

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **07-01-2020**, and ending **06-30-2021**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: Alexian Brothers Bonaventure House
 Doing business as: SEE SCHEDULE O
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: C/O TAX DEPARTMENT PO BOX 45998
 City or town, state or province, country, and ZIP or foreign postal code: ST LOUIS, MO 631455998

D Employer identification number: 36-3527899
E Telephone number: (314) 733-8000
G Gross receipts \$ 3,581,611

F Name and address of principal officer:
 KEITH PARROTT
 C/O TAX DEPARTMENT PO BOX 45998
 ST LOUIS, MO 631455998

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

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

J Website: ▶ <https://www.amitahealth.org/alexian-brothers-housing/bonaventure-house/>

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1987 **M** State of legal domicile: IL

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 by providing transitional and permanent supportive housing for persons with HIV/AIDS.

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

| | | |
|--|-----------|----|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 4 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 1 |
| 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 0 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 13 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 |

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 3,580,670 | 3,254,273 |
| 9 Program service revenue (Part VIII, line 2g) | 320,476 | 283,316 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 57,098 | 44,022 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,958,244 | 3,581,611 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 124,810 | 213,549 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 0 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 54,067 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 3,882,065 | 3,703,847 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 4,006,875 | 3,917,396 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -48,631 | -335,785 |

| | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 6,826,311 | 6,669,362 |
| 21 Total liabilities (Part X, line 26) | 3,750,559 | 3,805,673 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 3,075,752 | 2,863,689 |

Part II Signature Block

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

Sign Here

 Signature of officer: _____ Date: 2022-05-14
 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 <input type="checkbox"/> 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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,263,768 including grants of \$ 213,549) (Revenue \$ 283,316)
See Additional Data

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

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

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

4e Total program service expenses ▶ 3,263,768

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 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?; 7b 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: IL
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
Sara O'Brien 4600 EDMUNDSON ROAD ST LOUIS, MO 631343806 (314) 733-8000

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|--|--|---|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | 659,775 | | | | |
| | e Government grants (contributions) | 1e | 1,853,711 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 740,787 | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | | | | | |
| | h Total. Add lines 1a-1f | | | 3,254,273 | | | |
| Program Service Revenue | 2a RENTAL INCOME | Business Code | | | | | |
| | | 531120 | 193,969 | 193,969 | | | |
| | b NET PATIENT SERVICE REVENUE | 621990 | 89,347 | 89,347 | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue. | | 0 | 0 | 0 | 0 | |
| g Total. Add lines 2a-2f. | | 283,316 | | | | | |
| 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 | | | | |
| | | 6b Less: rental expenses | | | | | |
| | | 6c Rental income or (loss) | 0 | 0 | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 7b Less: cost or other basis and sales expenses | | | | | |
| | | 7c Gain or (loss) | 0 | 0 | | | |
| | | d Net gain or (loss) | | | | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | | b Less: direct expenses | 8b | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b Less: direct expenses | | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | b Less: cost of goods sold | 10b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| 11a Miscellaneous Revenue | | Business Code | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | 44,022 | 0 | 0 | 44,022 | |
| e Total. Add lines 11a-11d | | | 44,022 | | | | |
| 12 Total revenue. See instructions | | | 3,581,611 | 283,316 | 0 | 44,022 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 213,549 | 213,549 | | |
| 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 (non-employees): | | | | |
| 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) | 315,609 | 282,663 | 32,768 | 178 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 32,347 | 30,296 | 1,769 | 282 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 270,846 | 225,880 | 37,430 | 7,536 |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 10,696 | 10,107 | 373 | 216 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 219,022 | 197,497 | 18,882 | 2,643 |
| 23 Insurance | 26,828 | 10,131 | 16,697 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a WAGE & BENEFIT ALLOCATION | 2,226,073 | 1,976,028 | 210,799 | 39,246 |
| b PROFESSIONAL FEE TO AFFILIATE | 264,065 | | 264,065 | |
| c OTHER NON MEDICAL SUPPLIES | 122,160 | 107,894 | 13,530 | 736 |
| d BAD DEBT EXPENSE | 104,184 | 104,184 | | |
| e All other expenses | 112,017 | 105,539 | 3,248 | 3,230 |
| 25 Total functional expenses. Add lines 1 through 24e | 3,917,396 | 3,263,768 | 599,561 | 54,067 |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-----------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 109,189 | 1 | 89,858 |
| | 2 Savings and temporary cash investments | 138,613 | 2 | 142,760 |
| | 3 Pledges and grants receivable, net | 1,036,448 | 3 | 942,819 |
| | 4 Accounts receivable, net | 8,549 | 4 | 4,211 |
| | 5 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 | 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 | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 281,658 | 9 | 274,795 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 6,716,223 | | |
| | b Less: accumulated depreciation | 2,255,564 | | |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | 0 | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 863,031 | 15 | 754,260 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 6,826,311 | 16 | 6,669,362 | |
| Liabilities | 17 Accounts payable and accrued expenses | 267,731 | 17 | 220,735 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 3,347,476 | 19 | 3,363,936 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 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 | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 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 | 135,352 | 25 | 221,002 |
| | 26 Total liabilities. Add lines 17 through 25 | 3,750,559 | 26 | 3,805,673 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 1,531,342 | 27 | 1,657,450 |
| | 28 Net assets with donor restrictions | 1,544,410 | 28 | 1,206,239 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 3,075,752 | 32 | 2,863,689 | |
| 33 Total liabilities and net assets/fund balances | 6,826,311 | 33 | 6,669,362 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,581,611 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,917,396 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -335,785 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,075,752 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 123,722 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,863,689 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID: 20011424

Software Version: 2020v4.0

EIN: 36-3527899

Name: Alexian Brothers Bonaventure House

Form 990 (2020)

Form 990, Part III, Line 4a:

