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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
Ascension Health Alliance
Doing business as
SEE SCHEDULE O FOR COMPLETE LIST
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
F Name and address of principal officer:
JOSEPH R IMPICCICHE JD MHA
C/O TAX DEPARTMENT PO BOX 45998
St Louis, MO 631455998

D Employer identification number
45-3358926
E Telephone number
(314) 733-8415
G Gross receipts \$ 2,389,901,126

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

J Website: WWW.ASCENSION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2011

M State of legal domicile: MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Catholic health ministry dedicated to service, healing, and transformational solutions.

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 9

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 7,230

6 Total number of volunteers (estimate if necessary) 6 2

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 31,065,867

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 258,188 242,135

9 Program service revenue (Part VIII, line 2g) 1,379,824,418 1,668,924,410

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 617,428,629 452,866,836

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 280,189,566 267,867,435

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,277,700,801 2,389,900,816

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 73,530,763 4,292,163

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 879,963,069 907,932,376

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) 0 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 759,711,318 779,198,003

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,713,205,150 1,691,422,542

19 Revenue less expenses. Subtract line 18 from line 12 564,495,651 698,478,274

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 26,075,544,022 28,177,995,461

21 Total liabilities (Part X, line 26) 11,566,286,010 12,453,107,048

22 Net assets or fund balances. Subtract line 21 from line 20 14,509,258,012 15,724,888,413

Part II Signature Block

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

Sign Here

Signature of officer
TONYA MERSHON VICE PRESIDENT, TAX

2021-05-17
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check ☐ if self-employed PTIN P01222873

Firm's name DELOITTE TAX LLP Firm's EIN 86-1065772

Firm's address 111 MONUMENT CIRCLE SUITE 4200 Phone no. (317) 464-8600

INDIANAPOLIS, IN 462045108

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

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and 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 \$ 1,419,434,393 including grants of \$ 4,292,163) (Revenue \$ 1,936,791,845)
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 ► 1,419,434,393

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 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	3	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 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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	9	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	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a 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	11b	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	11c	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 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e 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 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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	16	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)	17	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	18	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	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9,777
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7,230			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes			
b HK, HU, IN, ID, IS, JA, KS, MY, MX, MO, NI, PK, PE, PL, RS, TW, TU, AE, BR, CJ, CI, CH, CO, EZ, DA, EG, FN, GB					
5a If "Yes," enter the name of the foreign country: _____	5a		No		
b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.	15	Yes			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No		

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	9	No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Tonya Mershon 4600 EDMUNDSON ROAD ST LOUIS, MO 631343806 (314) 733-8000

Part VII

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EVE J HIGGINBOTHAM SM MD SECRETARY	4.0 0	X		X				54,000	0	0
(2) JOSEPH R IMPICCICHE JD MHA PRESIDENT & CEO	50.0 0.0	X		X				7,190,160	0	61,034
(3) STEPHEN M DUFILHO CPA CHAIR	4.0 0	X		X				85,003	0	0
(4) W STANCIL STARNES JD VICE CHAIR/TREASURER	4.0 0	X		X				0	0	0
(5) KRISTI A SAVACOOOL DIRECTOR	4.0 0	X						32,518	0	0
(6) MICHAEL E ZYCHINSKI CPA DIRECTOR	4.0 0	X						46,527	0	0
(7) REGINA M BENJAMIN MD MBA DIRECTOR	4.0 0	X						39,000	0	0
(8) SHEILA P BURKE MPA RN FAAN DIRECTOR	4.0 0	X						37,634	0	0
(9) SISTER MARY ANNE RODGERS CSJ DIRECTOR	4.0 0	X						0	0	0
(10) ELIZABETH C FOSHAGE CPA EVP & CFO	50.0 0.0			X				1,380,206	0	35,182
(11) ANTHONY J SPERANZO CFO (END 6/2019)/PRES. & CEO, ASC. CAPITAL (START 7/2019)	50.0 0.0					X		10,910,973	0	35,500
(12) ANTHONY R TERSIGNI EDD FACHE CEO (END 6/2019)/CHAIR, ASCENSION CAPITAL (START 7/2019)	50.0 0					X		10,592,728	0	38,899
(13) HERBERT J VALLIER EVP & CHRO	50.0 0.0					X		2,870,868	0	39,456
(14) KAREN L SPRINGER EVP, PERFORMANCE OPTIMIZATOIN AND NURSING OPERATIONS	50.0 0.0					X		3,307,981	0	19,564
(15) PATRICIA A MARYLAND DRPH EVP	50.0 0.0					X		16,347,408	0	30,455
(16) EDUARDO F CONRADO FORMER BOARD OFFICER (END 6/2018)	50.0 0						X	1,487,144	0	37,219

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								54,382,150	0	297,309

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1,133

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ERNST & YOUNG LLP 111 MONUMENT CIRCLE SUITE 2600 INDIANAPOLIS, IN 46204	AUDITING SERVICES	10,011,092
CROWE HEALTHCARE RISK CONSULTING LLC 231 S BEMISTON AVENUE SUITE 300 ST LOUIS, MO 631051914	CONSULTING SERVICES	7,006,006
ACCENTURE LLP PO BOX 70629 CHICAGO, IL 60673	CONSULTING & IMPLEMENTATION	5,558,781
DELOITTE CONSULTING LLP 250 E 5TH STREET FL 1600 CINCINNATI, OH 452024263	CONSULTING SERVICES	2,412,066
PROFESSIONAL RESEARCH CONSULTANTS 11326 P STREET OMAHA, NE 681372316	CONSULTING SERVICES	2,065,928

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 68

Form 990 (2019)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
			(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	216,508			
	e	Government grants (contributions)	1e	25,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	627			
	g	Noncash contributions included in lines 1a - 1f:\$	1g				
	h	Total. Add lines 1a-1f ▶		242,135			
Program Service Revenue	2a	SERVICE FEES	Business Code				
			541610	1,162,165,265	1,134,568,939	27,596,326	
	b	CDMS FEE - INTEREST	541610	256,917,720	256,917,720		
	c	ADMINISTRATIVE FEES	541610	139,529,250	139,529,250		
	d	MGMT Fee Revenue	541610	39,996,061	39,996,061		
	e	Workers Comp Trust Revenue	541610	30,268,671	30,268,671		
	f	All other program service revenue.		40,047,443	40,047,443	0	
g	Total. Add lines 2a-2f. ▶		1,668,924,410				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		381,420,998		3,469,541	377,951,457
	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	0	310			
	7c	Gain or (loss)	71,446,148	-310			
	d	Net gain or (loss) ▶		71,445,838			71,445,838
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	8b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	9b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances . . .	10a				
	10b	Less: cost of goods sold . . .	10b				
	c	Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code					
11a	ACTUARIAL CHANGES-PENSION & OTHER POST RETIREMENT ACCTS	541610	220,128,762	220,128,762			
b	HOSPITAL REVENUE BONDS DISC/PREM	541610	29,215,194	29,215,194			
c	TRUST CONTRIBUTION REVENUE	541610	9,137,292	9,137,292			
d	All other revenue		9,386,187	9,386,187	0	0	
e	Total. Add lines 11a-11d ▶		267,867,435				
12	Total revenue. See instructions ▶		2,389,900,816	1,909,195,519	31,065,867	449,397,295	

Form 990 (2019)

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	4,292,163	4,292,163		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,961,264	6,720,948	2,240,316	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	37,955,963	28,466,972	9,488,991	
7 Other salaries and wages	660,238,998	495,179,248	165,059,750	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,226,636	7,669,977	2,556,659	
9 Other employee benefits	149,915,100	112,436,325	37,478,775	
10 Payroll taxes	40,634,415	38,602,694	2,031,721	
11 Fees for services (non-employees):				
a Management	326,285		326,285	
b Legal	19,127,933	3,825,587	15,302,346	
c Accounting	8,864,657		8,864,657	
d Lobbying	2,156,250		2,156,250	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,065,032	8,065,032		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	227,721,098	227,721,098	0	0
12 Advertising and promotion	37,260,446	33,534,401	3,726,045	
13 Office expenses	1,909,421	1,718,479	190,942	
14 Information technology	8,554,991	8,528,471	26,520	
15 Royalties				
16 Occupancy	9,115,459	7,110,058	2,005,401	
17 Travel	18,619,193	16,757,274	1,861,919	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,751,948	6,414,351	337,597	
20 Interest	281,994,915	281,994,915		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,337,695	21,050,025	6,287,670	
23 Insurance	1,326,107	1,286,324	39,783	
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 CDMS Activity	53,895,877	48,506,289	5,389,588	
b Repairs and Maintenance	27,331,054	24,597,949	2,733,105	
c Internal Audit Fees	12,216,443	10,994,799	1,221,644	
d Tax Expense	7,017,714	6,315,943	701,771	
e All other expenses	19,605,485	17,645,071	1,960,414	0
25 Total functional expenses. Add lines 1 through 24e	1,691,422,542	1,419,434,393	271,988,149	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		8,332,965	1	39,185,612	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		37,608,492	4	102,147,108	
	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		7,992,673,215	7	8,295,243,375	
	8	Inventories for sale or use			8	64,001,896	
	9	Prepaid expenses and deferred charges		9,936,247	9	11,132,389	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	95,282,362			
	b	Less: accumulated depreciation	10b	48,705,519	38,369,796	10c	46,576,843
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		1,154,522,349	12	250,447,994	
	13	Investments—program-related. See Part IV, line 11		68,742,122	13	1,257,124,428	
	14	Intangible assets		10,928,760	14	10,138,216	
	15	Other assets. See Part IV, line 11		16,754,430,076	15	18,101,997,600	
16	Total assets. Add lines 1 through 15 (must equal line 34)		26,075,544,022	16	28,177,995,461		
Liabilities	17	Accounts payable and accrued expenses		763,261,938	17	901,583,269	
	18	Grants payable			18		
	19	Deferred revenue		435,962	19	410,689	
	20	Tax-exempt bond liabilities		7,475,615,000	20	7,340,465,000	
	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		3,326,973,110	25	4,210,648,090	
	26	Total liabilities. Add lines 17 through 25		11,566,286,010	26	12,453,107,048	
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		14,509,258,012	27	15,724,888,413	
	28	Net assets with donor restrictions			28		
	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		14,509,258,012	32	15,724,888,413	
33	Total liabilities and net assets/fund balances		26,075,544,022	33	28,177,995,461		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,389,900,816
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,691,422,542
3	Revenue less expenses. Subtract line 2 from line 1	3	698,478,274
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,509,258,012
5	Net unrealized gains (losses) on investments	5	-866,021,621
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	1,383,173,748
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,724,888,413

Part XII Financial Statements and ReportingCheck 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: 19010655
Software Version: 2019v5.0
EIN: 45-3358926
Name: Ascension Health Alliance

Form 990 (2019)

Form 990, Part III, Line 4a:

ASCENSION HEALTH ALLIANCE IS A MISSION-FOCUSED ORGANIZATION GUIDED BY ITS RELIGIOUS SPONSORS IN TRANSFORMING HEALTH CARE BY PROVIDING THE HIGHEST QUALITY CARE TO ALL, WITH SPECIAL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE, AND THROUGH INNOVATION. ASCENSION HEALTH ALLIANCE SUPPORTS ASCENSION HEALTH MINISTRIES ("ASCENSION SPONSOR"), A PUBLIC JURIDIC PERSON APPROVED BY THE VATICAN, AND THE EFFORTS OF ASCENSION HOSPITALS AND HEALTH FACILITIES, PROVIDING CARE TO INDIVIDUALS AND COMMUNITIES. IN FISCAL YEAR 2020, ASCENSION EMPLOYED 160,000 ASSOCIATES SERVING IN 2,600 LOCATIONS IN MORE THAN 19 STATES AND THE DISTRICT OF COLUMBIA. HOWEVER, IN COMPARISON TO MANY OTHER ORGANIZATIONS OF SIMILAR SCOPE AND COMPLEXITY, AS A NONPROFIT, SPIRITUALLY-CENTERED HEALTHCARE ORGANIZATION, ASCENSION DIFFERENTIATES ITSELF IN TERMS OF MISSION, PRIORITIES AND CHALLENGES. IN FISCAL YEAR 2020 ALONE, ASCENSION HEALTH PROVIDED \$2.4 BILLION IN CARE OF PERSONS LIVING IN POVERTY AND COMMUNITY BENEFIT PROGRAMS, 14.8 MILLION PHYSICIAN OFFICE AND CLINIC VISITS, 3.0 MILLION EMERGENCY ROOM VISITS, 1.6 MILLION EQUIVALENT DISCHARGES, 764,000 DISCHARGES, 582,000 SURGERY VISITS, 82,000 BIRTHS, 28,000+ AVAILABLE BEDS, 40,000 ALIGNED PROVIDERS, 9,000 EMPLOYED PROVIDERS, 145 HOSPITALS AND 40+ SENIOR CARE FACILITIES. As the parent of the Ascension Catholic health ministry, Ascension Health Alliance provided leadership and support in furtherance of Ascension's commitment to both care for patients and communities and support caregivers and other associates through the challenges of the COVID-19 global pandemic in FY20.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Ascension Health Alliance

Employer identification number
45-3358926

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 198
- 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		
See Additional Data Table						
Total	198				100,000	0

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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		No
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	Yes	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		No
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 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		No
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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a	Yes	
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	Yes	
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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 (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
	11a	No
	11b	No
	11c	No

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
	1	Yes
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>		
	2	No

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>		
	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <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 (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		Yes	No
	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			
	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
	3a		
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>			
	3b		

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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

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

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 I Line 12(g)(vi) -Amount of Other Support	ASCENSION HEALTH ALLIANCE PROVIDES A VARIETY OF NONCASH CENTRALIZED SYSTEM OFFICE SUPPORT IN FURTHERANCE OF THE MISSION OF THE ASCENSION SPONSOR AND THE OTHER SUPPORTED ORGANIZATIONS LISTED IN PART I.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section B, Line 1 POWER TO APPOINT DIRECTORS	The Ascension Sponsor (the Canonical sponsor which was formed by the founding religious sponsors and which has been conferred public juridic personality by decree of The Congregation for Institutes of Consecrated Life and Societies of Apostolic Life of the Roman Catholic Church) determines the philosophy, mission, vision, values and expectations of the System, and appoints the board for Ascension Health Alliance, delegating that appointment power within the System, with the Ascension Sponsor retaining ultimate control over governance matters. Ascension Health Alliance carries out the purposes of the Ascension Sponsor by supporting the Ascension Health Ministry entities that provide care and healing in their respective communities.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section B, Line 2 CONTROL BY SUPPORTED ORGANIZATIONS	<p>The Ascension Sponsor (the Canonical sponsor which was formed by the founding religious sponsors and which has been conferred public juridic personality by decree of The Congregation for Institutes of Consecrated Life and Societies of Apostolic Life of the Roman Catholic Church) determines the philosophy, mission, vision, values and expectations of the System, and, as applied within a framework of delegation, retains ultimate control of governance within the System. Ascension Health Alliance carries out the purposes of the Ascension Sponsor by supporting the Ascension Health Ministry entities that provide care and healing in their respective communities. In answering "no" to Part IV, Section B, Line 2, the organization is considering the Ascension Sponsor's direct control as well as its ultimate control over the other supported organizations throughout the System.</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12g(iv) MONETARY SUPPORT	ASCENSION HEALTH ALLIANCE PROVIDES A NUMBER OF CHARITABLE GRANTS (IDENTIFIED IN SCHEDULE I) , IN FURTHERANCE OF THE MISSION OF THE ASCENSION SPONSOR AND THE OTHER SUPPORTED ORGANIZA TIONS LISTED IN PART I.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 6 SUPPORT TO OTHER ORGANIZATIONS	ASCENSION HEALTH ALLIANCE PROVIDES SUPPORT TO ORGANIZATIONS OTHER THAN THOSE IT SUPPORTS ON BEHALF OF ITS SUPPORTED ORGANIZATIONS. ALL GRANTS THAT ARE MADE THROUGH ASCENSION HEALTH ALLIANCE ARE DONE SO TO CARRY OUT THE ACTIVITIES AND PURPOSES OF ITS SUPPORTED ORGANIZATI ONS.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	<p>ASCENSION HEALTH ALLIANCE IS ORGANIZED AND AT ALL TIMES SHALL BE OPERATED EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES OF THE DAUGHTER S OF CHARITY OF ST. VINCENT DE PAUL IN THE UNITED STATES, ST. LOUISE PROVINCE, THE CONGREGATION OF ST. JOSEPH, THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET, THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE - AMERICAN PROVINCE, AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE BY AND THROUGH ASCENSION HEALTH MINISTRIES (ASCENSION SPONSOR), AND, PURSUANT TO THE ORGANIZATION'S GOVERNING DOCUMENTS, THE AFFILIATED ORGANIZATIONS PROVIDED THAT SUCH ORGANIZATIONS ARE DESCRIBED UNDER SECTION 501(C)(3) OF THE CODE AND ARE CLASSIFIED AS PUBLIC CHARITIES UNDER SECTIONS 509(A)(1) AND 509(A)(2) OF THE CODE. SUCH SUPPORTED ORGANIZATIONS ARE LISTED AT PART I. THE ORGANIZATION ALSO SUPPORTS ASCENSION SPONSOR, THE CANONICAL SPONSOR WHICH WAS FORMED BY THE FOUNDING SPONSORS AND WHICH HAS BEEN CONFERRED PUBLIC JURIDIC PERSONALITY BY DECREE OF THE CONGREGATION FOR INSTITUTES OF CONSECRATED LIFE AND SOCIETIES OF APOSTOLIC LIFE OF THE ROMAN CATHOLIC CHURCH.</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 2 Supported Org. Without IRS Status 509(a)1 or (2)	SUPPORTED ORGANIZATIONS NOT REQUIRED TO OBTAIN A SEPARATE IRS DETERMINATION OF STATUS ARE EITHER CONSIDERED AN INSTRUMENTALITY OF THE CATHOLIC CHURCH OR ARE INCLUDED IN THE OFFICIAL CATHOLIC DIRECTORY AND HAVE BEEN VERIFIED TO BE DESCRIBED IN EITHER 509(a)(1) or 509(a)(2) ACCORDING TO THEIR MOST RECENT FORM 990 FILING.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 5a Added, Substituted, or Removed Sup. Org.	<p>(I)/(II) THE ORGANIZATION ADDED SUPPORTED ORGANIZATIONS, AS FOLLOWS: ASCENSION ALLEGAN HOSPITAL, EIN 38-1359180, JOINED SYSTEM 9/2019 ASCENSION ALLEGAN PROFESSIONAL HEALTH SERVICES, INC., EIN 20-5800012, JOINED SYSTEM 9/2019 ASCENSION MEDICAL GROUP GENESYS, EIN 83-1617112, FORMED 8/2018 ASCENSION MEDICAL GROUP-NORTHERN WISCONSIN, INC., EIN 39-1965593, INADVERTENTLY EXCLUDED FROM SCHEDULE A IN PRIOR YEAR ASCENSION PROVIDENCE FOUNDATION, EIN 38-3526629, INADVERTENTLY EXCLUDED FROM SCHEDULE A IN PRIOR YEAR CARROLL MANOR, EIN 83-2068871, WAS PART OF PROVIDENCE HOSPITAL IN DC, NOW A SEPARATE LEGAL ENTITY VIA CHRISTI FOUNDATION, INC., EIN 36-4943550, CREATED 5/2019 THE ORGANIZATION REMOVED SUPPORTED ORGANIZATIONS, AS FOLLOWS: AGAPE COMMUNITY CENTER OF MILWAUKEE, INC., EIN 39-1641846, DISSOLVED 12/2018 CRITTENTON CANCER CENTER, EIN 38-3239057, FILED FINAL RETURN IN TAX YEAR 2018 HOWARD YOUNG FOUNDATION INC., EIN 39-1521169, NO LONGER A RELATED ENTITY MINISTRY WEIGHT MANAGEMENT, INC., EIN 39-1829015, DISSOLVED 12/2018 PRESENCE HEALTH FOUNDATION BOARD OF TRUSTEES, EIN 36-3330929, FILED FINAL RETURN IN TAX YEAR 2018 (III)/(IV) THE ORGANIZING/GOVERNING DOCUMENTS OF THE ORGANIZATION PROVIDE THAT THE ORGANIZATION IS ORGANIZED AND AT ALL TIMES SHALL BE OPERATED EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES OF THE ASCENSION AND FOUNDING RELIGIOUS SPONSORS, IN SUPPORT OF THOSE ORGANIZATIONS AND AFFILIATED ORGANIZATIONS CLASSIFIED AS PUBLIC CHARITIES UNDER SECTIONS 509(A)(1) OR 509(A)(2) OF THE CODE. THAT DIRECTION PROVIDES THE AUTHORITY FOR THE CHANGES DESCRIBED ABOVE, WHICH WERE ACCOMPLISHED ACCORDING TO THE FORM OF TRANSACTION THAT EITHER ADDED THE ORGANIZATION TO THE ASCENSION SYSTEM OR CAUSED ITS REMOVAL OR ANY CHANGES THAT AFFECT AN ENTITY'S REPORTING STATUS FOR THIS PURPOSE.</p>

