DLN: 93493135035100 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization D Employer identification number B Check if applicable St Vincent's Health System Inc □ Address change ☐ Name change Doing business as St Vincent's Healthcare ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 4205 Belfort Road 4020 ☐ Amended return ☐ Application pending (314) 733-8000 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 101,905,911 Name and address of principal officer H(a) Is this a group return for Thomas J Vanosdol ☐Yes **☑**No subordinates? 1 Shircliff Way H(b) Are all subordinates Jacksonville, FL ☐ Yes ☐No ıncluded? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) H(c) Group exemption number \triangleright Website: ► N/A L Year of formation 2000 K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities To improve the health and well-being of all people in the communities we serve Activities & Governance 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) . 10 4 9 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 9 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 435,218 614,970 Ravenua 75,220,343 100,452,505 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,916 3,601 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 725,527 834,835 76,384,004 101,905,911 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 601,968 640,473 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 35,592,893 33,738,761 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 130,980,601 78,316,136 167,175,462 112,695,370 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -90,791,458 -10,789,459 Net Assets or Fund Balances Beginning of Current Year End of Year 90,441,923 85,155,502 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 57,121,517 37,550,709 22 Net assets or fund balances Subtract line 21 from line 20 . 28,033,985 52,891,214 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 2020-05-14 Signature of officer Sign Here Tonya Mershon Tax Officer Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address ▶ Phone no ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

orm	990 (2018)					Page 2
Pa	t III Statement	of Program Servi	ce Accomplis	hments		
	Check If Sched	dule O contains a resp	onse or note to	any line in this Part III .		🗆
L	Briefly describe the o					
HOS UST	E WHO ARE POOR AND	O VULNERABLE OUR THE HEALTH OF INDI	CATHOLIC HEAL	TH MINISTRY IS DEDICA	SERVING ALL PERSONS WITH SPE ATED TO SPIRITUALLY-CENTEREI ADVOCATES FOR A COMPASSION.	D, HOLISTIC CARE WHICH
 !	Did the organization i	undertake any signific	ant program ser	vices during the year wh	nich were not listed on	
	the prior Form 990 or			- ·		☐ Yes ☑ No
	If "Yes," describe the	se new services on So	hedule O			
3	•			changes in how it condu	icts, any program	
	services? If "Yes," describe the			-		☐ Yes 🗹 No
4	Describe the organiza	ation's program servic d 501(c)(4) organizat	e accomplishmei ions are required	I to report the amount o	largest program services, as mea f grants and allocations to others	asured by expenses s, the total
ła	(Code See Additional Data) (Expenses \$	100,822,535	including grants of \$	640,473) (Revenue \$	100,598,309)
₽b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
ld	Other program service (Expenses \$	•	lule O) cluding grants of	\$) (Revenue \$)
16	Total program serv	ice expenses >	100.822.5			

Pa	t 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		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? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	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	
е	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
1/12	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
15		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
	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	
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

rm	990 (2018)			Page 4
Par	Checklist of Required Schedules (continued)			
3	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	23	Yes Yes	No
4a	Schedule J	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	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
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
3	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
L	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	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
3	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	
1	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	
ā	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 \clubsuit	35b	Yes	
5	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		No
,	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
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	· ;		<u> </u>
			Yes	No

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

75

0

1a

1b

If "Yes," did the organization notify the donor of the value of the goods or services provided?

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

d If "Yes," indicate the number of Forms 8282 filed during the year

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

7b

7с

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

7d |

10a

10b

11a

11b

12b

13b

13c

Yes

No

No

Form	990 (2018)			Page 6
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	lines 🗸
Se	ction 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 10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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			
а	The governing body?	8a	Yes	
Ь	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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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?	10ь		
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	
	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? <i>If "Yes," describe in Schedule O how this was done</i>	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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
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)			
	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	
Se	ction 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 ►SARA OBRIEN 11775 BORMAN DRIVE MARYLAND HEIGHTS, MO 63146 (314) 733-8070

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

3900 UNIVERSITY BLVD S JACKSONVILLE, FL 32216

compensation from the organization ▶ 6

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

Page 8

(A) Name and Title	(B) Average hours per week (list any hours	than c	one bo	ox, u in off	t che inles ficer	eck moss person and a	son	(D) Reportabl compensati from the	on (W-	(E) Reportable compensation from related organizations	w-	Estima amount o compens from	ated f other sation the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MIS	oC)	2/1099-MISC)	on and ed ations	
See Additional Data Table			_	\vdash		-	\vdash				+		
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						Ļ			1		\perp		
1b Sub-Total	 art VII , Section	 A				▶					<u> </u>		
d Total (add lines 1b and 1c)	<u> </u>	<u> </u>	<u></u>			•		3,084,98	19	5,483,64	18		557,340
2 Total number of individuals (including of reportable compensation from the			e liste	ed ab	20V6	e) who	rece	eived more tha	n \$10	00,000			
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J	,		ee, k	ey er •	mplo •	oyee, ‹	or hi	ghest compens	sated	employee on	3	Yes Yes	No
For any individual listed on line 1a, is organization and related organization individual										the	4	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization?										vidual for	5	103	No
Section B. Independent Contract													
1 Complete this table for your five higher from the organization. Report comper											mpen	sation	
Name a	(A) and business addre	ess							Descr	(B)		(C Compen	
NORTH FLORIDA ANESTHESIA CONSULTANTS		<u> </u>						ANEST		SERVICES			,144,723
2165 HERSCHEL ST JACKSONVILLE, FL 32204													
MEDSPEED LLC				_	_		_	COUR	IER SE	RVICES		1,	,105,508
655 W GRAND AVE STE 320													
PROFESSIONAL RESEARCH CONSULTANTS								RESEA	ARCH S	SERVICES			287,913
11326 P ST													
OMAHA, NE 68137 TEA LEAVES HEALTH								CONS	ULTING	G SERVICES			164,008
1327 NORTHMEADOW PKWY													
SUITE 132 ROSWELL, GA 30076													
FIRST COAST CARDIOVASCULAR INSTITUTE PA								MEDIC	CAL SE	RVICES			138,688

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

		(2018)											Page 9
Part	VIII						الحصيصات	hia Dant VIII					🗹
		Check if Schedul	e O contains :	a respo	onse or no	ote to any	(A) revenue	Re e fu	(B) elated or exempt unction	Unr bus	(C) elated siness venue	(D) Revenue excluded from eax under sections
	1a	Federated campaig	ns	1a		0			16	evenue			512 - 514
ints	ŀ	b Membership dues		1b		0							
Gra mo		c Fundraising events		1c		0							
Gifts, Grants illar Amounts		d Related organizatio	ns	1d		614,970							
nia Bis	6	e Government grants (co	ontributions)	1e		0							
ons. Sin	f	f All other contributions, and similar amounts n	, gifts, grants, ot included										
tributions, Gifts, Grants Other Similar Amounts		above	or meladed	1f									
Ē	٩	9 Noncash contribution in lines 1a - 1f \$	ons included										
Contributions, and Other Sim	1	h Total. Add lines 1a	-1f			>		614,970					
						Business	Code	014,570					
nue	2a	SERVICES TO AFFILIATE	ES .				561000	90,	430,951	90,430	,951		
Program Service Revenue	b	NET PATIENT SERVICE F	REVENUE				621990	7,	714,588	7,714	,588		
Ce F	С	RENTAL INCOME FROM	AFFILIATES				531120	1,	866,050	1,866	,050		
Kervi	d	BILLING SERVICE REVE	NUE				561000		440,231		,231		
E C	е	MANAGEMENT FEES					561000		685		685		
ogra	f	All other program se	rvice revenue	!					0		0		0 0
\$	g.	Total. Add lines 2a-2	.f		>	100,	452,505						
	3]	Investment Income (II			ınterest, a	nd other	1	2.60	1				2.524
		similar amounts) . Income from investme			and nvaca	ada 🕨	`	3,60	0				3,601
					-	eus P	.		0				0
		Royalties											
	6a	Gross rents		72 546									
	b	Less rental expenses	3	572,546 0			0						
		Double		72.546									
	С	: Rental income or (loss)	5	572,546			٩						
	d	Net rental income o	r (loss)	•		>]	572,54	6				572,546
	7 -	Gross amount	(ı) Securit	ties	(11)	Other	4						
	/a	fom sales of 0 assets other than inventory					o						
	b	Less cost or other basis and											
	_	sales expenses		0			0						
		Gain or (loss) Net gain or (loss)					<u> </u>		0				0
		Gross income from fi	undraising ev	ents		<u> </u>							
Revenue		(not including \$ contributions reporte		of									
₹ .		See Part IV, line 18		а									
r Ā		Less direct expense: : Net income or (loss)		b sing ev	ents				٥				0
Other		Gross income from g				• •	1						-
0		See Part IV, line 19		а									
	Ь	Less direct expense:	s	a b			+						
		: Net income or (loss)			les	>			О				0
	10a	Gross sales of invent returns and allowand											
		returns and anowand	.es	a		0							
	b	Less cost of goods s	sold	b		0							
	С	Net income or (loss)		invent					0				0
	11	Miscellaneous aVENDING REVENUE			Busine	ss Code 72251	4	75,00	n				75,000
		AVENDING REVENUE				, 2231		73,00	1				, 3,000
	ь	MEDICAL STAFF REV	/ENI IE			90009	9	132,50	0	132,500			
	_	MEDICAL STAFF KEV	, L140L					, -		, -			
	c	FITNESS REVENUE				90009	9	8,14	0	8,140			
	d	All other revenue .						46,64	9	5,164		0	41,485
	е	Total. Add lines 11a	-11d			>		262,28	9		_		
	12	Total revenue. See	Instructions			. •		101,905,91		100,598,309		0	692,632
								,		. 1		-1	Form 990 (2018)

