

2006

Form 990

Return of Organization Exempt From Income Tax

CMP No. 1-2019-0047

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Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Form 990 header section containing organization name (Ascension), address (St. Louis, MO), EIN (38-1657410), and other identifying information.

03/17

Part I Summary

Summary table with columns for line number, description, and amounts. Includes sections for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

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 an examination of the data provided by the preparer.

Signature block for Tonya Mershon, Vice President, Tax, dated 5-13-21.

Preparer information section for Paid Preparer Use Only, including name, address, and phone number.

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 11082Y Form 990 (2019)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [checked]

- 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? [checked] No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [checked] No
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 \$ 419,262 including grants of \$ 99,147 ) (Revenue \$ 0 )
ASCENSION ST MICHAEL'S FOUNDATION SERVES AS THE PHILANTHROPIC ARM OF THE HOSPITAL AND OBTAINS FINANCIAL SUPPORT FROM RAISING PRIVATE DONATIONS TO FUND HEALTHCARE NEEDS WITHIN ST MICHAEL'S HOSPITAL AND CLINICS ON AN ANNUAL BASIS, THE FOUNDATION HOSTS FUNDRAISING EVENTS, INITIATES CAMPAIGNS AND DIRECT MAIL SOLICITATIONS, AND WORKS WITH LOCAL CORPORATE PARTNERS TO RAISE FUNDS IN OUR EFFORTS TO SUPPORT INPATIENT AND OUTPATIENT CARE AT ST MICHAEL'S, THE FOUNDATION IDENTIFIES FUNDRAISING PRIORITIES DESIGNED TO ENHANCE SERVICES LINE PROGRAMMING AND ADDRESS UNIQUE HEALTHCARE NEEDS OF PORTAGE COUNTY
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 \$ )
ONCOLOGY
WHEN ST MICHAEL'S HOSPITAL OPENED THE DOORS AT THE CANCER CENTER FOR MEDICAL ONCOLOGY AND RADIATION ONCOLOGY SERVICES IN 1999, THE FOUNDATION CREATED THE FIRST WIG GIFTING PROGRAM DESIGNED TO SUPPORT PATIENTS EXPERIENCING HAIR LOSS FROM TREATMENT SINCE THEN THE PROGRAM HAS EVOLVED INTO THE FOUNDATION'S ONCOLOGY FUND WHICH SUPPORTS PROGRAMS, SERVICES AND INITIATIVES TO BENEFIT THE LIVES OF CANCER PATIENTS, SUCH AS WIGS, HATS, GAS CARDS BLANKETS, EDUCATIONAL MATERIALS AND SERVICES THAT IMPROVE PATIENT EXPERIENCE IN FEBRUARY OF 2017, THE CANCER CENTER BECAME A FULLY INTEGRATED ASCENSION DEPARTMENT AT ST MICHAEL'S HOSPITAL AND BRINGS TOGETHER A DIVERSE TEAM OF EXPERIENCED DOCTORS, INCLUDING SURGEONS AND ONCOLOGISTS THEY ARE COMMITTED TO HELPING PATIENTS UNDERSTAND THEIR PARTICULAR TYPE OF CANCER AND HOW IT CAN BE TREATED, WHILE CREATING A CUSTOMIZED CARE PLAN

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
BEHAVIORAL HEALTH
PORTAGE COUNTY, LIKE MANY COMMUNITIES, STRUGGLE WITH MENTAL WELLNESS, WHILE RECOGNIZING HOW ESSENTIAL MENTAL HEALTH IS TO PERSONAL WELL-BEING, FAMILY AND INTERPERSONAL RELATIONSHIPS IT IMPACTS HOW WE AS INDIVIDUALS ENGAGE OR CONTRIBUTE TO OUR COMMUNITY AND OUR SOCIETY THE FOUNDATION CREATED THE BEHAVIORAL HEALTH FUND TO SUPPORT ASCENSION ST MICHAEL'S COMMITMENT TO TREATING BOTH BODY AND MIND THE FUND SUPPORTS MENTAL HEALTH AWARENESS AND SUICIDE PREVENTION PROVIDES RESOURCES AND FUNDS FOR PROJECTS AND PROGRAMS THAT OFFER EFFECTIVE TREATMENT, AND SUPPORTS ASCENSION BEHAVIORAL AND MENTAL HEALTH SPECIALTY CARE ASCENSION ST MICHAEL'S OFFERS INPATIENT, OUTPATIENT, AND AFTERCARE TREATMENT PROGRAMS FOR ALL AGES

4d Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
4e Total program service expenses 419,262

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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 21 numbered questions regarding organizational requirements for Schedule A through Schedule I.