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 45-3358926
Name: Ascension Health Alliance

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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		
ALABAMA PROVIDENCE HEALTHCARE SERVICES	462847744	9		No	0	0
Alexian Brothers Ambulatory Group	364336931	3		No	0	0
Alexian Brothers Behavioral Health Hospital	364251848	3		No	0	0
Alexian Brothers Bonaventure House	363527899	9		No	0	0
Alexian Brothers Center for Mental Health	363045007	9		No	0	0
Alexian Brothers Community Services	364344423	9		No	0	0
ALEXIAN BROTHERS LANSDOWNE VILLAGE	431470362	9		No	0	0
Alexian Brothers Medical Care Group NFP	471930457	3		No	0	0
Alexian Brothers Medical Center	362596381	3		No	0	0
Alexian Brothers Medical Group Specialty Care	811110738	3		No	0	0
Alexian Brothers Services Inc	431295333	9		No	0	0
ALEXIAN BROTHERS SHERBROOKE VILLAGE	431592502	9		No	0	0
Alexian Brothers Specialty Group	800710751	3		No	0	0
ALEXIAN VILLAGE OF MILWAUKEE INC	391351584	9		No	0	0
ALEXIAN VILLAGE OF TENNESSEE	621136742	9		No	0	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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		
ALVERNO PROVENA HOSPITAL LABORATORIES INC	203238867	3		No	0	0
AMERICAN SPORTS MEDICINE INSTITUTE	630952490	7		No	0	0
ARTHUR MERKLE - CLARA KNIPPRATH NURSING HOME	362841358	9		No	0	0
ASCENSION ALL SAINTS HOSPITAL FOUNDATION INC FKA WHEATON FRANCISCAN HEALTHC ARE - ALL SAINTS FOUNDATION INC	391570877	7		No	0	0
ASCENSION ALL SAINTS HOSPITAL INC	391264986	3		No	0	0
ASCENSION ALLEGAN HOSPITAL	381359180	3		No	0	0
ASCENSION ALLEGAN PROFESSIONAL HEALTH SERVICES INC	205800012	3		No	0	0
ASCENSION ARIZONA	860455920	3		No	0	0
ASCENSION BORGESS HOSPITAL	381360526	3		No	0	0
ASCENSION BORGESS-LEE HOSPITAL	381490190	3		No	0	0
ASCENSION BRIGHTON CENTER FOR RECOVERY	381576680	3		No	0	0
ASCENSION CALUMET HOSPITAL INC	390905385	3		No	0	0
ASCENSION EAGLE RIVER HOSPITAL INC	390985690	3		No	0	0
ASCENSION EASTWOOD BEHAVIORAL HEALTH	381958763	9		No	0	0
ASCENSION GENESYS HOSPITAL	382377821	3		No	0	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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		
ASCENSION GOOD SAMARITAN HOSPITAL INC	390808503	3		No	0	0
ASCENSION LIVING - LAKESHORE AT SIENA INC	824710412	9		No	0	0
ASCENSION MACOMB OAKLAND HOSPITAL	383322109	3		No	0	0
ASCENSION MEDICAL GROUP GENESYS	831617112	9		No	0	0
ASCENSION MEDICAL GROUP MICHIGAN	383494637	9		No	0	0
ASCENSION MEDICAL GROUP PROMED	383193801	9		No	0	0
ASCENSION MEDICAL GROUP-FOX VALLEY WISCONSIN INC	391127163	3		No	0	0
ASCENSION MEDICAL GROUP-NORTHERN WISCONSIN INC	391965593	3		No	0	0
ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN INC	391791586	3		No	0	0
ASCENSION MICHIGAN	382631907	9		No	0	0
ASCENSION MICHIGAN CMG	382601348	9		No	0	0
ASCENSION NE WISCONSIN INC	390816818	3		No	0	0
ASCENSION OUR LADY OF VICTORY HOSPITAL INC	390807065	3		No	0	0
ASCENSION PROVIDENCE	741109636	3		No	0	0
ASCENSION PROVIDENCE FOUNDATION	383526629	7		No	0	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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		
ASCENSION PROVIDENCE HOSPITAL	381358212	3		No	0	0
ASCENSION PROVIDENCE ROCHESTER HOSPITAL	381359247	3		No	0	0
ASCENSION RIVER DISTRICT HOSPITAL	383160564	3		No	0	0
ASCENSION SACRED HEART- STMARY'S HOSPITALS INC	391390638	3		No	0	0
ASCENSION SE WISCONSIN HOSPITAL INC	390816857	3		No	0	0
ASCENSION SETON	741109643	3		No	50,000	0
ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH	382262856	3		No	0	0
ASCENSION ST CLARE'S HOSPITAL INC	721531917	3		No	0	0
ASCENSION ST ELIZABETH FOUNDATION INC FKA ST ELIZABETH HOSPITAL FOUNDATION INC	391256677	7		No	0	0
ASCENSION ST FRANCIS HOSPITAL INC	390907740	3		No	0	0
ASCENSION ST JOHN FOUNDATION	202961579	7		No	0	0
ASCENSION ST JOHN HOSPITAL	381359063	3		No	0	0
ASCENSION ST JOSEPH HOSPITAL	381443395	3		No	0	0
ASCENSION ST MARY'S HOSPITAL	380997730	3		No	0	0
ASCENSION ST MICHAEL'S HOSPITAL INC	390808443	3		No	0	0

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			Yes	No		
ASCENSION STANDISH HOSPITAL	381671120	3		No	0	0
ASCENSION VIA CHRISTI HEALTH PARTNERS INC	480958974	9		No	0	0
ASCENSION VIA CHRISTI HOSPITAL MANHATTAN INC	481186704	3		No	0	0
ASCENSION VIA CHRISTI HOSPITAL PITTSBURG INC	480543778	3		No	0	0
ASCENSION VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	271965272	3		No	0	0
ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	481172106	3		No	0	0
ASCENSION VIA CHRISTI REHABILITATION HOSPITAL INC	481158274	3		No	0	0
ASCENSION WISCONSIN FOUNDATION INC FKA COLUMBIA ST MARY'S FOUNDATION INC	391494981	7		No	0	0
ASCENSION WISCONSIN LABORATORIES INC	391701402	9		No	0	0
ASCENSION WISCONSIN PHARMACY INC	391613624	9		No	0	0
BORGESS AMBULATORY CARE CORPORATION	382468823	3		No	0	0
BORGESS NURSING HOME INC	382555589	3		No	0	0
CARONDELET LONG-TERM CARE FACILITIES INC	742505427	9		No	0	0
CARONDELET REGIONAL MEDICAL PC	814769136	3		No	0	0
CARROLL MANOR	832068871	9		No	0	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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		
CATALPA HEALTH INC	454681563	3		No	0	0
COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	390806315	3		No	0	0
COLUMBIA ST MARY'S HOSPITAL OZAUKEE INC	390807063	3		No	0	0
CORNERSTONE ASSISTED LIVING INC	481241079	9		No	0	0
DELL CHILDREN'S MEDICAL GROUP	742800601	9		No	0	0
DR KATE NEWCOMB CONVALESCENT CENTER INC	391357365	9		No	0	0
FIELD NEUROSCIENCES INSTITUTE	382790703	9		No	0	0
GENESYS CONVALESCENT CENTER	382317364	3		No	0	0
HAVEN OF OUR LADY OF PEACE INC	593620346	9		No	0	0
HEALTHCARE COLLABORATIVE	273220767	9		No	0	0
JANE PHILLIPS MEMORIAL MEDICAL CENTER	730606129	3		No	0	0
JANE PHILLIPS NOWATA HOSPITAL INC	731440267	3		No	0	0
LaVerna Terrace Housing Corporation	363438977	9		No	0	0
MEDICARE VALUE PARTNERS	363495969	9		No	0	0
MERCY HEALTH FOUNDATION INC	237140261	9		No	0	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

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			Yes	No		
METRO PHYSICIANS INC	943436893	3		No	0	0
OUR LADY OF LOURDES HOSPITAL AT PASCO	910349750	3		No	0	0
OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	150532221	3		No	0	0
OUR LADY OF PEACE INC	161608735	3		No	0	0
OWASSO MEDICAL FACILITY INC	203700131	3		No	0	0
PRESENCE AMBULATORY SERVICES	364286236	9		No	0	0
PRESENCE BEHAVIORAL HEALTH	362709982	9		No	0	0
PRESENCE CARE HOME	460483587	9		No	0	0
PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK	364195126	3		No	0	0
PRESENCE CHICAGO HOSPITALS NETWORK	362235165	3		No	0	0
PRESENCE HEALTHCARE SERVICES	363330928	3		No	0	0
PRESENCE HOME CARE	460483581	9		No	0	0
PRESENCE LIFE CONNECTIONS	371127787	9		No	0	0
PRESENCE SENIOR SERVICES CHICAGOLAND	237061646	9		No	0	0
PRIMARY PHYSICIAN NETWORK LLC	208775914	9		No	0	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

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			Yes	No		
PROVIDENCE FOUNDATION	630915493	7		No	0	0
PROVIDENCE HEALTH ALLIANCE	742696970	3		No	0	0
PROVIDENCE HOSPITAL	630288861	3		No	0	0
PROVIDENCE HOSPITAL	530196636	3		No	0	0
PROVIDENCE PARK INC	611759304	3		No	0	0
RAINBOW HOSPICE AND PALLIATIVE CARE	363296367	9		No	0	0
SACRED HEART FOUNDATION INC	592436597	7		No	0	0
SACRED HEART HEALTH SYSTEM INC	590634434	3		No	0	0
SACRED HEART REHABILITATION INSTITUTE Inc	390902199	3		No	0	0
SAINT ELIZABETH'S HOSPITAL OF WABASHA INC	410693877	3		No	0	0
SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	390847631	3		No	0	0
SAINT THOMAS HEALTH FOUNDATIONS	581663055	7		No	0	0
SAINT THOMAS HICKMAN HOSPITAL	581737573	3		No	0	0
SAINT THOMAS HOME HEALTH	621836937	9		No	0	0
SAINT THOMAS MEDICAL PARTNERS	621529858	9		No	0	0

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(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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		
SAINT THOMAS MIDTOWN HOSPITAL	621869474	3		No	0	0
SAINT THOMAS NETWORK	621284994	9		No	0	0
SAINT THOMAS REGIONAL HOSPITALS	474063046	3		No	0	0
SAINT THOMAS RUTHERFORD HOSPITAL	620475842	3		No	0	0
SAINT THOMAS WEST HOSPITAL	620347580	3		No	0	0
SALINA REGIONAL HOME MEDICAL SERVICES LLC	431948057	9		No	0	0
SETON FAMILY OF DOCTORS	264562522	9		No	0	0
SETON FAMILY OF PEDIATRIC SURGEONS	271311790	9		No	0	0
SETON HEALTH CORPORATION OF SOUTHEAST MICHIGAN	382820107	9		No	0	0
SETON HOSPITALIST SERVICE	452498998	9		No	0	0
SETON MANOR INC	232960726	9		No	0	0
SETON MEDICAL GROUP INC	392064992	9		No	0	0
SETON ORAL & MAXILLOFACIAL SURGERY	421670843	9		No	0	0
SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP	742869762	9		No	0	0
SJPMC INC	820204264	3		No	0	0

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			Yes	No		
SOUTHERN TIER MEDICAL CARE - NY PC	821103087	3		No	0	0
ST AGNES HEALTHCARE INC	520591657	3		No	0	0
St Alexius Medical Center	364251846	3		No	0	0
ST CATHERINE LABOURE MANOR INC	591878316	3		No	0	0
ST JOHN AUXILIARY INC	730999759	9		No	0	0
ST JOHN BROKEN ARROW INC	383833117	3		No	0	0
ST JOHN HEALTH SYSTEM FOUNDATION INC	731133139	7		No	0	0
ST JOHN MEDICAL CENTER INC	730579286	3		No	0	0
ST JOHN SAPULPA INC	730662663	3		No	0	0
ST JOHN VILLAS INC	731077367	9		No	0	0
ST JOSEPH HOSPITAL & HEALTH CENTER INC	350992717	3		No	0	0
ST JOSEPH'S MINISTRIES INC	521835288	9		No	0	0
ST LUKE'S-ST VINCENT'S HEALTHCARE INC	260479484	3		No	0	0
ST MARY'S HEALTH INC	350869065	3		No	0	0
ST MARY'S HEALTHCARE	141347719	3		No	0	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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		
ST MARY'S MEDICAL GROUP LLC	261356310	9		No	0	0
ST MARY'S WARRICK HOSPITAL INC	351343019	3		No	0	0
ST VINCENT ANDERSON REGIONAL HOSPITAL INC	460877261	3		No	0	0
ST VINCENT CARMEL HOSPITAL INC	743107055	3		No	0	0
ST VINCENT CLAY HOSPITAL INC	352112529	3		No	0	0
ST VINCENT DUNN HOSPITAL INC	272192831	3		No	0	0
ST VINCENT FISHERS HOSPITAL INC	454243702	3		No	0	0
ST VINCENT FRANKFORT HOSPITAL INC	352099320	3		No	0	0
ST VINCENT HEALTH WELLNESS AND PREVENTIVE CARE INSTITUTE INC	461227327	9		No	0	0
ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	350869066	3		No	0	0
ST VINCENT JENNINGS HOSPITAL FOUNDATION INC	841703732	1		No	0	0
ST VINCENT JENNINGS HOSPITAL INC	351841606	3		No	0	0
ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	350876389	3		No	0	0
ST VINCENT MEDICAL GROUP INC	272039417	9		No	0	0
ST VINCENT RANDOLPH HOSPITAL INC	352103153	3		No	0	0

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			Yes	No		
ST VINCENT RAS INC	471289091	9		No	0	0
ST VINCENT SALEM HOSPITAL INC	270847538	3		No	0	0
ST VINCENT SETON SPECIALTY HOSPITAL INC	351712001	3		No	0	0
ST VINCENT WILLIAMSPORT HOSPITAL INC	350784551	3		No	0	0
ST VINCENT'S AMBULATORY CARE INC	592292041	9		No	0	0
ST VINCENT'S BIRMINGHAM	630288864	3		No	0	0
ST VINCENT'S BLOUNT	630909073	3		No	0	0
ST VINCENT'S EAST	630578923	3		No	0	0
ST VINCENT'S FOUNDATION OF ALABAMA INC	630868066	7		No	0	0
ST VINCENT'S FOUNDATION INC	592219923	7		No	0	0
ST VINCENT'S MEDICAL CENTER	060646886	3		No	0	0
ST VINCENT'S MEDICAL CENTER FOUNDATION INC	222558132	7		No	0	0
ST VINCENT'S MEDICAL CENTER INC	590624449	3		No	0	0
ST VINCENT'S MEDICAL CENTER-CLAY COUNTY INC	461523194	3		No	0	0
ST VINCENT'S SPECIAL NEEDS CENTER INC	060702617	9		No	0	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