Part IX	Statement of Functional Expenses
C +	(/-)/2) 4 F04/-)/4)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nizations must comp	lete 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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	640,473	640,473		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,794,414	0	1,794,414	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,190,178	22,348,874	841,304	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,091,380	1,043,269	48,111	
9 Other employee benefits	5,991,308	5,468,409	522,899	
10 Payroll taxes	1,671,481	1,504,333	167,148	
11 Fees for services (non-employees)				
a Management	21,000		21,000	
b Legal	10,000		10,000	
c Accounting				
d Lobbying	24,137		24,137	
e Professional fundraising services See Part IV, line 17	· ·		<u> </u>	
f Investment management fees				
	542,966	488,669	54,297	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	189,297	176,805	12,492	<u> </u>
12 Advertising and promotion		· · ·	· · · · · · · · · · · · · · · · · · ·	
13 Office expenses	1,326,838	1,194,154	132,684	
14 Information technology	302,816	272,534	30,282	
15 Royalties				
16 Occupancy	3,299,948	2,969,953	329,995	
17 Travel	392,723	353,451	39,272	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	186,041	167,437	18,604	
20 Interest	9,315,931	8,384,338	931,593	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,937,383	7,143,645	793,738	
23 Insurance	8,255,342	7,429,808	825,534	
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 PURCHASED SERVICES	43,012,362	38,711,126	4,301,236	
b SYSTEM OFFICE ALLOCATION	826,877		826,877	
D STSTEM OFFICE ALLOCATION	020,077		020,077	
c MEDICAL SUPPLIES	630,680	630,680		
d UBI Tax Expense	393	354	39	
e All other expenses	2,041,402	1,894,223	147,179	0
25 Total functional expenses. Add lines 1 through 24e	112,695,370	100,822,535	11,872,835	0
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2018)

Form	า 990	(2018)					Page 11
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			649	1	724
	2	Savings and temporary cash investments .		[5,240,629	2	12,494,947
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			-463,787	4	-918,813
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	nployees Complete	0	5	0	
s	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	rsons (as defined under (c)(3)(B), and f section 501(c)(9)	0	6	0	
ssets	7	Notes and loans receivable, net	0	7	0		
As	8	Inventories for sale or use	37,602	8	0		
_	9	Prepaid expenses and deferred charges			559,394	9	217,778
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	78,651,933			
	ь	Less accumulated depreciation	10 b	17,781,740	34,047,126	10 c	60,870,193
	11	Investments—publicly traded securities .			0	11	0
	12	Investments—other securities See Part IV, line	11 .		0	12	
	13	Investments—program-related See Part IV, line	11 .		0	13	
	14	Intangible assets		[7,925,229	14	6,125,623
	15	Other assets See Part IV, line 11		[37,808,660	15	11,651,471
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	85,155,502	16	90,441,923
	17	Accounts payable and accrued expenses			4,262,437	17	2,293,797
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
S	21	Escrow or custodial account liability Complete F	art IV	of Schedule D	0	21	0
ilitie	22	Loans and other payables to current and former key employees, highest compensated employee					
Liabilities		persons Complete Part II of Schedule L			0	22	0
=	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	0	23	0
	24	Unsecured notes and loans payable to unrelated	l third	parties	0	24	0
	25	Other liabilities (including federal income tax, parand other liabilities not included on lines 17 - 24		to related third parties,	52,859,080	25	35,256,912

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Total liabilities.Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

Retained earnings, endowment, accumulated income, or other funds

26

27 28

29

30

31

32

33

34

Net Assets or Fund Balances

52.891.214 20,944,192 27 7,089,793 28 0 0 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building or equipment fund . . . 31

57.121.517

28,033,985

85,155,502

26

32

33

34

37.550.709

52,891,214

90,441,923 Form **990** (2018)

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 18007697 **Software Version:** 2018v3.1

EIN: 59-3650609

CARE HOSPITAL, ST LUKE'S-ST VINCENT'S HEALTHCARE, A 296 BED NONPROFIT ACUTE CARE HOSPITAL, ST VINCENT'S AMBULATORY CARE, INC. NEUROSURGERY, NEUROLOGY, AND CARDIOLOGY SPECIALTY PRACTICES THE ENTITIES OF ST. VINCENT'S HEALTH SYSTEM, INC. PROVIDE HEALTH CARE SERVICES FOR THE RESIDENTS. OF NORTHEAST FLORIDA AND SOUTHEAST GEORGIA ST VINCENT'S HEALTH SYSTEM, INC. SEEKS TO IMPROVE THE PHYSICAL, MENTAL SOCIAL AND SPIRITUAL HEALTH

Name: St Vincent's Health System Inc

Form 990 (2018)

STATUS OF ITS SURROUNDING COMMUNITY

Form 990, Part III, Line 4a: ST VINCENT'S HEALTH SYSTEM, INC. PROVIDES ADMINISTRATIVE AND MANAGERIAL SERVICES FOR ST. VINCENT'S MEDICAL CENTER, A 512 BED NONPROFIT ACUTE

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation compensation amount of other hours per is both an officer and a week (list from the from related compensation from the

0

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	c	lirect	or/tr	uste	ee)		organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
PAUL J CHAPPANO MD	1 0	Х		Х				0	0	0
CHAIR	0	^		^				0	0	0
ROBERT EMMANUEL	1 0	Х		X				0	0	0
VICE CHAIR	0	^		^				0	0	0
MARY ELLEN LACY	1 0	Х		X				0	0	0

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JOHN ROCHE

J MORT O'SULLIVAN III

SIDNEY SIMMONS II

CHAIR	0						
ROBERT EMMANUEL	1 0						
VICE CHAIR	0	X	Х		0	0	
MARY ELLEN LACY	1 0				_		
SECRETARY/TREASURER	0	X	Х		0	0	
THOMAS 1 VANOSDOL	0.0						

	U						
MARY ELLEN LACY	10	>	_		0	0	0
SECRETARY/TREASURER	0	^	^		0	0	0
THOMAS J VANOSDOL	0 0	V			0	072.007	44.477
EX-OFFICIO/CEO	50 0	X	^		U	872,897	44,477
1ACK DEMETREE IR	10						

TART ELLEN BACT		X	v I		0	١	0	
SECRETARY/TREASURER	О	^	^		ľ			
THOMAS J VANOSDOL	0 0	.,	,			072.007	44.477	
EX-OFFICIO/CEO	50 0	X	*		0	872,897	44,477	
JACK DEMETREE JR	1 0					0		
DIRECTOR	1 0	Х			0	0	0	

THOMAS 3 VANOSDOL		v	χl		ر ا	872,897	44,477
EX-OFFICIO/CEO	50 0	^	^		,	672,637	44,4//
JACK DEMETREE JR	10	V				0	
DIRECTOR	1 0	Х			٥	U	U
JOHN FALCONETTI	1 0	V					
DIRECTOR	1.0	^			0	0	0

JACK DEMETREE JR	10	V					
DIRECTOR	1 0	X			٥		0
JOHN FALCONETTI	1 0						
DIRECTOR	1 0	X			0	0	0
J COLLIER MERRILL	1 0						

		X			l 0	0	
DIRECTOR	10						
JOHN FALCONETTI	1 0						
DIRECTOR	1 0	X			0	0	
J COLLIER MERRILL	1 0				0	0	

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list compensation from the from related any hours director/trustee) organization (Worganizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

TRACY B WILLIAMS

LORRAINE M KEITH

WILLIAM R MAYHER

ELLEN A WILLIAMS

AMBER L ISLEY MD

PHYSICIAN ADVISOR

CNO

COO

PRESIDENT, ACUTE CARE HOSPITALS

DIRECTOR, BEHAVIORAL HEALTH

ELIZABETH SNYDER MCKENZIE

VP, PATIENT QUALITY AND SAFETY

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
C SUSAN CORNEJO	0.0			Ī.,						
CFO, MINISTRY MARKET (END 1/2019)	50 0			×				0	579,713	39,649
KIMBERLY P SHREWSBURY	0 0							_		
CFO, MINISTRY MARKET (START 1/2019)	50 0			×				0	298,053	43,464

CFO, MINISTRY MARKET (END 1/2019)	50 0		^			3	3,7,713	
KIMBERLY P SHREWSBURY	0 0		V			0	200 052	
CFO, MINISTRY MARKET (START 1/2019)	50 0		×			U	298,053	
JEFFREY A MATHISON MD	50 0							
СМО	0.0			×		363,009	49,493	
ESTRELLITA REDMON MD	50 0			v		457 998	0	

0.0 50 0

50 0

50 0

................

