-6937322) 8200 E THORN DRIVE, WICHITA, KS 67226	BENEFICIARY TRUST	IA	N/A	TRUST	N/A	N/A	N/A	✓	
(58) VIA CHRISTI CLINIC SERVICES, INC (27-3984287) 8200 E THORN DRIVE, WICHITA, KS 67226	CLINIC SERVICES	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(59) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE, INC. (48-2872857) 8200 E THORN DRIVE, WICHITA, KS 67226	ACO	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(60) VINCENTIAN VENTURES OF NORTH ALABAMA, INC. AND SUBSIDIARIES (63-0965456) 810 ST VINCENT'S DRIVE, BIRMINGHAM, AL 35205	MISC HEALTHCARE SERVICES	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(61) VINCENTURES, INC. (06-1211417) 95 MERRITT BOULEVARD, TRUMBULL, CT 06611	INACTIVE	CT	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(62) WHEATON FRANCISCAN HOLDINGS, INC. AND SUBSIDIARIES (39-1836357) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	HOLDING CO	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(63) WHEATON FRANCISCAN PROVIDER NETWORK, INC. (39-1952140) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	PROVIDER CONTRACT	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(64) WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION, INC. (30-0659830) 10101 SOUTH 27TH STREET, FRANKLIN, WI 53123	CONDO ASSOCIATION	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	