

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2019**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

A For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 2020	
B Check if applicable: ☒ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization VIA CHRISTI FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite C/O TAX DEPARTMENT, P O BOX 45998 City or town, state or province, country, and ZIP or foreign postal code ST LOUIS, MO 63145-5998 F Name and address of principal officer: DAVID L ALEXANDER SAME AS C ABOVE H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☒ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 0928
D Employer identification number 36-4943550	E Telephone number (314) 733-8000
G Gross receipts \$ 2,916,039	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	
J Website: ▶ HTTPS://WWW.VIACHRISTI.ORG/GIVING	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation 2019 M State of legal domicile KS

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)	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	9
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	40
7a Total unrelated business revenue from Part VIII, column (A), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0
8 Contributions and grants (Part VIII, line 1h)	Prior Year Current Year
9 Program service revenue (Part VIII, line 2g)	0 2,882,439
10 Investment income (Part VIII, column (A), lines 3, 4, and 5)	0 0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0 (286,528)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0 2,562,624
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0 4,311,767
14 Benefits paid to or for members (Part IX, column (A), line 4)	0 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0 0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0 0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 126,399	0 985,799
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0 5,297,566
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	0 (2,734,942)
19 Revenue less expenses. Subtract line 18 from line 12	0 15,858,816
20 Total assets (Part X, line 16)	Beginning of Current Year End of Year
21 Total liabilities (Part X, line 26)	0 16,930,176
22 Net assets or fund balances. Subtract line 21 from line 20	0 1,071,360

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 <i>Tonya Mershon</i> Date 5-15-21 TONYA MERSHON, VICE PRESIDENT, 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 AccomplishmentsCheck 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 \$ 5,123,424 including grants of \$ 4,311,767) (Revenue \$ 0)

THE VIA CHRISTI FOUNDATION IS A NOT-FOR-PROFIT, PHILANTHROPIC ORGANIZATION COMMITTED TO SUPPORTING
 THE MISSION OF ASCENSION VIA CHRISTI TO PROVIDE QUALITY HEALTHCARE FOR ALL, WITH SPECIAL ATTENTION
 TO THOSE WHO ARE POOR AND VULNERABLE ALL GIFTS TO THE VIA CHRISTI FOUNDATION ARE UTILIZED WITHIN
 THE ASCENSION VIA CHRISTI HEALTH CARE SERVICES THROUGHOUT WICHITA AND CENTRAL KANSAS

AS PART OF THE ASCENSION CATHOLIC HEALTH MINISTRY, THE FILING ORGANIZATION SERVED IN SUPPORT OF
 ASCENSION'S COMMITMENT TO BOTH CARE FOR PATIENTS AND COMMUNITIES AND SUPPORT CAREGIVERS AND OTHER
 ASSOCIATES THROUGH THE CHALLENGES OF THE COVID-19 GLOBAL PANDEMIC IN FY20

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

VIA CHRISTI FOUNDATION PROVIDES LEADERSHIP, PLANNING AND IMPLEMENTATION OF ASCENSION VIA CHRISTI'S
 EFFORTS TO RAISE PHILANTHROPIC SUPPORT OF ITS MISSION TO PROVIDE EXCELLENT HEALTHCARE TO THE
 COMMUNITY AND REGION

VIA CHRISTI FOUNDATION FUNDS A VARIETY OF AREAS INCLUDING CHILDREN'S MIRACLE NETWORK HOSPITAL AT
 ASCENSION VIA CHRISTI - HELPING CHILDREN THROUGHOUT KANSAS WITHOUT REGARD TO ILLNESS, ABILITY TO PAY
 OR PHYSICIAN'S HOSPITAL AFFILIATION

ASCENSION VIA CHRISTI CLINICAL SERVICES - SUPPORTING HOSPITAL CAPITAL IMPROVEMENTS INCLUDING
 FACILITY RENOVATION AND THE PURCHASE OF EQUIPMENT AND TECHNOLOGY DOLLARS ALSO SUPPORT PATIENT
 "EXTRAS" TO IMPROVE THE OUTCOMES AND SERVICES THAT PATIENTS RECEIVE DURING THEIR CARE

(CONTINUED ON SCHEDULE O)

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 **▶** 5,123,424

ABOGIS MCO

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	✓	
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	✓	
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		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		✓
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		✓
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		✓
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		✓
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		✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		✓
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		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		✓
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		✓
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	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
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	✓	
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		✓
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		✓
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.	✓	

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

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

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 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
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		✓

Form 990 (2019)

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 .	11	
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 .	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?		☒
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?		☒
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		☒
6 Did the organization have members or stockholders?	☒	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	☒	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	☒	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	☒	
b Each committee with authority to act on behalf of the governing body?	☒	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		☒

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?		☒
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		☒
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	☒	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	☒	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .	☒	
13 Did the organization have a written whistleblower policy?	☒	
14 Did the organization have a written document retention and destruction policy?	☒	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		☒
b Other officers or key employees of the organization		☒
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?		☒
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?		

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, 4600 EDMUNDSON ROAD, ST. LOUIS, MO 63134-3806, (314) 733-8000, FAX (314) 733-8888

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) MICHAEL MCCULLOUGH CFO, MINISTRY MARKET	0 0 50 0			✓				0	719,637	34,385
(2) DAVID L ALEXANDER DIRECTOR/PRESIDENT	0 0 50 0	✓		✓				0	218,921	28,714
(3) ROSLYN M HUTCHINSON SECRETARY	0 0 50 0	✓		✓				0	116,701	25,737
(4) DALE BAALMAN CHAIR	1 0 4 0	✓		✓				0	0	0
(5) FRANK SHOFFNER VICE CHAIR	1 0 1 0	✓		✓				0	0	0
(6) RONALD HOLT TREASURER	1 0 1 0	✓		✓				0	0	0
(7) AMY WILLIAMS DIRECTOR	1 0 1 0	✓						0	0	0
(8) ELY BARTAL DIRECTOR	1 0 1 0	✓						0	0	0
(9) JANIE CARNEY DIRECTOR	1 0 1 0	✓						0	0	0
(10) LYNDON O WELLS DIRECTOR	1 0 1 0	✓						0	0	0
(11) RANDY SIMON DIRECTOR	1 0 1 0	✓						0	0	0
(12) WILLIAM HANNA DIRECTOR	1 0 2 0	✓						0	0	0
(13)										
(14)										

Form **990** (2019)

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)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							0	1,055,259	88,836	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							0	1,055,259	88,836	

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

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

	Yes	No
3		✓
4	✓	
5		✓

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
NONE		

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

Part VIII Statement of RevenueCheck 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	110,163			
	d	Related organizations	1d	2,400			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,769,876			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 411,210			
	h	Total. Add lines 1a-1f		2,882,439			
	Program Service Revenue				Business Code		
2a							
b							
c							
d							
e							
f		All other program service revenue		0	0	0	0
g		Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
			6a				
			6b				
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			7a				
			7b	286,528			
	c	Gain or (loss)	7c	(286,528)	0		
	d	Net gain or (loss)			(286,528)		(286,528)
	8a	Gross income from fundraising events (not including \$ 110,163 of contributions reported on line 1c). See Part IV, line 18					
			8a	33,600			
	b	Less: direct expenses	8b	66,887			
	c	Net income or (loss) from fundraising events			(33,287)		(33,287)
	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					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory			0		0	
Miscellaneous Revenue				Business Code			
	11a						
	b						
	c						
	d	All other revenue		0	0	0	0
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions			2,562,624	0	0	(319,815)