KIMBERLY P SHREWSBURY	0.0					_		
CFO, MINISTRY MARKET (START 1/2019)	50 0		Х			0	298,053	43,464
JEFFREY A MATHISON MD	50 0							
CNO				Х		363,009	49,493	38,039
CMO	0.0							
ESTRELLITA REDMON MD	50 0							
CMO, PHYSICIAN GROUP	0.0			Х		457,998	0	35,413

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305,537

285,331

230,029

226,175

200,160

191,009

44.041

43,172

11,350

35,362

28,670

9,200

20,172

(A) (B) (C) (D) (E) (F) Position (do not check more Reportable Reportable Estimated Name and Title Average than one box, unless person hours per compensation compensation amount of other is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

Officer

employee

Institutional

Individual trustee or director

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Highest compensated employee

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Former

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)
JEFF OLIVER	50 0
VP, PHARMACY	0
KATIE J MILLER	50 0
DIRECTOR, PHYSICIAN BUSINESS DEVELOPMENT	0
MICHAEL H SCHATZLEIN MD	0 0

and Independent Contractors

FORMER OFFICER (END 12/2016)

FORMER OFFICER (END 6/2018)

FORMER KEY EMPLOYEE (12/2017)

FORMER KEY EMPLOYEE (12/2017)

FORMER KEY EMPLOYEE (12/2017)

FORMER KEY EMPLOYEE (12/2017)

MICHELLE C WILLIAMS ADAMOLEKUN

FORMER KEY EMPLOYEE (END 2/2018)

FORMER KEY EMPLOYEE (END 2/2018)

JEFFREY H MIDDLEBROOKS

FRANK H GILBERSTADT MD

PAMELA M HESS

TERESA LOFTIS

JOHN D MEYER III

KYLE E SANDERS

2/1099-MISC)

166,664

0

489,541

(W-2/1099-

MISC)

1,010,804

420,756

568,592

267,289

399,249

699,244

273,516

organization and

related organizations

16,913

11,582

35,788

37,427

35,887

27,575

32,079

5,534

5,586

efile	GR/	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493135035100			
SCF	IFD	ULE A		Dublic	Charity Statu	s and Duk	alia Gunn	ort	OMB No 1545-0047			
	n 990		Com	plete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	tus and Public Support ection 501(c)(3) organization or a section exempt charitable trust. m 990 or Form 990-EZ. m990 for the latest information. Open to Publ						
		the Treasury		► Go to	www.irs.gov/Form	9 <u>90</u> for the late	st information	•	Inspection			
Name	of th	e organiza ealth System						Employer identific	ation number			
St Ville								59-3650609				
Par					us (All organization e it is (For lines 1 thro			See instructions.				
1	yanızı		•		ssociation of churches	•		(A)(i)				
2		•		,	1)(A)(ii). (Attach Scl							
3						,	, ,					
4		·	•	•	vice organization desc ed in conjunction with			•	ntor the beenstalle			
4	Ш	name, city,		nization operat	ed in conjunction with	a nospital descri	ped in Section	170(B)(1)(A)(III). E	nter the nospital s			
5		(b)(1)(A)	(iv). (Comple	te Part II)	t of a college or unive				bed in section 170			
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	A)(v).				
7				mally receives vi). (Complete	a substantial part of it Part II)	s support from a	governmental ι	unit or from the gener	al public described in			
8		A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)										
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a			
10		from activit	ies related to income and u	ıts exempt fur ınrelated busır	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su				
11		An organiza	organization organized and operated exclusively to test for public safety See section 509(a)(4).									
12	✓	more public	ly supported	organizations (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See section 509(a				
a		Type I. A so	supporting org n(s) the powe	janization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by				
b	✓	manageme	nt of the supp		pervised or controlled in a the sare and C.							
С					supporting organizatio				ted with, its			
d		Type III n functionally	on-function	ally integrate he organizatio	d. A supporting organ n generally must satis rt IV, Sections A and	ization operated fy a distribution i	in connection wi requirement and	th its supported organ				
e					ved a written determin integrated supporting		RS that it is a Ty	pe I, Type II, Type II	I functionally			
f	Enter		, ,	organizations		•		_4	_			
g					pported organization(1				
	(i) N	ame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	ganization in your governing document? monetal (see ins 0 above (see			(vi) Amount of other support (see instructions)			
						Yes	No					
See /	Addıtıo	nal Data Tal	ole									
								20.222.42				
Total		vork Bodii-	4L	co coc the T	structions for	Cat No 11285	<u> </u>	89,033,133	0 90 or 990-EZ) 2018			

instructions

rage	_
170	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	iis to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T	T		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
5	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						
S	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(-,	(=,====	(3,2323	(-)	(0)2020	(1).010.
7							
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							
10	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, e	tc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	urd, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) org	anization.
	check this box and stop here	=				· · · · · · <u>-</u>	_
_	section C. Computation of Public						_
	Public support percentage for 2018 (line			column (f))			
				column (1))		14	
	Public support percentage for 2017 Sch					15	
16 a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif						··►□
b	33 1/3% support test—2017. If the	organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganızatıon			▶□
17 a	10%-facts-and-circumstances test-	–2018. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						▶ □
Į.	10%-facts-and-circumstances test	-2017. If the o	rganization did no	ticheck a box on l	ine 13, 16a, 16h	or 17a, and line	
0	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			5-	4	,	▶□
10	Private foundation. If the organization	n did not check :	hov on line 12 1	6a 16h 17a or 1	7h check this has	and see	F L
TΩ	Trivate roundation, if the organization	ii ala not check e	4 POV OIL HIE TO, T	ou, 100, 1/a, 01 1	. , D, CHECK HIIS DU)	, unu see	

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	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)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(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							
	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	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	,	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, 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

Page 4

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

No

No

No

No

No

No

No

Schedule A (Form 990 or 990-EZ) 2018

6

7

8

10a

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

	cetion At All supporting enganizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			

	If No, describe in Fait VI now the supported organizations are designated in designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	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)? If "Yes," describe in Part VI when and how the organization made the	·		

		_			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)				
	below :				
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the				
	determination				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I. answer (b) and (c) below				
	cnecked iza or izbin Marti. answeribilandici below			l	

)		•	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the				
	determination	3b			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	"Yes," explain in Part VI what controls the organization put in place to ensure such use	3с			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or $ $				

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) 5b 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		rised by or in connection with its supported organizations	4b	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) 5a 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?	he c)(e organization support any foreign supported organization that does not have an IRS determination under sections i(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		
(c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b	e i	foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b	elo nız	low (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported zations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the	F2	No
organization's organizing document?	nd.	lment to the organizing document)	- Ja	110
	e I	I or Type II only. Was any added or substituted supported organization part of a class already designated in the	$oxed{oxed}$	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	nız	zation's organizing document?	5b	
The state of the s	sti	itutions only. Was the substitution the result of an event beyond the organization's control?	5c	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

	The West Companies Companies than a Companies to the Companies than a Companies to the Comp			aye J		
1.6	Supporting Organizations (continued)					
			Yes	No		
	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No		
h	A family member of a person described in (a) above?	11b		No		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		No		
	Section B. Type I Supporting Organizations		<u> </u>			
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization					
_	Castion C. Tuno II Cumposting Overnipations					
3	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		1.03			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	Yes			
_	Section D. All Type III Supporting Organizations					
	ection D. All Type III Supporting Organizations		Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?					
		1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)					
		2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3				
S	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 instruct	ions)				
	a					
	b					
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)			
2	Activities Test Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	Tes			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b				
3	Parent of Supported Organizations Answer (a) and (b) below.					
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	36				

3b

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Schedule A (hedule A (Form 990 or 990-EZ) 2018 Page 8							
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 Sched	dule A, Supplement	tal Information						
Ret	turn Reference	Explanation						
	ED BY NAME	In addition to the listed qualifying supported organizations with which the filing organiz ation has a historical relationship, the filing organization also has a supporting organiz ation relationship with the Ascension Religious Sponsor and Ascension Founding Religious Sponsors, by and through Ascension Health Alliance and Ascension Health						

Additional Data

Software ID: 18007697
Software Version: 2018v3.1

EIN: 59-3650609

Name: St Vincent's Health System Inc

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 org listed ii governing o	anızatıon 1 your	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
(A) ST VINCENT'S MEDICAL CENTER INC	590624449	3	Yes		53,796,604	0
(A) ST VINCENT'S AMBULATORY CARE INC	592292041	9	Yes		2,807,292	0
(B) ST LUKE'S-ST VINCENT'S HEALTHCARE	260479484	3	Yes		21,279,880	0
(C) St Vincent's Medical Center - Clay County Inc	461523194	3	Yes		11,149,357	0

SCHEDULE C

(Form 990 or 990-

Department of the Treasury

EZ)

Political Campaign and Lobbying Activities

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

DLN: 93493135035100

OMB No 1545-0047

▶ 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.