ALEXIAN BROTHERS BONAVENTURE HOUSE HAS BEEN SERVING INDIVIDUALS IMPACTED BY HIV/AIDS AND RELATED ISSUES IN THE CHICAGO METROPOLITAN REGION FOR MORE THAN 30 YEARS, PROVIDING HOUSING, COMPREHENSIVE SERVICES, AND SPIRITUAL CARE. WITH SERVICES LOCATED AT THE HARBOR IN WAUKEGAN, ILLINOIS, BONAVENTURE HOUSE ON THE NORTH SIDE OF CHICAGO, BETTENDORF PLACE ON THE SOUTH SIDE OF CHICAGO AND SCATTERED HOUSING SITES, BONAVENTURE HOUSE (D/B/A ALEXIAN BROTHERS HOUSING AND HEALTH ALLIANCE) STRIVES TO TRANSFORM THE LIVES OF INDIVIDUALS WHO ARE HOMELESS AND LIVING WITH HIV/AIDS WITHIN A SUPPORTIVE, COMPASSIONATE COMMUNITY. WE HAVE THE CAPACITY TO HOUSE 35 INDIVIDUALS IN LAKEVIEW AT BONAVENTURE HOUSE, 8 INDIVIDUALS AT THE HARBOR IN WAUKEGAN, 23 INDIVIDUALS AT BETTENDORF PLACE IN SOUTH CHICAGO. IN FY21 WE HOUSED a total of 332 clients, housing 43 CLIENTS AT BONAVENTURE HOUSE, 9 AT THE HARBOR, AND 22 AT BETTENDORF PLACE. ALSO, WE SERVED 125 PEOPLE IN COMMUNITY HOUSING RESIDENCES THROUGHOUT THE CITY OF CHICAGO, AND 24 PEOPLE IN COMMUNITY HOUSING RESIDENCES IN LAKE COUNTY AND WE SERVED 109 CLIENTS THROUGHOUT THE CHICAGOLAND AREA WITH HOUSING NAVIGATION SERVICES. 12 NUMBER OF CLIENTS ENGAGED IN OUR AFTERCARE SERVICES IN CHICAGO AND LAKE COUNTY. OUR TRANSITIONAL LIVING PROGRAM PROVIDES RESIDENTS A WIDE ARRAY OF ON-SITE SUPPORTIVE SERVICES. INDIVIDUAL SESSIONS AND GROUP SERVICES ARE PROVIDED IN ALL AREAS, INCLUDING SPIRITUAL CARE, LIFE SKILLS, AND PSYCHOSOCIAL SUPPORT GROUPS SUCH AS HIV-SUPPORT AND SOBRIETY SUPPORT. OUR GOAL IS TO HELP RESIDENTS RETURN TO INDEPENDENT LIFE IN THE COMMUNITY WITHIN A 24-MONTH PERIOD. OUR COMMUNITY HOUSING PROGRAM IS IN COOPERATION WITH THE AIDS FOUNDATION OF CHICAGO AND THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT. THROUGH THIS PROGRAM, HOMELESS INDIVIDUALS WITH HIV ARE PLACED IN SCATTERED SITE HOUSING WITH INTENSIVE CASE MANAGEMENT. SCATTERED SITE HOUSING IS ONE WAY TO SUPPORT THOSE WHO HAVE GRADUATED FROM THE TRANSITIONAL LIVING PROGRAM AND NOW NEED AN AFFORDABLE PLACE TO LIVE. THIS PROGRAM IS EXPECTED TO INCREASE THE SUCCESS RATE OF INDIVIDUALS LIVING INDEPENDENTLY BY PROVIDING THEM WITH ACCESS TO PERMANENT HOUSING AND SUPPORTIVE SERVICES. ALEXIAN BROTHERS BONAVENTURE HOUSE (D/B/A ALEXIAN BROTHERS HOUSING AND HEALTH ALLIANCE) IS PART OF THE AMITA HEALTH SYSTEM, A COMPREHENSIVE AND DIVERSIFIED HEALTHCARE ORGANIZATION HEADQUARTERED IN THE NORTHWEST SUBURBS OF CHICAGO, SERVING MORE THAN TWO MILLION PEOPLE. AMITA HEALTH IS A MINISTRY ORGANIZATION OF ASCENSION HEALTH, THE LARGEST CATHOLIC HEALTH SYSTEM IN THE NATION. THE AMITA HEALTH SYSTEM PROVIDES THE COMMUNITY WITH A FULL RANGE OF COMPREHENSIVE HEALTHCARE SERVICES AND ACCESS TO THE MOST ADVANCED MEDICAL TECHNOLOGY. WE ARE PASSIONATE ABOUT DELIVERING EXCEPTIONAL HEALTH CARE AND ARE PROUD OF THE POWERFUL, CUTTING EDGE TECHNOLOGY OUR SKILLED PROFESSIONALS ARE ABLE TO ACCESS. IN ADDITION, WE OFFER A WIDE RANGE OF COMMUNITY HEALTH SERVICES, CORPORATE WELLNESS PROGRAMS, PREVENTIVE CARE AND EDUCATION. OUR MINISTRIES EXIST TO CONTINUE THE ALEXIAN BROTHERS MISSION OF CARING FOR THE SICK, THE POOR AND THE DYING AND PROMOTING THE PHYSICAL, MENTAL, SPIRITUAL AND SOCIAL HEALTH AND WELL-BEING OF ALL INDIVIDUALS WE SERVE. 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 FY21.

SCHEDULE A
(Form 990 or 990-EZ)

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
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Alexian Brothers Bonaventure House

Employer identification number
36-3527899

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4. . . | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 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 <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--|
| 14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 Public support percentage for 2019 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2020. 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 <input type="checkbox"/> | | |
| b 33 1/3% support test—2019. 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 <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2020. 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 <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2019. 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 <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> | | |

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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3,331,493 | 2,971,226 | 3,234,353 | 3,580,670 | 3,254,273 | 16,372,015 |
| 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 | 341,704 | 340,809 | 293,350 | 320,476 | 283,316 | 1,579,655 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 6 Total. Add lines 1 through 5 | 3,673,197 | 3,312,035 | 3,527,703 | 3,901,146 | 3,537,589 | 17,951,670 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 1,308,055 | 924,181 | 895,525 | 1,402,746 | 659,775 | 5,190,282 |
| 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. | 0 | 0 | 0 | 0 | 0 | 0 |
| c Add lines 7a and 7b. | 1,308,055 | 924,181 | 895,525 | 1,402,746 | 659,775 | 5,190,282 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 12,761,388 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 9 Amounts from line 6. | 3,673,197 | 3,312,035 | 3,527,703 | 3,901,146 | 3,537,589 | 17,951,670 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 128 | 0 | 0 | 0 | 0 | 128 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | 0 |
| c Add lines 10a and 10b. | 128 | 0 | 0 | 0 | 0 | 128 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 0 | 16,178 | 76,244 | 57,098 | 44,022 | 193,542 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 3,673,325 | 3,328,213 | 3,603,947 | 3,958,244 | 3,581,611 | 18,145,340 |

14 First 5 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 2020 (line 8, column (f) divided by line 13, column (f)) | 15 | 70.33 % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | 68.81 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--------|
| 17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | 0.10 % |

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 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 0.015 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 0.035 | 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 | <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 | 1 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 Amounts paid to acquire exempt-use assets | 4 | |
| 5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>) | 5 | |
| 6 Other distributions (<i>describe in Part VI</i>). See instructions | 6 | |
| 7 Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions | 8 | |
| 9 Distributable amount for 2020 from Section C, line 6 | 9 | |
| 10 Line 8 amount divided by Line 9 amount | 10 | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020: | | | |
| a From 2015. | | | |
| b From 2016. | | | |
| c From 2017. | | | |
| d From 2018. | | | |
| e From 2019. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016. | | | |
| b Excess from 2017. | | | |
| c Excess from 2018. | | | |
| d Excess from 2019. | | | |
| e Excess from 2020. | | | |

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

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

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Schedule A, Part III, Line 12 Other Income | DESCRIPTION - OTHER REVENUE, COLUMN A - 0.0, COLUMN B - 16178.0, COLUMN C - 76244.0, COLUMN D - 57098.0, COLUMN E - 44022.0, COLUMN F - 193542.0; |

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2020 Open to Public Inspection

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: Alexian Brothers Bonaventure House Employer identification number: 36-3527899

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values. Rows 5-6 for donor and grantee notification questions.

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

Form for Part II Conservation Easements. Includes questions 1-9 regarding conservation easement details, monitoring, and reporting.