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	3,866,734	3,866,734		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	445,033	445,033		
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				
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,293	4,499	265	529
12 Advertising and promotion	41,046	34,889	2,052	4,105
13 Office expenses	21,655	18,407	1,083	2,165
14 Information technology	39,328	33,429	1,966	3,933
15 Royalties				
16 Occupancy				
17 Travel	9,886	8,403	494	989
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	541	460	27	54
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 WAGE & BENEFIT ALLOCATION	634,336	539,185	31,717	63,434
b DUES	134,831	114,606	6,742	13,483
c BAD DEBT	49,520	42,092	2,476	4,952
d FUNDRAISING EXPENSES	30,909			30,909
e All other expenses	18,454	15,687	921	1,846
25 Total functional expenses. Add lines 1 through 24e	5,297,566	5,123,424	47,743	126,399
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	0	2	22,965
	3 Pledges and grants receivable, net	0	3	571,154
	4 Accounts receivable, net	0	4	78
	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	0	8	0
	9 Prepaid expenses and deferred charges	0	9	63,440
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 0			
	b Less: accumulated depreciation 10b 0	0	10c	0
	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	0	15	16,272,539
16 Total assets. Add lines 1 through 15 (must equal line 33)	0	16	16,930,176	
Liabilities	17 Accounts payable and accrued expenses	0	17	84,778
	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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	986,582
	26 Total liabilities. Add lines 17 through 25	0	26	1,071,360
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	0	27	240,715
	28 Net assets with donor restrictions	0	28	15,618,101
	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	0	32	15,858,816
33 Total liabilities and net assets/fund balances	0	33	16,930,176	

Form **990** (2019)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,562,624
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,297,566
3	Revenue less expenses. Subtract line 2 from line 1	3	(2,734,942)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	(59,112)
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	18,652,870
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,858,816

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

	Yes	No
1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		☒
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	☒	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain 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?		☒
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		

Form **990** (2019)

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
VIA CHRISTI FOUNDATION, INC

Employer identification number
36-4943550

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2019

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")					2,882,439	2,882,439
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	2,882,439	2,882,439
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)						0
6 Public support. Subtract line 5 from line 4						2,882,439

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	0	0	0	0	2,882,439	2,882,439
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						2,882,439
12 Gross receipts from related activities, etc. (see instructions)					12	0
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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
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.		
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.		
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.		
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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
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).		
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).		
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 .		
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 .		
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 .		
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.		
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.)		

Part IV Supporting Organizations (continued)

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

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.		
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		

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)		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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).			

Schedule A (Form 990 or 990-EZ) 2019

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 A (Form 990 or 990-EZ) 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

VIA CHRISTI FOUNDATION, INC

Employer identification number

36-4943550

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.	
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 **d** ☐ Loan or exchange program
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 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	0	0	0	0	0
b Contributions	20,144,899				
c Net investment earnings, gains, and losses	(302,347)				
d Grants or scholarships	62,418				
e Other expenditures for facilities and programs	3,832,074				
f Administrative expenses	329,959				
g End of year balance	15,618,101	0	0	0	0

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

- a** Board designated or quasi-endowment ☐ 0 00 %
- b** Permanent endowment ☐ 37 78 %
- c** Term endowment ☐ 62 22 %

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

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	24,967
(2) INTEREST IN INVESTMENTS HELD BY ASCENSION HEALTH ALLIANCE	16,247,572
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	16,272,539

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) DUE TO AFFILIATES	509,590
(3) MISCELLANEOUS LIABILITIES	476,992
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	986,582

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ 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

VIA CHRISTI FOUNDATION, INC

Employer identification number

36-4943550

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	143,763		143,763
	2	Less: Contributions	110,163		110,163
	3	Gross income (line 1 minus line 2)	33,600	0	33,600
Direct Expenses	4	Cash prizes	0		0
	5	Noncash prizes	26,401		26,401
	6	Rent/facility costs	34,991		34,991
	7	Food and beverages	0		0
	8	Entertainment	0		0
	9	Other direct expenses	5,495		5,495
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			66,887
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶			(33,287)

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	☐ Yes _____ % ☐ No _____ %	☐ Yes _____ % ☐ No _____ %	☐ Yes _____ % ☐ No _____ %	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

VIA CHRISTI FOUNDATION, INC

Employer identification number

36-4943550

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	48-1172106	501(C)(3)	3,047,914				(SEE STATEMENT)
(2) COUNTY OF SEDGWICK KANSAS 525 N MAIN ST, WICHITA, KS 67203-3782	48-6000798	170(B)(1)(A)(V)	110,000				(SEE STATEMENT)
(3) (SEE STATEMENT)	48-1172107	501(C)(3)	85,681				GENERAL SUPPORT
(4) UNIFIED SCHOOL DISTRICT 259 903 S EDMOOR ST, WICHITA, KS 67218-3337	48-6000351	170(B)(1)(A)(V)	42,762				COMMUNITY PROJECT SUPPORT
(5) (SEE STATEMENT)	48-1158274	501(C)(3)	35,422				GENERAL SUPPORT
(6) VIA CHRISTI CLINIC 1100 N ST FRANCIS, 4TH FLR, WICHITA, KS 67214	48-0993446		31,770				GENERAL SUPPORT
(7) GREATER WICHITA PARTNERSHIP, INC 350 W DOUGLAS AVE, WICHITA, KS 67202	47-4134110		25,000				(SEE STATEMENT)
(8) (SEE STATEMENT)	84-1522811	501(C)(3)	23,400				MISSIONARY SUPPORT
(9) STATE OF KANSAS WICHITA ST UNIVERSITY 1845 FAIRMOUNT ST, WICHITA, KS 67260-9700	48-1124839	170(B)(1)(A)(V)	14,200				(SEE STATEMENT)
(10) (SEE STATEMENT)	48-1239522		7,148				GENERAL SUPPORT
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							6
3 Enter total number of other organizations listed in the line 1 table							4

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

Cat. No 50055P

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	EMPLOYEE ASSISTANCE	273	106,314			
2	PATIENT ASSISTANCE	4,817	148,755			
3	STUDENT SCHOLARSHIPS	21	27,431			
4	(SEE STATEMENT)	85	162,533			
5						
6						
7						

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

(SEE STATEMENT)

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
VIA CHRISTI FOUNDATION, INC

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

Employer identification number
36-4943550

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ 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

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?

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III

Only 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?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1a		
1b		
2		
3		
4a		✓
4b	✓	
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
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					
MICHAEL MCCULLOUGH	0	0	0	0	0	0	0	0
1 CFO, MINISTRY MARKET	407,764	248,976	62,897	14,000	20,385	754,022	0	0
DAVID L ALEXANDER	0	0	0	0	0	0	0	0
2 DIRECTOR/PRESIDENT	195,638	21,543	1,740	7,681	21,033	247,635	0	0
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Schedule J (Form 990) 2019

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**
► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2019

**Open to Public
Inspection**

Name of the organization
VIA CHRISTI FOUNDATION, INC

Employer identification number
36-4943550

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MEDICAL SUPPLIES)	✓	32	13,529	MARKET VALUE
26 Other ► (COVID ITEMS)	✓	256	371,280	MARKET VALUE
27 Other ► (GOLF TOURNAMENT)	✓	49	26,401	MARKET VALUE
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

VIA CHRISTI FOUNDATION, INC

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**

Employer identification number
36-4943550

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	No
(1) (SEE STATEMENT)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat No 50135Y