Open to Public

Intern	al Revenue Service				Inspe	CLIOII
		n Form 990, Part IV, Line 3, or Form 9 mplete Parts I-A and B Do not complete		e 46 (Political Campaign /	Activities), the	n
• :	Section 501(c) (other than section	501(c)(3)) organizations Complete Parts		Do not complete Part I-B		
	Section 527 organizations Comple	te Part I-A only n Form 990, Part IV, Line 4, or Form 9	190 EZ Bart VI lur	o 47 (Lobbying Activities	·) than	
		it have filed Form 5768 (election under s				3
		t have NOT filed Form 5768 (election ui				
	e organization answered "Yes" o xy Tax) (see separate instructior	n Form 990, Part IV, Line 5 (Proxy Ta:	k) (see separate ii	nstructions) or Form 990-	EZ, Part V, lin	e 35c
	Section 501(c)(4), (5), or (6) organi					
	me of the organization	·		Employer iden	tification num	ber
St V	/incent's Health System Inc			59-3650609		
Par	t I-A Complete if the orga	nization is exempt under section	on 501(c) or is	a section 527 organiz	zation.	
1	Provide a description of the orga "political campaign activities")	nization's direct and indirect political car	mpaign activities ir	Part IV (see instructions fo	or definition of	
2	Political campaign activity expen-	ditures (see instructions)		> :	\$	
3	Volunteer hours for political cam	•				
Par	-	nization is exempt under section				
1	·	ax incurred by the organization under se		▶ :	\$	
2	•	ax incurred by organization managers u		▶ :	\$	
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for	this year?		☐ Yes	☐ No
4a	Was a correction made?				☐ Yes	□ No
b	If "Yes," describe in Part IV t I-C Complete if the orga	nization is exempt under section	n F01(c) avec	ent coction E01(c)(2)		
		•			<u>.</u>	
1	, · ·	ded by the filing organization for section			»	
2	function activities	ganization's funds contributed to other o	rganizations for se	ection 527 exempt	\$	
3	Total exempt function expenditui	res Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b ►	\$	
4	Did the filing organization file Fo	rm 1120-POL for this year?			☐ Yes	□ No
5	organization made payments Fo of political contributions received	employer identification number (EIN) of r each organization listed, enter the am- that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such a	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of contributions and promp directly delived separate programmers.	received otly and rered to a political If none,
1						
2						
3						
4						
5						

ь	Total lobbying expenditures to influence a legislative					
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c and					
f	Lobbying nontaxable amount Enter the amount fron 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 -(

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 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 (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

expenditure next year?

Return Reference

Schedule C, Part II-B, Line 1 DETAILED

DESCRIPTION OF THE LOBBYING

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

5

Part IV

ACTIVITY

Mailings to members, legislators, or the public?

Publications, or published or broadcast statements?

Grants to other organizations for lobbying purposes?

1

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

(b)

Amount

(a)

No

Nο

Nο

Νo

Nο

No No

Yes

Direct contact with legislators, their staffs, government officials, or a legislative body? Nο Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Nο Other activities? Yes 24,137 Total Add lines 1c through 1i 24,137 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Nο b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 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? 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). 2a Current year Carryover from last year b 2b C 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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

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

Explanation

LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO STATE HOSPITAL ASSOCIATIONS THAT

IS SPECIFICALLY ALLOCABLE TO LOBBYING ST VINCENT'S HEALTH SYSTEM, INC DOES NOT PARTICIPATE

IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OR STATEMENTS) ANY POLITICAL

4

SCHEDULE D

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

(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 the latest information.

DLN: 93493135035100 OMB No 1545-0047

Open to Public Inspection

	me of the organization /incent's Health System Inc		Employer identification number			
J. V	incent's realth System Inc		59-3650609			
Pa	Organizations Maintaining Donor Adv Complete if the organization answered "Y		or Accounts.			
	Complete if the organization unimered	(a) Donor advised funds	(b)Funds and other accounts			
	Total number at end of year		, ,			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
ı	Aggregate value at end of year					
,	Did the organization inform all donors and donor advis	sors in writing that the assets held in donor ac	l dvised funds are the			
	organization's property, subject to the organization's		Yes No			
5	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the doni private benefit?					
Pai	rt III Conservation Easements. Complete if	the organization answered "Yes" on Fori	m 990, Part IV, line 7.			
L	Purpose(s) of conservation easements held by the org	ganization (check all that apply)				
	\square Preservation of land for public use (e g , recreati	ion or education)	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 fo				
а	easement on the last day of the tax year Total number of conservation easements		Held at the End of the Year			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified history	pric structure included in (a)	2c			
d	Number of conservation easements included in (c) acq 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 >					
ļ	Number of states where property subject to conservat	tion easement is located >				
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hol		of violations, Yes No			
5	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing o	onservation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting \$ \\$	g, handling of violations, and enforcing conser	vation easements during the year			
3	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of section 1	.70(h)(4)(B)(ı)			
•	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easements	ne footnote to the organization's financial state				
ar	t III Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, or Oth	ner Similar Assets.			
La	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finite or the footnote of the footnote.	116 (ASC 958), not to report in its revenue start or public exhibition, education, or research in				
b	If the organization elected, as permitted under SFAS : historical treasures, or other similar assets held for pu	116 (ASC 958), to report in its revenue staten				
ľ	following amounts relating to these items i) Revenue included on Form 990, Part VIII, line 1		▶ \$			
•	i)Assets included in Form 990, Part X		► \$ ► \$			
, ' ,	If the organization received or held works of art, histo	orical treasures, or other similar assets for fina				
4	following amounts required to be reported under SFAS					
а	Revenue included on Form 990, Part VIII, line 1		▶ \$			
b	Assets included in Form 990, Part X		▶ \$			

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal Tı	reası	ıres, or	Other	Similar .	Assets (contin	ued)	
3		ng the organization's acq ns (check all that apply)	uisition, accessioi	n, and other	records,	check a	any of	the fo	llowing t	hat are a	sıgnıfıcan	t use of its	colle	ction	
а		Public exhibition				d		Loan	or excha	ange prog	rams				
b		Scholarly research				е		Othe	r						
С		Preservation for future	e generations												
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII													
5		ing the year, did the orga ets to be sold to raise fur									ılar	□ Ye	:s	□ N-	0
Pai	rt IV														
		Complete if the org X, line 21.	ganızatıon ansv	vered "Yes	" on Forr	n 990	, Part	IV, lı	ne 9, or	reporte	d an am	ount on F	orm	990,	Part ———
1a		ne organization an agent uded on Form 990, Part I		an or other	ıntermedi	ary for	contril	bution	s or othe	er assets i	not	☐ Ye	es	□ N	o
b	If "	res," explain the arrange	ement in Part XIII	and comple	ete the fol	lowing	table		[Amount			-
c	Beg	inning balance							Ī	1c					_
d	Add	itions during the year							Ī	1 d					_
е	Dist	ributions during the year	r						Ī	1e					_
f	End	ing balance							Ī	1f					_
2a	Dıd	the organization include	an amount on Fo	rm 990. Par	rt X. line 2	1. for e	escrow	or cu	، Istodial a	ccount lia	bility?	. 🗆 ve	· c	□ N	– n
		es," explain the arrange										_			
	rt V	Endowment Fund													
				(a)Curren			ior yea				(d)Three		(e) Fo	ur year	s back
1 a	Begir	ning of year balance .													
b	Contr	ributions													
С	Net II	nvestment earnings, gair	ns, and losses												
d	Grant	s or scholarships													
е		expenditures for facilities	es												
f	Admı	nistrative expenses .													
g	End o	of year balance													
2	Prov	ride the estimated percei	ntage of the curre	ent year end	l balance ((line 1g	g, colu	mn (a)) held a	s		•			
а		rd designated or quasi-e													
Ь	Perr	manent endowment 🕨													
С	Temporarily restricted endowment ▶														
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%										
3а		there endowment funds	not in the posses	sion of the	organızatı	on that	are h	eld an	d admını	stered for	the		Г	V 1	
	_	anization by unrelated organizations										3	a(i)	Yes	No
	• •	related organizations .					•						a(ii)		
ь		related organizations . (es" on 3a(II), are the rel		· · · · · · · · · · · · · · · · · · ·	eauired o	. . n Sche	 dule R	?					3b		-
4		cribe in Part XIII the inte	-		•										
Pai	rt VI														
		Complete If the or	ganization ansv	vered "Yes											
	Desc	ription of property	(a) Cost or oth (investme		(b) Cost o	or other	basıs (d	other)	(c) Acci	umulated d	epreciation	((d) Bo	ok value	9
1a	Land						5,70	01,809						5	,701,809
	Build							70,188			6,084,24	8			,285,940
		ehold improvements						22,461			151,31	_			71,150
		mont						77 157			11 120 65			0	286 500

9,950,318

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

9,524,794

60,870,193

425,524

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	organızat	ion ansv	vered "Yes" on Form S	990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b) Book value		hod of valuation of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(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.	<u> </u>			
Complete if the organization answered 'Yes' on For	m 990, P	art IV, lı	ne 11c. See Form 990), Part X, line 13.
(a) Description of investment	(b) Bo	ook value		hod of valuation 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 'Y (a) Description	es' on For	m 990, Pa	art IV, line 11d See Form	n 990, Part X, line 15 (b) Book value
(1) Other Misc Long Term Assets				(b) Book value
(2) Other Board Designated Investments (3) Miscellaneous Assets				38,458 151,399
(4) Due from Affiliates				11,298,927
(5) Other Receivables				165,305
(6) Beneficial Interest in Foundation (7) Merger Acquisition/Organizational Costs				
(8) Interest in Investments Held by Ascension Health Alliance				-2,618
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization ans	wered 'V	· ·		11,651,471
See Form 990, Part X, line 25.	Wered			
1. (a) Description of liability		(b) B	ook value	
(1) Federal income taxes				
Misc Long Term Liability Due to Affiliates			34,201,974	
Recovery Tail Liability			6,228	
Accrued Tax Liability			356,387	
Debt with Ascension Health Alliance			692,323	
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		35,256,912	
2. Liability for uncertain tax positions In Part XIII, provide the text of the			ganization's financial sta	
organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check h	ere if the	text of the footnote has	been provided in Part XIII 🗹