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. Includes questions 1a, 1b, and 2 regarding reporting requirements.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 2,759 | 2,845 | 2,776 | 2,744 | 2,734 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 617 | -86 | 69 | 32 | 10 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 3,376 | 2,759 | 2,845 | 2,776 | 2,744 |

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

- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100 %
 - c** Term endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 15,000 | | 15,000 |
| b Buildings | | 5,838,909 | 1,602,637 | 4,236,272 |
| c Leasehold improvements | | 480,750 | 480,750 | 0 |
| d Equipment | | 381,564 | 172,177 | 209,387 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 4,460,659 |

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 _____ | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| 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) | | |
| (10) | | |
| 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) INTEREST IN ASSETS HELD BY ALEXIAN BROTHERS HEALTH SYSTEM | 754,260 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 754,260 |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) DUE TO AFFILIATES | 221,002 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 221,002 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

| | | | | |
|----------|--|-----------|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 3,581,611 |
| 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 | 0 | |
| e | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 3,581,611 |
| 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 | 0 | |
| c | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 3,581,611 |

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 | 3,917,396 |
| 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 | 0 | |
| e | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 3,917,396 |
| 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 | 0 | |
| c | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 3,917,396 |

Part XIII Supplemental Information

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

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

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
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Additional Data

Software ID: 20011424

Software Version: 2020v4.0

EIN: 36-3527899

Name: Alexian Brothers Bonaventure House

Supplemental Information

| Return Reference | Explanation |
|--|--|
| Schedule D, Part V, Line 4 Intended uses of endowment funds | Endowment funds will be used to fulfill the charitable mission of the filing organization. |

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2021. |

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

Schedule I (Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Alexian Brothers Bonaventure House

Employer identification number

36-3527899

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of 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.

Table with 8 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, (g) Description of noncash 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.

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) FOOD VOUCHERS | 52 | 72,606 | | | |
| (2) TUITION AND BOOKS | 7 | 11,808 | | | |
| (3) RENT AND UTILITIES | 125 | 105,851 | | | |
| (4) RESIDENT ACTIVITIES, EMERGENCY ASSISTANCE, AFTERCARE | 148 | 23,284 | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|---|---|
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds. | SPECIFIC ASSISTANCE IS GRANTED TO INDIVIDUALS IN LINE WITH THE MISSION AND PURPOSE OF THE FILING ORGANIZATION. RECORDS ARE MAINTAINED ON A MONTHLY BASIS FOR EACH INDIVIDUAL RECEIVING ASSISTANCE BY THE TYPE OF EXPENSE. |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2020
Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

| | |
|--|--|
| Name of the organization Alexian Brothers Bonaventure House | Employer identification number 36-3527899 |
|--|--|

Part I Questions Regarding Compensation

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

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 are not listed on Form 990, Part VII.

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 EARL J BARNES II VICE PRESIDENT/SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 542,858 | 163,815 | 61,108 | 14,250 | 28,352 | 810,383 | 0 |
| 2 CLAYTON CIHA EX-OFFICIO/PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 355,739 | 39,296 | 25,967 | 18,525 | 18,779 | 458,306 | 0 |
| 3 KEITH A PARROTT CHAIR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,007,029 | 126,711 | 294,744 | 14,250 | 24,611 | 1,467,345 | 0 |
| 4 PAUL E BELTER FORMER OFFICER (END 11/2019) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 0 | 682,117 | 0 | 0 | 682,117 | 0 |
| 5 MARK A FREY FORMER OFFICER (END 8/2019) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 611,974 | 289,462 | 778,831 | 18,525 | 18,005 | 1,716,797 | 0 |
| 6 PATRICIA CASSIDY FORMER OFFICER (END 11/2019) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 0 | 623,074 | 0 | 0 | 623,074 | 0 |
| 7 DAVID JONES FORMER OFFICER (END 12/2017) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 84,353 | 0 | 121,318 | 5,256 | 7,992 | 218,919 | 0 |
| 8 RICHARD D CARTER CFO, AMITA HEALTH | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 486,899 | 0 | 139,579 | 14,250 | 17,703 | 658,431 | 0 |
| | | | | | | | | |
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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|---|--|
| Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation | A RELATED ORGANIZATION OF THE FILING ORGANIZATION, USES ONE OR MORE OF THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE PLEASE REFER TO THE FORM 990, PART VI, LINE 15A DISCLOSURE IN SCHEDULE O FOR ADDITIONAL DETAILS ON HOW COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS ESTABLISHED. |
| Schedule J, Part I, Line 4a Severance or change-of-control payment | THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS FROM THE ORGANIZATION OR A RELATED ORGANIZATION DURING CALENDAR YEAR 2020: PAUL E BELTER - \$ 669,352 PATRICIA CASSIDY - \$623,074 |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan | ELIGIBLE EXECUTIVES PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS. THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION. BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED. DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. NO INDIVIDUALS RECEIVED PAYMENT FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING CALENDAR YEAR 2020. |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

Alexian Brothers Bonaventure House

Employer identification number

36-3527899

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15a PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIAL | THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, AS WELL AS THAT OF ANY OTHER OFFICERS OR SENIOR EXECUTIVES (IF ANY), IS DIRECTED BY A RELATED ORGANIZATION. THE RELATED ORGANIZATION'S BOARD COMMITTEE RESPONSIBLE FOR COMPENSATION OVERSEES THE PROCESS, UTILIZING INDEPENDENT DELEGATES WITHIN THE ORGANIZATION AS APPROPRIATE, DEPENDING ON THE ROLE. IN SOME CASES, THE PROCESS MAY UTILIZE COMPARABILITY DATA AND ANALYSIS FROM A NATIONAL THIRD-PARTY COMPENSATION FIRM; OR, IF MORE APPROPRIATE FOR THE ROLE, IT MAY INSTEAD UTILIZE OTHER APPLICABLE SOURCES OF MARKET COMPARABILITY DATA AS NEEDED TO VERIFY REASONABLENESS. THE PROCESS ALSO INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE ANALYSIS AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. COMPENSATION IS REVIEWED AT LEAST ANNUALLY AND THE PROCESS IS ADMINISTERED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15b PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES | THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, AS WELL AS THAT OF ANY OTHER OFFICERS OR SENIOR EXECUTIVES (IF ANY), IS DIRECTED BY A RELATED ORGANIZATION. THE RELATED ORGANIZATION'S BOARD COMMITTEE RESPONSIBLE FOR COMPENSATION OVERSEES THE PROCESS, UTILIZING INDEPENDENT DELEGATES WITHIN THE ORGANIZATION AS APPROPRIATE, DEPENDING ON THE ROLE. IN SOME CASES, THE PROCESS MAY UTILIZE COMPARABILITY DATA AND ANALYSIS FROM A NATIONAL THIRD-PARTY COMPENSATION FIRM; OR, IF MORE APPROPRIATE FOR THE ROLE, IT MAY INSTEAD UTILIZE OTHER APPLICABLE SOURCES OF MARKET COMPARABILITY DATA AS NEEDED TO VERIFY REASONABLENESS. THE PROCESS ALSO INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE ANALYSIS AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. COMPENSATION IS REVIEWED AT LEAST ANNUALLY AND THE PROCESS IS ADMINISTERED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 6 Classes of members or stockholders | ALEXIAN BROTHERS BONAVENTURE HOUSE HAS ONE MEMBER, ALEXIAN BROTHERS HEALTH SYSTEM. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 7a Members or stockholders electing members of governing body | Subject to the AMITA Affiliation Agreement and the decision making authority of Ascension and Ascension Health, the Ascension Class directors of the Corporate member shall decide the appointment and removal of members of the Board of Corporation of ALEXIAN BROTHERS BONA VENTURE HOUSE. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | Subject to the AMITA Affiliation Agreement and the decision making authority of Ascension and Ascension Health, the Ascension Class directors of the Corporate member shall decide the appointment and removal of members of the Board of Corporation of ALEXIAN BROTHERS BONA VENTURE HOUSE. |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENTS. THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE WILL DECIDE IF CONFLICTS OF INTEREST EXIST. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 19 Required documents available to the public | The Organization will provide any documents open to public inspection upon request. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VII, Section A RELATED ENTITIES | THE ORGANIZATION UTILIZES AN AFFILIATE AS THE COMMON PAY AGENT. EMPLOYEES REPORTED IN PART VII MAY HAVE DUTIES THAT IMPACT MULTIPLE RELATED ENTITIES. TOTAL AVERAGE HOURS WORKED AND COMPENSATION AND BENEFITS PAID ARE REPORTED. IN DOING SO, IF AVAILABLE, A COMMON LAW EMPLOYER ANALYSIS IS USED TO DETERMINE WHETHER THE HOURS AND COMPENSATION/BENEFITS ARE REPORTABLE AS ATTRIBUTABLE DIRECTLY TO THE FILING ORGANIZATION OR ANOTHER ENTITY; OTHERWISE, THE BEST AVAILABLE INFORMATION HAS BEEN USED AS THE BASIS FOR ALLOCATIONS UTILIZED IN THE REPORTING. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VIII, Line 11d Other Miscellaneous Revenue | Miscellaneous Revenue - Total Revenue: 44022, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 44022; |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|-------------------------------------|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | TRANSFERS WITH AFFILIATES - 123722; |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part XII, Line 2b AUDITED FINANCIAL STATEMENTS | The activity of ALEXIAN BROTHERS BONAVENTURE HOUSE is reported in the consolidated financial statements of Ascension Health Alliance. A stand-alone audit is also completed. The audited financial statements are of the Ascension Health Alliance and Affiliates, which includes the activity of Alexian Brothers Bonaventure House. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part XII, Line 2c oversight of audit or selection of independent accountant | Alexian Brothers Bonaventure House is included in the consolidated financial statements of Ascension Health Alliance. The Finance and Audit committee of Ascension Health Alliance's Board assumes responsibility for the consolidated organization as a whole. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------------|---|
| Form 990, Page 1, Box C d/b/a names | Alexian Brothers Bonaventure House has the following d/b/a names: - Alexian Brothers The Harbor - Alexian Brothers Housing and Health Alliance - AMITA Health Housing & Health Alliance |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PAGE 1 PHYSICAL ADDRESS | THE PHYSICAL ADDRESS FOR THIS ENTITY IS 825 West Wellington Avenue, Chicago, Illinois 60657-9249. THE ADDRESS ON PAGE 1 IS FOR MAILING PURPOSES ONLY. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Alexian Brothers Bonaventure House