Schedule R (Form 990) 2019

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

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

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

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
ASCENSION VIA CHRISTI HEALTH, INC	B	85,681	FAIR MARKET VALUE
(1) ASCENSION VIA CHRISTI HEALTH, INC	R	371,918	FAIR MARKET VALUE
(2) ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC	B	3,407,914	FAIR MARKET VALUE
(3) ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC	P	780,518	FAIR MARKET VALUE
(4) ASCENSION VIA CHRISTI REHABILITATION HOSPITAL, INC.	P	105,779	FAIR MARKET VALUE
(5)			
(6)			

Schedule R (Form 990) 2019

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)													

Schedule R (Form 990) 2019

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) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH SYSTEM	IL	501(C)(3)	12 TYPE II	MINISTRY HEALTH CARE, INC	✓	
(2) ALABAMA PROVIDENCE HEALTHCARE SERVICES (46-2847744) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	10	GULF COAST HEALTH SYSTEM	✓	
(3) ALEXIAN BROTHERS AMBULATORY GROUP (36-4336931) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	PHYSICIAN SERVICES	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(4) ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL (36-4251848) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	BEHAVIORAL HEALTH HOSPITAL	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(5) ALEXIAN BROTHERS BONAVENTURE HOUSE (36-3527899) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	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) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	OUTPATIENT COMMUNITY MENTAL HEALTH SERVICES	IL	501(C)(3)	10	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(7) ALEXIAN BROTHERS COMMUNITY SERVICES (36-4344423) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	PACE-COMPREHENSIVE & COORDINATED COMMUNITY BASED SERVICES	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(8) ALEXIAN BROTHERS HEALTH SYSTEM (36-3260495) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	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) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORTS THE PROVISION OF HEALTHCARE SERVICES FOR RELATED CORPORATIONS	IL	501(C)(3)	12 TYPE III-FI	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(10) ALEXIAN BROTHERS LANSLOWNE VILLAGE (43-1470362) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(11) ALEXIAN BROTHERS MEDICAL CARE GROUP NFP (47-1930457) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	PHYSICIAN SERVICES	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(12) ALEXIAN BROTHERS MEDICAL CENTER (36-2596381) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	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) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(14) ALEXIAN BROTHERS OF SAN JOSE, INC (94-1530037) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	ACUTE CARE HOSPITAL (SOLD IN 1998)	TX	501(C)(3)	12 TYPE I	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(15) ALEXIAN BROTHERS SENIOR MINISTRIES (36-4484290) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	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) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(18) ALEXIAN BROTHERS SPECIALTY GROUP (80-0710751) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(19) ALEXIAN VILLAGE OF MILWAUKEE, INC. (39-1351584) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	CONTINUING CARE RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(20) ALEXIAN VILLAGE OF TENNESSEE (62-1136742) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	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) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SPORTS MEDICINE	AL	501(C)(3)	7	ST VINCENT'S BIRMINGHAM	✓	
(23) ARTHUR MERKLE - CLARA KNIPPRATH NURSING HOME (36-2841358) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	IL	501(C)(3)	10	PRESENCE LIFE CONNECTIONS	✓	
(24) ASCENSION ALL SAINTS HOSPITAL FOUNDATION, INC (39-1570877) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	7	ASCENSION ALL SAINTS HOSPITAL, INC.	✓	
(25) ASCENSION ALL SAINTS HOSPITAL, INC. (39-1264986) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC	✓	
(26) ASCENSION ALLEGAN FOUNDATION (38-2802463) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION ALLEGAN HOSPITAL	✓	

(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 ALLEGAN HOSPITAL (38-1359180) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(28) ASCENSION ALLEGAN PROFESSIONAL HEALTH SERVICES, INC (20-5800012) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(29) ASCENSION ARIZONA (86-0455920) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	AZ	501(C)(3)	3	ASCENSION HEALTH	✓	
(30) ASCENSION BORGESS FOUNDATION (23-7222558) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION BORGESS HOSPITAL	✓	
(31) ASCENSION BORGESS HOSPITAL (38-1360526) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTHCARE SERVICES	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(32) ASCENSION BORGESS LEE FOUNDATION (38-2860459) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE III-FI	ASCENSION BORGESS-LEE HOSPITAL	✓	
(33) ASCENSION BORGESS-LEE HOSPITAL (38-1490190) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTHCARE SERVICES	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(34) ASCENSION BRIGHTON CENTER FOR RECOVERY (38-1576680) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(35) ASCENSION CALUMET HOSPITAL, INC (39-0905385) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC	✓	
(36) ASCENSION CARE MANAGEMENT INSURANCE HOLDINGS (46-1121862) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	MO	501(C)(3)	12 TYPE I	ASCENSION CARE MANAGEMENT LLC	✓	
(37) ASCENSION DEPAUL HOLDINGS OF EL PASO (74-2734755) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(38) ASCENSION EAGLE RIVER HOSPITAL, INC. (39-0985690) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC	✓	
(39) ASCENSION EASTWOOD BEHAVIORAL HEALTH (38-1958763) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ST JOHN PROVIDENCE	✓	
(40) ASCENSION GENESYS FOUNDATION (38-3591148) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FOUNDATION	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(41) ASCENSION GENESYS HOSPITAL (38-2377821) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(42) ASCENSION GOOD SAMARITAN HOSPITAL FOUNDATION, INC (39-1627755) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE II	ASCENSION GOOD SAMARITAN HOSPITAL, INC.	✓	
(43) ASCENSION GOOD SAMARITAN HOSPITAL, INC (39-0808503) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC	✓	
(44) ASCENSION HEALTH (31-1662309) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(45) ASCENSION HEALTH - IS INC (65-1257719) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(46) ASCENSION HEALTH ALLIANCE (45-3358926) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	12 TYPE I	N/A	✓	