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			Yes	No		
THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE	362976619	1		No	0	0
THE CONGREGATION OF ST JOSEPH	830481134	1		No	0	0
THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET	431296364	1		No	0	0
THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL IN THE UNITED STATES ST LOUIS S	430653298	1		No	0	0
THE HOWARD YOUNG MEDICAL CENTER INC	390873606	3		No	0	0
THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASS ISI US CARIBBEAN PROVINCE	731419335	1		No	0	0
TRI-COUNTY CLINICAL	264562712	9		No	0	0
VIA CHRISTI FOUNDATION INC	364943550	7		No	50,000	0
VIA CHRISTI HEALTHCARE OUTREACH PROGRAM FOR ELDERS INC	481236589	9		No	0	0
VIA CHRISTI VILLAGE GEORGETOWN INC	481129325	9		No	0	0
VIA CHRISTI VILLAGE HAYS INC	202828680	9		No	0	0
VIA CHRISTI VILLAGE MANHATTAN INC	481078862	9		No	0	0
VIA CHRISTI VILLAGE MCLEAN INC	481247723	9		No	0	0
VIA CHRISTI VILLAGE PITTSBURG INC	743070971	9		No	0	0
VIA CHRISTI VILLAGE PONCA CITY INC	731153337	9		No	0	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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		
VOLUNTEERS IN PARTNERSHIP WITH WHEATON FRANCISCAN HEALTHCARE-ALL SAINTS INC	930838390	9		No	0	0
WAMEGO HOSPITAL ASSOCIATION INC	721526400	3		No	0	0
WHEATON FRANCISCAN HEALTHCARE - TERRACE AT ST FRANCIS INC	391486775	9		No	0	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization Ascension Health Alliance	Employer identification number 45-3358926
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		0
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		2,156,250
j	Total. Add lines 1c through 1i			2,156,250
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lobbying activities included mailings and direct contact with Legislators and/or staff members of the United States Senate and House of Representatives. Lobbying issues were related to carrying out programs to serve the uninsured. Total expenditures were approximately \$2,156,250 and included salaries for employees in Ascension Health Alliance's advocacy department, office expenses, travel, occupancy, IT expense, professional services and membership dues. Ascension Health Alliance does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Ascension Health Alliance

Employer identification number
45-3358926

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

(ii) Assets included in Form 990, Part X ► \$

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,483,816		2,483,816
b Buildings		37,390,465	16,639,084	20,751,381
c Leasehold improvements		8,799,347	4,207,613	4,591,734
d Equipment		35,346,678	27,519,103	7,827,575
e Other		11,262,056	339,719	10,922,337
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				46,576,843

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	18,101,997,600

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	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	4,210,648,090

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 45-3358926
Name: Ascension Health Alliance

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
INTEREST RATE SWAP ASSETS	2,784,822
RENT RECEIVABLES	3,257,830
Miscellaneous Assets	35,520,229
RETIREMENT ASSETS	538,029,067
Intercompany Receivables	2,150,225,575
INVESTMENT IN ALPHA FUND (NET OF FISCAL AGENCY AGREEMENTS)	15,062,809,141
TRUST ASSETS	105,894,805
DEFERRED TAX ASSET	2,210,201
Prepaid Pension	60,620,256
Right of Use Operating Lease Asset	140,645,674

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
OTHER LIABILITIES	27,506,688
PREMIUMS/DISCOUNTS	324,997,262
PENSION PLANS ADMINISTERED BY AH	1,959,588,221
RETIREMENT LIABILITIES	95,490,394
SELF-INSURANCE LIABILITY	141,797,963
RESERVE FOR LOSSES-GRANTOR TRUST	95,845,008
INTERCOMPANY PAYABLE	295,959,885
DEFERRED COMPENSATION	542,235,532
INTEREST RATE SWAP LIABILITY	171,787,133
HRA LIABILITIES	302,345,114

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
GUARANTEE LIABILITY	7,749,287
AH SAVINGS PLAN LIABILITY	103,697,446
OPERATING LEASE LIABILITY	141,648,157

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, 2020.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Ascension Health Alliance

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
45-3358926

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean			Investments		101,526,434
3a Sub-total	0	0			101,526,434
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			101,526,434

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation

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

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
Ascension Health Alliance

Employer identification number

45-3358926

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 35

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part II, Line 1(h) PURPOSE OF GRANT	ALL GRANTS THAT ARE MADE THROUGH THE FILING ORGANIZATION ARE DONE SO TO CARRY OUT THE ACTIVITIES AND PURPOSES OF THE SUPPORTED ORGANIZATIONS.
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	Applications are compiled at System Office and sent to a Committee who reads and scores them on a set of criteria that are delineated in the application. The Committee discusses the religious and general merits of each application in relation to the mission of Ascension Health Alliance and makes the final decisions of grants to be awarded. Grants are made to religious and charitable organizations whose work supports the mission, vision, and values of Ascension Health Alliance, Ascension Sponsor and other supported organizations.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 45-3358926
Name: Ascension Health Alliance

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL SOLIDARITY FUND C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998	83-1078006	501(c)(3)	1,922,085				GENERAL SUPPORT
SAINT THOMAS HEALTH C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998	58-1716804	501(c)(3)	581,616				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASCENSION HEALTH GLOBAL MISSION C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998	65-1205990	501(c)(3)	300,000				GENERAL SUPPORT
COLUMBIA LIGHTHOUSE FOR THE BLIND 1825 K St NW Washington, DC 20006	53-0196609	501(c)(3)	200,000				Support organization benefiting the blind

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSS CATHOLIC OUTREACH INC PO Box 97168 Washington, DC 20090	65-1156061	501(c)(3)	100,000				Support Vietnam clinic
DCHA PROGRAM SERVICES COMPANY INC 1152 15TH ST NW Washington, DC 20005	52-1442248	501(c)(3)	100,000				Support DC Hospital Association

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RURAL PARISH CLINIC OF THE ARCHDIOCESE OF ST LOUIS 20 ARCHBISHOP MAY DR St Louis, MO 63119	84-3396327	501(c)(3)	100,000				Support mobile health van
Concordance Academy of Leadership 1845 Borman Ct St Louis, MO 63146	43-1416762	501(c)(3)	100,000				Support program to prevent reincarceration

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEXIAN BROTHERS HEALTH SYSTEM C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998	36-3260495	501(c)(3)	82,000				Support behavioral health hospitals
ASCENSION SETON C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998	74-1109643	501(c)(3)	50,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRACYS KIDS INC 5509 Devon Rd Bethesda, MD 20814	26-3835257	501(c)(3)	50,000				Support art therapy program helping children with cancer
RESTORATIVE PARTNERS INC 3220 S Higuera St San Luis Obispo, CA 93401	47-4825349	501(c)(3)	50,000				Support program benefiting trauma victims

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOME SOCIETY OF FLORIDA 482 S KELLER ROAD Orlando, FL 32810	59-0192430	501(c)(3)	50,000				Support Telehealth Counseling Connections
SOCIETY OF ST VINCENT DE PAUL 13 Vieux Carre Dr East St Louis, IL 62203	37-0712056	501(c)(3)	50,000				Support overnight shelter program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIA CHRISTI FOUNDATION INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998	36-4943550	501(c)(3)	50,000				GENERAL SUPPORT
WILLOW CTR INC PO Box 1361 Lewiston, ID 83501	82-0517414	501(c)(3)	40,000				Support organization fighting substance abuse

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROYECTO JUAN DIEGO 3910 Paredes Line Rd Brownsville, TX 78526	81-0606967	501(c)(3)	39,500				Support program benefiting underserved population
VICE PRESIDENTS RESIDENCE FOUNDATION 51 Louisiana Ave NW Washington, DC 20001	52-1725927	501(c)(3)	25,000				Supporting historical preservation of the Naval Observatory residence

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARILLAC ST VINCENT FAMILY SERVICES INC 2145 N Halstead St Chicago, IL 60614	36-2109717	501(c)(3)	25,000				Support pregnant and parenting teens
REGIONAL BUSINESS COUNCIL 7701 Forsyth Blvd St Louis, MO 63105	43-1913803	501(c)(3)	25,000				Support high impact civic organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN SOCIETY OF HEALTH ECONOMISTS 1100 Vermont Ave NW Washington, DC 20005	26-4526340	501(c)(3)	25,000				Support health economics research
NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST VINCENT DE PAUL INC 58 Progress Parkway Maryland Heights, MO 63043	13-5562362	501(c)(3)	20,000				Support organization benefiting the poor

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOWARD UNIVERSITY PO Box 417853 Boston, MA 02241	53-0204707	501(c)(3)	20,000				Support community organization
THE JOURNEY HOME FOUNDATION INC 900 N Washington Blvd Bartlesville, OK 74006	46-2378169	501(c)(3)	18,500				Support organization preventing human trafficking

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCHDIOCESE OF ST LOUIS 20 ARCHBISHOP MAY DR St Louis, MO 63119	43-0653244	501(c)(3)	15,000				Support Archbishop's Gala for Today and Tomorrow Educational Foundation
ST LUKES CATHOLIC CHURCH 1606 Blanding Blvd Middleburg, FL 32068	59-2398919	501(c)(3)	15,000				Support pastoral presence at hospitals

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ALBERTS COLLEGE CORPORATION 2301 VINE ST Berkeley, CA 94708	94-1270354	501(c)(3)	15,000				Support Church's scholarship program to attend Catholic elementary/high schools
SISTERS OF ST JOSEPH IN CALIFORNIA 11999 Chalon Rd Los Angeles, CA 90049	95-4301470	501(c)(3)	10,000				Support community organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONCERN AMERICA 2015 N BROADWAY Santa Ana, CA 92706	23-7273488	501(c)(3)	10,000				Support Community Health Programs in Colombia and Guatemala
HOSPITAL DE LA CONCEPCION PO Box 285 San German, PR 00683	66-0227304	501(c)(3)	10,000				Support hospital in Puerto Rico

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARDINAL GLENNON CHILDRENS FOUNDATION 3800 Park Ave St Louis, MO 63110	43-1754347	501(c)(3)	10,000				Support Children's Hospital
SISTERS OF ST FRANCIS XAVIER 2585 Oak St Jacksonville, FL 32204	20-1499617	501(c)(3)	9,000				Support community organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ascension Ministry & Mission Fund C/O TAX DEPARTMENT PO BOX 45998 SAINT LOUIS, MO 631455998	27-3174701	501(c)(3)	8,427				GENERAL SUPPORT
St Vincent Hospital Foundation Inc C/O TAX DEPARTMENT PO BOX 45998 SAINT LOUIS, MO 631455998	35-6088862	501(c)(3)	6,676	350	FMV	Food pantry items (soup, snacks, etc)	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCALABRINI INTERNATIONAL MIGRATION NETWORK 307 E 60th St New York, NY 10022	59-3841869	501(c)(3)	5,109				Support Global Solidarity Fund

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Ascension Health Alliance		Employer identification number 45-3358926

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 checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes 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 Yes	
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 Yes	
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 checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" 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 JOSEPH R IMPICCICHE JD MHA PRESIDENT & CEO	(i)	1,367,166	5,426,965	396,029	18,200	42,834	7,251,194	0
	(ii)	0	0	0	0	0	0	0
2 EDUARDO F CONRADO FORMER BOARD OFFICER (END 6/2018)	(i)	877,747	406,200	203,197	14,000	23,219	1,524,363	0
	(ii)	0	0	0	0	0	0	0
3 ELIZABETH C FOSHAGE CPA EVP & CFO	(i)	617,246	656,880	106,080	18,200	16,982	1,415,388	0
	(ii)	0	0	0	0	0	0	0
4 ANTHONY J SPERANZO CFO (END 6/2019)/PRES. & CEO, ASC. CAPITAL (START 7/2019)	(i)	1,086,786	2,586,570	7,237,617	18,200	17,300	10,946,473	0
	(ii)	0	0	0	0	0	0	0
5 KAREN L SPRINGER EVP, PERFORMANCE OPTIMIZATOIN AND NURSING OPERATIONS	(i)	1,180,374	1,821,960	305,647	15,400	4,164	3,327,545	0
	(ii)	0	0	0	0	0	0	0
6 PATRICIA A MARYLAND DRPH EVP	(i)	639,282	14,970,189	737,937	16,268	14,187	16,377,863	0
	(ii)	0	0	0	0	0	0	0
7 HERBERT J VALLIER EVP & CHRO	(i)	849,103	1,718,836	302,929	14,669	24,787	2,910,324	0
	(ii)	0	0	0	0	0	0	0
8 ANTHONY R TERSIGNI EDD FACHE CEO (END 6/2019)/CHAIR, ASCENSION CAPITAL (START 7/2019)	(i)	1,400,605	8,260,514	931,609	18,200	20,699	10,631,627	0
	(ii)	0	0	0	0	0	0	0

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 1a First-class or charter travel	With respect to the boxes checked on Part I, Question 1a, Ascension Health Alliance has various policies in place with respect to travel, commuting and other benefits provided to its executives. Certain benefits listed and checked under this question are considered taxable compensation. In these circumstances, the value of the benefit is included in that given executive's compensation. Certain other benefits listed and checked on this question are considered strictly business expenses and therefore no amount of the benefit is taxable and no amount is included in the executive's compensation.
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	With respect to the boxes checked on Part I, Question 1a, Ascension Health Alliance has various policies in place with respect to travel, commuting and other benefits provided to its executives. Certain benefits listed and checked under this question are considered taxable compensation. In these circumstances, the value of the benefit is included in that given executive's compensation. Certain other benefits listed and checked on this question are considered strictly business expenses and therefore no amount of the benefit is taxable and no amount is included in the executive's compensation.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	With respect to the boxes checked on Part I, Question 1a, Ascension Health Alliance has various policies in place with respect to travel, commuting and other benefits provided to its executives. Certain benefits listed and checked under this question are considered taxable compensation. In these circumstances, the value of the benefit is included in that given executive's compensation. Certain other benefits listed and checked on this question are considered strictly business expenses and therefore no amount of the benefit is taxable and no amount is included in the executive's compensation.
Schedule J, Part I, Line 4a Severance or change-of-control payment	THE FOLLOWING INDIVIDUAL(S) RECEIVED CHANGE-OF-CONTROL PAYMENTS FROM THE ORGANIZATION OR A RELATED ORGANIZATION DURING CALENDAR YEAR 2019: ANTHONY J SPERANZO - \$6,825,000
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	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 AMOUNTS WERE PAID OUT DURING THE TAX YEAR.

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Ascension Health Alliance

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
45-3358926

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HEALTH & ED FAC AUTH OF MO	43-1178966	60635HWY1	03-13-2003	295,375,000	See Part VI	X			X		X
B INDIANA HEALTH FACILITY FINANCING AUTHORITY	35-1611409	454798ND7	03-13-2003	498,475,000	See Part VI	X			X		X
C INDIANA HEALTH FACILITY FINANCING AUTHORITY	35-1611409	454798PS2	02-03-2005	480,236,983	See Part VI	X			X		X
D MICHIGAN STATE HOSPITAL FINANCE AUTHORITY	38-2889417	59465E7P2	02-03-2005	161,264,563	See Part VI	X			X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	151,385,000		242,375,000		305,135,000		89,900,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	302,747,889		509,527,682		481,002,150		161,286,156	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		0	
8	Credit enhancement from proceeds	1,565,056		7,381,512		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	41,386,146		74,231,795		386,333,409		112,721,346	
11	Other spent proceeds	259,796,687		427,914,375		94,668,741		48,564,810	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2003		2003		2007		2008	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X			X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
					A		B		D
					Yes	No	Yes	No	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X	X
2	Are there any lease arrangements that may result in private business use of bond-financed property?					X		X	X

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.34 %		0.34 %		0.06 %		0.06 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0.34 %		0.34 %		0.06 %		0.06 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X		X		X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .	9.52 %		9.52 %		4.96 %		4.96 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b	Name of provider	SEE PART VI		SEE PART VI					
c	Term of hedge								
d	Was the hedge superintegrated?		X		X				
e	Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
Schedule K, Part I, Column (f) supplemental information 1(A)	<p>Part I: Health & Educational Facilities Authority of Missouri (03/13/2003) 2003C/2008C - To finance and refinance certain improvements, additions, equipping and renovation of hospital facilities, to refund bonds issued November 1, 1999 and commercial paper issued December 5, 2002 and to pay the premium on policies of bond insurance Indiana Health Facility Financing Authority (03/13/2003) 2003E/2008E - To finance and refinance certain improvements, additions, equipping and renovation of hospital facilities, to refund bonds issued November 1, 1999 and to pay the premium on policies of bond insurance Indiana Health Facility Financing Authority (02/03/2005) 2005A - To provide funds to refund commercial paper issued September 30, 2004 and December 16, 2004 which financed certain improvements, additions, equipping and renovation of health care facilities and to finance certain improvements, additions, equipping and renovation of health care facilities Michigan State Hospital Finance Authority (02/03/2005) 2005 - To provide funds to refund commercial paper issued September 30, 2004 and December 16, 2004 which financed certain improvements, additions, equipping and renovation of health care facilities and to finance certain improvements, additions, equipping and renovation of health care facilities Indiana Health and Educational Facility Financing Authority (11/16/2006) 2006B-3, B-4, B-5 and B-6 - To current refund certain prior bonds issued November 1, 1999, December 4, 2001 and December 31, 2001 Health & Educational Board of Nashville/Davidson County (03/30/2009) 2001B-1 - Transaction represents an amendment of terms (i.e., reissuance) of certain prior bonds issued December 31, 2001, which bonds provided funds to finance or refinance the costs of acquiring, constructing, equipping and renovating certain health care facilities Alabama Special Care Facilities Financing Authority of Birmingham (05/28/2009) 2006C-1 - Transaction represents an amendment of terms (i.e., reissuance) of certain prior bonds issued November 16, 2006, which bonds provided funds to finance certain improvements, additions, equipping and renovation of health care facilities Indiana Health and Educational Facility Financing Authority (11/16/2006) 2006B-1, B-2, B-7 and B-8 - To provide reimbursement for previous expenditures related to additions, equipping and renovation of certain health care facilities Indiana Finance Authority (05/28/2009) 2006B-1, B-7 and B-8 - Transaction represents an amendment of terms (i.e., reissuance) of certain prior bonds issued November 16, 2006, which bond provided reimbursement for previous expenditures related to additions, equipping and renovation of certain health care facilities Michigan State Hospital Finance Authority (03/25/2010) 2010F - To finance the costs of acquiring, constructing, improving and equipping facilities of Senior Credit Group Members, and to refinance the indebtedness of the Senior Credit Group through the current refunding of the</p>

Return Reference	Explanation
Schedule K, Part I, Column (f) supplemental information 1(A)	<p>e Refunded Bonds issued April 8, 2008; April 15, 2008; April 22, 2008; May 6, 2008 and commercial paper issued 1/21/2010. THE 2010B ISSUANCE IS NO LONGER OUTSTANDING. Illinois Finance Authority (05/10/2012) 2012E-1 and E-2 - To provide funds to finance, refinance (prior debt issued 2/22/2012 and 3/29/2012) or reimburse Ascension Health Alliance for capital expenditures made by certain of its affiliates located in Illinois and Missouri. THE 2012A ISSUANCE IS NO LONGER OUTSTANDING. Wisconsin Health and Educational Facilities Authority (06/18/2013) 2013A and B-1 through B-5 - To provide funds for the acquisition of capital assets of Via Christi Health, Ministry Health Care and St. John Health and certain of their affiliates. Wisconsin Health and Educational Facilities Authority (05/11/2016) 2016A - To (i) finance, refinance or reimburse Ascension for capital expenditures of certain affiliates of Ascension, (ii) refinance taxable commercial paper issued by Ascension on 2/29/2016 and 4/1/2016 (a) to provide funds for the acquisition of capital assets of Wheaton Franciscan Healthcare - Southeast Wisconsin, Inc. and certain of its affiliates and (b) to finance certain capital expenditures of certain affiliates of Ascension, and (iii) refinance certain bonds previously issued 8/5/2004 and 11/16/2006 for the benefit of Ascension and certain of its affiliates and Ministry Health Care, Inc. and certain of its affiliates. Alabama Special Care Facilities Financing Authority of Birmingham (05/11/2016) 2016B - to (i) finance, refinance or reimburse Ascension for capital expenditures of certain affiliates of Ascension and (ii) refinance certain bonds previously issued 11/16/2006 for the benefit of Ascension and certain of its affiliates. Alabama Special Care Facilities Financing Authority of the City of Mobile (05/11/2016) 2016C - to (i) finance, refinance or reimburse Ascension for capital expenditures of certain affiliates of Ascension and (ii) refinance certain bonds previously issued 11/16/2006 for the benefit of Ascension and certain of its affiliates. Michigan Finance Authority (05/11/2016) 2016E-1 through E-3 - to (i) finance, refinance or reimburse Ascension for capital expenditures of certain affiliates of Ascension and (ii) refinance taxable commercial paper issued by Ascension on 10/1/2015 to provide funds for the acquisition of capital assets of Ascension Providence Rochester Hospital and certain of its affiliates. Illinois Finance Authority (08/16/2016) 2016C- to provide funds to refund bonds issued 5/26/2005, 6/5/2008, 6/25/2009, 12/22/2009, 2/11/2010, and 5/26/2016, and to finance certain capital expenditures. WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY (10/23/2019) 2019A- TO PROVIDE FUNDS TO REFUND BONDS ISSUED 3/25/2010.</p>

Return Reference	Explanation
Schedule K, Part II supplemental information	1. For purposes of Schedule K, Part II, Ascension Health Alliance is assuming that there is no "year of substantial completion" with respect to refunding bonds. 2. Differences between the issue price (Part I) and total proceeds (Part II, line 3) are due to investment earnings.