Employer identification number

36-3527899

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) ALEXIAN BROTHERS BETTENDORFT PLACE LLC 8425 S SAGINAW CHICAGO, IL 60617 35-2363812 | PERMANENT SUPPORTIVE HOUSING | IL | 643,544 | 4,175,678 | ALEXIAN BROTHERS BONAVENTURE HOUSE |
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) Alexian Brothers Health System | C | 659,775 | FAIR MARKET VALUE |
| (2) Alexian Brothers Health System | M | 264,065 | FAIR MARKET VALUE |
| (3) Alexian Brothers Health System | Q | 225,584 | FAIR MARKET VALUE |
| (4) Alexian Brothers Health System | S | 123,723 | FAIR MARKET VALUE |
| | | | |
| | | | |

Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|----------------------------|---|
| Schedule R, Part V, Line 2 | Part V, Line 2 includes the net current year amount resulting from continuous activity within the centralized cash management system. |

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 36-3527899
Name: Alexian Brothers Bonaventure House

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|---|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1568866 | HEALTH SYSTEM | IL | 501(c)(3) | Type II | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-2847744 | SUPPORT PROVIDENCE HOSPITAL | AL | 501(c)(3) | 10 | GULF COAST HEALTH SYSTEM | Yes | |
| 2601 NAVISTAR DRIVE LISLE, IL 60532 47-2360513 | JOINT OPERATING COMPANY | IL | 501(c)(3) | Type II | NA | | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4336931 | Physician services | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4251848 | Behavioral health hospital | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3045007 | Outpatient community mental health services | IL | 501(c)(3) | 10 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4344423 | PACE- Comprehensive & Coordinated Community Based Services | IL | 501(c)(3) | 10 | Ascension Health Senior Care | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3260495 | Supports the provision of healthcare services for related corporations for which it is a member | IL | 501(c)(3) | Type III-FI | Ascension Health | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3276552 | Supports the provision of healthcare services for related corporations | IL | 501(c)(3) | Type III-FI | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1470362 | SKILLED NURSING FACILITY | MO | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-1930457 | Physician services | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2596381 | Acute care hospital | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 81-1110738 | SPECIALTY PHYSICIAN PRACTICE GROUP | IL | 501(c)(3) | 3 | ALEXIAN BROTHERS HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 94-1530037 | Acute care hospital (sold in 1998) | TX | 501(c)(3) | Type I | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4484290 | Supports the provision of healthcare for related corporations | IL | 501(c)(3) | Type II | Alexian Brothers Health System | Yes | |
| 3040 W Salt Creek Ln Arlington Heights, IL 60005 43-1295333 | HUD housing | MO | 501(c)(3) | 10 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1592502 | SKILLED NURSING FACILITY | MO | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 80-0710751 | Specialty physician practice group | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1351584 | CONTINUING CARE RETIREMENT COMMUNITY | WI | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1136742 | CONTINUING CARE RETIREMENT COMMUNITY | TN | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|--|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 2434 Interstate Plaza Drive Hammond, IN 46234 20-3238867 | HEALTH CARE | IN | 501(c)(3) | 3 | Presence Central & Suburban Hospitals Network AND PRESENCE CHICAGO HOSPITALS NETWORK | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0952490 | SPORTS MEDICINE | AL | 501(c)(3) | 7 | ST VINCENT'S BIRMINGHAM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2841358 | RETIREMENT COMMUNITY | IL | 501(c)(3) | 10 | PRESENCE LIFE CONNECTIONS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1570877 | FOUNDATION | WI | 501(c)(3) | 7 | ASCENSION ALL SAINTS HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1264986 | HOSPITAL | WI | 501(c)(3) | 3 | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1359180 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5800012 | SUPPORTING ORGANIZATION | MI | 501(c)(3) | Type I | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 86-0455920 | HOSPITAL | AZ | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2802463 | FUNDRAISING | MI | 501(c)(3) | Type I | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7222558 | FUNDRAISING | MI | 501(c)(3) | Type I | ASCENSION BORGESS HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1360526 | HEALTHCARE SERVICES | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2860459 | FUNDRAISING | MI | 501(c)(3) | Type I | ASCENSION BORGESS-LEE HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1490190 | HEALTHCARE SERVICES | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1576680 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0905385 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-1121862 | Health care | MO | 501(c)(3) | Type I | Ascension Care Management LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2734755 | SUPPORTING ORGANIZATION | MO | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0985690 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1958763 | HEALTH CARE | MI | 501(c)(3) | 7 | ST JOHN PROVIDENCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 86-2197504 | FOUNDATION | MO | 501(c)(3) | Type II | ASCENSION HEALTH ALLIANCE | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|------------------------------|--|----------------------------|---|---|---|----|
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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3591148 | FOUNDATION | MI | 501(c)(3) | Type II | GENESYS HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2377821 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1627755 | FOUNDATION | WI | 501(c)(3) | Type II | ASCENSION GOOD SAMARITAN HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0808503 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 31-1662309 | NATIONAL HEALTH SYSTEM | MO | 501(c)(3) | Type I | ASCENSION HEALTH ALLIANCE | | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 65-1257719 | SUPPORTING ORGANIZATION | MO | 501(c)(3) | Type I | ASCENSION HEALTH ALLIANCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-3358926 | NATIONAL HEALTH SYSTEM | MO | 501(c)(3) | Type I | NA | | No |
| RUST C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-7046706 | SUPPORTING ORGANIZATION | MO | 501(c)(3) | Type I | ASCENSION HEALTH ALLIANCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 65-1205990 | SUPPORTING ORGANIZATION | MO | 501(c)(3) | Type I | ASCENSION HEALTH ALLIANCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1227406 | PARENT COMPANY | MO | 501(c)(3) | Type II | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 82-4710412 | RETIREMENT COMMUNITY | WI | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3322109 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 83-1617112 | HEALTH CARE | MI | 501(c)(3) | 10 | ASCENSION MEDICAL GROUP LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3494637 | HEALTH CARE | MI | 501(c)(3) | 10 | ASCENSION MEDICAL GROUP LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3193801 | HEALTHCARE SERVICES | MI | 501(c)(3) | 10 | ASCENSION MEDICAL GROUP LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1127163 | CLINICAL HEALTHCARE SERVICES | WI | 501(c)(3) | 3 | AFFINITY HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1965593 | MEDICAL GROUP | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1791586 | MEDICAL GROUP | WI | 501(c)(3) | 3 | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2631907 | SUPPORTING ORGANIZATION | MI | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2601348 | HEALTH CARE | MI | 501(c)(3) | 10 | ST JOHN PROVIDENCE | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3174701 | SUPPORTING ORGANIZATION | MO | 501(c)(3) | Type I | ASCENSION HEALTH ALLIANCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0816818 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0807065 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-1109636 | HEALTHCARE SERVICES | TX | 501(c)(3) | 3 | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3526629 | FUNDRAISING | MI | 501(c)(3) | 7 | ST JOHN PROVIDENCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1358212 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2627336 | SUPPORTING | MI | 501(c)(3) | Type I | ASCENSION PROVIDENCE ROCHESTER HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1359247 | GENERAL HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3160564 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1390638 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0816857 | HOSPITAL | WI | 501(c)(3) | 3 | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-1109643 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 3 | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2262856 | HEALTH CARE | MI | 501(c)(3) | 3 | ST JOHN PROVIDENCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 72-1531917 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1256677 | FOUNDATION | WI | 501(c)(3) | 7 | AFFINITY HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0907740 | HOSPITAL | WI | 501(c)(3) | 3 | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-2961579 | FUNDRAISING | MI | 501(c)(3) | 7 | ST JOHN PROVIDENCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1359063 | HEALTH CARE | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 01-0790428 | FUNDRAISING | MI | 501(c)(3) | Type I | ASCENSION ST JOSEPH'S HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1443395 | HEALTH CARE | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |

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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2246366 | FUNDRAISING | MI | 501(c)(3) | Type III-FI | ASCENSION ST MARY'S HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-0997730 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1657410 | FOUNDATION | WI | 501(c)(3) | Type I | ASCENSION ST MICHAEL'S HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0808443 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1671120 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4364243 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3220767 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | Type II | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0958974 | MANAGEMENT COMPANY | KS | 501(c)(3) | 10 | ASCENSION VIA CHRISTI HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1172107 | HEALTH SYSTEM PARENT | KS | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1186704 | HOSPITAL | KS | 501(c)(3) | 3 | ASCENSION VIA CHRISTI HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0543778 | HOSPITAL | KS | 501(c)(3) | 3 | ASCENSION VIA CHRISTI HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-1965272 | HOSPITAL | KS | 501(c)(3) | 3 | ASCENSION VIA CHRISTI HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1172106 | HOSPITAL | KS | 501(c)(3) | 3 | ASCENSION VIA CHRISTI HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0948571 | PROPERTY MANAGEMENT | KS | 501(c)(4) | | ASCENSION VIA CHRISTI HOSPITALS WICHITA INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1158274 | REHABILITATION HOSPITAL | KS | 501(c)(3) | 3 | ASCENSION VIA CHRISTI HOSPITALS WICHITA INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1601369 | VEBA | MO | 501(c)(9) | | ASCENSION HEALTH ALLIANCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1494981 | FOUNDATION | WI | 501(c)(3) | 7 | COLUMBIA ST MARY'S INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1701402 | LABORATORY | WI | 501(c)(3) | 10 | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1613624 | PHARMACY | WI | 501(c)(3) | 10 | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1509251 | COMMUNITY HEALTH PROMOTION | TN | 501(c)(3) | Type I | SAINT THOMAS NETWORK | Yes | |

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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1861378 | INACTIVE | TN | 501(c)(3) | Type I | SAINT THOMAS WEST HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2971975 | OWN OIL AND MINERAL RIGHTS, REAL ESTATE | TX | 501(c)(3) | Type III-FI | SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2468823 | HOLDING COMPANY | MI | 501(c)(3) | 3 | BORGESS HEALTH ALLIANCE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2335286 | HEALTH SYSTEM PARENT | MI | 501(c)(3) | Type II | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2555589 | SKILLED NURSING FACILITY | MI | 501(c)(3) | 3 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 86-0749574 | FOUNDATION | AZ | 501(c)(3) | Type I | ASCENSION ARIZONA | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1276738 | HEALTH SYSTEM PARENT | MO | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2505427 | SKILLED NURSING FACILITY | MO | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| 427 GUY PARK AVENUE AMSTERDAM, NY 120101054 81-4769136 | MEDICAL GROUP | NY | 501(c)(3) | 3 | ST MARY'S HEALTHCARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 83-2068871 | SKILLED NURSING FACILITY | DC | 501(c)(3) | 10 | Ascension Health Senior Care | Yes | |
| N4642 COUNTY N APPLETON, WI 54914 45-4681563 | BEHAVIORAL HEALTH SERVICES | WI | 501(c)(3) | 3 | AFFINITY HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2514708 | ADULT DAY CARE | MI | 501(c)(3) | 10 | Ascension Health Senior Care | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1869951 | FREESTANDING OUTPATIENT CENTER | IN | 501(c)(3) | Type III-FI | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-0468031 | FUNDRAISING | TX | 501(c)(3) | Type II | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1596986 | COLLEGE | WI | 501(c)(3) | 2 | COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0806315 | HOSPITAL | WI | 501(c)(3) | 3 | COLUMBIA ST MARY'S INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0807063 | HOSPITAL | WI | 501(c)(3) | 3 | COLUMBIA ST MARY'S INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1834639 | HEALTH SYSTEM | WI | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1241079 | RETIREMENT COMMUNITY | KS | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2800601 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |

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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1357365 | NURSING/ASSISTED LIVING SERVICES | WI | 501(c)(3) | 10 | HOWARD YOUNG HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2790703 | SUPPORTING ORGANIZATION | MI | 501(c)(3) | Type II | ASCENSION ST MARY'S HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2371754 | HEALTH SRVCS/STAFFING/PROP MNGT | MI | 501(c)(3) | Type II | GENESYS HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2317364 | CONVALESCENT CENTER | MI | 501(c)(3) | 3 | GENESYS AMBULATORY HEALTH SERVICES | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3339703 | HEALTH SYSTEM PARENT | MI | 501(c)(3) | Type II | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0934712 | HEALTH SYSTEM | AL | 501(c)(3) | Type III-FI | ST VINCENT'S HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-3620346 | NURSING HOME | FL | 501(c)(3) | 10 | SACRED HEART HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1499115 | HOME OFFICE | WI | 501(c)(3) | Type II | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0606129 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1440267 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| 18927 HICKORY CREEK DRIVE SUITE 300 MOKENA, IL 60448 36-3438977 | LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS | IL | 501(c)(3) | 10 | PRESENCE LIFE CONNECTIONS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 91-1528577 | FUNDRAISING | WA | 501(c)(3) | Type I | OUR LADY OF LOURDES HOSPITAL AT PASCO | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 22-2873637 | Rental of Health Care Facilities | NY | 501(c)(2) | | Our Lady of Lourdes Memorial Hospital Inc | Yes | |
| 425 GUY PARK AVENUE AMSTERDAM, NY 12010 14-1776546 | MEDICAL OFFICE BUILDING | NY | 501(c)(25) | | ST MARY'S HEALTHCARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3495969 | HEALTH CARE | IL | 501(c)(3) | 10 | Presence Health Partners Services | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7140261 | FOUNDATION | WI | 501(c)(3) | 10 | AFFINITY HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 94-3436893 | Medical Group | WI | 501(c)(3) | 3 | ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1490371 | PARENT CORPORATION | WI | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 91-0349750 | HEALTHCARE | WA | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 15-0532221 | HOSPITAL | NY | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |

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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 16-1608735 | SKILLED NURSING FACILITY | NY | 501(c)(3) | 3 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-3700131 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4286236 | HEALTH CARE | IL | 501(c)(3) | 10 | Presence Care Transformation Corporation | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2709982 | HEALTH CARE | IL | 501(c)(3) | 10 | Presence Care Transformation Corporation | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-0483587 | HEALTH CARE | IL | 501(c)(3) | 10 | PRESENCE CARE TRANSFORMATION CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3366652 | MGMT SUPPORT | IL | 501(c)(3) | Type III-FI | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4195126 | HEALTH CARE | IL | 501(c)(3) | 3 | Presence Care Transformation Corporation | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2235165 | HEALTH CARE | IL | 501(c)(3) | 3 | Presence Care Transformation Corporation | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2644178 | HEALTH CARE | IL | 501(c)(3) | Type II | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3330928 | HEALTH CARE | IL | 501(c)(3) | 3 | Presence Care Transformation Corporation | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-0483581 | HEALTH CARE | IL | 501(c)(3) | 10 | PRESENCE CARE TRANSFORMATION CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 37-1127787 | RETIREMENT COMMUNITY | IL | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7061646 | RETIREMENT COMMUNITY | IL | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-8775914 | HEALTH CARE | IN | 501(c)(3) | Type I | ST MARY'S HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0914564 | SUPPORT PROVIDENCE HOSPITAL | AL | 501(c)(2) | | GULF COAST HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0915493 | SUPPORT PROVIDENCE HOSPITAL | AL | 501(c)(3) | 7 | GULF COAST HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2683112 | SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE | TX | 501(c)(3) | Type I | ASCENSION PROVIDENCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2696970 | PHYSICIAN PRACTICES | TX | 501(c)(3) | 3 | ASCENSION PROVIDENCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1275583 | FUNDRAISING ORGANIZATION | DC | 501(c)(3) | Type I | PROVIDENCE HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1275587 | PHYSICIAN PRACTICES | DC | 501(c)(3) | Type I | PROVIDENCE HOSPITAL | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|--------------------------|--|----------------------------|---|--|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0288861 | HOSPITAL | AL | 501(c)(3) | 3 | GULF COAST HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 53-0196636 | HOSPITAL | DC | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 61-1759304 | SKILLED NURSING FACILITY | TX | 501(c)(3) | 3 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3296367 | HEALTH CARE | IL | 501(c)(3) | 10 | Presence Care Transformation Corporation | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-2436597 | FOUNDATION | FL | 501(c)(3) | 7 | SACRED HEART HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-0634434 | HOSPITAL | FL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 57-1183283 | INVESTMENT | FL | 501(c)(3) | Type I | SACRED HEART HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0902199 | REHAB SERVICES | WI | 501(c)(3) | 3 | COLUMBIA ST MARY'S INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 41-0693877 | HOSPITAL | MN | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0847631 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1716804 | SYSTEM PARENT | TN | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1663055 | OPERATES FOUNDATION | TN | 501(c)(3) | 7 | SAINT THOMAS NETWORK | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1737573 | HOSPITAL | TN | 501(c)(3) | 3 | BAPTIST HEALTH CARE AFFILIATES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1836937 | HOME HEALTH CARE | TN | 501(c)(3) | 10 | SAINT THOMAS HICKMAN HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1529858 | HEALTHCARE PROVIDER | TN | 501(c)(3) | 10 | ASCENSION MEDICAL GROUP LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1869474 | ACUTE CARE HOSPITAL | TN | 501(c)(3) | 3 | SAINT THOMAS HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1284994 | HEALTH INVESTMENT ENTITY | TN | 501(c)(3) | 10 | SAINT THOMAS HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-4063046 | HOSPITALS | TN | 501(c)(3) | 3 | SAINT THOMAS HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1167917 | FOUNDATION | TN | 501(c)(3) | Type I | SAINT THOMAS RUTHERFORD HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-0475842 | HOSPITAL | TN | 501(c)(3) | 3 | SAINT THOMAS HEALTH | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-0347580 | HOSPITAL | TN | 501(c)(3) | 3 | SAINT THOMAS HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1948057 | MEDICAL EQUIPMENT | KS | 501(c)(3) | 10 | ASCENSION VIA CHRISTI HEALTH PARTNERS INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3308965 | Owns or leases properties where healthcare services are delivered | IL | 501(c)(2) | | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4364681 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | Type I | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-4562522 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-1311790 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2212968 | FUNDRAISING | TX | 501(c)(3) | Type II | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-2842608 | FUNDRAISING | TX | 501(c)(3) | Type II | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2820107 | HEALTH CARE | MI | 501(c)(3) | 10 | ST JOHN PROVIDENCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-2498998 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | ASCENSION SETON | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4364813 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | Type II | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-2960726 | SKILLED NURSING FACILITY | PA | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-2064992 | PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY | MD | 501(c)(3) | 10 | ASCENSION MEDICAL GROUP LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0937704 | SUPPORT PROVIDENCE HOSPITAL | AL | 501(c)(3) | Type II | GULF COAST HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 42-1670843 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7326976 | REAL ESTATE | AL | 501(c)(2) | | ST VINCENT'S HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5330986 | FUNDRAISING | TX | 501(c)(3) | Type II | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2869762 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 82-0204264 | HOSPITAL | ID | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 82-1103087 | HEALTHCARE | NY | 501(c)(3) | 3 | OUR LADY OF LOURDES MEMORIAL HOSPITAL INC | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1415083 | FUNDRAISING | MD | 501(c)(3) | Type I | ST AGNES HEALTHCARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-0591657 | HOSPITAL | MD | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4251846 | Acute care hospital | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-1878316 | SKILLED NURSING FACILITY | FL | 501(c)(3) | 3 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0999759 | HEALTH CARE | OK | 501(c)(3) | 10 | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3833117 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 61-1659782 | REAL ESTATE | OK | 501(c)(2) | | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1133139 | FUNDRAISING | OK | 501(c)(3) | Type I | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1215174 | SYSTEM PARENT | OK | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0579286 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2244034 | PARENT | MI | 501(c)(3) | Type II | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0662663 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7313206 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST JOSEPH HOSPITAL & HEALTH CENTER INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0992717 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1388461 | FUNDRAISING | MO | 501(c)(3) | Type I | CARONDELET HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 51-0168321 | FUNDRAISING | ID | 501(c)(3) | Type I | SJRCM Inc | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1835288 | SKILLED NURSING FACILITY | MD | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-0479484 | HOSPITAL | FL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1899560 | DME/HOME CARE | IN | 501(c)(3) | Type I | ST MARY'S HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7248362 | REAL ESTATE HOLDING COMPANY | IN | 501(c)(2) | | ST MARY'S HEALTH INC | Yes | |