(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
(47) ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST (36-7046706) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(48) ASCENSION HEALTH GLOBAL MISSION (65-1205990) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(49) ASCENSION HEALTH SENIOR CARE (43-1227406) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	PARENT COMPANY	MO	501(C)(3)	12 TYPE II	ASCENSION HEALTH	✓	
(50) ASCENSION LIVING - LAKESHORE AT SIENA, INC. (82-4710412) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(51) ASCENSION MACOMB OAKLAND HOSPITAL (38-3322109) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(52) ASCENSION MEDICAL GROUP GENESYS (83-1617112) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(53) ASCENSION MEDICAL GROUP MICHIGAN (38-3494637) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(54) ASCENSION MEDICAL GROUP PROMED (38-3193801) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTHCARE SERVICES	MI	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(55) ASCENSION MEDICAL GROUP-FOX VALLEY WISCONSIN, INC (39-1127163) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	CLINICAL HEALTHCARE SERVICES	WI	501(C)(3)	3	AFFINITY HEALTH SYSTEM	✓	
(56) ASCENSION MEDICAL GROUP-NORTHERN WISCONSIN, INC (39-1965593) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	MEDICAL GROUP	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC	✓	
(57) ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN, INC (39-1791586) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	MEDICAL GROUP	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC	✓	
(58) ASCENSION MICHIGAN (38-2631907) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ASCENSION HEALTH	✓	
(59) ASCENSION MICHIGAN CMG (38-2601348) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ST JOHN PROVIDENCE	✓	
(60) ASCENSION MINISTRY AND MISSION FUND (27-3174701) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(61) ASCENSION NE WISCONSIN, INC. (39-0816818) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(62) ASCENSION OUR LADY OF VICTORY HOSPITAL, INC. (39-0807065) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(63) ASCENSION PROVIDENCE (74-1109636) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTHCARE SERVICES	TX	501(C)(3)	3	ASCENSION TEXAS	✓	
(64) ASCENSION PROVIDENCE FOUNDATION (38-3528629) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	7	ST JOHN PROVIDENCE	✓	
(65) ASCENSION PROVIDENCE HOSPITAL (38-1358212) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	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
(66) ASCENSION PROVIDENCE ROCHESTER FOUNDATION (38-2627336) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORTING	MI	501(C)(3)	12 TYPE I	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	✓	
(67) ASCENSION PROVIDENCE ROCHESTER HOSPITAL (38-1359247) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	GENERAL HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(68) ASCENSION RIVER DISTRICT HOSPITAL (38-3160564) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(69) ASCENSION SACRED HEART-ST. MARY'S HOSPITALS, INC (39-1390636) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC	✓	
(70) ASCENSION SE WISCONSIN HOSPITAL, INC (39-0816857) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC	✓	
(71) ASCENSION SETON (74-1109643) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	3	ASCENSION TEXAS	✓	
(72) ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH (38-2262856) C/O TAX DEPARTMENT, P.O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	3	ST JOHN PROVIDENCE	✓	
(73) ASCENSION ST. CLARE'S HOSPITAL, INC (72-1531917) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC	✓	
(74) ASCENSION ST. ELIZABETH FOUNDATION, INC (39-1256677) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	7	AFFINITY HEALTH SYSTEM	✓	
(75) ASCENSION ST. FRANCIS HOSPITAL, INC (39-0907740) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC	✓	
(76) ASCENSION ST. JOHN FOUNDATION (20-2961579) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	7	ST JOHN PROVIDENCE	✓	
(77) ASCENSION ST. JOHN HOSPITAL (38-1359063) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(78) ASCENSION ST. JOSEPH FOUNDATION (01-0790428) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION ST JOSEPH'S HOSPITAL	✓	
(79) ASCENSION ST. JOSEPH HOSPITAL (38-1443395) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(80) ASCENSION ST. MARY'S FOUNDATION (38-2246366) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE III-FI	ASCENSION ST. MARY'S HOSPITAL	✓	
(81) ASCENSION ST. MARY'S HOSPITAL (38-0997730) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(82) ASCENSION ST. MICHAEL'S HOSPITAL FOUNDATION, INC (39-1657410) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION ST MICHAEL'S HOSPITAL, INC	✓	
(83) ASCENSION ST. MICHAEL'S HOSPITAL, INC (39-0808443) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, 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
(84) ASCENSION STANDISH HOSPITAL (38-1671120) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(85) ASCENSION TEXAS (45-4364243) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(86) ASCENSION VIA CHRISTI HEALTH PARTNERS, INC (48-0958974) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	MANAGEMENT COMPANY	KS	501(C)(3)	10	ASCENSION VIA CHRISTI HEALTH, INC	✓	
(87) ASCENSION VIA CHRISTI HEALTH, INC (48-1172107) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	KS	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(88) ASCENSION VIA CHRISTI HOSPITAL MANHATTAN, INC. (48-1186704) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(89) ASCENSION VIA CHRISTI HOSPITAL PITTSBURG, INC. (48-0543778) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC	✓	
(90) ASCENSION VIA CHRISTI HOSPITAL WICHITA ST TERESA, INC (27-1965272) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(91) ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC (48-1172106) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(92) ASCENSION VIA CHRISTI PROPERTY SERVICES, INC (48-0948571) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	PROPERTY MANAGEMENT	KS	501(C)(4)		ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC	✓	
(93) ASCENSION VIA CHRISTI REHABILITATION HOSPITAL, INC (48-1158274) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	REHABILITATION HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC	✓	
(94) ASCENSION WELFARE BENEFITS TRUST (43-1601369) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	VEBA	MO	501(C)(9)		ASCENSION HEALTH ALLIANCE	✓	
(95) ASCENSION WISCONSIN FOUNDATION, INC (39-1494981) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	7	COLUMBIA ST MARY'S, INC	✓	
(96) ASCENSION WISCONSIN LABORATORIES, INC (39-1701402) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	LABORATORY	WI	501(C)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC	✓	
(97) ASCENSION WISCONSIN PHARMACY, INC. (39-1613624) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	PHARMACY	WI	501(C)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(98) BAPTIST HEALTH CARE AFFILIATES, INC (58-1509251) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	COMMUNITY HEALTH PROMOTION	TN	501(C)(3)	12 TYPE I	SAINT THOMAS NETWORK	✓	
(99) BAPTIST HOSPITAL FOUNDATION OF NASHVILLE, INC (58-1861378) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	INACTIVE	TN	501(C)(3)	12 TYPE I	SAINT THOMAS MIDTOWN HOSPITAL	✓	

(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
(100) BLUE LADIES MINERALS, INC. (74-2971975) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	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	✓	
(101) BORGESS AMBULATORY CARE CORPORATION (38-2468823) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOLDING COMPANY	MI	501(C)(3)	3	BORGESS HEALTH ALLIANCE, INC	✓	
(102) BORGESS HEALTH ALLIANCE, INC (38-2335286) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	MI	501(C)(3)	12 TYPE III-FI	ASCENSION MICHIGAN	✓	
(103) BORGESS NURSING HOME INC (38-2555589) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MI	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(104) CARONDELET FOUNDATION, INC (86-0749574) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FOUNDATION	AZ	501(C)(3)	12 TYPE I	ASCENSION ARIZONA	✓	
(105) CARONDELET HEALTH (43-1276738) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(106) CARONDELET LONG-TERM CARE FACILITIES, INC (74-2505427) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(107) CARONDELET REGIONAL MEDICAL, P C (81-4769136) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	MEDICAL GROUP	NY	501(C)(3)	3	ST MARY'S HEALTHCARE	✓	
(108) CARROLL MANOR (83-2068871) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	DC	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(109) CATALPA HEALTH, INC (45-4681563) N4642 COUNTY N, APPLETON, WI 54914	BEHAVIORAL HEALTH SERVICES	WI	501(C)(3)	3	AFFINITY HEALTH SYSTEM	✓	
(110) CENTER FOR GERONTOLOGY (38-2514708) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	ADULT DAY CARE	MI	501(C)(3)	12 TYPE II	ASCENSION HEALTH SENIOR CARE	✓	
(111) CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC (35-1869951) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FREESTANDING OUTPATIENT CENTER	IN	501(C)(3)	12 TYPE III-FI	ST VINCENT HEALTH, INC	✓	
(112) CMC FOUNDATION OF CENTRAL TEXAS (20-0468031) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(113) COLUMBIA COLLEGE OF NURSING, INC (39-1596986) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	COLLEGE	WI	501(C)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE, INC.	✓	
(114) COLUMBIA ST. MARY'S HOSPITAL MILWAUKEE, INC (39-0806315) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	COLUMBIA ST MARY'S, INC	✓	
(115) COLUMBIA ST. MARY'S HOSPITAL OZAUCKEE, INC (39-0807063) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	COLUMBIA ST MARY'S, INC	✓	
(116) COLUMBIA ST. MARY'S, INC (39-1834639) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH SYSTEM	WI	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(117) CORNERSTONE ASSISTED LIVING, INC (48-1241079) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC	✓	
(118) DELL CHILDREN'S MEDICAL GROUP (74-2800601) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	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
(119) DR KATE NEWCOMB CONVALESCENT CENTER, INC. (39-1357365) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	NURSING/ASSISTED LIVING SERVICES	WI	501(C)(3)	10	HOWARD YOUNG HEALTH CARE, INC	✓	
(120) FIELD NEUROSCIENCES INSTITUTE (38-2790703) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	MEDICAL RESEARCH ORGANIZATION	MI	501(C)(3)	10	ASCENSION ST MARY'S HOSPITAL	✓	
(121) FOUNDATION OF SAINT CLARE'S HOSPITAL OF WESTON, INC (75-3193633) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION ST CLARE'S HOSPITAL, INC	✓	
(122) FOUNDATION OF SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC (39-1684957) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE II	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC	✓	
(123) GENESYS AMBULATORY HEALTH SERVICES (38-2371754) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(124) GENESYS CONVALESCENT CENTER (38-2317364) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	CONVALESCENT CENTER	MI	501(C)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	✓	
(125) GENESYS HEALTH SYSTEM (38-3339703) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	MI	501(C)(3)	12 TYPE II	ASCENSION MICHIGAN	✓	
(126) GULF COAST HEALTH SYSTEM (63-0934712) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH SYSTEM	AL	501(C)(3)	12 TYPE III-FI	ST VINCENT'S HEALTH SYSTEM	✓	
(127) HAVEN OF OUR LADY OF PEACE, INC. (59-3620346) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	NURSING HOME	FL	501(C)(3)	10	SACRED HEART HEALTH SYSTEM	✓	
(128) HEALTHCARE COLLABORATIVE (27-3220767) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(129) HOWARD YOUNG HEALTH CARE, INC. (39-1499115) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOME OFFICE	WI	501(C)(3)	12 TYPE II	MINISTRY HEALTH CARE, INC	✓	
(130) JANE PHILLIPS MEMORIAL MEDICAL CENTER (73-0606129) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST JOHN HEALTH SYSTEM, INC	✓	
(131) JANE PHILLIPS NOWATA HOSPITAL, INC (73-1440267) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST JOHN HEALTH SYSTEM, INC	✓	
(132) 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	✓	
(133) LOURDES FOUNDATION (91-1528577) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	WA	501(C)(3)	12 TYPE I	OUR LADY OF LOURDES HOSPITAL AT PASCO	✓	
(134) LOURDES REALTY COMPANY, INC. (22-2873637) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	RENTAL OF HEALTH CARE FACILITIES	NY	501(C)(2)		OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC	✓	
(135) MEDICAL SERVICES ENHANCEMENT, INC. (14-1776546) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	MEDICAL OFFICE BUILDING	NY	501(C)(25)		ST MARY'S HEALTHCARE	✓	