Return Reference	Explanation
Schedule K, Part IV supplemental information	<p>1. The hedge providers for the Missouri Series 2003C bond issue are Citibank and Morgan Stanley. The Citibank hedges have original terms of 6.7 and 23.7 years. The Morgan Stanley hedges have original terms of 6.7 and 23.6 years. 2. The hedge providers for the Indiana Series 2003E/2008E bond issue are Citibank and Morgan Stanley. The Citibank hedges have original terms of 6.7 and 33.7 years. The Morgan Stanley hedges have original terms of 23.6, 33.6 and 33.7 years. 3. GIC for Indiana Series 2006B-3, B-4, B-5 and B-6 was held at Citigroup and Morgan Stanley with a term of 0.3 and 0.2 years respectively. 4. Part IV, Line 2 - For issues that have not reached their fifth anniversary yet, Ascension is answering "Yes" to 2a because the reporting deadline has not been reached and no calculations have yet been performed. This is not to suggest that a spending exception has not been met or that there is an expectation that any rebate will be due upon completion of any required calculation. For issues that have been issued longer than five years, Ascension is answering "Yes" to 2b if the issue was a current refunding issue since this is the basis of a rebate exception. Ascension is answering "Yes" to 2c and providing a computation report date for new money issues that are greater than five years old. 5. Part IV, Line 6 - This question is being answered without regard to certain yield restricted advance refunding escrows.</p>

Return Reference	Explanation
Schedule K, Part III, Line 8c supplemental information	1. All dispositions reflected in this percentage were subject to a proper and timely remediation and/or VCAP. 2. ILLINOIS FINANCE AUTHORITY (08/16/2016) 2016C- AS OF JUNE 30, 2020, PRIVATE USE AND UNRELATED TRADE OR BUSINESS ACTIVITY BY PRESENCE HEALTH WAS DISCOVERED. ON DECEMBER 3, 2019, THE AFFECTED BONDS WERE REMEDIATED. THE VCAP WAS FILED AND IS CURRENTLY IN THE FINAL STAGES OF SETTLEMENT DISCUSSIONS WITH THE IRS.

Return Reference	Explanation
Schedule K, Part II Supplemental Information 1(B)	<p>1. A portion of the Missouri Series 2003C issuance was exchanged for 2008C bonds; the transaction did not represent a tax reissuance. The amount we are showing as outstanding includes both the Missouri Series 2003C and 2008C bonds. All of these bonds are characterized collectively on the schedule. 2. A portion of the Indiana Series 2003E issuance was exchanged for 2008E bonds; the transaction did not represent a tax reissuance. The amount we are showing as outstanding includes both the Indiana Series 2003E and 2008E bonds. All of these bonds are characterized collectively on the schedule. 3. CUSIP number for Michigan Series 2005 as originally reported on Form 8038 was incorrect (reported as "59455E7P2"). 4. Tennessee Series 2001B-1 was reissued for tax purposes as of 3/30/09 in connection with an interest rate conversion on the bonds, and for this reason must be included on Schedule K. However, reporting is not necessary on Part III of Schedule K for refunding bonds that refunded bonds issued in 2002 or earlier, which is the case in this situation. 5. Indiana Series 2006B-1, B-7 and B-8 were reissued for tax purposes as of 5/28/09 in connection with an interest rate conversion on the bonds. Indiana Series 2006B-2 remains outstanding as originally issued. 6. Indiana Series 2006B-3, B-4, B-5 and B-6 were issued on 11/16/2006 and 12/1/2006 as evidenced by the 8038; only one field is available for issue date on the Schedule so we have presented the earlier of the two dates. 7. The Indiana Health and Educational Facility Financing Authority was merged into the Indiana Finance Authority on 7/1/07. 8. CUSIP NUMBER FOR MICHIGAN SERIES 2010B AND 2010F AS ORIGINALLY REPORTED ON FORM 8038 WAS INCORRECT (NO CUSIP WAS REPORTED). THE MICHIGAN SERIES 2010B BONDS HAVE BEEN FULLY REFUNDED. 9. The Missouri 2003C and Indiana 2003E/2008E Bonds, along with other, now-retired bonds from Florida, Michigan and Idaho issuers, are all part of a single issue for certain federal tax purposes. Within that issue, an election has been made to treat the Michigan bonds as a separate issue for purposes of IRC section 141. Ascension Health Alliance and the issuers reserve the right to make any further multipurpose allocations permitted under the Treasury Regulations. 10. The Indiana 2005A and Michigan 2005 Bonds (TOGETHER WITH THE ALABAMA 2005A BONDS WHICH ARE NO LONGER OUTSTANDING) are all part of a single issue for certain federal tax purposes although Ascension Health Alliance and the issuers reserve the right to make any multipurpose allocations permitted under the Treasury Regulations. 11. The Indiana 2006B-1, B-2, B-3, B-7, and B-8 sub-series and the Alabama (Birmingham) 2006C-1 Bonds, along with other, now-retired bonds, are all part of a single issue for certain federal tax purposes. Within that issue, elections have been made under the Treasury Regulations to treat the following as separate issues for IRC section 141 purposes: (1) Indiana 2006B-1, B-2, B-7 and B-8, and th</p>

Return Reference	Explanation
Schedule K, Part II Supplemental Information 1(B)	<p>e Alabama (Birmingham) 2006C-1, combined; (2) Indiana 2006B-3 Ascension Health Alliance and the issuers reserve the right to make any further multipurpose allocations permitted under the Treasury Regulations. 12. THE MICHIGAN 2010F BONDS, TOGETHER WITH THE NOW-RETIRED CONNECTICUT 2010A, MICHIGAN 2010B, TENNESSEE 2010C, TARRANT COUNTY 2010D AND WISCONSIN 2010 E BONDS, ARE A SINGLE ISSUE FOR CERTAIN FEDERAL TAX PURPOSES. WITHIN THAT ISSUE, ELECTIONS HAVE BEEN MADE TO TREAT EACH STATE'S ISSUE AS SEPARATE ISSUES FOR PURPOSES OF IRC SECTION 141. ASCENSION HEALTH ALLIANCE AND THE ISSUERS RESERVE THE RIGHT TO MAKE ANY FURTHER MULTIPURPOSE ALLOCATIONS PERMITTED UNDER THE TREASURY REGULATIONS. 13. THE ILLINOIS 2012E BONDS, TOGETHER WITH THE NOW-DEFEASED AND SOON TO BE RETIRED ILLINOIS 2012A, MARYLAND 2012B, TENNESSEE 2012C AND WISCONSIN 2012D BONDS, ARE A SINGLE ISSUE FOR CERTAIN FEDERAL TAX PURPOSES. WITHIN THAT ISSUE, ELECTIONS HAVE BEEN MADE TO TREAT THE MARYLAND 2012B BONDS AS A SEPARATE ISSUE FOR PURPOSES OF IRC SECTION 141. ASCENSION HEALTH ALLIANCE AND THE ISSUERS RESERVE THE RIGHT TO MAKE ANY ADDITIONAL MULTIPURPOSE ALLOCATIONS PERMITTED UNDER THE TREASURY REGULATIONS. 14. The Wisconsin 2016A, Alabama 2016B/2016C, and Michigan 2016E bonds are a single issue for certain federal tax purposes. Ascension Health Alliance and the issuers reserve the right to make any further multipurpose allocations permitted under the Treasury regulations. 15. Ascension Health Alliance believes, and has prepared Schedule K in a manner consistent with such belief, that the Part III exclusion provided in the instructions for bonds that refund a pre-2003 bond issue applies to certain of the bonds reflected herein, though allocations under Regulations section 1.141-13(d) may not have yet been elected; this submission does not constitute an allocation election under Regulations section 1.141-13(d) for any issue or portion of an issue. 16. Schedule K, Part II, question 2, refers to the amount of bonds that have been defeased, are still outstanding and are being funded by a defeasance escrow.</p>

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name: HEALTH & ED FAC AUTH OF MO The calculation for computing no rebate due was performed on 11/15/2009

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name: INDIANA HEALTH FACILITY FINANCING AUTHORITY The calculation for computing no rebate due was performed on 11/15/2009

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name: INDIANA HEALTH FACILITY FINANCING AUTHORITY The calculation for computing no rebate due was performed on 08/03/2005

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN D	Issuer name: MICHIGAN STATE HOSPITAL FINANCE AUTHORITY The calculation for computing no rebate due was performed on 08/03/2005

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN D	Issuer name: IN HLTH & ED FAC FIN AUTHORITY The calculation for computing no rebate due was performed on 05/16/2008

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Ascension Health Alliance

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
45-3358926

Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	IN HEALTH & ED FACILITY FINANCING AUTHORITY	35-1611409	454795BZ7	11-16-2006	397,759,540	See Part VI	X			X		X
B	HLTH & ED BD OF NASHVILLEDAVIDSON COUNTY	62-6139016	592041QZ3	03-30-2009	81,500,000	See Part VI	X			X		X
C	AL SPL CARE FAC FIN AUTH OF BIRMINGHAM	62-0847033	010399CK7	05-28-2009	35,000,000	See Part VI		X		X		X
D	IN HLTH & ED FAC FIN AUTHORITY	35-1611409	454795BS3	11-16-2006	179,400,000	See Part VI	X			X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	286,660,000		10,020,000		0		124,350,000	
2	Amount of bonds legally defeased	1,410,000		0		0		0	
3	Total proceeds of issue	397,759,540		81,500,000		35,000,000		179,400,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		179,400,000	
11	Other spent proceeds	397,759,540		81,500,000		35,000,000		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion							2007	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X				X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X				X		X

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X				X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X				X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X				X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %				0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %				0 %		0 %	
6 Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test? . . .		X				X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X				X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X				X		X	

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?	X		X		X			X
c No rebate due?		X		X		X	X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b Name of provider	SEE PART VI							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Ascension Health Alliance

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
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OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
45-3358926

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY	35-1611409	454795ET8	05-28-2009	118,690,000	See Part VI		X		X		X
B MICHIGAN STATE HOSPITAL FINANCE AUTHORITY	38-2889417	59465HNC6	03-25-2010	872,106,861	See Part VI	X			X		X
C ILLINOIS FINANCE AUTHORITY	86-1091967	45203HGM8	05-10-2012	241,884,613	See Part VI	X			X		X
D WI HEALTH & EDUCATIONAL FACILITIES AUTHORITY	39-1337855	97712DBP0	06-18-2013	570,827,513	See Part VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	12,310,000		253,930,000		490,000		184,390,000	
2	Amount of bonds legally defeased	0		0		128,185,000		0	
3	Total proceeds of issue	118,690,000		872,106,861		241,884,613		570,827,513	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		2,470,815		61,454,563		570,827,513	
11	Other spent proceeds	118,690,000		869,636,046		180,430,050		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion			2008		2012		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X	X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X	X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .							3.22 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?							X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Ascension Health Alliance

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
45-3358926

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WI HEALTH & EDUCATIONAL FACILITIES AUTHORITY	39-1337855	97712DQW9	05-11-2016	1,143,277,078	SEE PART VI		X		X		X
B AL SPL CARE FAC FIN AUTH OF BIRMINGHAM	63-0847033	010399CR2	05-11-2016	85,770,320	SEE PART VI		X		X		X
C AL SPL CARE FAC FIN AUTH OF THE CITY OF MOBILE	63-0878048	01039VAP9	05-11-2016	103,047,625	SEE PART VI		X		X		X
D MICHIGAN FINANCE AUTHORITY	38-2889417	59447TJD6	05-11-2016	165,630,000	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	8,305,000		0		0		7,460,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	1,143,277,078		85,770,320		103,047,625		165,630,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	274,003,923		4,441,071		2,980,004		34,249,638	
11	Other spent proceeds	869,273,155		81,329,249		100,067,621		131,380,632	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2016		2016		2016		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X		X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
					A		B		
					Yes	No	Yes	No	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X	X
2	Are there any lease arrangements that may result in private business use of bond-financed property?					X		X	X

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
Ascension Health Alliance

Employer identification number
45-3358926

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ILLINOIS FINANCE AUTHORITY	86-1091967	45204EFC7	08-16-2016	1,087,180,940	SEE PART VI	X			X		X
B WI HEALTH & EDUCATIONAL FACILITIES AUTHORITY	39-1337855	9771203C8	10-23-2019	167,681,921	SEE PART VI		X		X		X

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired	26,120,000		0					
2	Amount of bonds legally defeased	10,105,000		0					
3	Total proceeds of issue	1,087,180,940		167,681,921					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	11,697,256		0					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	117,413,263		0					
11	Other spent proceeds	958,070,421		167,681,921					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2018							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.23 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.1 %		0 %					
6	Total of lines 4 and 5	0.33 %		0 %					
7	Does the bond issue meet the private security or payment test? . . .		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .	0.09 %							
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
Ascension Health Alliance

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

45-3358926

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Ascension Health Alliance (Ascension) is sponsored by Ascension Health Ministries ("Ascension Sponsor"), a Public Juridic Person ("PJP"), which is subject to those rights and obligations which pertain to Public Juridic Persons in the Catholic Church. The Participating Entities of Ascension Health Ministries are the Daughters of Charity of St. Vincent de Paul in the United States, Province of St. Louise, the Congregation of St. Joseph, the Congregation of the Sisters of St. Joseph of Carondelet, the Congregation of Alexian Brothers of the Immaculate Conception Province - American Province, and the Sisters of the Sorrowful Mother of the Third Order of St. Francis of Assisi - US/Caribbean Province.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Board members shall be appointed, upon the recommendation of the Board of Directors, by Ascension Health Ministries ("Ascension Sponsor"), i.e., by the PJP members.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	All decisions that have a material impact to Ascension Health Alliance's financial information or corporation as a whole are reserved to its members, the PJP members who represent the Canonical sponsor, Ascension Health Ministries ("Ascension Sponsor"). The following powers are reserved to Ascension Sponsor: new organizations & major transactions; governing documents; appointments/removals; evaluation; debt limits; strategic & financial plans; assets; system policies & procedures.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Member's questions.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflict of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose. In addition, the General Counsel reviews all Conflict of Interest disclosures and makes an annual report to the Board on such disclosures.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>The process for determining the compensation of the organization's CEO includes (1) the use of an independent third-party compensation firm nationally recognized as having expertise in compensation matters specific to large, nonprofit health care systems in the United States to obtain comparability data, analysis, and recommendations for setting compensation , (2) the review and approval of the independent third-party compensation firm's recommendations by the Board or its committee with authority over compensation matters, and (3) the contemporaneous substantiation of the analyses and decisions regarding compensation arrangements, with system compensation oversight and direction reviewed at least annually for approval by the Board or committee. The organization's process is designed to satisfy the conditions necessary to obtain a rebuttable presumption of reasonableness regarding the compensation arrangement (per IRC Section 4958). 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE PROCESS FOR DETERMINING COMPENSATION OF THE OTHER OFFICER AND SENIOR EXECUTIVES IS OVERSEEN BY THE BOARD COMMITTEE RESPONSIBLE FOR COMPENSATION. IN SOME CASES, THE PROCESS MAY UTILIZE COMPARABILITY DATA AND ANALYSIS FROM AN INDEPENDENT THIRD-PARTY COMPENSATION FIRM NATIONALLY RECOGNIZED AS HAVING EXPERTISE IN COMPENSATION MATTERS SPECIFIC TO LARGE, NONPROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES; OR, IF MORE APPROPRIATE FOR THE CIRCUMSTANCES, 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 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 B, Line 1 Independent Contractor Reporting	Independent contractor payment information reported by Ascension Health Alliance includes payments made on behalf of affiliates under the organization's shared services accounts payable system.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Income From Unconsolidated Oper - Total Revenue: 17135117, Related or Exempt Function Revenue: 17135117, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; PDC Revenue from Affiliates - Total Revenue: 15492636, Related or Exempt Function Revenue: 15492636, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; CVH II MGMT Fees - Total Revenue: 5100000, Related or Exempt Function Revenue: 5100000, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Billing Service Revenue - Total Revenue: 1102865, Related or Exempt Function Revenue: 1102865, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Vendor Offeror Fees - Total Revenue: 983100, Related or Exempt Function Revenue: 983100, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Program Expense - Total Revenue: 210990, Related or Exempt Function Revenue: 210990, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Contracted Services Revenue - Total Revenue: 22735, Related or Exempt Function Revenue: 22735, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Misc Revenue - Total Revenue: 11769779, Related or Exempt Function Revenue: 11769779 , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Investment in CHAN - Total Revenue: 18056, Related or Exempt Function Revenue: 18056, U nrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Seminars/Tuition Revenue - Total Revenue: 14114, Related or Exempt Function Revenue: 14114 , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Parking - Total Revenue: 3465, Related or Exempt Function Revenue: 3465, Unrelated Busi ness Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Unclaimed Pro perty - Total Revenue: 588, Related or Exempt Function Revenue: 588, Unrelated Business Re venue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Gain/Loss Defeance - Total Revenue: -2853489, Related or Exempt Function Revenue: -2853489, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Transition Servic es Agreement With CT - Total Revenue: 433674, Related or Exempt Function Revenue: 433674, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	CONTRACT LABOR - Total Expense: 11106487, Program Service Expense: 11106487, Management and General Expenses: , Fundraising Expenses: ; PURCHASED SERVICES - Total Expense: 126283262, Program Service Expense: 126283262, Management and General Expenses: , Fundraising Expenses: ; PROFESSIONAL FEES - Total Expense: 90331349, Program Service Expense: 90331349, Management and General Expenses: , Fundraising Expenses: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Centralized Cash Management Activity	The organization utilizes a centralized cash management system. Therefore, certain centralized cash management activity amounts relate to liabilities of Health System affiliates.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFER TO SPONSOR - -5083333; PENSION & OTHER POST-RETIREMENT - -856362571; JOINT VENTUR E CAPITAL TRANSACTIONS - -78008011; Centralized Cash Management Activity - 2286547493; UNR Estricted NET ASSETS NON CASH SETTLEMENT - 130946; DISCONTINUED OPERATIONS NET ASSETS - -3189580; CHANGE SHARE OF INVESTEEs NET ASSETS - 177192; SmartHealth Health Benefit Adjustme nt - 38961612;