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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7045370 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST MARY'S HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1679526 | INVESTMENT SERVICES | IN | 501(c)(3) | Type I | ST MARY'S HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0869065 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| 427 GUY PARK AVENUE AMSTERDAM, NY 120101054 14-1347719 | HOSPITAL | NY | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1918107 | FUNDRAISING | MO | 501(c)(3) | Type I | CARONDELET HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-1356310 | PHYSICIAN PROFESSIONAL SERVICES | IN | 501(c)(3) | 10 | ST VINCENT MEDICAL GROUP INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3474697 | HEALTHCARE | IN | 501(c)(3) | Type I | ST MARY'S MEDICAL GROUP LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5342518 | AMBULANCE SERVICES | IN | 501(c)(4) | | ST MARY'S HEALTH SERVICES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1343019 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2053693 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT ANDERSON REGIONAL HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-0877261 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-3107055 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2112529 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-2192831 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4243702 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1531734 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT FRANKFORT HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2099320 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2052591 | PARENT COMPANY | IN | 501(c)(3) | Type III-FI | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-1227327 | HEALTH AND WELLNESS SERVICES | IN | 501(c)(3) | 10 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0869066 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-6088862 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC | Yes | |
| 301 HENRY STREET NORTH VERNON, IN 47265 84-1703732 | INACTIVE | IN | 501(c)(3) | 1 | ST VINCENT JENNINGS HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1841606 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0876389 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-2039417 | PHYSICIAN PROFESSIONAL SERVICES | IN | 501(c)(3) | 10 | ST VINCENT CARMEL HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 31-1066871 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT MADISON COUNTY HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2133006 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT RANDOLPH HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2103153 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-1289091 | RETAIL AMBULATORY SERVICES | IN | 501(c)(3) | 10 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-0847538 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1712001 | LONG TERM CARE HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-3130159 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT WILLIAMSPORT HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0784551 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-2292041 | PHYSICIAN PRACTICE | FL | 501(c)(3) | 10 | ASCENSION MEDICAL GROUP LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0288864 | HOSPITAL | AL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0909073 | HOSPITAL | AL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 06-1331677 | INACTIVE | CT | 501(c)(3) | 10 | STVINCENT'S MEDICAL CENTER | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0578923 | HOSPITAL | AL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0868066 | FUNDRAISING | AL | 501(c)(3) | 7 | ST VINCENT'S HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-2219923 | FUND RAISING | FL | 501(c)(3) | 7 | ST VINCENT'S HEALTH SYSTEM INC | Yes | |