(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
(136) MEDICARE VALUE PARTNERS (36-3495969) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE HEALTH PARTNERS SERVICES	✓	
(137) MERCY HEALTH FOUNDATION, INC (23-7140261) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	10	AFFINITY HEALTH SYSTEM	✓	
(138) METRO PHYSICIANS, INC (94-3436893) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	MEDICAL GROUP	WI	501(C)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN, INC.	✓	
(139) MINISTRY HEALTH CARE, INC. (39-1490371) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	PARENT CORPORATION	WI	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(140) OUR LADY OF LOURDES HOSPITAL AT PASCO (91-0349750) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTHCARE	WA	501(C)(3)	3	ASCENSION HEALTH	✓	
(141) OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC (15-0532221) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	NY	501(C)(3)	3	ASCENSION HEALTH	✓	
(142) OUR LADY OF PEACE, INC (16-1608735) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	NY	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(143) OWASSO MEDICAL FACILITY, INC (20-3700131) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST JOHN HEALTH SYSTEM, INC	✓	
(144) PRESENCE AMBULATORY SERVICES (36-4286236) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(145) PRESENCE BEHAVIORAL HEALTH (36-2709982) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(146) PRESENCE CARE @ HOME (46-0483587) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(147) PRESENCE CARE TRANSFORMATION CORPORATION (36-3366652) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	MGMT SUPPORT	IL	501(C)(3)	12 TYPE III-FI	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(148) PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK (36-4195126) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(149) PRESENCE CHICAGO HOSPITALS NETWORK (36-2235165) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(150) PRESENCE HEALTH PARTNERS SERVICES (36-2644178) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	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
(151) PRESENCE HEALTHCARE SERVICES (36-3330928) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATI ON CORPORATION	✓	
(152) PRESENCE HOME CARE (46-0483581) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATI ON CORPORATION	✓	
(153) PRESENCE LIFE CONNECTIONS (37-1127787) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(154) PRESENCE SENIOR SERVICES CHICAGOLAND (23-7061646) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(155) PRIMARY PHYSICIAN NETWORK, LLC (20-8775914) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	DORMANT	IN	501(C)(3)	10	ST MARY'S HEALTH, INC.	✓	
(156) PROVIDENCE BUILDING CORPORATION (63-0914564) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(2)		GULF COAST HEALTH SYSTEM	✓	
(157) PROVIDENCE FOUNDATION (63-0915493) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	7	GULF COAST HEALTH SYSTEM	✓	
(158) PROVIDENCE FOUNDATION, INC. (74-2683112) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE	TX	501(C)(3)	12 TYPE I	ASCENSION PROVIDENCE	✓	
(159) PROVIDENCE HEALTH ALLIANCE (74-2696970) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	PHYSICIAN PRACTICES	TX	501(C)(3)	3	ASCENSION PROVIDENCE	✓	
(160) PROVIDENCE HEALTH FOUNDATION, INC. (52-1275583) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING ORGANIZATION	DC	501(C)(3)	12 TYPE I	PROVIDENCE HOSPITAL	✓	
(161) PROVIDENCE HEALTH SERVICES, INC. (52-1275587) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	PHYSICIAN PRACTICES	DC	501(C)(3)	12 TYPE I	PROVIDENCE HOSPITAL	✓	
(162) PROVIDENCE HOSPITAL (63-0288861) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	GULF COAST HEALTH SYSTEM	✓	
(163) PROVIDENCE HOSPITAL (53-0196636) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	DC	501(C)(3)	3	ASCENSION HEALTH	✓	
(164) PROVIDENCE PARK, INC (61-1759304) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	TX	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(165) RAINBOW HOSPICE AND PALLIATIVE CARE (36-3296367) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATI ON CORPORATION	✓	
(166) SACRED HEART FOUNDATION, INC. (59-2436597) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FOUNDATION	FL	501(C)(3)	7	SACRED HEART HEALTH SYSTEM	✓	
(167) SACRED HEART HEALTH SYSTEM, INC (59-0634434) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	FL	501(C)(3)	3	ST VINCENT'S HEALTH SYSTEM, INC	✓	