990 Schedule O, Supplemental Information

Return Reference	Explanation
HEADING - ITEM C DOING BUSINESS AS	Ascension Ascension Health Alliance, INC.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Ascension Health Alliance

Employer identification number
45-3358926

Part I

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

See Additional Data Table

(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

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

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	

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 45-3358926
Name: Ascension Health Alliance

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
AH HOLDINGS LLC 5451 LAKEVIEW PARKWAY SOUTH DRIVE INDIANAPOLIS, IN 46268 27-0464821	HEALTHCARE	IN	0	0	ASCENSION HEALTH ALLIANCE
AH ORION LLC 4600 EDMUNDSON ROAD St Louis, MO 63134 32-0292619	HEALTHCARE	MO	9,500	705,549	AH HOLDINGS LLC
AHV HOLDING COMPANY LLC 101 SOUTH HANLEY ROAD SUITE 450 Clayton, MO 63105 45-4486150	HEALTHCARE	MO	7,820,010	55,531,979	Ascension Capital LLC
ASCENSION CAPITAL LLC 4600 Edmundson Road St Louis, MO 63134 84-2408142	HEALTHCARE	MO	6,025,661	417,017,002	ASCENSION HEALTH ALLIANCE
ASCENSION CARE MANAGEMENT LLC 101 SOUTH HANLEY ROAD SUITE 450 Clayton, MO 63105 61-1755787	HEALTHCARE	MO	0	-7,142	ASCENSION HEALTH ALLIANCE
ASCENSION HEALTH MINISTRY SERVICE CENTER 4040 Vincennes Drive NDIANAPOLIS, IN 46268 27-3138686	HEALTHCARE	IN	30,266,562	-59,100,754	ASCENSION HEALTH ALLIANCE
ASCENSION HEALTH RESOURCE AND SUPPLY MANAGEMENT GROUP LLC 101 SOUTH HANLEY ROAD SUITE 450 St Louis, MO 63105 27-3859055	HEALTHCARE	MO	229,678,929	42,479,239	ASCENSION HEALTH ALLIANCE
ASCENSION HEALTH VENTURES II LLC 101 SOUTH HANLEY ROAD SUITE 450 St Louis, MO 63105 26-0624407	HEALTHCARE	MO	0	228,618	AHV HOLDING COMPANY LLC
ASCENSION HEALTH VENTURES III LLC 101 SOUTH HANLEY ROAD SUITE 450 St Louis, MO 63105 45-4485999	HEALTHCARE	MO	2,009,252	1,626,494	AHV HOLDING COMPANY LLC
ASCENSION HEALTH WORKERS COMPENSATION SELF INSURANCE TRUST 11775 BORMAN DRIVE SUITE 200 St Louis, MO 63146 36-7004194	GRANTOR TRUST	MO	31,058,346	129,706,962	ASCENSION HEALTH ALLIANCE
ASCENSION HOLDINGS INTERNATIONAL LLC 101 SOUTH HANLEY ROAD SUITE 450 Clayton, MO 63105 83-1552653	HEALTHCARE	MO	1,333,980	394,102	AH HOLDINGS LLC
ASCENSION INVESTMENT MANAGEMENT LLC 101 SOUTH HANLEY ROAD SUITE 450 St Louis, MO 63105 80-0966815	INVESTMENT MANAGEMENT	MO	17,739,222	2,098,054	Ascension Capital LLC
ASCENSION LEADER INSTITUTE LLC 101 SOUTH HANLEY ROAD SUITE 450 St Louis, MO 63105 45-4157453	HEALTHCARE	MO	0	0	ASCENSION HEALTH ALLIANCE
ASCENSION RISK SERVICES LLC 101 SOUTH HANLEY ROAD SUITE 450 Clayton, MO 63105 38-3982105	RISK MANAGEMENT	MO	27,678,099	4,816,149	ASCENSION CARE MANAGEMENT LLC
ASCENSION VENTURES IV LLC 101 SOUTH HANLEY ROAD SUITE 200 Clayton, MO 63105 81-3976293	INVESTING	MO	0	0	AHV HOLDING COMPANY
ASCENSION VENTURES V LLC 4600 Edmundson Road St Louis, MO 63134 84-4472934	INVESTING	MO	0	0	ASCENSION HEALTH ALLIANCE
ASCENSION VENTURES LLC 101 SOUTH HANLEY ROAD SUITE 450 St Louis, MO 63105 32-0403305	HEALTHCARE	MO	-2,657	0	Ascension Capital LLC
CONSULTING NETWORK LLC 101 SOUTH HANLEY ROAD SUITE 450 Clayton, MO 63105	CONSULTING	MO	0	0	ASCENSION HEALTH ALLIANCE
MANDORLA LLC 4600 Edmundson Road St Louis, MO 63134 84-3628558	INVESTING	MO	0	0	ASCENSION HEALTH ALLIANCE
MEDXCEL FACILITIES MANAGEMENT LLC 7702 WOODLAND DRIVE SUITE 200 Indianapolis, IN 46278 80-0945456	HEALTHCARE	IN	365,049,888	15,266,670	AH HOLDINGS LLC

Form 990, Schedule R, Part I - Identification of Disregarded Entities					
(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
SMARTHEALTH LLC 101 SOUTH HANLEY ROAD SUITE 450 Clayton, MO 63015	MANAGE EMPLOYEE BENEFITS	MO	0	0	ASCENSION HEALTH ALLIANCE

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	
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 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3)	10	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	

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						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 HOSPITAL S 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 38-2802463	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION ALLEGAN HOSPITAL	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	HEALTH CARE	MI	501(c)(3)	3	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 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 III-FI	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)	10	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3591148	FOUNDATION	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	

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(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 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	Yes	
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	
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	HEALTH CARE	MI	501(c)(3)	10	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	
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	

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 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	
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	

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 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 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	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1861378	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS MIDTOWN 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	

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 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	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	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 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)	Type II	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	
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	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	10	ASCENSION ST MARY'S HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 75-3193633	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST CLARE'S HOSPITAL INC	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1684957	FOUNDATION	WI	501(c)(3)	Type II	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	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 27-3220767	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 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	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 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)	3	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	DORMANT	IN	501(c)(3)	10	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	

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						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 II	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	

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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	

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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)	7	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 73-1077367	NURSING HOME	OK	501(c)(3)	10	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	SJPMC 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	

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						Yes	No
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	
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	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 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	DORMANT	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	

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 35-0869066	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
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	DORMANT	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	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 22-2554128	REAL ESTATE HOLDINGS	CT	501(c)(25)		ST VINCENT'S HEALTH SERVICES CORP	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	

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						Yes	No
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	
2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558134	HOLDING COMPANY	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
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	
2800 MAIN STREET BRIDGEPORT, CT 06606 80-0458769	PHYSICIAN PRACTICES	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-0702617	PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS	CT	501(c)(3)	10	ST VINCENT'S HEALTH SERVICES CORP	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	

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 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	
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 39-2028808	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1636804	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL 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 32-0135258	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST FRANCIS 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 56-2426294	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION WISCONSIN PHARMACY INC	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 III - Identification of Related Organizations Taxable as a Partnership												
(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) Disproprtionate 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	
Alexian Rehabilitation Services LLC 935 Beisner Elk Grove Village, IL 60007 30-0221481	Rehabilitation hospital	IL	NA	N/A								
ALLEGAN GENERAL HOSPITAL PAIN ADMINISTRATION SERVICES LLC 555 LINN STREET ALLEGAN, MI 49010 47-3706652	PAIN MANAGEMENT	MI	NA	N/A								
ALVERNO CLINICAL LABORATORIES LLC 2434 INTERSTATE PLAZA DRIVE HAMMOND, IN 46324 20-3240648	MEDICAL SERVICE	IN	NA	N/A								
AMBULATORY SURGERY CENTER LP 818 N Emporia Ste 108 WICHITA, KS 67214 48-1114690	SURGERY CENTER	KS	NA	N/A								
ASCENSION ALPHA FUND LLC 101 SOUTH HANLEY ROAD SUITE 200 ST LOUIS, MO 63105 90-0786464	INVESTMENTS	MO	NA	N/A								
ASCENSION ATHO CARRY LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 84-4224833	INVESTMENTS	DE	Ascension Capital LLC	Related	0	0		No		Yes		56.5 %
ASCENSION HEALTH AT HOME LLC 1A BURTON HILLS BOULEVARD NASHVILLE, TN 37215 47-1704527	INVESTMENTS	DE	NA	N/A								
ASCENSION TOWERBROOK HEALTHCARE OPPORTUNITIES LP 65 EAST 55TH STREET 19TH FLOOR NEW YORK, NY 10022 98-1500387	INVESTMENTS	NY	Ascension Capital LLC	Related	0	402,593,728		No			No	99.95 %
ASCENSION VIA CHRISTI IMAGING MANHATTAN LLC 1823 College Avenue MANHATTAN, KS 66502 48-1251984	RADIOLOGY SERVICES	KS	NA	N/A								
ASCENSION WISCONSIN EMERUS JV LLC 8040 EXCELSIOR DRIVE SUITE 400 MADISON, WI 53717 38-4118568	ACUTE CARE HOSPITALS	WI	NA	N/A								
BAPTIST WOMENS HEALTH CENTER LLC 1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203 62-1772195	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	NA	N/A								
BELMONT HARLEM SURGERY CENTER LLC 3101 NORTH HARLEM CHICAGO, IL 60634 41-2237162	MEDICAL SERVICE	IL	NA	N/A								
Bonaventure Medical Foundation LLC 2601 Navistar Drive Lisle, IL 60532 36-3978153	Manages managed care contracts	DE	NA	N/A								
Borgess Health Partners LLC 28000 DeQuindre Warren, MI 48092 38-2648846	MANAGED CARE	MI	NA	N/A								
CARMEL AMBULATORY SURGERY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0014795	AMBULATORY SURGERY CENTER	IN	NA	N/A								

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							Yes	No		Yes	No	
CB-AH PARALLEL FUND II LP 200 CLARENDON STREET 17TH FLOOR BOSTON, MA 02116 04-3585156	INVESTMENTS	MA	NA	N/A								
CENTRAL TEXAS LAUNDRY LLC 4255 PROFIT STREET SAN ANTONIO, TX 78219 36-4778018	LAUNDRY SERVICES	TX	NA	N/A								
CHV II LP 101 SOUTH HANLEY ROAD CLAYTON, MO 63105 26-0534243	INVESTMENTS	MO	Ascension Health Ventures II LLC	Excluded	6,113,927	1,414,650		No		Yes		61.05 %
CHV III LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 45-4486925	INVESTMENTS	MO	ASCENSION HEALTH VENTURES III LLC	Excluded	16,944,920	118,813,263		No		Yes		71.59 %
CHV IV LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 81-3953953	INVESTMENTS	DE	ASCENSION VENTURES IV LLC	Excluded	4,859,369	105,843,230		No		Yes		54.9 %
COLLABORATIVE HEALTH VENTURES V LP 101 SOUTH HANLEY ROAD CLAYTON, MO 63105 84-4668723	INVESTMENTS	MO	NA	N/A								
CUMBERLAND BEHAVIORAL HEALTH LLC 6100 Tower Circle Suite 1000 Franklin, TN 37067 32-0530876	behavioral clinic operations	TN	NA	N/A								
ENDOSCOPY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0029881	ENDOSCOPY CENTER	IN	NA	N/A								
ENDOSCOPY GROUP LLC 4810 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503 59-3519881	MEDICAL SERVICES	FL	NA	N/A								
HAYS JV PARTNERS LLC 569 Brookwood Village Suite 901 Birmingham, AL 35209 85-2037257	Holding Company for Ambulatory Surgery Center Investment	TX	NA	N/A								
Hospital Consolidated Laboratories LLC 39595 W 10 Mile Rd Novi, MI 48375 38-3318428	LAB SERVICES	MI	NA	N/A								
INTERVENTIONAL REHABILITATION CENTER LLC 1549 AIRPORT BOULEVARD STE 420 PENSACOLA, FL 32503 59-3673361	MEDICAL SERVICES	FL	NA	N/A								
KANSAS SURGERY AND RECOVERY CENTER LLC 2770 North Webb Road WICHITA, KS 67226 48-1148580	SURGERY CENTER	KS	NA	N/A								
KENOSHA DIGESTIVE HEALTH CENTER 1033 N MAYFAIR ROAD SUITE 101 WAUWATOSA, WI 53226 84-2167873	DIGESTIVE HEALTH	WI	NA	N/A								
Lourdes Health Support LLC 333 Butternut Drive Suite 100 Dewitt, NY 13214 16-1611707	Medical Equipment Provider	NY	NA	N/A								

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							Yes	No		Yes	No	
MIDDLE TENNESSEE IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 01-0570490	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
MURFREESBORO DIAGNOSTIC IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 20-0291952	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
MY HEALTH ASCENSION MANAGEMENT LLC 28000 DEQUINDRE ROAD WARREN, MI 48092 85-1304904	URGENT CARE CENTER	MI	NA	N/A								
NAAB ROAD SURGERY CENTER LLC 8260 NAAB ROAD STE 100 INDIANAPOLIS, IN 46260 35-1991390	AMBULATORY SURGERY CENTER	IN	NA	N/A								
Oklahoma Cancer Specialists Real Estate Company LLC 12697 E 51st St South TULSA, OK 74146 61-1774455	REAL ESTATE HOLDING	OK	NA	N/A								
Open MRI of Michigan 411 W 13 MILE ROAD MADISON HEIGHTS, MI 48071 38-3544539	MRI Center	MI	NA	N/A								
ORTHOPEDIC SURGERY CENTER OF THE FOX VALLEY LLC 2223 LIME KILN ROAD SUITE 101 GREEN BAY, WI 54311 84-2016212	SURGERY CENTER	WI	NA	N/A								
PCAC GI JV LLC 2601 Navistar Drive Lisle, IL 60532 85-0878312	AMBULATORY SURGERY CENTER	IL	NA	N/A								
PET LLC 5149 NORTH 9TH AVENUE SUITE 124 PENSACOLA, FL 32504 59-3788701	MEDICAL SERVICES	FL	NA	N/A								
PREMIER RADIOLOGY WISCONSIN LLC 500 W BROWN DEER ROAD SUITE 202 BAYSIDE, WI 53217 83-3180104	RADIOLOGY	WI	NA	N/A								
Presence Lakeshore Gastroenterology LLC 150 N River Road Suite 210 Des Plaines, IL 60016 81-1750563	Medical Service	IL	NA	N/A								
PROFESSIONAL CLINICAL LABORATORIES LLC 2434 INTERSTATE PLAZA DR HAMMOND, IN 46324 30-0711211	MEDICAL SERVICES	IN	NA	N/A								
RACINE DIGESTIVE HEALTH CENTER LLC 1033 N MAYFAIR ROAD SUITE 101 WAUWATOSA, WI 53226 84-4211105	DIGESTIVE HEALTH	WI	NA	N/A								
RADS OF AMERICA LLC PO BOX 249 GOODLETTSVILLE, TN 370700249 20-0597581	AMBULATORY SURGERY CENTER	TN	NA	N/A								
SAINT THOMAS HOME RECOVERY CARE LLC 49 MUSIC SQUARE WEST SUITE 401 NASHVILLE, TN 37203 84-2100096	MEDICAL AND REHABILITATION SERVICES	TN	NA	N/A								

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							Yes	No		Yes	No	
SAINT THOMAS REHABILITATION HOSPITAL LLC 680 S 4TH STREET LOUISVILLE, KY 40202 81-4303298	REHABILITATION HOSPITAL	KY	NA	N/A								
SOUTH COAST REAL ESTATE VENTURE LLC 5907 HIGHWAY 90 MOSS POINT, MS 39563 45-5599047	OWN REAL ESTATE FOR A PHYSICIAN OFFICE BUILDING	MS	NA	N/A								
STVINCENT HEART CENTER OF INDIANA LLC 10580 N MERIDIAN STREET INDIANAPOLIS, IN 46290 36-4492612	HEART HOSPITAL	IN	NA	N/A								
ST VINCENT'S OUTPATIENT SURGERY SERVICES LLC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 20-0708162	OUTPATIENT SURGERY	AL	NA	N/A								
ST VINCENT'S SLEEP DISORDER CENTER 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1282288	SLEEP DISORDER CENTER	AL	NA	N/A								
STHS SLEEP CENTER LLC 102 WOODMONT BOULEVARD SUITE 800 NASHVILLE, TN 37205 20-3664894	OPERATES A SLEEP CENTER	TN	NA	N/A								
STONEGATE JV PARTNERS LLC 569 Brookwood Village Suite 901 Birmingham, AL 35209 85-2023852	Holding Company for Ambulatory Surgery Center Investment	TX	NA	N/A								
THP - ST VINCENT VENTURE LLC 1415 LOUISIANA STREET 27TH FLOOR HOUSTON, TX 77002 81-3184703	FREESTANDING ED'S	TX	NA	N/A								
TOWNE CENTRE SURGERY CENTER LLC 4599 TOWNE CENTRE SAGINAW, MI 48604 20-4943843	OUTPATIENT SERVICES	MI	NA	N/A								
VIA CHRISTI MERCY CLINIC LLC 1 Mt Carmel Place Pittsburg, KS 66762 81-2927645	MEDICAL SERVICES	KS	NA	N/A								
PROVIDENCE VENTURES LLC 26750 PROVIDENCE PKWY SUITE 100 NOVI, MI 48374 16-1704029	INVESTMENT	MI	NA	N/A								