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Reven zation answered 'Yes' on Form 990, Part IV, line 12a.	ue per Return	
1	Total revenue, gains, and other s	1		
2	· - ·	ot on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on i	nvestments 2a		
b	Donated services and use of facil	ties		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 990, I	Part VIII, line 12, but not on line 1		
а	Investment expenses not include	d 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 4	c. (This must equal Form 990, Part I, line 12)	. 5	
Par		penses per Audited Financial Statements With Exper zation answered 'Yes' on Form 990, Part IV, line 12a.	ses per Return.	
1	Total expenses and losses per au	dited financial statements	. 1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25		
а	Donated services and use of facil	ties		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII) $\ .$	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line $\bf 2e$ from line $\bf 1$.		. 3	
4	Amounts included on Form 990, I	Part IX, line 25, but not on line 1:		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) $\ .$	4b		
С	Add lines 4a and 4b		. 4c	
5	Total expenses Add lines 3 and 4	1c. (This must equal Form 990, Part I, line 18)	. 5	
Pai	t XIII Supplemental Info	ormation		
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b a s 2d and 4b Also complete this part to provide any additional infor		ne 2, Part
	Return Reference	Explanation		
See /	Addıtıonal Data Table			
				

Page **4**

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

(1) Other Misc Long Term Assets
(1) Other Board Designated Investments

(5) Beneficial Interest in Foundation(6) Merger Acquisition/Organizational Costs

(2) Miscellaneous Assets

(3) Due from Affiliates

(4) Other Receivables

Software ID: 18007697 tware Version: 2018v3.1

Software Version: 2018v3.1 **EIN:** 59-3650609

Name: St Vincent's Health System Inc

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

(7) Interest in Investments Held by Ascension Health Alliance

(a) Description

(b) Book value

38,458

151,399

165,305

-2,618

11,298,927

Return Reference Explanation

Schedule D, Part X, Line 2 FIN THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRE SHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A

Supplemental Information

48 (ASC 740) footnote SHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A
T
AX 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. 2019

DLN: 93493135035100 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number St Vincent's Health System Inc 59-3650609 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Additional Data

AMERICAN CANCER SOCIETY

250 WILLIAMS STREET NW ATLANTA, GA 30303 AMERICAN HEART

ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231

INC

Software ID: 18007697 Software Version: 2018v3.1 **EIN:** 59-3650609 Name: St Vincent's Health System Inc

13-1788491

13-5613797

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation				

(-,	(-)··	(-)	()	(-)	(1)	1
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	ı
or government				assistance	other)	ı
						ı

20,000

25,000

i orini 990,3chedule 1, Fart	II, Grants and	Other Assistance to	bonnestie Organiza	cions and bonnesc	C GOVERNMENTS.
(a) Name and address of organization	(b) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of value
or government		''	1	accietance	(othor)

501(C)(3)

501(C)(3)

(g) Description of	(h) Purpose of gran
non-cash assistance	or assistance

GENERAL SUPPORT GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 38-3652548 501(C)(3) 7.500 BARTRAM BEARS ATHLETIC IGENERAL SUPPORT BOOSTERS INC 7399 LONGLEAF PINE PKWY ST JOHNS, FL 32259

IGENERAL SUPPORT

7.500

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

501(C)(3)

CATHOLIC CHARITIES BUREAU

134 E CHURCH STREET
JACKSONVILLE, FL 32202

59-0862770

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-5287847 501(C)(6) 20.550 CLAY CNTY CHAMBER OF IGENERAL SUPPORT COMMERCE INC 1734 KINGSLEY AVE

1734 KINGSLEY AVE
ORANGE PARK, FL 32073

CLAY COUNTY ECONOMIC
DEVELOPMENT CORPORATION
1845 TOWN CENTER BLVD
SUITE 110B

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

FLEMING ISLAND, FL 32003

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1728078 501(C)(3) 150.000 IGENERAL SUPPORT EMERGENCY PREGNANCY SERVICES 1637 KING STREET JACKSONVILLE, FL 32204 FLORIDA CATHOLIC 59-1232887 501(C)(3) 16.123 IGENERAL SUPPORT CONFERENCE

PO BOX 1677

TALLAHASSEE, FL 32302

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance GREATER JACKSONVILLE AREA 59-1052424 501(C)(3) 7.500 IGENERAL SUPPORT USO COUNCIL

PO BOX 108 NAS JACKSONVILLE JACKSONVILLE, FL 32212					
IM SULZBACHER CENTER FOR THE HOMELESS	59-3229898	501(C)(3)	25,000		GENERAL SUPPORT

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

611 E ADAMS STREET JACKSONVILLE, FL 32202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-0306160 501(C)(6) 50.000 IGENERAL SUPPORT JACKSONVILLE REGIONAL

CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202 JACKSONVILLE SPEECH AND 59-0970718 501(C)(3) 10.000 IGENERAL SUPPORT

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

HEARING CENTER

1010 N DAVIS HWY SUITE 101 JACKSONVILLE, FL 32209

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-0624420 501(C)(3) 12.800 IGENERAL SUPPORT PENNEY RETIREMENT COMMUNITY INC

PO BOX 555 PENNEY FARMS, FL 32079 PLAYERS CHAMPIONSHIP 59-1059920 501(C)(3) 10.000

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

PONTE VEDRA, FL 32082

IGENERAL SUPPORT CHARITIES INC 100 PGA TOUR BLVD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-1299980 501(C)(3) 10.000 ST MARKS EPISCOPAL DAY IGENERAL SUPPORT SCHOOL

4114 OXFORD AVE JACKSONVILLE, FL 32210 TRINITY CHRISTIAN ACADEMY 27-3116187 501(C)(3) 10.000 IGENERAL SUPPORT

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

800 HAMMOND BLVD JACKSONVILLE, FL 32221

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 59-0637825 501(C)(3) 10.000 UNITED WAY OF NORTHEAST IGENERAL SUPPORT FLORIDA INC

40 EAST ADAMS STREET SUITE 200 JACKSONVILLE, FL 32202 23-7167701 60,000 UNIVERSITY OF N FLORIDA 501(C)(3) IGENERAL SUPPORT FOUNDATION INC. 1 UNF DRIVE

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

HICKS HALL NO 2900 JACKSONVILLE, FL 32224

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-7167701 501(C)(3) 69.500 UNIVERSITY OF NORTH IGENERAL SUPPORT FLORIDA 4567 ST JOHNS BLUFF RD

JACKSONVILLE, FL 32224 VISION IS PRICELESS INC. 59-3386495 501(C)(3) 7.500 IGENERAL SUPPORT

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

3 SHIRCLIFF WAY STE 546 JACKSONVILLE, FL 32204

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 10.000 VOLUNTEERS IN MEDICINE 75-3002172 GENERAL SUPPORT JACKSONVILLE INC 41 EAST DUVAL STREET

JACKSONVILLE, FL 32202

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed Data -	DLN: 93	49313	35035	100		
Schedule J		Compensation Information	OMB No 1545-0047					
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, a						
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
▶ Attach to Form 990.								
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the lates	t information.	Open Inst	ectio			
	me of the organiza		Employer identifica	tion n	umber			
St v	'incent's Health Syst	lem Inc	59-3650609					
Pa	rt I Questi	ons Regarding Compensation						
					Yes	No		
1a		opiate box(es) if the organization provided any of the following to or for a pers section A, line 1a Complete Part III to provide any relevant information regard						
		s or charter travel Housing allowance or reside	•					
	_	r companions \square Payments for business use o	'					
		nification and gross-up payments Health or social club dues or						
	☐ Discretion	nary spending account LJ Personal services (e g , mai	a, cnaumeur, cner)					
b		xes in line 1a are checked, did the organization follow a written policy regardir all of the expenses described above? If "No," complete Part III to explain	ng payment or reimbursement	1b				
2		ation require substantiation prior to reimbursing or allowing expenses incurred ses, officers, including the CEO/Executive Director, regarding the items checke		2				
	unectors, truste	es, officers, including the CEO/Executive Director, regarding the items checke	u III IIIIle Tar					
3		If any, of the following the filing organization used to establish the compensat CEO/Executive Director Check all that apply Do not check any boxes for meth						
	_	ed organization to establish compensation of the CEO/Executive Director, but e						
	Compens:	ation committee	- +					
		ent compensation consultant Written employment control						
		of other organizations Approval by the board or co	•					
4	During the year, related organiza	, did any person listed on Form 990, Part VII, Section A, line 1a, with respect	to the filing organization or a					
_	_				V			
a b		rance payment or change-of-control payment? Ir receive payment from, a supplemental nonqualified retirement plan?		4a 4b	Yes			
c	•	r receive payment from, an equity-based compensation arrangement?		4c	103	No		
		of lines 4a-c, list the persons and provide the applicable amounts for each item	n ın Part III					
5		1), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accru	0.30%					
5		ontingent on the revenues of	e ally					
а	The organization	n [?]		5a		No		
b	Any related orga	anization?		5b		No		
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accru ontingent on the net earnings of	e any					
а	The organization	n ⁷		6a		No		
b	Any related orga			6b		No		
_	•	6a or 6b, describe in Part III						
7	payments not de	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any escribed in lines 5 and 6? If "Yes," describe in Part III		7		No		
8		ints reported on Form 990, Part VII, paid or accured pursuant to a contract the nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "		8		No		
9	If "Yes" on line 8 53 4958-6(c)?	8, did the organization also follow the rebuttable presumption procedure descr	abed in Regulations section	9		No		
For I	Danarwark Badu	uction Act Notice, see the Instructions for Form 990.	at No 50053T Schedule		2 990)	2018		