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						Yes	No
(168) SACRED HEART HEALTH VENTURES, INC. (57-1183283) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	INVESTMENT	FL	501(C)(3)	12 TYPE I	SACRED HEART HEALTH SYSTEM	✓	
(169) SACRED HEART REHABILITATION INSTITUTE, INC (39-0902199) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	REHAB SERVICES	WI	501(C)(3)	3	COLUMBIA ST MARY'S, INC	✓	
(170) SAINT ELIZABETH'S HOSPITAL OF WABASHA, INC (41-0693877) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	MN	501(C)(3)	3	MINISTRY HEALTH CARE, INC	✓	
(171) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC (39-0847631) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(172) SAINT THOMAS HEALTH (58-1716804) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SYSTEM PARENT	TN	501(C)(3)	12 TYPE II	ASCENSION HEALTH	✓	
(173) SAINT THOMAS HEALTH FOUNDATIONS (58-1663055) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	OPERATES FOUNDATION	TN	501(C)(3)	7	SAINT THOMAS NETWORK	✓	
(174) SAINT THOMAS HICKMAN HOSPITAL (58-1737573) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	TN	501(C)(3)	3	BAPTIST HEALTH CARE AFFILIATES, INC	✓	
(175) SAINT THOMAS HOME HEALTH (62-1836937) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOME HEALTH CARE	TN	501(C)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	✓	
(176) SAINT THOMAS MEDICAL PARTNERS (62-1529858) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTHCARE PROVIDER	TN	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(177) SAINT THOMAS MIDTOWN HOSPITAL (62-1869474) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	ACUTE CARE HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(178) SAINT THOMAS NETWORK (62-1284994) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH INVESTMENT ENTITY	TN	501(C)(3)	10	SAINT THOMAS HEALTH	✓	
(179) SAINT THOMAS REGIONAL HOSPITALS (47-4063046) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITALS	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(180) SAINT THOMAS RUTHERFORD FOUNDATION (62-1167917) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FOUNDATION	TN	501(C)(3)	12 TYPE I	SAINT THOMAS RUTHERFORD HOSPITAL	✓	
(181) SAINT THOMAS RUTHERFORD HOSPITAL (62-0475842) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(182) SAINT THOMAS WEST HOSPITAL (62-0347580) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(183) SALINA REGIONAL HOME MEDICAL SERVICES, LLC (43-1948057) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	MEDICAL EQUIPMENT	KS	501(C)(3)	10	ASCENSION VIA CHRISTI HEALTH PARTNERS, INC	✓	
(184) SAVELLI PROPERTIES, INC. (36-3308965) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	OWNS OR LEASES PROPERTIES WHERE HEALTHCARE SERVICES ARE DELIVERED	IL	501(C)(2)		ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(185) SETON CLINICAL ENTERPRISE CORPORATION (45-4364881) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE I	ASCENSION TEXAS	✓	
(186) SETON FAMILY OF DOCTORS (26-4562522) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	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
(187) SETON FAMILY OF PEDIATRIC SURGEONS (27-1311790) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(188) SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, INC (74-2212968) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(189) SETON HAYS FOUNDATION (26-2842608) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(190) SETON HEALTH CORPORATION OF SOUTHEAST MICHIGAN (38-2820107) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ST JOHN PROVIDENCE	✓	
(191) SETON HOSPITALIST SERVICE (45-2498998) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	ASCENSION SETON	✓	
(192) SETON INSURANCE SERVICES CORPORATION (45-4364813) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(193) SETON MANOR, INC (23-2960726) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	PA	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(194) SETON MEDICAL GROUP, INC (39-2064992) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(195) SETON MEDICAL MANAGEMENT (63-0937704) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	12 TYPE II	GULF COAST HEALTH SYSTEM	✓	
(196) SETON ORAL & MAXILLOFACIAL SURGERY (42-1670843) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(197) SETON PROPERTY CORPORATION OF NORTH ALABAMA (23-7326976) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	REAL ESTATE	AL	501(C)(2)		ST VINCENT'S HEALTH SYSTEM	✓	
(198) SETON WILLIAMSON FOUNDATION (20-5330986) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(199) SETON/UT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP (74-2869762) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(200) SJRMC, INC (82-0204264) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	ID	501(C)(3)	3	ASCENSION HEALTH	✓	
(201) SOUTHERN TIER MEDICAL CARE - NY PC (82-1103087) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	HEALTHCARE	NY	501(C)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC	✓	
(202) ST AGNES FOUNDATION (52-1415083) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	MD	501(C)(3)	12 TYPE I	ST AGNES HEALTHCARE, INC.	✓	
(203) ST AGNES HEALTHCARE, INC (52-0591657) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	MD	501(C)(3)	3	ASCENSION HEALTH	✓	
(204) ST ALEXIUS MEDICAL CENTER (36-4251846) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	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
(205) ST. CATHERINE LABOURE MANOR, INC (59-1878316) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	FL	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(206) ST. JOHN AUXILIARY, INC (73-0999759) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	10	ST JOHN HEALTH SYSTEM, INC	✓	
(207) ST. JOHN BROKEN ARROW, INC. (38-3833117) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST JOHN HEALTH SYSTEM, INC	✓	
(208) ST. JOHN BUILDING CORPORATION (61-1659782) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	REAL ESTATE	OK	501(C)(2)		ST JOHN HEALTH SYSTEM, INC.	✓	
(209) ST. JOHN HEALTH SYSTEM FOUNDATION, INC (73-1133139) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	OK	501(C)(3)	7	ST JOHN HEALTH SYSTEM, INC	✓	
(210) ST. JOHN HEALTH SYSTEM, INC. (73-1215174) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SYSTEM PARENT	OK	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(211) ST. JOHN MEDICAL CENTER, INC. (73-0579286) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST JOHN HEALTH SYSTEM, INC	✓	
(212) ST. JOHN PROVIDENCE (38-2244034) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	PARENT	MI	501(C)(3)	12 TYPE II	ASCENSION MICHIGAN	✓	
(213) ST. JOHN SAPULPA, INC (73-0662663) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST JOHN HEALTH SYSTEM, INC.	✓	
(214) ST. JOHN VILLAS, INC (73-1077367) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	NURSING HOME	OK	501(C)(3)	10	ST JOHN HEALTH SYSTEM, INC	✓	
(215) ST. JOSEPH FOUNDATION OF KOKOMO INDIANA, INC (23-7313206) C/O TAX DEPARTMENT, P.O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST JOSEPH HOSPITAL & HEALTH CENTER, INC	✓	
(216) ST. JOSEPH HOSPITAL & HEALTH CENTER, INC (35-0992717) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST VINCENT HEALTH, INC	✓	
(217) ST. JOSEPH MEDICAL CENTER FOUNDATION (43-1388461) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	MO	501(C)(3)	12 TYPE I	CARONDELET HEALTH	✓	
(218) ST. JOSEPH REGIONAL MEDICAL CENTER FOUNDATION, INC (51-0168321) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	ID	501(C)(3)	12 TYPE I	SJPMC, INC	✓	
(219) ST. JOSEPH'S MINISTRIES, INC (52-1835288) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MD	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(220) ST. LUKE'S-ST. VINCENT'S HEALTHCARE, INC (26-0479484) C/O TAX DEPARTMENT, P.O. BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	FL	501(C)(3)	3	ST VINCENT'S HEALTH SYSTEM, INC	✓	
(221) ST. MARY'S AT HOME, INC. (35-1899560) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	DME/HOME CARE	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, INC	✓	
(222) ST. MARY'S BUILDING CORPORATION (23-7248362) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	REAL ESTATE HOLDING COMPANY	IN	501(C)(2)		ST MARY'S HEALTH, INC.	✓	
(223) ST. MARY'S HEALTH FOUNDATION, INC (23-7045370) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST MARY'S 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
(224) ST. MARY'S HEALTH SERVICES, INC (35-1679526) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	INVESTMENT SERVICES	IN	501(C)(3)	12 TYPE I	ST MARY'S HEALTH, INC.	✓	
(225) ST. MARY'S HEALTH, INC (35-0869065) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST VINCENT HEALTH, INC.	✓	
(226) ST. MARY'S HEALTHCARE (14-1347719) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	NY	501(C)(3)	3	ASCENSION HEALTH	✓	
(227) ST. MARY'S MEDICAL CENTER FOUNDATION (43-1918107) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	MO	501(C)(3)	12 TYPE I	CARONDELET HEALTH	✓	
(228) ST. MARY'S MEDICAL GROUP, LLC (26-1356310) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	PHYSICIAN PROFESSIONAL SERVICES	IN	501(C)(3)	10	ST VINCENT MEDICAL GROUP, INC.	✓	
(229) ST. MARY'S OHIO VALLEY HEARTCARE, LLC (27-3474697) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	DORMANT	IN	501(C)(3)	12 TYPE I	ST MARY'S MEDICAL GROUP, LLC	✓	
(230) ST. MARY'S WARRICK EMERGENCY MEDICAL SERVICES, INC (20-5342518) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	AMBULANCE SERVICES	IN	501(C)(4)		ST MARY'S HEALTH SERVICES, INC	✓	
(231) ST. MARY'S WARRICK HOSPITAL, INC (35-1343019) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST VINCENT HEALTH, INC.	✓	
(232) ST. VINCENT ANDERSON REGIONAL HOSPITAL FOUNDATION, INC (35-2053693) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST VINCENT ANDERSON REGIONAL HOSPITAL, INC	✓	
(233) ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC. (46-0877261) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST VINCENT HEALTH, INC.	✓	
(234) ST. VINCENT CARMEL HOSPITAL, INC (74-3107055) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST VINCENT HEALTH, INC.	✓	
(235) ST. VINCENT CLAY HOSPITAL, INC (35-2112529) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST VINCENT HEALTH, INC	✓	
(236) ST. VINCENT DUNN HOSPITAL, INC (27-2192831) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST VINCENT HEALTH, INC	✓	
(237) ST. VINCENT FISHERS HOSPITAL, INC (45-4243702) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST VINCENT HEALTH, INC.	✓	
(238) ST. VINCENT FRANKFORT HOSPITAL FOUNDATION, INC (35-1531734) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST VINCENT FRANKFORT HOSPITAL, INC	✓	
(239) ST. VINCENT FRANKFORT HOSPITAL, INC (35-2099320) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST VINCENT HEALTH, INC.	✓	
(240) ST. VINCENT HEALTH, INC. (35-2052591) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	PARENT COMPANY	IN	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(241) ST. VINCENT HEALTH, WELLNESS AND PREVENTIVE CARE INSTITUTE, INC (46-1227327) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH AND WELLNESS SERVICES	IN	501(C)(3)	10	ST. VINCENT HEALTH, INC	✓	
(242) ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC (35-0869066) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	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