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 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 2916 E CENTRAL WICHITA, KS 67214 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	ASCENSION HEALTH ALLIANCE	C Corporation	1,274	308,111	100 %	Yes	
ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT LLC 3900 SOUTH GRAND ST LOUIS, MO 63118 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 3040 W Salt Creek Ln Arlington Heights, IL 60005 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	ASCENSION HEALTH ALLIANCE	C Corporation	2,330,475	18,154,571	100 %	Yes	
Ascension Care Management Health Partners Tennessee 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482	ACCOUNTABLE CARE ORGANIZATION	TN	ASCENSION HEALTH ALLIANCE	C Corporation	262,912	304,046	100 %	Yes	
ASCENSION CARE MANAGEMENT HEALTH PARTNERS INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-4413419	MEDICAL SERVICE	MO	ASCENSION HEALTH ALLIANCE	C Corporation	23,038,328	4,980,691	100 %	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	ASCENSION HEALTH ALLIANCE	C Corporation	9,779,724	55,102,203	100 %	Yes	
ASCENSION HEALTH RISK PURCHASING GROUP 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 27-4176480	SUPPORTING ORGANIZATION	MO	ASCENSION HEALTH ALLIANCE	C Corporation	1,200	45,237	100 %	Yes	
ASCENSION MEDICAL GROUP VIA CHRISTI PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	NA	C Corporation				Yes	

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								Yes	No
ASCENSION VENTURES CORPORATION 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1217059	MISC HEALTHCARE SERVICES	AL	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 101 South Hanley Road ST LOUIS, MO 63105 86-0836126	MEDICAL GROUP	AZ	NA	C Corporation				Yes	
CARONDELET SPECIALIST GROUP INC 101 South Hanley Road ST LOUIS, MO 63105 26-1558773	PHYSICIAN PRACTICE	AZ	NA	C Corporation				Yes	
CLINICAL HOLDINGS CORP 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 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 169 Riverside Drive Binghamton, NY 13905 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 1345 PHILOMENA STREET AUSTIN, TX 78723 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	
GULF COAST DIVERSIFIED INC 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798	INVESTMENT	FL	NA	C Corporation				Yes	
INDIAN CREEK CENTER INC 101 South Hanley Road St Louis, MO 63105 48-0956627	MANAGEMENT	MO	NA	C Corporation				Yes	

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								Yes	No
INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	NA	C Corporation				Yes	
L GILBRAITH INSURANCE SPC LTD C/O Strategic Risk Solutions PO BOX 1159 GRAND CAYMAN KY11102 CJ	INSURANCE	CJ	ASCENSION HEALTH ALLIANCE	C Corporation	0	0	67 %	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 2380 E DEMPSTER STREET DES PLAINES, IL 60016 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 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1410076	RETAIL PHARMACY	DC	NA	C Corporation				Yes	
SETON INSURANCE COMPANY 1345 PHILOMENA STREET AUSTIN, TX 78723 47-5395483	HEALTH SERVICES	TX	NA	C Corporation				Yes	
SETON HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 45-3047469	HEALTH SERVICES	TX	NA	C Corporation				Yes	
SETON HEALTH PLAN INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2725348	HMO	TX	NA	C Corporation				Yes	
SETON MSO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2870455	HEALTH SERVICES	TX	NA	C Corporation				Yes	
SETON PHYSICIAN HOSPITAL NETWORK AND SUBSIDIARIES 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2643825	HEALTH SERVICES	TX	NA	C Corporation				Yes	
SOVA INC 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638	HEALTH SERVICES	TN	NA	C Corporation				Yes	

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								Yes	No
ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD 21229 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	ASCENSION HEALTH ALLIANCE	C Corporation	13,250,102	46,424,231	100 %	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 3040 Salt Creek Lane Arlington Heights, IL 60005 36-3266316	Owns/ leases property; joint venture partner	IL	NA	C Corporation				Yes	
TRAVEL SERVICES CORPORATION PO BOX 45998 ST LOUIS, MO 631455998 26-3764978	TRAVEL SERVICES	MO	NA	C Corporation				Yes	
UTICA SERVICES INC AND SUBSIDIARIES 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
VCH IOWA PC 8200 E THORN DRIVE WICHITA, KS 67226 27-3983977	PROFESSIONAL ASSOCIATION	IA	NA	C Corporation				Yes	
VCH IOWA PC TRUST 8200 E THORN DRIVE WICHITA, KS 67226 27-6937322	BENEFICIARY TRUST	IA	NA	Trust				Yes	
VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE WICHITA, KS 67226 27-3984287	CLINIC SERVICES	KS	NA	C Corporation				Yes	
VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE WICHITA, KS 67226 46-2872857	ACO	KS	NA	C Corporation				Yes	
VINCENTIAN VENTURES OF NORTH ALABAMA INC AND SUBSIDIARIES 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0965456	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	

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								Yes	No
VINCENTURES INC 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-1211417	INACTIVE	CT	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	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Affiliated Health Services Inc	Q	9,096,018	ACTUAL AMOUNT PAID/TRANSFERRED
Affiliated Health Services Inc	S	12,266,631	ACTUAL AMOUNT PAID/TRANSFERRED
Affinity Health System	S	2,193,526	ACTUAL AMOUNT PAID/TRANSFERRED
Alabama Providence Healthcare Services	Q	7,213,574	ACTUAL AMOUNT PAID/TRANSFERRED
Alabama Providence Healthcare Services	S	13,720,719	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Ambulatory Group	P	90,012	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Ambulatory Group	Q	379,938	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Ambulatory Group	S	11,985,321	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Behavioral Health Hospital	Q	375,641	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Behavioral Health Hospital	R	3,034,755	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Bonaventure House	R	180,242	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Center for Mental Health	S	695,341	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Community Services	P	352,266	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Community Services	Q	3,665,937	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Health Providers Assoc	Q	68,967	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Health System	B	82,000	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Health System	O	600,243	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Health System	P	15,585,608	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Health System	Q	221,333,787	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Health System	S	309,091,512	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Hospital Network	R	67,608,464	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Lansdowne Villiage	P	129,709	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Lansdowne Villiage	Q	1,452,810	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Medical Care Group NFP	P	216,263	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Medical Care Group NFP	S	7,455,895	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
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Alexian Brothers Medical Center	P	157,030	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Medical Center	Q	1,316,057	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Medical Center	R	9,791,708	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Medical Group Specialty Care	R	364,388	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers of San Jose Inc	R	58,373	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Sherbrooke Village	P	211,847	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Sherbrooke Village	Q	2,286,855	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Specialty Group	Q	408,648	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Brothers Specialty Group	S	11,011,835	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Village of Milwaukee	P	509,443	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Village of Milwaukee Inc	Q	3,647,872	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Village of Tennessee	P	575,847	ACTUAL AMOUNT PAID/TRANSFERRED
Alexian Village of Tennessee	Q	4,062,688	ACTUAL AMOUNT PAID/TRANSFERRED
American Sports Medicine Institute	Q	2,743,949	ACTUAL AMOUNT PAID/TRANSFERRED
AMITA Health Clinically Integrated Network LLC	S	6,333,509	ACTUAL AMOUNT PAID/TRANSFERRED
ARTHUR MERKELE CLARA KNIPPRATH NURSING HOME	P	93,881	ACTUAL AMOUNT PAID/TRANSFERRED
ARTHUR MERKELE CLARA KNIPPRATH NURSING HOME	Q	819,513	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension All Saints Hospital Inc	P	362,935	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension All Saints Hospital Inc	Q	43,598,693	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension All Saints Hospital Inc	S	37,534,414	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Allegan Hospital	P	70,738	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Allegan Hospital	Q	25,492,628	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Allegan Hospital	S	5,628,985	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Allegan Professional Health Services Inc	R	1,350,001	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Arizona	P	1,436,531	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
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Ascension Arizona	Q	151,000	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Arizona	S	683,465	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Borgess Foundation	Q	140,015	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Borgess Hospital	P	12,902,247	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Borgess Hospital	Q	60,666,774	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Borgess Hospital	R	39,108,108	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Borgess-Lee Hospital	P	57,106	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Borgess-Lee Hospital	Q	3,404,487	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Borgess-Lee Hospital	S	7,425,445	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Brighton Center for Recovery	P	323,751	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Brighton Center for Recovery	Q	1,570,307	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Brighton Center for Recovery	R	1,542,378	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Calumet Hospital Inc	P	113,717	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Calumet Hospital Inc	Q	3,932,569	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Calumet Hospital Inc	S	1,401,977	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Care Management Health Partners Tennessee	P	12,598,884	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Care Management Health Partners Tennessee	Q	9,649,235	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Care Management Health Partners Tennessee	S	14,210,584	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Care Management Holdings LTD	P	152,381	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Care Management Holdings LTD	Q	280,288	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Eagle River Hospital	P	113,722	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Eagle River Hospital Inc	Q	2,068,203	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Eagle River Hospital Inc	S	741,312	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Eastwood Behavioral Health	Q	2,046,355	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Eastwood Behavioral Health	S	5,634,125	ACTUAL AMOUNT PAID/TRANSFERRED