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 (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (C) Retirement (E) Total of (F) and other benefits columns Compensation in compensation deferred (B)(i)-(D) column (B) (i) Base (ii) (iii) Other compensation reported as compensation Bonus & incentive reportable deferred on prior compensation compensation Form 990 See Additional Data Table

			 Schedule J (F	orm 990) 2018

Schedule J (Form 990) 2018	Page 3								
Part III Supplemental Inform	t 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								
	Explanation A RELATED ORGANIZATION OF ST VINCENT'S HEALTH SYSTEM, INC USES THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE								

BOARD OR COMPENSATION COMMITTEE

official's compensation

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance	The following individual(s) received severance payments from the organization or a related organization DURING CALENDAR YEAR 2018, Michael H Schatzlein, MD -
or change-of-control payment	\$1,005,862 Kyle E Sanders - \$318,365 Michelle Williams Adamolekun - \$203,019 LORRAINE KEITH - \$122,308

Return Reference	Explanation
Schedule J, Part I, Line 4b	Eligible executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely
Supplemental nonqualified retirement	dependent upon the facts and circumstances under which the executive terminates employment with the organization. Benefits under the program are unfunded
plan	and non-vested Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any
	amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. No individuals
<i>1</i>	received payment from the supplemental nonqualified retirement plan DURING CALENDAR year 2018

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EIN: 59-3650609

Name: St Vincent's Health System Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule	rm 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						-	
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
THOMAS J VANOSDOL	(1)	0	Compensation	Compensation	0	0	0	
EX-OFFICIO/CEO								
MICHAEL H SCHATZLEIN	(11)	640,991	129,310	102,595	17,875	26,602	917,374	0
MD	(1)		0	0	0	0	0	0
FORMER OFFICER (END 12/2016)	(11)	0	О	1,010,804	0	0	1,010,804	0
PAMELA M HESS	(1)	0	0	0	0	0	0	0
FORMER OFFICER (END 6/2018)	(11)	304,974	27,668	88,113	17,875	17,913	456,544	0
C SUSAN CORNEJO	(1)	0	0	0	0	0	0	0
CFO, MINISTRY MARKET (END 1/2019)	(11)	467,360	63,269	49,084	16,500	23,149	619,362	0
KIMBERLY P SHREWSBURY	(1)	0	0	0	0	0	0	0
CFO, MINISTRY MARKET	(11)	278,435			47.075	25.500	244 540	
(STÁRT 1/2019) FRANK H GILBERSTADT MD	(1)	270,433	0	19,618	17,875	25,589	341,518	0
FORMER KEY EMPLOYEE	()						0	
(12/2017)	(11)	453,995	69,044	45,553	13,750	23,677	606,018	0
TERESA LOFTIS	(1)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (12/2017)	(11)	222,200	31,412	13,678	14,916	20,971	303,176	0
JOHN D MEYER III	(1)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (12/2017)	(11)	298,805	58,408	42,036	17,293	10,282	426,825	0
JEFFREY H MIDDLEBROOKS	(1)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE	(u)	398,362	170.004	120.000	6.075	25 204	721 222	
(12/2017) MICHELLE C WILLIAMS	(1)	330,302	170,994	129,889	6,875	25,204	731,323	0
ADAMOLEKUN								
FORMER KEY EMPLOYEE (END 2/2018)	(11)	56,954	Ŭ.	216,562	1,226	4,308	279,050	0
KYLE E SANDERS	(1)	76,824	0	412,717	1,568	4,018	495,127	0
FORMER KEY EMPLOYEE (END 2/2018)	(11)	0	0	0	0	0	0	0
JEFFREY A MATHISON MD	(1)	288,504	0	74,504	14,182	16,498	393,689	0
СМО	(11)	49,096	0	397	2,797	4,563	56,852	0
ESTRELLITA REDMON MD	(1)	394,052	0	63,947		20,288	493,412	0
CMO, PHYSICIAN GROUP	(11)	0	0	0	0	0	0	0
TRACY B WILLIAMS	(1)	283,930	0	21,607	16,195	26,977	348,709	0
PRESIDENT, ACUTE CARE HOSPITALS	(11)	0	0	0	0	0	0	0
LORRAINE M KEITH	(1)	142,265	0	143,066	9,275	2,075	296,681	0
CNO	(11)	0	0	0	0	0	0	0
WILLIAM R MAYHER	(1)	204,994	0	25,035	13,031	18,864	261,923	0
COO	(11)	43,570	0	471	0	3,468	47,509	0
ELLEN A WILLIAMS	(1)	224,060	0	2,116	9,729	18,941	254,845	0
DIRECTOR, BEHAVIORAL	(11)	0				0	0	
HEALTH AMBER L ISLEY MD	(ı)	199,530	0	630	4,644	4,556	209,360	0
PHYSICIAN ADVISOR						4,556	209,360	
ELIZABETH SNYDER	(II)	182,174	0	0	0	0	0	0
MCKENZIE	, ,			8,835 	10,400	9,772	211,181	
VP, PATIENT QUALITY AND SAFETY	(11)	0	0	0	0	0	0	0
JEFF OLIVER	(1)	139,498	0	30,038	5,750	11,163	186,449	0
VP, PHARMACY	(II)	0	0	0	0	0	0	0

(A) Name and Title

(B) Breakdown of W-2 and/or 1099-MISC compensation

(i) Base Compensation

(ii) Bonus & incentive

Other reportable

(C) Retirement and other deferred compensation

(D) Nontaxable benefits

(E) Total of columns

(B) (I) (I) (II) (II) (III) (IIII) (III) (III) (III) (II

			Bonus & incentive compensation	Other reportable compensation	compensation			prior Form 990
KATIE J MILLER	(ı)	123,200	37,250	6.214	8,256	3,326	178.247	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

DIRECTOR, PHYSICIAN
BUSINESS DEVELOPMENT

efile GRAPHIC p	orint - DO NOT PROCESS As Filed Data -	DLN:	93493135035100
SCHEDULE ((Form 990 or 990 EZ) Department of the Treasur	Complete to provide information for responses to specific q Form 990 or 990-EZ or to provide any additional inform Attach to Form 990 or 990-EZ.	uestions on nation.	OMB No 1545-0047 2018 Open to Public Inspection
Name & the of gardeation St Vincent's Health System Inc		Employer identi	ification number
Return Reference	Supplemental Information Explanation		
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	The process for determining compensation of the organization's CEO, Executive Director, or Top Management Official is performed by a related organization. The process includes review and approval by independent persons of the related organization's compensation committe e, use of comparability data, and contemporaneous substantiation of the deliberation and decision regarding the compensation arrangement. The compensation committee is charged with overseeing the process in a manner designed to assure independence, avoid conflicts of in terest, ensure reasonableness and market comparability of total compensation, and to other wise abide by pertinent laws and regulations.		

Return Explanation

Form 990,
Part VI, Line
6 Classes of members or stockholders

St Vincent's Health System, Inc. has a single corporate member, Ascension Health

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	St Vincent's Health System, Inc. has a single corporate member, Ascension Health, who has the ability to elect members to the governing body of St. Vincent's Health System, Inc.

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	Ascension Health has designed a system authority matrix which assigns authority for key de cisions that are necessary in the operation of the system. Specific areas that are identifuled in the authority matrix are new organizations and major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic and financial plans, assets, system policies and procedures. These areas are subject to certain levels of approval by Ascension per the system authority matrix.

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

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or 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 conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exemption.

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	IN DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES, THE PROCESS PERFORMED INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND C ONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE EXECUTIVE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE OFFICERS' SALARIES WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOL D THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE MINUTES INDIVIDUALS WERE NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED

Return Reference

Form 990, The organization will provide any documents open to public inspection upon request

Part VI, Line

19 Required documents available to the public

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

Return

Reference	
Form 990,	Late Penalty Fees - Total Revenue 745, Related or Exempt Function Revenue , Unrelated Bu
Part VIII, Line	siness Revenue ,Revenue Excluded from Tax Under Sections 512, 513, or 514 745, Miscella
11d Other	neous Revenue - Total Revenue, 40740, Related or Exempt Function Revenue. Unrelated Busi

Evolunation

11d Other neous Revenue - Total Revenue 40740, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 40740, Research Revenue - Total Revenue 5164, Related or Exempt Function Revenue 5164, Unrelated Business Revenue . Revenue Excluded from Tax Under Sections 512, 513, or 514 0.

Return Explanation
Reference

	Form 990,	CHANGE IN VALUE OF INTEREST IN ST_VINCENT'S FOUNDATION, Inc7089793, TRANSFERS WITH A
	Part XI, Line	LPHA FUND - 49029900, TRANSFERS WITH AFFILIATES6293420,
	9 Other	
	changes in	
	net assets or	
	fund	
ı	balances	

Return Reference	Explanation
Form 990, Part XII, Line 2b audit of financial statements	The activity of St Vincent's Health System, Inc. is reported in the consolidated financia. I statements of Ascension Health Alliance. No individual audit of St. Vincent's Health System, Inc. is completed. Therefore, the audited financial statements are of Ascension Health. Alliance and Affiliates, which include the activity of St. Vincent's Health System, Inc.