Form 990 (2019)

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, federal tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<input checked="" type="checkbox"/>	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		<input checked="" type="checkbox"/>

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below cotted 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) JONATHAN SOHN CFO, MINISTRY MARKET	00 50.0			✓			0	748,838	40,198	
(2) CHRISTOPHER W SWIECKI, MD DIRECTOR	00 50.0	✓					0	588,353	44,012	
(3) LISA A FROEMMING VP, FOUNDATION DEVELOPMENT, MINISTRY MARKET	00 50.0			✓			0	339,839	33,470	
(4) TERESA J THEILER DIRECTOR	00 50.0	✓					0	223,933	27,977	
(5) PAMELA J BEYER, MD DIRECTOR	00 50.0	✓					0	120,309	23,152	
(6) MARGO L WILLARD DIRECTOR	00 50.0	✓					0	97,537	14,492	
(7) LEAH C KNIGHTS DIRECTOR	00 50.0	✓					0	52,155	1,860	
(8) JEANNE HERDER SECRETARY	10 00	✓		✓			0	0	0	
(9) JEFF LUTGEN CHAIR	10 00	✓		✓			0	0	0	
(10) JEFF MEYERS VICE CHAIR	10 00	✓		✓			0	0	0	
(11) JOSEPH KINSELLA PAST CHAIR	10 50	✓		✓			0	0	0	
(12) KEITH PILGER TREASURER	10 00	✓		✓			0	0	0	
(13) ERIK CARLSON DIRECTOR	10 00	✓					0	0	0	
(14) LEAH CZERWONKA DIRECTOR	10 00	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LONDON COOPER, DDS DIRECTOR	10 00							0	0	0
(16) MICHAEL MUNAGIAN, MD DIRECTOR	10 00	✓						0	0	0
(17) MICHELLE PEARISO DIRECTOR	10 00	✓						0	0	0
(18) MICHELLE RICE DIRECTOR	10 00	✓						0	0	0
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>								0	2,170,964	185,161
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								0	2,170,964	185,161

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

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

**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 Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	59,984	59,984		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	39,163	39,163		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	986	838	49	99
<b>12</b> Advertising and promotion	648	551	32	65
<b>13</b> Office expenses	9,423	8,010	471	942
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	2,266	1,926	113	227
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	596	506	30	60
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> WAGE & BENEFIT ALLOCATION	220,547	187,465	11,027	22,055
<b>b</b> CORPORATE EXPENSES	117,216	99,633	5,861	11,722
<b>c</b> CHARITABLE EXPENSE	12,879	12,879		
<b>d</b> FUNDRAISING EXPENSE	2,574			2,574
<b>e</b> All other expenses	9,771	8,307	488	976
<b>25</b> Total functional expenses. Add lines 1 through 24e	476,053	419,262	18,071	38,720
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash-- non-interest-bearing	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments	3,266,642	<b>2</b>	1,266,123
	<b>3</b> Pledges and grants receivable, net	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> 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	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	0	<b>9</b>	199
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 0		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 0	<b>10c</b>	0
	<b>11</b> Investments--publicly traded securities	0	<b>11</b>	0
	<b>12</b> Investments--other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments--program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	5,665,785	<b>15</b>	5,493,846
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	8,932,427	<b>16</b>	6,760,168	
Liabilities	<b>17</b> Accounts payable and accrued expenses	0	<b>17</b>	0
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,529,782	<b>25</b>	4,548
	<b>26 Total liabilities.</b> Add lines 17 through 25	2,529,782	<b>26</b>	4,548
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	299,905	<b>27</b>	312,689
	<b>28</b> Net assets with donor restrictions	6,102,740	<b>28</b>	6,442,931
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund	0	<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds	0	<b>31</b>	0
	<b>32</b> Total net assets or fund balances	6,402,645	<b>32</b>	6,755,620
<b>33</b> Total liabilities and net assets/fund balances	8,932,427	<b>33</b>	6,760,168	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	380,302
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	476,053
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(95,751)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	6,402,645
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(11,134)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	459,860
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	6,755,620

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>2b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>2c</b>	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.	<input checked="" type="checkbox"/>	
<b>3a</b>	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?		<input checked="" type="checkbox"/>
<b>3b</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.		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2019

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization

ASCENSION ST MICHAEL'S HOSPITAL FOUNDATION, INC (F/K/A SAINT MICHAEL'S FOUNDATION OF STEVENS POINT, INC.)