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Ascension Genesys Foundation	Q	90,451	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Genesys Foundation	S	1,117,129	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Genesys Hospital	O	120,489	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Genesys Hospital	P	11,336,048	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Genesys Hospital	Q	94,339,739	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Genesys Hospital	R	68,696,884	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Good Samaritan Hospital Inc	Q	2,727,160	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Good Samaritan Hospital Inc	S	6,817,902	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Health	P	66,776,853	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Health	Q	9,454,887	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Health	S	15,629,956	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST	P	17,339,272	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST	Q	24,147,382	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST	R	29,967,744	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION HEALTH GLOBAL MISSION	B	300,000	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION HEALTH GLOBAL MISSION	P	145,000	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Health IS Inc	O	1,723,438	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Health IS Inc	P	1,027,778,725	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Health IS Inc	Q	60,256,130	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Health IS Inc	R	69,298,100	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Health Senior Care	P	825,066	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Health Senior Care	Q	50,659,344	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Health Senior Care	S	1,521,155	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Living - Lakeshore at Siena Inc	S	334,649	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Living Lakeshore at Siena Inc	P	130,256	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
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Ascension Living Lakeshore at Siena Inc	Q	1,251,279	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION MACOMB OAKLAND HOSPITAL	P	4,026,849	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION MACOMB OAKLAND HOSPITAL	Q	58,648,591	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION MACOMB OAKLAND HOSPITAL	S	152,915,145	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Medical Group Genesys	Q	1,068,401	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Medical Group Genesys	R	77,595,183	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION MEDICAL GROUP MICHIGAN	Q	18,658,510	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION MEDICAL GROUP MICHIGAN	S	45,546,064	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Medical Group Promed	Q	13,058,426	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Medical Group Promed	S	80,152,314	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION MEDICAL GROUP VIA CHRISTI PA	Q	20,190,659	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION MEDICAL GROUP VIA CHRISTI PA	R	210,851	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Medical Group-Fox Valley Wisconsin Inc	P	401,772	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Medical Group-Fox Valley Wisconsin Inc	Q	24,534,984	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Medical Group-Fox Valley Wisconsin Inc	R	7,345,742	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Medical Group-Northern Wisconsin Inc	O	1,127,999	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Medical Group-Northern Wisconsin Inc	P	1,542,703	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Medical Group-Northern Wisconsin Inc	Q	13,919,608	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Medical Group-Northern Wisconsin Inc	S	2,594,271	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Medical Group-Southeast Wisconsin Inc	P	1,918,213	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Medical Group-Southeast Wisconsin Inc	Q	42,286,596	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Medical Group-Southeast Wisconsin Inc	S	24,086,564	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Michigan	Q	60,878,987	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Michigan	R	14,240,798	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION MICHIGAN CMG	Q	1,155,581	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ASCENSION MICHIGAN CMG	S	28,680,738	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Ministry and Mission Fund	C	210,508	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Ministry and Mission Fund	P	1,509,527	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Ministry and Mission Fund	Q	107,385	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION NE WISCONSIN INC	O	60,937	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION NE WISCONSIN INC	P	1,128,126	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION NE WISCONSIN INC	Q	41,045,412	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION NE WISCONSIN INC	S	163,431	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION OUR LADY OF VICTORY HOSPITAL INC	P	4,246,419	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION OUR LADY OF VICTORY HOSPITAL INC	Q	6,659,776	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION OUR LADY OF VICTORY HOSPITAL INC	S	266,892	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Providence Foundation	S	2,827,783	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Providence Hospital	P	20,097,987	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Providence Hospital	Q	122,282,504	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Providence Hospital	S	275,358,235	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Providence Rochester Hospital	P	6,821,623	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Providence Rochester Hospital	Q	36,804,007	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Providence Rochester Hospital	R	23,486,319	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Risk Services LLC	O	115,287	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Risk Services LLC	Q	3,013,352	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Risk Services LLC	R	2,505,645	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension River District Hospital	P	258,448	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension River District Hospital	Q	5,437,026	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension River District Hospital	S	2,839,607	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Sacred Heart-St Mary's Hospitals Inc	P	1,380,915	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
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Ascension Sacred Heart-St Mary's Hospitals Inc	Q	20,978,219	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Sacred Heart-St Mary's Hospitals Inc	R	2,442,708	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension SE Wisconsin Hospital Inc	P	59,120	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension SE Wisconsin Hospital Inc	Q	53,485,454	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension SE Wisconsin Hospital Inc	S	16,191,963	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Seton	O	154,173	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Seton	P	12,580,345	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Seton	Q	312,878,098	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Seton	R	227,826,753	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH	P	90,103	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH	Q	883,917	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH	R	427,792	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION ST CLARES HOSPITAL INC	P	2,309,479	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION ST CLARES HOSPITAL INC	Q	15,219,540	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION ST CLARES HOSPITAL INC	R	15,427,353	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension St John Foundation	Q	267,427	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension St John Foundation	R	6,425,447	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension St John Hospital	Q	119,908,573	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension St John Hospital	S	309,763,836	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension St Mary's Foundation	S	820,896	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension St Mary's Hospital	P	8,000,628	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension St Mary's Hospital	Q	54,171,652	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension St Mary's Hospital	R	55,691,711	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION ST FRANCIS HOSPITAL INC	P	611,338	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION ST FRANCIS HOSPITAL INC	Q	22,605,794	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
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ASCENSION ST FRANCIS HOSPITAL INC	R	8,547,722	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION ST JOSEPH HOSPITAL	P	1,410,427	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION ST JOSEPH HOSPITAL	Q	10,031,726	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION ST JOSEPH HOSPITAL	R	12,614,571	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION ST MICHAEL'S HOSPITAL INC	P	1,062,429	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION ST MICHAEL'S HOSPITAL INC	Q	24,114,364	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION ST MICHAEL'S HOSPITAL INC	R	2,766,339	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Standish Hospital	P	328,281	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Standish Hospital	Q	3,626,898	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Standish Hospital	S	3,088,627	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Venture IV LLC	Q	5,124,750	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Ventures Corporation	P	75,596	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Ventures Corporation	Q	891,890	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Ventures Corporation	S	480,859	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Health Partners Inc	P	161,841	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Health Partners Inc	Q	4,116,379	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Health Partners Inc	S	1,874,295	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi HealthInc	P	7,662,350	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi HealthInc	Q	21,255,907	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi HealthInc	R	128,354,059	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Hospital Manhattan Inc	Q	12,017,683	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Hospital Manhattan Inc	S	610,532	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Hospital Pittsburg Inc	Q	14,099,044	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Hospital Pittsburg Inc	S	13,018,701	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Hospital Wichita St Teresa Inc	Q	5,050,723	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Ascension Via Christi Hospital Wichita St Teresa Inc	S	3,149,994	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Hospitals Wichita Inc	O	82,173	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Hospitals Wichita Inc	P	897,960	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Hospitals Wichita Inc	Q	81,297,104	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Hospitals Wichita Inc	S	4,400,518	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Property Services Inc	Q	854,109	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Property Services Inc	R	2,606,927	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Rehabilitation Hospital Inc	Q	3,575,527	ACTUAL AMOUNT PAID/TRANSFERRED
Ascension Via Christi Rehabilitation Hospital Inc	R	3,082,090	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION WISCONSIN FOUNDATION INC	Q	3,085,206	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION WISCONSIN LABORATORIES INC	Q	1,613,602	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION WISCONSIN LABORATORIES INC	R	1,339,945	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION WISCONSIN PHARMACY INC	Q	1,652,736	ACTUAL AMOUNT PAID/TRANSFERRED
ASCENSION WISCONSIN PHARMACY INC	S	13,429,832	ACTUAL AMOUNT PAID/TRANSFERRED
BAPTIST HEALTH CARE AFFILIATES INC	S	2,429,793	ACTUAL AMOUNT PAID/TRANSFERRED
Beecher Ballenger Services	P	319,739	ACTUAL AMOUNT PAID/TRANSFERRED
Beecher Ballenger Services	Q	3,589,705	ACTUAL AMOUNT PAID/TRANSFERRED
Beecher Ballenger Services	S	17,042,385	ACTUAL AMOUNT PAID/TRANSFERRED
BORGESS AMBULATORY CARE CORPORATION	S	81,315	ACTUAL AMOUNT PAID/TRANSFERRED
Borgess Health Alliance Inc	Q	28,937,319	ACTUAL AMOUNT PAID/TRANSFERRED
Borgess Health Alliance Inc	R	122,171,894	ACTUAL AMOUNT PAID/TRANSFERRED
BORGESS NURSING HOME INC	P	220,534	ACTUAL AMOUNT PAID/TRANSFERRED
BORGESS NURSING HOME INC	Q	1,329,954	ACTUAL AMOUNT PAID/TRANSFERRED
BORGESS NURSING HOME INC	R	2,420,431	ACTUAL AMOUNT PAID/TRANSFERRED
CARONDELET LONG-TERM CARE FACILITIES INC	P	494,547	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CARONDELET LONG-TERM CARE FACILITIES INC	Q	4,991,522	ACTUAL AMOUNT PAID/TRANSFERRED
Carroll Manor	P	571,833	ACTUAL AMOUNT PAID/TRANSFERRED
Carroll Manor	Q	15,576,989	ACTUAL AMOUNT PAID/TRANSFERRED
Carroll Manor	S	1,084,959	ACTUAL AMOUNT PAID/TRANSFERRED
Central Indiana Health System Cardiac Services Inc	P	4,644,435	ACTUAL AMOUNT PAID/TRANSFERRED
Central Indiana Health System Cardiac Services Inc	Q	43,325,974	ACTUAL AMOUNT PAID/TRANSFERRED
Central Indiana Health System Cardiac Services Inc	R	227,724	ACTUAL AMOUNT PAID/TRANSFERRED
CHV IV LP	P	297,394	ACTUAL AMOUNT PAID/TRANSFERRED
CHV IV LP	Q	422,400	ACTUAL AMOUNT PAID/TRANSFERRED
CMC FOUNDATION OF CENTRAL TEXAS	P	333,481	ACTUAL AMOUNT PAID/TRANSFERRED
CMC FOUNDATION OF CENTRAL TEXAS	Q	102,311	ACTUAL AMOUNT PAID/TRANSFERRED
CMC FOUNDATION OF CENTRAL TEXAS	R	2,098,293	ACTUAL AMOUNT PAID/TRANSFERRED
Columbia College Nursing Inc	Q	8,814,467	ACTUAL AMOUNT PAID/TRANSFERRED
Columbia St Mary Hosp Ozaukee	P	117,964	ACTUAL AMOUNT PAID/TRANSFERRED
Columbia St Mary Hosp Ozaukee	Q	23,212,059	ACTUAL AMOUNT PAID/TRANSFERRED
Columbia St Mary Hosp Ozaukee	S	2,635,628	ACTUAL AMOUNT PAID/TRANSFERRED
Columbia St Mary's Inc	P	9,868,958	ACTUAL AMOUNT PAID/TRANSFERRED
Columbia St Mary's Inc	Q	210,971,093	ACTUAL AMOUNT PAID/TRANSFERRED
Columbia St Mary's Inc	R	120,132,988	ACTUAL AMOUNT PAID/TRANSFERRED
Columbia St Mary's Hospital Milwaukee Inc	O	939,592	ACTUAL AMOUNT PAID/TRANSFERRED
Columbia St Mary's Hospital Milwaukee Inc	P	1,398,547	ACTUAL AMOUNT PAID/TRANSFERRED
Columbia St Mary's Hospital Milwaukee Inc	Q	78,735,118	ACTUAL AMOUNT PAID/TRANSFERRED
Columbia St Mary's Hospital Milwaukee Inc	S	26,185,421	ACTUAL AMOUNT PAID/TRANSFERRED
CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES	R	1,602,111	ACTUAL AMOUNT PAID/TRANSFERRED
Consolidated Pharmacy Services Inc and Subsidiaries	S	1,570,327	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
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Corbett Corporation	Q	3,527,367	ACTUAL AMOUNT PAID/TRANSFERRED
CORNERSTONE ASSISTED LIVING INC	P	303,419	ACTUAL AMOUNT PAID/TRANSFERRED
CORNERSTONE ASSISTED LIVING INC	Q	2,261,442	ACTUAL AMOUNT PAID/TRANSFERRED
CRITTENTON DEVELOPMENT CORPORATION AND SUBSIDIARIES	P	99,768	ACTUAL AMOUNT PAID/TRANSFERRED
CRITTENTON DEVELOPMENT CORPORATION AND SUBSIDIARIES	Q	295,269	ACTUAL AMOUNT PAID/TRANSFERRED
CRITTENTON DEVELOPMENT CORPORATION AND SUBSIDIARIES	S	388,732	ACTUAL AMOUNT PAID/TRANSFERRED
Dell Children Health Alliance	P	205,949	ACTUAL AMOUNT PAID/TRANSFERRED
Dell Children's Medical Group	Q	15,340,089	ACTUAL AMOUNT PAID/TRANSFERRED
Dell Children's Medical Group	S	4,867,007	ACTUAL AMOUNT PAID/TRANSFERRED
DR KATE NEWCOMB CONVALESCENT CENTER INC	Q	122,921	ACTUAL AMOUNT PAID/TRANSFERRED
DR KATE NEWCOMB CONVALESCENT CENTER INC	R	67,264	ACTUAL AMOUNT PAID/TRANSFERRED
Field Neurosciences Institute	S	645,349	ACTUAL AMOUNT PAID/TRANSFERRED
Genesys Ambulatory Health Services	P	578,383	ACTUAL AMOUNT PAID/TRANSFERRED
Genesys Ambulatory Health Services	Q	532,035	ACTUAL AMOUNT PAID/TRANSFERRED
Genesys Ambulatory Health Services	R	14,542,596	ACTUAL AMOUNT PAID/TRANSFERRED
Genesys Convalescent Center	R	1,358,749	ACTUAL AMOUNT PAID/TRANSFERRED
HAVEN OF OUR LADY OF PEACE INC	P	1,128,392	ACTUAL AMOUNT PAID/TRANSFERRED
Healthcare Collaborative	P	145,517	ACTUAL AMOUNT PAID/TRANSFERRED
Healthcare Collaborative	Q	117,540	ACTUAL AMOUNT PAID/TRANSFERRED
Healthcare Collaborative	S	165,347	ACTUAL AMOUNT PAID/TRANSFERRED
HOWARD YOUNG HEALTH CARE INC	P	67,533	ACTUAL AMOUNT PAID/TRANSFERRED
HOWARD YOUNG HEALTH CARE INC	S	147,847	ACTUAL AMOUNT PAID/TRANSFERRED
Howard Young Medical Center	P	1,293,853	ACTUAL AMOUNT PAID/TRANSFERRED
Howard Young Medical Center	Q	6,714,741	ACTUAL AMOUNT PAID/TRANSFERRED
Howard Young Medical Center	S	541,254	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
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Integrated Healthcare Systems	Q	8,574,449	ACTUAL AMOUNT PAID/TRANSFERRED
Integrated Healthcare Systems	R	1,562,375	ACTUAL AMOUNT PAID/TRANSFERRED
Jane Phillips Memorial Medical Center	Q	13,833,130	ACTUAL AMOUNT PAID/TRANSFERRED
JANE PHILLIPS NOWATA HOSPITAL INC	P	109,689	ACTUAL AMOUNT PAID/TRANSFERRED
JANE PHILLIPS NOWATA HOSPITAL INC	Q	694,628	ACTUAL AMOUNT PAID/TRANSFERRED
Lourdes Foundation	R	112,035	ACTUAL AMOUNT PAID/TRANSFERRED
Lourdes Realty Corporation Inc	Q	4,148,434	ACTUAL AMOUNT PAID/TRANSFERRED
MEDICAL SERVICES ENHANCEMENT INC	P	342,996	ACTUAL AMOUNT PAID/TRANSFERRED
METRO PHYSICIANS INC	P	287,695	ACTUAL AMOUNT PAID/TRANSFERRED
METRO PHYSICIANS INC	S	133,857	ACTUAL AMOUNT PAID/TRANSFERRED
MINISTRY HEALTH CARE INC	P	13,632,180	ACTUAL AMOUNT PAID/TRANSFERRED
MINISTRY HEALTH CARE INC	Q	1,517,440	ACTUAL AMOUNT PAID/TRANSFERRED
MINISTRY HEALTH CARE INC	R	27,238,295	ACTUAL AMOUNT PAID/TRANSFERRED
Mississippi Providence Healthcare Services Inc	Q	567,969	ACTUAL AMOUNT PAID/TRANSFERRED
Mississippi Providence Healthcare Services Inc	S	2,534,641	ACTUAL AMOUNT PAID/TRANSFERRED
Open MRI of Michigan	Q	114,113	ACTUAL AMOUNT PAID/TRANSFERRED
Open MRI of Michigan	R	1,649,402	ACTUAL AMOUNT PAID/TRANSFERRED
OUR LADY OF LOURDES HOSPITAL AT PASCO	Q	20,744,902	ACTUAL AMOUNT PAID/TRANSFERRED
OUR LADY OF LOURDES HOSPITAL AT PASCO	R	32,403,950	ACTUAL AMOUNT PAID/TRANSFERRED
OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	O	128,337	ACTUAL AMOUNT PAID/TRANSFERRED
OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	P	844,706	ACTUAL AMOUNT PAID/TRANSFERRED
OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	Q	71,939,977	ACTUAL AMOUNT PAID/TRANSFERRED
Our Lady of Peace Inc	P	273,293	ACTUAL AMOUNT PAID/TRANSFERRED
Our Lady of Peace Inc	Q	3,943,795	ACTUAL AMOUNT PAID/TRANSFERRED
OWASSO MEDICAL FACILITY INC	P	357,975	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
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OWASSO MEDICAL FACILITY INC	Q	3,650,158	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Ambulatory Services	S	1,070,641	ACTUAL AMOUNT PAID/TRANSFERRED
PRESENCE BEHAVIORAL HEALTH	Q	52,552	ACTUAL AMOUNT PAID/TRANSFERRED
PRESENCE BEHAVIORAL HEALTH	S	7,727,488	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Care At Home	R	191,661	ACTUAL AMOUNT PAID/TRANSFERRED
PRESENCE CARE TRANSFORMATION CORPORATION	K	497,469	ACTUAL AMOUNT PAID/TRANSFERRED
PRESENCE CARE TRANSFORMATION CORPORATION	O	111,797	ACTUAL AMOUNT PAID/TRANSFERRED
PRESENCE CARE TRANSFORMATION CORPORATION	P	23,502,605	ACTUAL AMOUNT PAID/TRANSFERRED
PRESENCE CARE TRANSFORMATION CORPORATION	Q	68,445,027	ACTUAL AMOUNT PAID/TRANSFERRED
PRESENCE CARE TRANSFORMATION CORPORATION	R	1,789,855,695	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Central and Suburban Hospitals Network	P	463,368	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Central and Suburban Hospitals Network	Q	5,787,177	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Central and Suburban Hospitals Network	S	478,124,850	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Chicago Hospital Network	P	692,291	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Chicago Hospital Network	Q	4,114,576	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Chicago Hospital Network	S	610,742,377	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Health Partners Services	S	2,033,305	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Healthcare Services	P	832,689	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Healthcare Services	Q	660,762	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Healthcare Services	S	108,207,855	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Home Care	Q	91,199	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Home Care	S	3,005,567	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Life Connections	P	42,230,141	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Life Connections	Q	13,192,930	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Life Connections	S	1,393,084	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
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PRESENCE SENIOR SERVICES CHICAGOLAND	P	1,442,395	ACTUAL AMOUNT PAID/TRANSFERRED
PRESENCE SENIOR SERVICES CHICAGOLAND	Q	12,535,790	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Ventures Inc & Subsidiary	P	395,607	ACTUAL AMOUNT PAID/TRANSFERRED
Presence Ventures Inc & Subsidiary	S	395,607	ACTUAL AMOUNT PAID/TRANSFERRED
Prospect Medical Commons Condo	S	58,131	ACTUAL AMOUNT PAID/TRANSFERRED
PROVIDENCE BUILDING CORPORATION	P	330,056	ACTUAL AMOUNT PAID/TRANSFERRED
PROVIDENCE BUILDING CORPORATION	Q	537,280	ACTUAL AMOUNT PAID/TRANSFERRED
PROVIDENCE BUILDING CORPORATION	S	1,626,868	ACTUAL AMOUNT PAID/TRANSFERRED
Providence Foundation	Q	219,340	ACTUAL AMOUNT PAID/TRANSFERRED
Providence Foundation Inc	R	140,452	ACTUAL AMOUNT PAID/TRANSFERRED
Providence Health Alliance	Q	13,992,138	ACTUAL AMOUNT PAID/TRANSFERRED
Providence Health Alliance	S	54,494,599	ACTUAL AMOUNT PAID/TRANSFERRED
PROVIDENCE HEALTH FOUNDATION INC	P	403,829	ACTUAL AMOUNT PAID/TRANSFERRED
PROVIDENCE HEALTH FOUNDATION INC	Q	81,849	ACTUAL AMOUNT PAID/TRANSFERRED
PROVIDENCE HEALTH SERVICES INC	P	1,109,940	ACTUAL AMOUNT PAID/TRANSFERRED
PROVIDENCE HEALTH SERVICES INC	Q	699,592	ACTUAL AMOUNT PAID/TRANSFERRED
PROVIDENCE HEALTH SERVICES INC	R	24,141,938	ACTUAL AMOUNT PAID/TRANSFERRED
Providence Hospital (Alabama)	P	2,179,366	ACTUAL AMOUNT PAID/TRANSFERRED
Providence Hospital (Alabama)	Q	37,350,162	ACTUAL AMOUNT PAID/TRANSFERRED
Providence Hospital (Alabama)	R	62,843,903	ACTUAL AMOUNT PAID/TRANSFERRED
Providence Hospital (DC)	P	11,501,556	ACTUAL AMOUNT PAID/TRANSFERRED
Providence Hospital (DC)	Q	6,253,527	ACTUAL AMOUNT PAID/TRANSFERRED