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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0931008 | HEALTH SYSTEM | AL | 501(c)(3) | Type III-FI | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-3650609 | PARENT ENTITY | FL | 501(c)(3) | Type II | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 06-0646886 | HOSPITAL AND SYSTEM PARENT | CT | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 22-2558132 | FUNDRAISING | CT | 501(c)(3) | 7 | ST VINCENT'S MEDICAL CENTER | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-0624449 | HOSPITAL | FL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-1523194 | HOSPITAL | FL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5002285 | REAL ESTATE HOLDING COMPANY | IN | 501(c)(3) | Type III-FI | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2427678 | PRG RELATED INVESTMENTS | MI | 501(c)(3) | Type II | GENESYS HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0873606 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2727509 | SPIRITUALITY CENTER | TX | 501(c)(3) | Type II | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-4562712 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2855201 | TO HOLD TITLE TO REAL PROPERTY | TX | 501(c)(25) | | SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0932323 | PHYSICIAN GROUP | AL | 501(c)(3) | Type II | ST VINCENT'S HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4943550 | FOUNDATION | KS | 501(c)(3) | 7 | ASCENSION VIA CHRISTI HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1236589 | PACE (SNF) | KS | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1129325 | RETIREMENT COMMUNITY | KS | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-2828680 | RETIREMENT COMMUNITY | KS | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1078862 | RETIREMENT COMMUNITY | KS | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1247723 | RETIREMENT COMMUNITY | KS | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-3070971 | RETIREMENT COMMUNITY | KS | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|--|---|----|
| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1153337 | RETIREMENT COMMUNITY | OK | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0559086 | MANAGEMENT COMPANY | KS | 501(c)(3) | Type III-FI | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 93-0838390 | FOUNDATION | WI | 501(c)(3) | 10 | ASCENSION ALL SAINTS HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 72-1526400 | HOSPITAL | KS | 501(c)(3) | 3 | ASCENSION VIA CHRISTI HOSPITAL MANHATTAN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-6068950 | AUXILIARY | WI | 501(c)(3) | Type III-FI | ASCENSION SE WISCONSIN HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1486775 | RETIREMENT COMMUNITY | WI | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1568865 | PARENT CORPORATION | IL | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|---|-------------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| ADVANTAGE HEALTHCO INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2698151 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922 | MEDICAL SERVICES | MI | NA | C Corporation | | | | Yes | |
| AFFILIATED MEDICAL SERVICES LABORATORY INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1239522 | MEDICAL LABORATORY | KS | NA | C Corporation | | | | Yes | |
| AH INCUBATIONS ACCELERATOR INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-5078523 | MEDICAL SERVICE | MO | NA | C Corporation | | | | Yes | |
| ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT LLC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 94-3465394 | HOUSING | MO | NA | C Corporation | | | | Yes | |
| Alexian Brothers Health Providers Association Inc 2601 Navistar Drive Lisle, IL 60532 36-3853286 | Messenger model IPA | IL | NA | C Corporation | | | | Yes | |
| Alexian Village of Elk Grove C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2211303 | Tax credit financed housing | IL | NA | C Corporation | | | | Yes | |
| AMITA HEALTH CLINICALLY INTEGRATED NETWORK LLC 2601 NAVISTAR DRIVE LISLE, IL 60532 80-0967178 | MANAGED CARE | IL | NA | C Corporation | | | | Yes | |
| ASCENSION CAPITAL UK LIMITED FOUNTAIN HOUSE 130 FENCHURCH STREET LONDON, ENGLAND EC3M5DJ UK | INSURANCE | UK | NA | C Corporation | | | | Yes | |
| Ascension Care Management Health Partners Tennessee 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482 | ACCOUNTABLE CARE ORGANIZATION | TN | NA | C Corporation | | | | Yes | |
| ASCENSION CARE MANAGEMENT HEALTH PARTNERS INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4413419 | MEDICAL SERVICE | MO | NA | C Corporation | | | | Yes | |
| ASCENSION CARE MANAGEMENT HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272 | INSURANCE AND TPA | MI | NA | C Corporation | | | | Yes | |
| ASCENSION HEALTH INSURANCE LIMITED PO BOX 1159 GRAND CAYMAN, Bahamas KY11102 CJ | INSURANCE | CJ | NA | C Corporation | | | | Yes | |
| ASCENSION HEALTH RISK PURCHASING GROUP INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-4176480 | SUPPORTING ORGANIZATION | MO | NA | C Corporation | | | | Yes | |
| ASCENSION MEDICAL GROUP VIA CHRISTI PA C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0993446 | PROFESSIONAL ASSOCIATION | KS | NA | C Corporation | | | | Yes | |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|--|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| ASCENSION VENTURES CORPORATION C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-1217059 | MISC HEALTHCARE SERVICES | AL | NA | C Corporation | | | | Yes | |
| ASV ST JOHN'S COUNTY INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 85-4309119 | ACUTE CARE HOSPITAL | FL | NA | C Corporation | | | | Yes | |
| BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214 | HOLDING COMPANY | TN | NA | C Corporation | | | | Yes | |
| BAYLEY CONDOMINIUM ASSOCIATION 2121 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205 63-1209915 | CONDOMINIUM ASSOCIATION | AL | NA | C Corporation | | | | Yes | |
| BEECHER BALLENGER SERVICES INC AND SUBSIDIARIES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922 | HOLDING COMPANY | MI | NA | C Corporation | | | | Yes | |
| CARONDELET MEDICAL GROUP INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 86-0836126 | MEDICAL GROUP | AZ | NA | C Corporation | | | | Yes | |
| CARONDELET SPECIALIST GROUP INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-1558773 | PHYSICIAN PRACTICE | AZ | NA | C Corporation | | | | Yes | |
| CHV V CP BLOCKER CORP 4600 EDMUNDSON ROAD ST LOUIS, MO 63134 86-3673080 | INVESTMENT | DE | NA | C Corporation | | | | Yes | |
| CLINICAL HOLDINGS CORPORATION C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-3802297 | HOLDING COMPANY | MO | NA | C Corporation | | | | Yes | |
| CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3398033 | RETAIL PHARMACY & PATIENT TRANSPORT | FL | NA | C Corporation | | | | Yes | |
| Corbett Corporation C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 16-1268267 | Property Management | NY | NA | C Corporation | | | | Yes | |
| CRITTENTON DEVELOPMENT CORPORATION AND SUBSIDIARIES 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115 | REAL ESTATE | MI | NA | C Corporation | | | | Yes | |
| DELL CHILDREN'S HEALTH ALLIANCE C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-1311909 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 26-1983355 | CONDOMINIUM ASSOCIATION | FL | NA | C Corporation | | | | Yes | |
| FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 34-1983857 | CONDO ASSOCIATION | WI | NA | C Corporation | | | | Yes | |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| GULF COAST DIVERSIFIED INC 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798 | INVESTMENT | FL | NA | C Corporation | | | | Yes | |
| INDIAN CREEK CENTER INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0956627 | MANAGEMENT | MO | NA | C Corporation | | | | Yes | |
| INTEGRATED HEALTHCARE SYSTEMS INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0941549 | CLINIC SERVICES | KS | NA | C Corporation | | | | Yes | |
| MADISON MEDICAL AFFILIATES INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 39-1855720 | HEALTHCARE | WI | NA | C Corporation | | | | Yes | |
| MID-STATE PROPERTIES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-1232018 | INACTIVE | TN | NA | C Corporation | | | | Yes | |
| MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES INC 6801 AIRPORT BLVD MOBILE, AL 36608 46-1130426 | HEALTHCARE SERVICES | MS | NA | C Corporation | | | | Yes | |
| PRESENCE SERVICE CORPORATION C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4314354 | MEDICAL | IL | NA | C Corporation | | | | Yes | |
| PRESENCE VENTURES INC and SUBSIDIARY 100 NORTH RIVER ROAD DES PLAINES, IL 60016 37-1168085 | MEDICAL | IL | NA | C Corporation | | | | Yes | |
| PROVIDENCE PARK INC PO BOX 850429 MOBILE, AL 36685 63-0886846 | REAL ESTATE | AL | NA | C Corporation | | | | Yes | |
| RESOURCE PHARMACIES INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1410076 | RETAIL PHARMACY | DC | NA | C Corporation | | | | Yes | |
| SETON INSURANCE COMPANY C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-5395483 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| SETON HEALTH ALLIANCE C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-3047469 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| SETON HEALTH PLAN INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2725348 | HMO | TX | NA | C Corporation | | | | Yes | |
| SETON MSO INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2870455 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| SETON PHYSICIAN HOSPITAL NETWORK AND SUBSIDIARIES C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2643825 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|--|---|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|---|----|
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| | | | | | | | | Yes | No |
| SOVA INC 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638 | HEALTH SERVICES | TN | NA | C Corporation | | | | Yes | |
| ST AGNES HEALTH VENTURES INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1733632 | HOLDING COMPANY | MD | NA | C Corporation | | | | Yes | |
| ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747 | OTHER MEDICAL | MI | NA | C Corporation | | | | Yes | |
| St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017 | Dormant | MI | NA | C Corporation | | | | Yes | |
| ST MARY'S MEDICAL GROUP INC 3700 WASHINGTON AVE EVANSVILLE, IN 47750 35-2076827 | INVESTMENT | IN | NA | C Corporation | | | | Yes | |
| SUNFLOWER ASSURANCE LTD PO BOX 1085 GRAND CAYMAN, Bahamas KY11102 CJ | INSURANCE | CJ | NA | C Corporation | | | | Yes | |
| TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047 | LAUNDRY SERVICES | MI | NA | C Corporation | | | | Yes | |
| THE PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 20-8042108 | CONDO ASSOCIATION | WI | NA | C Corporation | | | | Yes | |
| Thelen Corporation C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3266316 | Owns/ leases property; joint venture partner | IL | NA | C Corporation | | | | Yes | |
| TRAVEL SERVICES CORPORATION C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-3764978 | TRAVEL SERVICES | MO | NA | C Corporation | | | | Yes | |
| UTICA SERVICES INC AND SUBSIDIARIES C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1057650 | MEDICAL SERVICES | OK | NA | C Corporation | | | | Yes | |
| VCH IOWA PC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3983977 | PROFESSIONAL ASSOCIATION | IA | NA | C Corporation | | | | Yes | |
| VCH IOWA PC TRUST C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-6937322 | BENEFICIARY TRUST | IA | NA | Trust | | | | Yes | |
| VIA CHRISTI CLINIC SERVICES INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3984287 | CLINIC SERVICES | KS | NA | C Corporation | | | | Yes | |
| VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-2872857 | ACO | KS | NA | C Corporation | | | | Yes | |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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|--|-----------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| VINCENTIAN VENTURES OF NORTH ALABAMA INC AND SUBSIDIARIES C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0965456 | MISC HEALTHCARE SERVICES | AL | NA | C Corporation | | | | Yes | |
| WHEATON FRANCISCAN HOLDINGS INC AND SUBSIDIARIES 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357 | HOLDING CO | WI | NA | C Corporation | | | | Yes | |
| WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140 | PROVIDER CONTRACT | WI | NA | C Corporation | | | | Yes | |
| WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53212 30-0659830 | CONDO ASSOCIATION | WI | NA | C Corporation | | | | Yes | |