Return

Reference	Explanation
Form 990, Part XII, Line	St Vincent's Health System, Inc. is included in the consolidated financial statements of Ascension Health Alliance. The Finance and Audit committee of Ascension Health Alliance's
2c oversight of audit or	Board assumes responsibility for the consolidated organization as a whole
selection of independent	
accountant	

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135035100 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ► 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** St Vincent's Health System Inc 59-3650609

Part I Identification of Disregarded Entities Complete if the	organization answered	d "Yes" on Form 99	0, Part IV, line 3	3.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) ST VINCENT'S FULL SERVICE URGENT CARE LLC (FKA ST VINCENT'S FIRST CARE LLC) 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 27-4273517	HEALTHCARE SERVICES	FL	7,774,333	13,846,481	ST VINCENT'S HEALTH SYSTEM INC	

							_	
Part II Identification of Related Tax-Exempt Organizations	Complete if the orga	anızatıon answered	"Yes" on Form 990	, Part IV, line 34 be	cause it had one or	more		
related tax-exempt organizations during the tax year.								
See Additional Data Table		1	1		1	1 .		
(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	Section (13) cor	(g) on 512(b) controlled ntity?	
						Yes	No	
							<u> </u>	
For Paperwork Reduction Act Notice, see the Instructions for Form 990	•	Cat No 5013	5Y	1	Schedule R (Form	990) 20	18	

Schedule R (Form 990) 2018 Page 2 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 (e) (f) (g) Share of income (related, total income end-of-year **(b)** Primary (c) (d) Direct **(j)** General or (k) Percentage (a) Name, address, and EIN of (h) Disproprtionate (i) Code V-UBI Legal controlling related organization activity domicile allocations? amount in box managing ownership unrelated, excluded from tax under 20 of Schedule K-1 (Form 1065) entity (state assets or foreign country) sections 512-514) Yes No Yes No

			1									. [
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) (c) Primary activity Legal domicile (state or foreign country)		Legal domicile (state or foreign		(d) ect controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	Share	(g) of end-of- year issets	(h Percei owne	ntage	Sectio (13) c	n 512(b) controlled ntity?						
Schedule R (Form 990) 2018																			

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b	o, 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		1a		No
b Gift, grant, or capital contribution to related organization(s)		1 b		No
c Gift, grant, or capital contribution from related organization(s)		1c	Yes	1
d Loans or loan guarantees to or for related organization(s)		1d		No
e Loans or loan guarantees by related organization(s)		1e		No
f Dividends from related organization(s)		1f		No
g Sale of assets to related organization(s)		1 g		No
h Purchase of assets from related organization(s)		1h		No
i Exchange of assets with related organization(s)		1 i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)		1 j	Yes	\perp
k Lease of facilities, equipment, or other assets from related organization(s)		1k	Yes	+
l Performance of services or membership or fundraising solicitations for related organization(s)		11		No
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		No
o Sharing of paid employees with related organization(s)		10	Yes	+

k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes					
Performance of services or membership or fundraising solicitations for related organization(s)	11		No				
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)	10	Yes					
p Reimbursement paid to related organization(s) for expenses	1 p	Yes					
q Reimbursement paid by related organization(s) for expenses	1 q	Yes					
	\Box						

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Form	1 99	0) 2018



 Software ID:
 18007697

 Software Version:
 2018v3.1

 EIN:
 59-3650609

Name: St Vincent's Health System Inc

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

Form 990, Schedule R, Part II - Identification of Related			/45	1 7.3	1 40		
(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	Sectio (b)(contr enti	n 512 13) olled
						Yes	No
1506 Oneida St Appleton, WI 54915 39-1568866	HEALTH SYSTEM	IL	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
6100 NORTH 42ND STREET MILWAUKEE, WI 53209 39-1641846	COMMUNITY CENTER	WI	501(c)(3)	7	MINISTRY HEALTH CARE INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 46-2847744	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	10	GULF COAST HEALTH SYSTEM	Yes	
2601 Navistar Drive Lisle, IL 60532 47-2360513	Joint Operating Company	IL	501(c)(3)	Type II	NA		No
2601 Navistar Drive Lisle, IL 60532 36-4336931	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
1650 Moon Lake Blvd Hoffman Estates, IL 60169 36-4251848	Behavioral health hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
825 Wellington Avenue Chicago, IL 60657 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
3436 N Kennicott Avenue Arlington Heights, IL 60004 36-3045007	Outpatient community mental health services	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 36-4344423	PACE- Comprehensive & Coordinated Community Based Services	IL	501(c)(3)	10	Ascension Health Senior Care	Yes	
200 South Wacker Drive Chicago, IL 60606 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	
2601 Navistar Drive Lisle, IL 60532 36-3276552	Supports the provision of healthcare services for related corporations	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 43-1470362	SKILLED NURSING FACILITY	МО	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2601 Navistar Drive Lisle, IL 60532 47-1930457	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
2601 Navistar Drive Lisle, IL 60532 81-1110738	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(c)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	Yes	
2601 Navistar Drive Lisle, IL 60532 94-1530037	Acute care hospital (sold in 1998)	ТХ	501(c)(3)	Туре І	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 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 Arlıngton Heights, IL 60005 43-1295333	HUD housing	МО	501(c)(3)	10	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 43-1592502	SKILLED NURSING FACILITY	МО	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2601 Navistar Drive Lisle, IL 60532 80-0710751	Specialty physician practice group	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	

Form 990, Schedule R, Part II - Identification of Relate (a)	d Tax-Exempt Organiza	ations (c)	(d)	(e)	(f)	(g))
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section (b)(1	512
		or foreign country)	3550.5.1	(if section 501(c) (3))	2.13.5,	contro	lled
							No
	CONTINUING CARE	WI	501(c)(3)	10	ASCENSION HEALTH	Yes	
12250 Weber Hill Rd Ste 200	RETIREMENT COMMUNITY				SENIOR CARE		
St Louis, MO 63127 39-1351584							
	CONTINUING CARE RETIREMENT	TN	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127	COMMUNITY						
62-1136742	LIEALTH CARE		F04(-)(2)	12	December 6 and 10		
	HEALTH CARE	IN	501(c)(3)	3	Presence Central & Suburban Hospitals	Yes	
2434 Interstate Plaza Drive Hammond, IN 46234					Network AND PRESENCE CHICAGO HOSPITAL		
20-3238867	SPORTS MEDICINE	AL	501(c)(3)	7	S NETWORK ST VINCENT'S	Yes	
2660 10TH AVENNUE SOUTH NO 505					BIRMINGHAM		
BIRMINGHAM, AL 35205 63-0952490							
03 0332430	RETIREMENT	IL	501(c)(3)	10	PRESENCE LIFE	Yes	
1190 E 2900 N ROAD	COMMUNITY				CONNECTIONS		
CLIFTON, IL 60927 36-2841358							
	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092							
38-2601348	Lucas	<u> </u>			MULEATEN ET		
	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST	Yes .	
3801 SPRING STREET RACINE, WI 53405					WISCONSIN INC		
39-1264986	HOSPITAL	AZ	501(c)(3)	3	ASCENSION HEALTH	Yes	
2202 N FORBES BLVD	HOSFITAL	72	301(0)(3)		ASCENSION HEALTH	163	
TUCSON, AZ 85745							
86-0455920	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS	Yes	
1521 GULL ROAD					HOSPITAL		
KALAMAZOO, MI 49048 23-7222558							
	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048							
38-1360526							
	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS- LEE HOSPITAL	Yes	
420 W HIGH STREET DOWAGIAC, MI 49047							
38-2860459	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
420 WEST HIGH STREET	TEALTHCARE SERVICES	MI	301(0)(3)		ASCENSION MICHIGAN	163	
DOWAGIAC, MI 49047							
38-1490190	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
12851 GRAND RIVER							
BRIGHTON, MI 48116 38-1576680							
	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
614 MEMORIAL DRIVE CHILTON, WI 53014							
39-0905385							
)	Health care	МО	501(c)(3)	7	Ascension Health Alliance	Yes	
101 South Hanley Ste 450 St Louis, MO 63105							
46-1121862	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE	Yes	
201 HOSPITAL ROAD			(-)(-)		INC		
EAGLE RIVER, WI 54521 39-0985690							
	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
28000 DEQUINDRE ROAD							
WARREN, MI 48092 38-1958763				<u> </u>			
	FOUNDATION	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065							
38-3591148							
	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065							
38-2377821	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE	Yes	
601 SOUTH CENTED AVENUE	HOSITIAL	AAT	501(0)(3)	Ĭ	INC	162	
601 SOUTH CENTER AVENUE MERRILL, WI 54452							
39-0808503						I	