Providence Hospital (DC)	R	38,228,781	ACTUAL AMOUNT PAID/TRANSFERRED
Providence Park Inc	P	381,430	ACTUAL AMOUNT PAID/TRANSFERRED
Providence Park Inc	Q	3,270,576	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
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RAINBOW HOSPICE AND PALLIATIVE CARE	Q	121,062	ACTUAL AMOUNT PAID/TRANSFERRED
RAINBOW HOSPICE AND PALLIATIVE CARE	S	14,528,080	ACTUAL AMOUNT PAID/TRANSFERRED
Resource Pharmacies Inc	P	67,630	ACTUAL AMOUNT PAID/TRANSFERRED
Resource Pharmacies Inc	R	1,533,881	ACTUAL AMOUNT PAID/TRANSFERRED
SACRED HEART FOUNDATION INC	P	850,096	ACTUAL AMOUNT PAID/TRANSFERRED
SACRED HEART FOUNDATION INC	Q	2,642,411	ACTUAL AMOUNT PAID/TRANSFERRED
SACRED HEART HEALTH SYSTEM INC	O	1,278,385	ACTUAL AMOUNT PAID/TRANSFERRED
SACRED HEART HEALTH SYSTEM INC	P	18,689,815	ACTUAL AMOUNT PAID/TRANSFERRED
SACRED HEART HEALTH SYSTEM INC	Q	165,274,039	ACTUAL AMOUNT PAID/TRANSFERRED
SACRED HEART HEALTH SYSTEM INC	R	121,808,025	ACTUAL AMOUNT PAID/TRANSFERRED
SACRED HEART REHABILITATION INSTITUTE Inc	P	207,521	ACTUAL AMOUNT PAID/TRANSFERRED
SACRED HEART REHABILITATION INSTITUTE Inc	Q	1,533,034	ACTUAL AMOUNT PAID/TRANSFERRED
SACRED HEART REHABILITATION INSTITUTE Inc	R	851,868	ACTUAL AMOUNT PAID/TRANSFERRED
SAINT ELIZABETH'S HOSPITAL OF WABASHA INC	P	240,063	ACTUAL AMOUNT PAID/TRANSFERRED
SAINT ELIZABETH'S HOSPITAL OF WABASHA INC	Q	7,854,610	ACTUAL AMOUNT PAID/TRANSFERRED
SAINT ELIZABETH'S HOSPITAL OF WABASHA INC	S	952,580	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Health	B	581,616	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Health	O	1,770,594	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Health	Q	48,727,450	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Health	R	276,407,834	ACTUAL AMOUNT PAID/TRANSFERRED
SAINT THOMAS HEALTH FOUNDATIONS	P	84,868	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Hickman Hospital	Q	2,593,083	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Hickman Hospital	S	4,275,224	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Home Health	Q	120,588	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Home Health	R	115,208	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Saint Thomas Medical Partners	O	172,041	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Medical Partners	Q	44,610,265	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Medical Partners	S	20,373,791	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Midtown Hospital	P	4,774,083	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Midtown Hospital	Q	57,524,080	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Midtown Hospital	R	12,682,383	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Network	P	288,439	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Network	Q	1,177,829	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Network	R	8,487,642	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Regional Hospital	Q	13,685,689	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Regional Hospital	S	5,933,002	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Rutherford Hospital	O	100,985	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Rutherford Hospital	P	1,218,473	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Rutherford Hospital	Q	45,591,635	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas Rutherford Hospital	S	49,390,508	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas West Hospital	P	2,026,404	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas West Hospital	Q	59,087,785	ACTUAL AMOUNT PAID/TRANSFERRED
Saint Thomas West Hospital	S	14,682,887	ACTUAL AMOUNT PAID/TRANSFERRED
Salina Regional HMS	Q	59,939	ACTUAL AMOUNT PAID/TRANSFERRED
Savelli Properties Inc	R	2,373,723	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Family of Doctors	P	825,623	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Family of Doctors	Q	26,358,635	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Family of Doctors	S	48,988,403	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Family of Pediatric Surgeons	Q	1,387,235	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Family of Pediatric Surgeons	R	1,561,528	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Seton Fund of The Daughters of Charity of St Vincent De Paul Inc	Q	57,767	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Fund of The Daughters of Charity of St Vincent De Paul Inc	R	1,213,828	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Health Alliance	P	1,990,620	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Health Alliance	Q	162,117	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Health Alliance	S	3,302,054	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Health Corporation of Southeast Michigan	O	150,282	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Health Corporation of Southeast Michigan	P	458,371	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Health Corporation of Southeast Michigan	Q	1,713,553	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Health Corporation of Southeast Michigan	S	12,840,840	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Health Plan Inc	P	1,095,464	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Health Plan Inc	Q	25,161,731	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Hospitalist Service	P	390,590	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Hospitalist Service	Q	501,819	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Hospitalist Service	S	50,120,227	ACTUAL AMOUNT PAID/TRANSFERRED
SETON INSURANCE SERVICES CORPORATION	Q	260,384	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Medical Group Inc	P	315,980	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Medical Group Inc	Q	4,687,430	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Medical Group Inc	S	2,631,457	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Medical Management	Q	1,007,460	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Medical Management	S	136,808	ACTUAL AMOUNT PAID/TRANSFERRED
SETON ORAL & MAXILLOFACIAL SURGERY	Q	157,139	ACTUAL AMOUNT PAID/TRANSFERRED
SETON ORAL & MAXILLOFACIAL SURGERY	R	152,721	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Property Corporation of North Alabama	P	320,517	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Property Corporation of North Alabama	Q	804,517	ACTUAL AMOUNT PAID/TRANSFERRED
Seton Property Corporation of North Alabama	R	1,748,241	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Seton Williamson Foundation	R	64,018	ACTUAL AMOUNT PAID/TRANSFERRED
SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP	P	5,958,728	ACTUAL AMOUNT PAID/TRANSFERRED
SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP	Q	9,409,849	ACTUAL AMOUNT PAID/TRANSFERRED
SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP	S	3,854,030	ACTUAL AMOUNT PAID/TRANSFERRED
SJPMC INC	S	53,486,896	ACTUAL AMOUNT PAID/TRANSFERRED
South Coast Real Estate Ventures LLC	P	214,670	ACTUAL AMOUNT PAID/TRANSFERRED
South Coast Real Estate Ventures LLC	Q	76,105	ACTUAL AMOUNT PAID/TRANSFERRED
Southern Tier Medical Care	Q	87,016	ACTUAL AMOUNT PAID/TRANSFERRED
SOVA	S	187,542	ACTUAL AMOUNT PAID/TRANSFERRED
St Agnes Foundation Inc	P	246,095	ACTUAL AMOUNT PAID/TRANSFERRED
St Agnes Foundation Inc	Q	1,928,311	ACTUAL AMOUNT PAID/TRANSFERRED
St Agnes HealthCare Inc	P	4,729,208	ACTUAL AMOUNT PAID/TRANSFERRED
St Agnes HealthCare Inc	Q	78,865,632	ACTUAL AMOUNT PAID/TRANSFERRED
St Agnes HealthCare Inc	R	18,049,823	ACTUAL AMOUNT PAID/TRANSFERRED
St Alexius Medical Center	P	82,110	ACTUAL AMOUNT PAID/TRANSFERRED
St Alexius Medical Center	Q	845,686	ACTUAL AMOUNT PAID/TRANSFERRED
St Alexius Medical Center	S	15,589,686	ACTUAL AMOUNT PAID/TRANSFERRED
St Catherine Laboure Manor Inc	P	657,976	ACTUAL AMOUNT PAID/TRANSFERRED
St Catherine Laboure Manor Inc	Q	2,878,224	ACTUAL AMOUNT PAID/TRANSFERRED
St Catherine Laboure Manor Inc	R	23,147,811	ACTUAL AMOUNT PAID/TRANSFERRED
ST JOHN BROKEN ARROW INC	P	258,167	ACTUAL AMOUNT PAID/TRANSFERRED
ST JOHN BROKEN ARROW INC	Q	6,462,421	ACTUAL AMOUNT PAID/TRANSFERRED
St John Building Corporation	Q	2,332,119	ACTUAL AMOUNT PAID/TRANSFERRED
ST JOHN HEALTH SYSTEM FOUNDATION INC	Q	103,348	ACTUAL AMOUNT PAID/TRANSFERRED
ST JOHN HEALTH SYSTEM INC	P	11,214,184	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST JOHN HEALTH SYSTEM INC	Q	59,865,355	ACTUAL AMOUNT PAID/TRANSFERRED
ST JOHN MEDICAL CENTER INC	O	85,756	ACTUAL AMOUNT PAID/TRANSFERRED
ST JOHN MEDICAL CENTER INC	P	1,266,635	ACTUAL AMOUNT PAID/TRANSFERRED
ST JOHN MEDICAL CENTER INC	Q	62,327,213	ACTUAL AMOUNT PAID/TRANSFERRED
St John Providence	O	50,646	ACTUAL AMOUNT PAID/TRANSFERRED
St John Providence	P	15,811,338	ACTUAL AMOUNT PAID/TRANSFERRED
St John Providence	Q	91,733,748	ACTUAL AMOUNT PAID/TRANSFERRED
St John Providence	R	1,158,183,060	ACTUAL AMOUNT PAID/TRANSFERRED
ST JOHN SAPULPA INC	Q	3,125,351	ACTUAL AMOUNT PAID/TRANSFERRED
St John UrgentCare Clinics Inc	P	1,126,486	ACTUAL AMOUNT PAID/TRANSFERRED
St John UrgentCare Clinics Inc	Q	1,952,501	ACTUAL AMOUNT PAID/TRANSFERRED
St John UrgentCare Clinics Inc	S	995,744	ACTUAL AMOUNT PAID/TRANSFERRED
St Joseph Hospital & Health Center Inc	P	3,433,376	ACTUAL AMOUNT PAID/TRANSFERRED
St Joseph Hospital & Health Center Inc	Q	20,738,712	ACTUAL AMOUNT PAID/TRANSFERRED
St Joseph Hospital & Health Center Inc	S	9,148,212	ACTUAL AMOUNT PAID/TRANSFERRED
St Joseph's Hospital of Marshfield Inc	R	7,430,965	ACTUAL AMOUNT PAID/TRANSFERRED
ST JOSEPH'S MINISTRIES INC	P	224,207	ACTUAL AMOUNT PAID/TRANSFERRED
ST JOSEPH'S MINISTRIES INC	Q	1,990,301	ACTUAL AMOUNT PAID/TRANSFERRED
St Luke's-St Vincent's Healthcare Inc	Q	29,004,820	ACTUAL AMOUNT PAID/TRANSFERRED
St Luke's-St Vincent's Healthcare Inc	S	10,602,583	ACTUAL AMOUNT PAID/TRANSFERRED
St Marys Medical Group LLC	P	858,048	ACTUAL AMOUNT PAID/TRANSFERRED
St Marys Medical Group LLC	Q	27,196,413	ACTUAL AMOUNT PAID/TRANSFERRED
St Marys Medical Group LLC	S	47,460,190	ACTUAL AMOUNT PAID/TRANSFERRED
St Mary's Building Corporation	Q	554,870	ACTUAL AMOUNT PAID/TRANSFERRED
St Mary's Building Corporation	S	554,893	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST MARY'S HEALTH INC	P	15,241,727	ACTUAL AMOUNT PAID/TRANSFERRED
ST MARY'S HEALTH INC	Q	77,953,354	ACTUAL AMOUNT PAID/TRANSFERRED
ST MARY'S HEALTH INC	R	113,735,946	ACTUAL AMOUNT PAID/TRANSFERRED
St Mary's Healthcare	P	389,230	ACTUAL AMOUNT PAID/TRANSFERRED
St Mary's Healthcare	Q	32,093,099	ACTUAL AMOUNT PAID/TRANSFERRED
ST MARY'S WARRICK HOSPITAL INC	P	72,082	ACTUAL AMOUNT PAID/TRANSFERRED
ST MARY'S WARRICK HOSPITAL INC	Q	3,137,093	ACTUAL AMOUNT PAID/TRANSFERRED
ST MARY'S WARRICK HOSPITAL INC	S	244,840	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Carmel Hospital Inc	O	111,574	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Carmel Hospital Inc	P	2,462,789	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Carmel Hospital Inc	Q	18,337,722	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Clay Hospital Inc	P	155,831	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Clay Hospital Inc	Q	2,581,998	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Clay Hospital Inc	S	165,358	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Fishers Hospital Inc	P	811,579	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Fishers Hospital Inc	Q	6,858,650	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Fishers Hospital Inc	S	1,688,780	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Frankfort Hospital Inc	S	237,218	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Health Inc	O	270,782	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Health Inc	P	22,097,303	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Health Inc	Q	73,703,309	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Health Inc	R	360,831,322	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Jennings Hospital Inc	P	929,033	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Jennings Hospital Inc	Q	2,533,970	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Jennings Hospital Inc	S	1,696,169	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
St Vincent Medical Center Foundation	Q	375,317	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Medical Group Inc	Q	78,069,934	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Medical Group Inc	S	8,260,666	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Randolph Hospital Inc	P	1,403,872	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Randolph Hospital Inc	Q	3,721,073	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Randolph Hospital Inc	S	993,511	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT RAS INC	P	1,653,487	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT RAS INC	Q	9,665,089	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT RAS INC	S	114,234,214	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Salem Hospital Inc	Q	2,876,880	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Salem Hospital Inc	R	844,140	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Williamsport Hospital Inc	P	433,499	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Williamsport Hospital Inc	Q	3,439,505	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent Williamsport Hospital Inc	S	1,161,252	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S AMBULATORY CARE INC	O	2,126,328	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S AMBULATORY CARE INC	P	123,965	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S AMBULATORY CARE INC	Q	28,959,937	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S AMBULATORY CARE INC	S	60,459,216	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Birmingham	P	3,548,738	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Birmingham	Q	53,814,385	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Birmingham	R	24,187,477	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Blount	Q	4,034,721	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Blount	R	1,822,886	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S COLLEGE INC	P	81,935	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S COLLEGE INC	Q	113,380	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST VINCENT'S COLLEGE INC	S	13,442,003	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S DEVELOPMENT INC	P	107,304	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S DEVELOPMENT INC	Q	116,204	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S DEVELOPMENT INC	R	1,307,697	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's East	O	168,214	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's East	Q	29,477,916	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's East	R	10,534,891	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Foundation of Alabama Inc	P	174,367	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Foundation of Alabama Inc	Q	1,798,642	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S FOUNDATION INC	P	79,702	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S FOUNDATION INC	Q	104,483	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Health System (Alabama)	Q	30,459,959	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Health System (Alabama)	R	8,245,979	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Health System (Florida)	P	1,020,384	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Health System (Florida)	Q	29,405,533	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Health System (Florida)	R	325,505,492	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Medical Center (Alabama)	P	87,090,409	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Medical Center (Alabama)	Q	252,757,291	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Medical Center (Alabama)	R	237,573,902	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Medical Center (Alabama)	S	171,751,289	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Medical Center (Florida)	P	5,132,032	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Medical Center (Florida)	Q	69,821,453	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Medical Center (Florida)	S	37,828,793	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S MEDICAL CENTER-CLAY COUNTY INC	Q	18,352,938	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S MEDICAL CENTER-CLAY COUNTY INC	S	13,973,321	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST VINCENT'S MULTISPECIALTY GROUP INC	P	7,641,953	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S MULTISPECIALTY GROUP INC	Q	4,094,277	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S MULTISPECIALTY GROUP INC	R	56,165,162	ACTUAL AMOUNT PAID/TRANSFERRED
St Vincent's Outpatient Surgery Services LLC	P	211,157	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S SPECIAL NEEDS CENTER INC	P	1,687,396	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S SPECIAL NEEDS CENTER INC	Q	1,401,582	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S SPECIAL NEEDS CENTER INC	R	39,983,387	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Anderson Regional Hospital Inc	P	579,383	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Anderson Regional Hospital Inc	Q	25,202,985	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Anderson Regional Hospital Inc	R	10,533,727	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Dunn Hospital Inc	P	1,438,949	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Dunn Hospital Inc	Q	2,052,789	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Dunn Hospital Inc	R	1,271,489	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Health Wellness and Preventive Care Institute Inc	Q	3,605,971	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Health Wellness and Preventive Care Institute Inc	S	5,100,133	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Hospital and Health Care Center Inc	P	11,122,842	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Hospital and Health Care Center Inc	Q	171,533,171	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Hospital and Health Care Center Inc	S	57,084,274	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Madison County Health System Inc	P	1,994,042	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Madison County Health System Inc	Q	3,393,911	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Madison County Health System Inc	R	1,255,315	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Seton Specialty Hospital Inc	Q	4,464,571	ACTUAL AMOUNT PAID/TRANSFERRED
StVincent Seton Specialty Hospital Inc	R	284,242	ACTUAL AMOUNT PAID/TRANSFERRED
STHS Sleep Center LLC	P	2,584,467	ACTUAL AMOUNT PAID/TRANSFERRED
STHS Sleep Center LLC	Q	2,551,684	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SVH Real Estate Inc	R	29,634,803	ACTUAL AMOUNT PAID/TRANSFERRED
Textile Systems Inc	Q	278,464	ACTUAL AMOUNT PAID/TRANSFERRED
Textile Systems Inc	S	82,423	ACTUAL AMOUNT PAID/TRANSFERRED
The Health Source Group	P	67,857	ACTUAL AMOUNT PAID/TRANSFERRED
The Health Source Group	R	154,257	ACTUAL AMOUNT PAID/TRANSFERRED
The Seton Cove	Q	896,989	ACTUAL AMOUNT PAID/TRANSFERRED
The Seton Cove	R	1,338,226	ACTUAL AMOUNT PAID/TRANSFERRED
Thelen Corporation	P	99,360	ACTUAL AMOUNT PAID/TRANSFERRED
Tri-County Clinical	Q	723,399	ACTUAL AMOUNT PAID/TRANSFERRED
Tri-County Clinical	R	2,517,452	ACTUAL AMOUNT PAID/TRANSFERRED
Universal Health Services	P	270,548	ACTUAL AMOUNT PAID/TRANSFERRED
Universal Health Services	Q	1,018,176	ACTUAL AMOUNT PAID/TRANSFERRED
Universal Health Services	R	4,274,062	ACTUAL AMOUNT PAID/TRANSFERRED
Utica Services Inc and Subsidiaries	P	20,483,010	ACTUAL AMOUNT PAID/TRANSFERRED
Utica Services Inc and Subsidiaries	Q	47,961,104	ACTUAL AMOUNT PAID/TRANSFERRED
Utica Services Inc and Subsidiaries	S	21,582,549	ACTUAL AMOUNT PAID/TRANSFERRED
Via Christi Foundation Inc	Q	117,005	ACTUAL AMOUNT PAID/TRANSFERRED
Via Christi Foundation Inc	S	573,208	ACTUAL AMOUNT PAID/TRANSFERRED
Via Christi Health Alliance in Accountable Care Inc	P	1,064,623	ACTUAL AMOUNT PAID/TRANSFERRED
Via Christi Health Alliance in Accountable Care Inc	Q	540,123	ACTUAL AMOUNT PAID/TRANSFERRED
Via Christi Healthcare Outreach Program For Elders Inc	P	204,933	ACTUAL AMOUNT PAID/TRANSFERRED
Via Christi Healthcare Outreach Program For Elders Inc	Q	2,331,985	ACTUAL AMOUNT PAID/TRANSFERRED
VIA CHRISTI VILLAGE GEORGETOWN INC	P	66,833	ACTUAL AMOUNT PAID/TRANSFERRED
VIA CHRISTI VILLAGE GEORGETOWN INC	Q	816,562	ACTUAL AMOUNT PAID/TRANSFERRED
VIA CHRISTI VILLAGE HAYS INC	P	423,858	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
VIA CHRISTI VILLAGE HAYS INC	Q	2,070,130	ACTUAL AMOUNT PAID/TRANSFERRED
VIA CHRISTI VILLAGE MANHATTAN INC	P	139,821	ACTUAL AMOUNT PAID/TRANSFERRED
VIA CHRISTI VILLAGE MANHATTAN INC	Q	1,425,874	ACTUAL AMOUNT PAID/TRANSFERRED
VIA CHRISTI VILLAGE MCLEAN INC	P	222,265	ACTUAL AMOUNT PAID/TRANSFERRED
VIA CHRISTI VILLAGE MCLEAN INC	Q	1,211,992	ACTUAL AMOUNT PAID/TRANSFERRED
VIA CHRISTI VILLAGE PITTSBURG INC	P	338,852	ACTUAL AMOUNT PAID/TRANSFERRED
VIA CHRISTI VILLAGE PITTSBURG INC	Q	1,902,434	ACTUAL AMOUNT PAID/TRANSFERRED
VIA CHRISTI VILLAGE PONCA CITY INC	P	165,284	ACTUAL AMOUNT PAID/TRANSFERRED
VIA CHRISTI VILLAGE PONCA CITY INC	Q	1,498,964	ACTUAL AMOUNT PAID/TRANSFERRED
Vincentian Ventures of North Alabama Inc & Subsidiaries	R	775,055	ACTUAL AMOUNT PAID/TRANSFERRED
VINCENTIAN VENTURES OF NORTH ALABAMA INC AND SUBSIDIARIES	P	846,502	ACTUAL AMOUNT PAID/TRANSFERRED
VINCENTIAN VENTURES OF NORTH ALABAMA INC AND SUBSIDIARIES	Q	7,580,411	ACTUAL AMOUNT PAID/TRANSFERRED
VINCENTIAN VENTURES OF NORTH ALABAMA INC AND SUBSIDIARIES	S	1,881,775	ACTUAL AMOUNT PAID/TRANSFERRED
WAMEGO HOSPITAL ASSOCIATION INC	P	131,963	ACTUAL AMOUNT PAID/TRANSFERRED
WAMEGO HOSPITAL ASSOCIATION INC	Q	775,596	ACTUAL AMOUNT PAID/TRANSFERRED
Wheaton Franciscan - Elmbrook Memorial Foundation Inc	R	254,651	ACTUAL AMOUNT PAID/TRANSFERRED
Wheaton Franciscan Healthcare-All Saints Foundation Inc	S	333,846	ACTUAL AMOUNT PAID/TRANSFERRED
Wheaton Franciscan Healthcare-Southeast Wisconsin Inc	P	13,102,230	ACTUAL AMOUNT PAID/TRANSFERRED
Wheaton Franciscan Healthcare-Southeast Wisconsin Inc	Q	3,904,782	ACTUAL AMOUNT PAID/TRANSFERRED
Wheaton Franciscan Healthcare-Southeast Wisconsin Inc	R	72,504,909	ACTUAL AMOUNT PAID/TRANSFERRED
Wheaton Franciscan Healthcare-Terrace at St Francis Inc	P	279,944	ACTUAL AMOUNT PAID/TRANSFERRED
Wheaton Franciscan Healthcare-Terrace at St Francis Inc	Q	1,963,715	ACTUAL AMOUNT PAID/TRANSFERRED
Wheaton Franciscan Healthcare-Terrace at St Francis Inc	R	12,001,944	ACTUAL AMOUNT PAID/TRANSFERRED
Wheaton Franciscan Holdings Inc and Subsidiaries	P	1,064,468	ACTUAL AMOUNT PAID/TRANSFERRED
Wheaton Franciscan Holdings Inc and Subsidiaries	Q	270,729	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Wheaton Franciscan Holdings Inc and Subsidiaries	R	352,266	ACTUAL AMOUNT PAID/TRANSFERRED
Wheaton Franciscan Holdings Inc and Subsidiaries	S	420,122	ACTUAL AMOUNT PAID/TRANSFERRED
Wheaton Franciscan-St Joseph Foundation Inc	R	548,224	ACTUAL AMOUNT PAID/TRANSFERRED