Employer identification number

39-1657410

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
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.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations 1
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Row (A) ASCENSION ST. MICHAEL'S HOSPITAL, INC. with EIN 39-0808443 and 9,934 in monetary support.

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test—2019; 16b 33 1/3% support test—2018; 17a 10%-facts-and-circumstances test—2019; 17b 10%-facts-and-circumstances test—2018; 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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Line number, Description, and Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		✓
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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		✓
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 <b>Part VI</b> .		✓
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 <b>Part VI</b> .		✓
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		✓
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 <b>Part VI</b> .		✓
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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Row 11a: A person who directly or indirectly controls... Row 11b: A family member... Row 11c: A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 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... Row 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...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year... Row 2: Activities Test. Answer (a) and (b) below. Row 2a: Did substantially all of the organization's activities during the tax year directly further the exempt purposes... Row 2b: Did the activities described in (a) constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Row 3a: Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... Row 3b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

**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.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C – Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D— Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> 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 <b>Total</b> 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 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016 . . . . .			
c Excess from 2017 . . . . .			
d Excess from 2018 . . . . .			
e Excess from 2019 . . . . .			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: ASCENSION ST MICHAEL'S HOSPITAL FOUNDATION, INC (F/K/A SAINT MICHAEL'S FOUNDATION OF... Employer identification number: 39-1657410

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d regarding 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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

- 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.

Table with 6 columns: (a) Current year, (b) Pnor year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 0.00 %
b Permanent endowment 83.01 %
c Term endowment 16.99 %
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:

Table with 2 columns: Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 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) . . . . .		
<b>Total.</b> (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . .		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) INTEREST IN INVESTMENTS HELD BY ASCENSION HEALTH ALLIANCE	5,493,846
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	5,493,846

**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	4,548
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	4,548

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 .



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

ASCENSION ST MICHAEL'S HOSPITAL FOUNDATION INC (F/K/A SAINT MICHAEL'S FOUNDATION OF STEVENS POINT, INC)

Employer identification number

39-1657410

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
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Rows 1-10 and 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.

Table with 5 columns: (a) Event #1 GALA FOR GIVING, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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.

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

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:



SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

ASCENSION ST MICHAEL'S HOSPITAL FOUNDATION, INC (F/K/A SAINT MICHAEL'S FOUNDATION OF STEVENS POINT, INC)

Employer identification number

39-1657410

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?
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.

Table with columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

3 Enter total number of other organizations listed in the line 1 table

4 0

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 ASSOCIATE FINANCIAL ASSISTANCE	168	17,213			
2 SCHOLARSHIPS	9	7,750			
3 INFANT SWADDLERS	90	5,274			
4 SUPPORT PROGRAMS FOR CANCER PATIENTS	400	4,375			
5 BREAST CANCER SCREENING EDUCATION	49	3,125			
6 LITERACY FOR LITTLE ONES PROGRAM	689	929			
7 SPIRITUAL SERVICE PROGRAMS	5	497			

**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)

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

Department of the Treasury Internal Revenue Service

Name of the organization

ASCENSION ST. MICHAEL'S HOSPITAL FOUNDATION, INC (F/K/A SAINT MICHAEL'S FOUNDATION O

Employer identification number

39-1657410

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include questions 1a through 9 regarding compensation policies and contingencies.

**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						(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	(C) Retirement and other deferred compensation	(i) Base compensation	(ii) Bonus & incentive compensation			
1 JONATHAN SOHN CFO, MINISTRY MARKET	0	0	0	0	198,227	46,021	18,200	0	0
2 CHRISTOPHER W SWIECKI, MD DIRECTOR	0	0	0	0	176,463	2,616	15,400	0	0
3 LISA A FROEMMING VP, FOUNDATION DEVELOPMENT, MANAGER / MANAGER	319,823	0	0	0	0	20,016	16,200	0	0
4 TERESA J THEILER DIRECTOR	197,063	0	0	0	20,000	6,850	13,125	0	0
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

**SCHEDULE O  
(Form 990 or 990-EZ)**Department of Treasury Internal  
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Open to Public Inspection