(243) ST. VINCENT HOSPITAL FOUNDATION, INC (35-6088862) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST VINCENT HOSPITAL AND HEALTH CARE CENTER, INC	✓	
(244) 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	✓	
(245) ST. VINCENT JENNINGS HOSPITAL, INC (35-1841606) C/O TAX DEPARTMENT, P O. BOX 45998, ST LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST VINCENT HEALTH, INC.	✓	
(246) ST. VINCENT MADISON COUNTY HEALTH SYSTEM, INC. (35-0876389) C/O TAX DEPARTMENT, P O. BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST VINCENT HEALTH, INC	✓	
(247) ST. VINCENT MEDICAL GROUP, INC (27-2039417) C/O TAX DEPARTMENT, P O. BOX 45998, ST LOUIS, MO 63145-5998	PHYSICIAN PROFESSIONAL SERVICES	IN	501(C)(3)	10	ST. VINCENT CARMEL HOSPITAL, INC	✓	
(248) ST. VINCENT MERCY HOSPITAL FOUNDATION, INC (31-1066871) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST VINCENT MADISON COUNTY HEALTH SYSTEM, INC	✓	
(249) ST. VINCENT RANDOLPH HOSPITAL FOUNDATION, INC (35-2133006) C/O TAX DEPARTMENT, P O. BOX 45998, ST LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST VINCENT RANDOLPH HOSPITAL, INC	✓	
(250) ST. VINCENT RANDOLPH HOSPITAL, INC (35-2103153) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST VINCENT HEALTH, INC.	✓	
(251) ST. VINCENT RAS, INC (47-1289091) C/O TAX DEPARTMENT, P.O BOX 45998, ST LOUIS, MO 63145-5998	RETAIL AMBULATORY SERVICES	IN	501(C)(3)	10	ST VINCENT HEALTH, INC	✓	
(252) ST. VINCENT SALEM HOSPITAL, INC. (27-0847538) C/O TAX DEPARTMENT, P O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST VINCENT HEALTH, INC.	✓	
(253) ST. VINCENT SETON SPECIALTY HOSPITAL, INC (35-1712001) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	LONG TERM CARE HOSPITAL	IN	501(C)(3)	3	ST VINCENT HEALTH, INC	✓	
(254) ST. VINCENT WILLIAMSPORT HOSPITAL FOUNDATION, INC (74-3130159) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST VINCENT WILLIAMSPORT HOSPITAL, INC	✓	
(255) ST. VINCENT WILLIAMSPORT HOSPITAL, INC (35-0784551) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST VINCENT HEALTH, INC.	✓	
(256) ST. VINCENT'S AMBULATORY CARE, INC (59-2292041) C/O TAX DEPARTMENT, P.O BOX 45998, ST LOUIS, MO 63145-5998	PHYSICIAN PRACTICE	FL	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(257) ST. VINCENT'S BIRMINGHAM (63-0288864) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	ST VINCENT'S HEALTH SYSTEM	✓	
(258) ST. VINCENT'S BLOUNT (63-0909073) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	ST VINCENT'S HEALTH SYSTEM	✓	
(259) ST. VINCENT'S COLLEGE, INC (06-1331677) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	INACTIVE	CT	501(C)(3)	10	ST VINCENT'S MEDICAL CENTER	✓	
(260) 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	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(261) ST VINCENT'S EAST (63-0578923) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	ST VINCENT'S HEALTH SYSTEM	✓	
(262) ST VINCENT'S FOUNDATION OF ALABAMA, INC (63-0868066) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	AL	501(C)(3)	7	ST VINCENT'S HEALTH SYSTEM	✓	
(263) ST VINCENT'S FOUNDATION, INC (59-2219923) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUND RAISING	FL	501(C)(3)	7	ST VINCENT'S HEALTH SYSTEM, INC	✓	
(264) 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	✓	
(265) ST VINCENT'S HEALTH SYSTEM (63-0931008) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HEALTH SYSTEM	AL	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(266) ST VINCENT'S HEALTH SYSTEM, INC. (59-3650609) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	PARENT ENTITY	FL	501(C)(3)	12 TYPE II	ASCENSION HEALTH	✓	
(267) ST VINCENT'S MEDICAL CENTER (06-0648886) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL AND SYSTEM PARENT	CT	501(C)(3)	3	ASCENSION HEALTH	✓	
(268) ST VINCENT'S MEDICAL CENTER FOUNDATION, INC (22-2558132) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	FUNDRAISING	CT	501(C)(3)	7	ST VINCENT'S MEDICAL CENTER	✓	
(269) ST VINCENT'S MEDICAL CENTER, INC. (59-0624449) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	FL	501(C)(3)	3	ST VINCENT'S HEALTH SYSTEM, INC	✓	
(270) ST VINCENT'S MEDICAL CENTER-CLAY COUNTY, INC. (46-1523194) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	FL	501(C)(3)	3	ST VINCENT'S HEALTH SYSTEM, INC.	✓	
(271) 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	✓	
(272) 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	✓	
(273) SVH REAL ESTATE, INC (20-5002285) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	REAL ESTATE HOLDING COMPANY	IN	501(C)(3)	12 TYPE III-FI	ST VINCENT HEALTH, INC	✓	
(274) THE HEALTH SOURCE GROUP (38-2427678) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	PRG RELATED INVESTMENTS	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(275) THE HOWARD YOUNG MEDICAL CENTER, INC (39-0873606) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC	✓	
(276) THE SETON COVE, INC (74-2727509) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	SPIRITUALITY CENTER	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(277) TRI-COUNTY CLINICAL (26-4562712) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(278) TWENTY-SIX DOORS, INC (74-2855201) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	TO HOLD TITLE TO REAL PROPERTY	TX	501(C)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, INC	✓	
(279) UNIVERSAL HEALTH SERVICES (63-0932323) C/O TAX DEPARTMENT, P O BOX 45998, ST LOUIS, MO 63145-5998	PHYSICIAN GROUP	AL	501(C)(3)	12 TYPE II	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
(280) VIA CHRISTI HEALTHCARE OUTREACH PROGRAM FOR ELDERLY, INC. (48-1236589) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PACE (SNF)	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(281) VIA CHRISTI VILLAGE GEORGETOWN, INC. (48-1129325) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(282) VIA CHRISTI VILLAGE HAYS, INC. (20-2828680) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(283) VIA CHRISTI VILLAGE MANHATTAN, INC. (48-1078862) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(284) VIA CHRISTI VILLAGE MCLEAN, INC. (48-1247723) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(285) VIA CHRISTI VILLAGE PITTSBURG, INC. (74-3070971) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(286) VIA CHRISTI VILLAGE PONCA CITY, INC. (73-1153337) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	OK	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(287) VIA CHRISTI VILLAGES, INC. (48-0559086) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MANAGEMENT COMPANY	KS	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH SENIOR CARE	✓	
(288) VOLUNTEERS IN PARTNERSHIP WITH WHEATON FRANCISCAN HEALTHCARE-ALL SAINTS, INC. (93-0838390) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	10	ASCENSION ALL SAINTS HOSPITAL, INC.	✓	
(289) WAMEGO HOSPITAL ASSOCIATION, INC. (72-1526400) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN, INC.	✓	
(290) WHEATON FRANCISCAN - ELMBROOK MEMORIAL FOUNDATION, INC. (39-2028808) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION SE WISCONSIN HOSPITAL, INC.	✓	
(291) WHEATON FRANCISCAN - ST. JOSEPH FOUNDATION, INC. (39-1636804) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION SE WISCONSIN HOSPITAL, INC.	✓	
(292) WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL AUXILIARY (39-6068950) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	AUXILIARY	WI	501(C)(3)	12 TYPE III-FI	ASCENSION SE WISCONSIN HOSPITAL, INC.	✓	
(293) WHEATON FRANCISCAN HEALTHCARE - FOUNDATION FOR ST. FRANCIS AND FRANKLIN, INC. (32-0135258) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION ST FRANCIS HOSPITAL, INC.	✓	
(294) WHEATON FRANCISCAN HEALTHCARE - TERRACE AT ST. FRANCIS, INC. (39-1486775) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(295) WHEATON FRANCISCAN HEALTHCARE-CIRCLE OF LIFE FOUNDATION, INC. (56-2426294) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION WISCONSIN PHARMACY, INC.	✓	
(296) WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC. (39-1568865) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	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 allocation		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ALEXIAN REHABILITATION SERVICES, LLC (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 ADMINISTRATION SERVICES, LLC (47-3706652) 555 LINN STREET, ALLEGAN, MI 49010	PAIN MANAGEMENT	MI	N/A	N/A	N/A	N/A			N/A			N/A
(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) 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
(5) 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
(6) 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
(7) ASCENSION HEALTH AT HOME, LLC (47-1704527) 1A BURTON HILLS BOULEVARD, NASHVILLE, TN 37215	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 allocation S?		(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) CB-AH PARALLEL FUND II, L.P. (04-3585156) 200 CLARENDON STREET, 17TH FLOOR, BOSTON, MA 02116	INVESTMENTS	MA	N/A	N/A	N/A	N/A			N/A			N/A
(17) CENTRAL TEXAS LAUNDRY, LLC (36-4778018) 4255 PROFIT STREET, SAN ANTONIO, TX 78219	LAUNDRY SERVICES	TX	N/A	N/A	N/A	N/A			N/A			N/A
(18) CHV II, LP (26-0534243) 101 SOUTH HANLEY ROAD, CLAYTON, MO 63105	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			N/A
(19) 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
(20) 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
(21) COLLABORATIVE HEALTH VENTURES V, L.P. (84-4668723) 101 SOUTH HANLEY ROAD, CLAYTON, MO 63105	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			N/A
(22) 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
(23) 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
(24) 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
(25) HAYS JV PARTNERS, LLC (85-2037257) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	TX	N/A	N/A	N/A	N/A			N/A			N/A
(26) 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
(27) 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
(28) 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
(29) KENOSHA DIGESTIVE HEALTH CENTER (84-2167873) 1033 N MAYFAIR ROAD, SUITE 101, WAUWATOSA, WI 53226	DIGESTIVE HEALTH	WI	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 allocation?		(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) 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
(31) 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
(32) 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
(33) MY HEALTH ASCENSION MANAGEMENT, LLC (85-1304904) 28000 DEQUINDRE ROAD, WARREN, MI 48092	URGENT CARE CENTER	MI	N/A	N/A	N/A	N/A			N/A			N/A
(34) 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
(35) 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
(36) 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
(37) 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
(38) PCAC GI JV, LLC (85-0878312) 2601 NAVISTAR DRIVE, Lisle, IL 60532	AMBULATORY SURGERY CENTER	IL	N/A	N/A	N/A	N/A			N/A			N/A
(39) 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
(40) 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
(41) 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
(42) PROFESSIONAL CLINICAL LABORATORIES, LLC (30-0711211) 2434 INTERSTATE PLAZA DR , HAMMOND, IN 46324	MEDICAL SERVICES	IN	N/A	N/A	N/A	N/A			N/A			N/A
(43) 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