Name of the Organization  
ASCENSION ST MICHAEL'S HOSPITAL FOUNDATION, INC (F/K/A SAINT MICHAEL'S FOUNDATION  
OF STEVENS POINT, INC.)Employer Identification Number  
39-1657410

Return Reference - Identifier	Explanation
FORM 990, PAGE 1 - PHYSICAL ADDRESS	THE PHYSICAL ADDRESS FOR THIS ENTITY IS 900 ILLINOIS AVENUE, STEVENS POINT, WI 54481 THE ADDRESS ON PAGE 1 IS FOR MAILING PURPOSES ONLY
FORM 990, PART III LINE 1 - ORGANIZATION'S MISSION	COMMUNITIES WE ARE ADVOCATES FOR A COMPASSIONATE AND JUST SOCIETY THROUGH OUR ACTIONS AND OUR WORDS
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES INCLUDING GRANTS OF )(REVENUE ) CARDIAC CARE  THE FOUNDATION HAS A HISTORY OF SUPPORTING HEART AND VASCULAR SERVICES AT ST MICHAEL'S HOSPITAL AND IN THE COMMUNITY THROUGH OUR AED PROGRAM IN 2012, THE CARDIAC ARREST SURVIVAL TEAM (CAST) FUND WAS ESTABLISHED BY DR MICHAEL CURTIS AND MICHAEL FRALEY OF THE PORTAGE COUNTY EMS TO ENSURE THAT MEMBERS OF PORTAGE COUNTY HAVE ACCESS TO LIFE-SAVING EQUIPMENT SUCH AS AEDS, TRAINING SUCH AS CPR CERTIFICATION COURSES, AND TO SUPPORT PULMONARY-RELATED AWARENESS SINCE THEN, THE FOUNDATION HAS INCREASED OUR FUNDRAISING AND CARDIAC RELATED FUNDING IN SUPPORT OF THE GROWING CARDIOVASCULAR SERVICES AT ST MICHAEL'S HOSPITAL ST MICHAEL'S OFFERS A WIDE RANGE OF CARDIOVASCULAR SERVICES, INCLUDING A STATE-OF-THE-ART CARDIAC CATHETERIZATION LAB FOR DIAGNOSTIC AND INTERVENTIONAL CATHETERIZATION TREATMENTS ALONG WITH INPATIENT AND OUTPATIENT CARDIOLOGY CARE ST MICHAEL'S HOSPITAL'S SKILLED CARDIOLOGISTS, HEART AND IMAGING SPECIALISTS DELIVER HEART AND VASCULAR CARE FOR RESIDENTS IN THE STEVENS POINT AREA
FORM 990, PART III LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES INCLUDING GRANTS OF )(REVENUE ) WOMEN'S HEALTH  THE WOMEN AND INFANT CENTER AT ASCENSION ST MICHAEL'S HOSPITAL OFFERS PERSONALIZED CARE TO PATIENTS BEFORE DURING AND AFTER PREGNANCY FROM PRENATAL, PREGNANCY AND BIRTHING CARE TO CHILDBIRTH CLASSES AND BREASTFEEDING SUPPORT, THE MATERNITY CARE TEAM AT ST MICHAEL'S PROVIDES HEALTHCARE CLOSE TO HOME ST MICHAEL'S FOUNDATION WORKS CLOSELY WITH THE WOMEN AND INFANT CENTER TO SUPPORT PROGRAMS AND SERVICES THAT ELEVATE PATIENT EXPERIENCE AND PRIORITIZE NEWBORN SAFETY IN 2017 ASCENSION ST MICHAEL'S HOSPITAL RECEIVED INTERNATIONAL RECOGNITION AS A BABY-FRIENDLY BIRTH FACILITY, AN INITIATIVE THAT ENCOURAGES AND RECOGNIZES HOSPITALS AND BIRTHING CENTERS THAT OFFER AN OPTIMAL LEVEL OF CARE FOR BREASTFEEDING MOTHERS AND THEIR BABIES ST MICHAEL'S IS THE FIRST HOSPITAL IN NORTH CENTRAL WISCONSIN TO EARN THIS DESIGNATION AND IS ONE OF ONLY 10 IN THE STATE TO HAVE EARNED THIS STATUS
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES INCLUDING GRANTS OF )(REVENUE ) COMMUNITY BENEFIT  ST MICHAEL'S FOUNDATION SUPPORTS THE HEALTHCARE NEEDS OF PORTAGE COUNTY WITHIN THE WALLS OF OUR HOSPITAL AND CLINICS BUT WE ALSO LIVE AND WORK IN THE COMMUNITY WE SERVE AND SUPPORT HEALTHCARE NEEDS OUTSIDE OF THE CLINICAL SETTING ORGANIZATION AND INSTITUTIONS WHO OFFER PROGRAMMING AND SUPPORT SERVICES THAT ALIGN WITH ASCENSION'S MISSION PROMOTE HEALTH AND WELLNESS, AND IMPROVE QUALITY OF LIFE, PARTICULARLY AMONGST THE POOR AND VULNERABLE

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

ASCENSION ST MICHAEL'S HOSPITAL FOUNDATION, INC (F/K/A SAINT MICHAEL'S FOUNDATION OF STEVENS POINT, INC)

Employer identification number 39-1657410

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

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

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.

Table with 7 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-7 are empty.

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

2		(a)	(b)	(c)	(d)
		Name of related organization	Transaction type (e-s)	Amount involved	Method of determining amount involved
(1)		ASCENSION ST MICHAEL'S HOSPITAL, INC	P	2,437,981	FAIR MARKET VALUE
(2)		ASCENSION ST MICHAEL'S HOSPITAL, INC	Q	2,525,234	FAIR MARKET VALUE
(3)		ASCENSION ST MICHAEL'S HOSPITAL, INC	R	100,704	FAIR MARKET VALUE
(4)					
(5)					
(6)					

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
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**AMENDED AND RESTATED  
ARTICLES OF INCORPORATION OF  
SAINT MICHAEL'S FOUNDATION OF STEVENS POINT, INC.**

Saint Michael's Foundation of Stevens Point, Inc., a corporation duly existing under the laws of the State of Wisconsin (the "Corporation"), restates and amends its Articles of Incorporation under the Wisconsin Nonstock Corporation Laws (Chapter 181 of the Wisconsin Statutes-the "Act").

**ARTICLE I  
GENERAL**

- 1.1 **Name.** The name of the corporation is Ascension St. Michael's Hospital Foundation, Inc. ("Corporation").
- 1.2 **Organization.** Corporation is organized under Chapter 181 of the Act.
- 1.3 **Definitions.** Capitalized words and phrases not otherwise defined herein shall have the meanings ascribed thereto in the Bylaws of the Corporation.

**ARTICLE II  
PURPOSES**

- 2.1 **Purposes.** The Corporation is organized and shall be operated exclusively for charitable, religious, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, as amended (or the corresponding provision of any future United States Internal Revenue Law) (the "Code"), including, for such purposes, the making of distributions in support of Ascension Sponsor to organizations that qualify as exempt organizations under Section 501(c)(3) of the Code. Further, the Corporation is organized and at all times shall be operated exclusively for the benefit of, to perform the functions of, and to carry out the purposes of Ascension Sponsor and such other of its subsidiary organizations that qualify under Section 501(c)(3) and under Section 509 (a)(1) or Section 509 (a)(2) of the Code, by and through the Corporate Member, Ascension Health and Ascension. The Corporation's purposes shall be consistent with and supportive of the corporate purposes of the Corporate Member, Ascension Health, and Ascension, and shall have such other purposes as set forth in the Bylaws. In the course of the operation of the Corporation:
- 2.1.1 No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its members, directors, officers, or other private persons unless allowed by Section 501(c)(3) of the Code and the Act except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.
- 2.1.2 No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation



shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

- 2.1.3 Notwithstanding any other provisions of the Corporation's Articles of Incorporation or Bylaws, the Corporation shall only operate for charitable purposes and the Corporation shall not carry on any other activities not permitted to be carried on: (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Code, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

### ARTICLE III DURATION

- 3.1 **Period of Existence.** The period during which the Corporation shall continue is perpetual.

### ARTICLE IV PRINCIPAL OFFICE

- 4.1 **Principal Office.** The address of the principal office of the Corporation is: 900 Illinois Avenue, Stevens Point, Wisconsin 54481.

### ARTICLE V REGISTERED AGENT AND REGISTERED OFFICE

- 5.1 **Registered Agent.** The name of the Corporation's registered agent for service of process is Corporation Service Company.
- 5.2 **Registered Office.** The address of the Corporation's registered agent for service of process is 8040 Excelsior Drive, Suite 400, Madison, WI 53717.