(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 allocation S?		(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	
(44) 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
(45) SAINT THOMAS REHABILITATION HOSPITAL, LLC (81-4303298) 680 S 4TH STREET, LOUISVILLE, KY 40202	REHABILITATION HOSPITAL	KY	N/A	N/A	N/A	N/A			N/A			N/A
(46) 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
(47) 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
(48) 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
(49) 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
(50) 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
(51) STONEGATE JV PARTNERS, LLC (85-2023852) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	TX	N/A	N/A	N/A	N/A			N/A			N/A
(52) 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
(53) 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
(54) 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
(55) RACINE DIGESTIVE HEALTH CENTER, LLC (84-4211105) 1033 N MAYFAIR ROAD, SUITE 101, WAUWATOSA, WI 53226	DIGESTIVE HEALTH	WI	N/A	N/A	N/A	N/A			N/A			N/A
(56) PROVIDENCE VENTURES, LLC (16-1704029) 26750 PROVIDENCE PKWY, SUITE 100, NOVI, MI 48374	INVESTMENT	MI	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	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 LN, 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	ACCOUNTABLE 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, C.J. 4176480	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 48439-8065	HOLDING COMPANY	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(20) CARONDELET MEDICAL GROUP, INC. (86-0836126) 101 SOUTH HANLEY ROAD, ST LOUIS, MO 63105	MEDICAL GROUP	AZ	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(21) CARONDELET SPECIALIST GROUP, INC (26-1558773) 101 SOUTH HANLEY ROAD, ST LOUIS, MO 63105	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 SOUTH HANLEY ROAD, 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, 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, C.J	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. (46-2872857) 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 53212	CONDO ASSOCIATION	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	