### ARTICLE VI MEMBERSHIP

- 6.1 **Member.** The corporate member of this Corporation is Ascension St. Michael's Hospital, Inc., a Wisconsin nonstock and not-for-profit corporation (the "Corporate Member"), which is an indirect subsidiary of Ascension Health. The powers, duties, rights and responsibilities of the Corporate Member are as provided for and determined in the Bylaws of this Corporation.

### ARTICLE VII AMENDMENT

- 7.1 **Amendment of Articles of Incorporation.** These Amended and Restated Articles of Incorporation may be amended or restated in the manner provided in the Corporation's Bylaws.

**ARTICLE VIII**  
**PROVISIONS FOR REGULATION AND CONDUCT OF THE AFFAIRS OF**  
**CORPORATION**

- 8.1 **Bylaws.** The Bylaws of the Corporation may contain any provision for the regulation and management of the affairs of the Corporation not inconsistent with applicable law of the Wisconsin.
- 8.2 **Disposition of Assets upon Dissolution.** Upon the dissolution of the Corporation, the disposition of all the assets of Corporation shall be in a manner as provided by the Board (subject to the prior approval of Ascension Healthcare) and in accordance with the following:
- 8.2.1 The paying of or the making of provision for the payment of all of the liabilities, direct or indirect, contingent or otherwise, including without limitation, all liabilities evidenced in all outstanding loan agreements, credit agreements, master indentures and other similar documents.
- 8.2.2 Subject to compliance with the dissolution principles of Corporate Member, all assets remaining after the payment of all of the liabilities of the Corporation shall be distributed to Corporate Member or to such other exempt organization(s) under Section 501(c)(3) of the Code as shall be determined by Ascension.
- 8.2.3 Any other assets not so disposed of shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.
- 8.3 **Distributions.** Subject to limitations or requirements set forth in the System Policies or approval rights otherwise reserved to Ascension Health, the Corporate Member may direct the Corporation to make distributions, donations, loans or other actions allowed under Section 181.1302(3) and/or Section 181.1302(4) of the Act, in order to promote the interests of any nonprofit and federally tax-exempt organizations or the interests of any other health-related organizations which, if not federally tax-exempt organizations, are operated in every manner as if they were in fact federally tax-exempt organizations, or which are the Corporate Member, Ascension Health, Ascension, Ascension Health Ministries, a public juridic person ("Ascension Sponsor"), or any organization affiliated with the Corporation, the Corporate Member or Ascension Sponsor, and which further the purposes of Ascension Sponsor and of the Roman Catholic Church, the purposes of

which are not inconsistent with those of the Corporation.

The undersigned, being the President of the Corporation, declares and certifies that:

(a) These Amended and Restated Articles of Incorporation were adopted and approved by Saint Michael's Foundation of Stevens Point, Inc. on June 19, 2020, and by its Corporate Member on June 5, 2020, in accordance with § 181.1030 of the Act to be effective July 1, 2020;

(b) These Amended and Restated Articles of Incorporation were approved in writing by the person whose approval is required by a provision of the articles of incorporation authorized under § 181.1030 of the Act; and

(c) These Amended and Restated Articles of Incorporation supersede and take the place of the existing Restated Articles of Incorporation and any amendments thereto effective as of July 1, 2020.

*[Remainder intentionally blank. Signature to follow.]*

Executed this 19th day of June, 2020.

Saint Michael's Foundation of Stevens Point,  
Inc.

NO  
CORPORATE  
SEAL



Jeff Lutgen, President

This document was drafted by:

Kari M. Klasen, Esq.  
Ascension Wisconsin  
400 W. River Woods Parkway,  
Glendale, WI 53217  
(414) 465-3131



For Office



State of Wisconsin  
Department of Financial Institutions

*Endorsement*

RESTATED ARTICLES OF INCORPORATION - Ch. 181

SAINT MICHAEL'S FOUNDATION OF STEVENS POINT, INC.

Received Date: 6/26/2020

Filed Date: 6/29/2020

Filing Fee: \$25.00

Expedited Fee: \$25.00

Total Fee: \$50.00

Entity ID#: C034345

NAME CHANGE  
AMENDS PURPOSES  
AMENDS MEMBER

EFFECTIVE DATE: JULY 1, 2020

OOS# 202006255534936