Form 990, Schedule R, Part II - Identification of Relat (a)	ed Tax-Exempt Organizat	tions (c)	(d)	(e)	(f)		•)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)	Direct controlling entity	Section	
DO BOY 45008	NATIONAL HEALTH	МО	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	No No
PO BOX 45998 ST LOUIS, MO 63145 31-1662309							
PO BOX 45998 ST LOUIS, MO 63145 65-1257719	SUPPORTING ORGANIZATION	МО	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	МО	501(c)(3)	Type I	NA		No
RUST 4600 EDMUNDSON RD ST LOUIS, MO 63134 36-7046706	SUPPORTING ORGANIZATION	МО	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
101 SOUTH HANLEY SUITE 450 ST LOUIS, MO 63105	SUPPORTING ORGANIZATION	МО	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
65-1205990 12250 Weber Hill Road St Louis, MO 63127	PARENT COMPANY	МО	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
43-1227406 PO BOX 46944 ST LOUIS, MO 63146	TRUST	MO	501(c)(9)		ASCENSION HEALTH	Yes	
43-1601369 12250 Weber Hill Rd Ste 200	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
ST LOUIS, MO 63127 82-4710412 28000 DEQUINDRE ROAD	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
WARREN, MI 48092 38-3322109 28000 Degunidre Rd	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
WARREN, MI 48092 38-3494637	HEALTHCARE SERVICES	MI	501(c)(3)	10	BORGESS HEALTH	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-3193801					ALLIANCE INC		
1570 APPLETON RD MENASHA, WI 54952 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
824 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1965593	MEDICAL GROUP	WI	501(c)(3)	Type III-FI	MINISTRY HEALTH CARE INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1791586	MEDICAL GROUP	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE- SOUTHEAST WISCONSIN INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2631907	HEALTH CARE	MI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
PO BOX 45998 ST LOUIS, MO 63145 27-3174701	SUPPORTING ORGANIZATION	МО	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
1506 S ONEIDA STREET APPLETON, WI 54915	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
39-0816818 1120 PINE STREET STANLEY, WI 54768	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
39-0807065 6901 MEDICAL PARKWAY WACO, TX 76712	HEALTHCARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
74-1109636 22101 MOROSS DETROIT, MI 48236	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN PROVIDENCE	Yes	
38-3526629							

Form 990, Schedule R, Part II - Identification of Related (a)	Tax-Exempt Organizat	tions (c)	(d)	(e)	(f)	(g	1)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section (b)(n 512
		or foreign country)	Section	(if section 501(c)	entity	contre	olled
				(3))		Yes	No
	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	NO
16001 WEST NINE MILE ROAD							
SOUTHFIELD, MI 48037 38-1358212							
	SUPPORTING	MI	501(c)(3)	Type I	ASCENSION	Yes	
ENTER FOUNDATION 1101 WEST UNIVERSITY DR					PROVIDENCE ROCHESTER HOSPITAL		
ROCHESTER, MI 48307 38-2627336							
	GENERAL HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
1101 W UNIVERSITY DR							
ROCHESTER, MI 48307 38-1359247							
	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
4100 RIVER ROAD EAST CHINA, MI 48054							
38-3160564		<u> </u>				.,	
	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE	Yes	
PO BOX 347 STEVENS POINT, WI 54481							
39-1390638	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN	Yes	
5000 WEST CHAMBERS STREET			(-)(-)		HEALTHCARE- SOUTHEAST WISCONSIN		
MILWAUKEE, WI 53210 39-0816857					INC		
39-0816857	DELIVERY OF HEALTH	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET	CARE SERVICES						
AUSTIN, TX 78723 74-1109643							
	HEALTH CARE	MI	501(c)(3)	3	ST JOHN PROVIDENCE	Yes	_
28000 DEQUINDRE ROAD							
WARREN, MI 48092 38-2262856							
	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE	Yes	
3400 MINISTRY PARKWAY WESTON, WI 54476							
72-1531917							
	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215					SOUTHEAST WISCONSIN		
39-0907740	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
22101 MOROSS				ĺ	ST SOTIL THOUSENED	, 05	
DETROIT, MI 48236							
20-2961579	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
28000 DEQUINDRE ROAD							
WARREN, MI 48092 38-1359063							
	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION ST JOSEPH'S HOSPITAL	Yes	
200 HEMLOCK ROAD					HOSPITAL		
TAWAS CITY, MI 48763 01-0790428							
	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
200 HEMLOCK ROAD TAWAS CITY, MI 48763							
38-1443395	FUNDRATOTALS	l na	5047)/2)	<u> </u>	ACCENCION CT MARVIC		
200 0 1/40/11/10/2011 11:50:50	FUNDRAISING	MI	501(c)(3)	Type II	ASCENSION ST MARY'S HOSPITAL	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601							
38-2246366	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
800 S WASHINGTON AVENUE					- Indiana in the second in the		
SAGINAW, MI 48601 38-0997730							
30 0597730	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE	Yes	
900 ILLINOIS AVENUE					INC		
STEVENS POINT, WI 54481 39-0808443							
	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
805 WEST CEDEAR STREET							
STANDISH, MI 48658 38-1671120							
	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723							
45-4364243							
	MANAGEMENT COMPANY	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH INC	Yes	
8200 E THORN DRIVE WICHITA, KS 67226							
48-0958974							

Form 990, Schedule R, Part II - Identification of Relation (a)	ted Tax-Exempt Organizat	tions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section 512 (b)(13)
		or foreign country)		(if section 501(c) (3))		controlled entity?
						Yes No
	HEALTH SYSTEM PARENT	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes
8200 E THORN DRIVE WICHITA, KS 67226						
48-1172107	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI	Yes
1823 COLLEGE AVENUE					HEALTH INC	
MANHATTAN, KS 66502 48-1186704						
A MT CARMEL WAY	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes
1 MT CARMEL WAY PITTSBURG, KS 66762 48-0543778						
40-0343776	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI	Yes
14800 W ST TERESA WICHITA, KS 67235					HEALTH INC	
27-1965272						
ORD N. CATNIT FRANCIS	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes
929 N SAINT FRANCIS WICHITA, KS 67214 48-1172106						
70 11/2100	PROPERTY MANAGEMENT	KS	501(c)(4)		ASCENSION VIA CHRISTI	l l
8200 E THORN DRIVE WICHITA, KS 67226					HOSPITALS WICHITA INC	
48-0948571						
11E1 N DOCK DOAD	REHABILITATION HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	l l
1151 N ROCK ROAD WICHITA, KS 67206 48-1158274						
40-11302/4	LABORATORY	WI	501(c)(3)	10	WHEATON FRANCISCAN	Yes
3237 SOUTH 16TH STREET					HEALTHCARE- SOUTHEAST WISCONSIN	
MILWAUKEE, WI 53215 39-1701402					INC	
AGEST WEST NORTH AVENUE	PHARMACY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-	Yes
19525 WEST NORTH AVENUE BROOKFIELD, WI 53005					SOUTHEAST WISCONSIN	
39-1613624	COMMUNITY HEALTH	TN	501(c)(3)	Type I	SAINT THOMAS	Yes
2000 CHURCH STREET NASHVILLE. TN 37236	PROMOTION				NETWORK	
58-1509251	TALACTIVE		F01(-)(2)	T T	CATRIT THOMAS	
2000 CHURCH STREET	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS MIDTOWN HOSPITAL	Yes
NASHVILLE, TN 37236 58-1861378						
30 230257.0	OWN OIL AND MINERAL RIGHTS, REAL ESTATE	TX	501(c)(3)	Type III-FI	SETON FUND OF THE DAUGHTERS OF CHARITY	Yes
1345 PHILOMENA STREET AUSTIN, TX 78723	RIGHTS, REAL ESTATE				OF ST VINCENT DE PAUL	
74-2971975	HOLDING COMPANY	MI	F01(c)(3)	3	BORGESS HEALTH	Yes
1521 GULL ROAD	HOLDING COMPANY	INIT	501(c)(3)	3	ALLIANCE INC	res
38-2468823						
	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes
1521 GULL ROAD KALAMAZOO, MI 49048						
38-2335286	SKILLED NURSING	MI	501(c)(3)	3	ASCENSION HEALTH	Yes
12250 Weber Hill Rd Ste 200	FACILITY				SENIOR CARE	
ST LOUIS, MO 63127 38-2555589						
	FOUNDATION	AZ	501(c)(3)	Type I	ASCENSION ARIZONA	Yes
2202 N FORBES BLVD TUSCON, AZ 85716						
86-0749574	HEALTH SYSTEM PARENT	MO	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes
1000 CARONDELET DRIVE			\-\\\-\\\-\\\	,,		
KANSAS CITY, MO 63145 43-1276738						
	INACTIVE HOSPITAL	AZ	501(c)(3)	3	ASCENSION ARIZONA	Yes
2202 N FORBES BLVD TUCSON, AZ 85745						
56-1943271	SKILLED NURSING	MO	501(c)(3)	10	ASCENSION HEALTH	Yes
12250 Weber Hill Rd Ste 200	FACILITY		\-\\-\\-\\		SENIOR CARE	
ST LOUIS, MO 63127 74-2505427						
	MEDICAL GROUP	NY	501(c)(3)	3	ST MARY'S HEALTHCARE	Yes
427 GUY PARK AVE AMSTERDAM, NY 12010						
81-4769136						

Form 990, Schedule R, Part II - Identification of Rel		l .	1 (4)	1 (3)	1 (6)	1 4.	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section	g) on 512
		(state or foreign	section	status (ıf section 501(c)	entity	contr	(13) rolled
		country)		(3))			ity?
	BEHAVIORAL HEALTH SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH	Yes Yes	No
N4642 COUNTY N	BEID WISHALL TENER SERVICES		301(0)(3)		SYSTEM	103	
APPLETON, WI 54914							
45-4681563	ADULT DAY CARE	MI	501(c)(3)	Type I	GENESYS AMBULATORY	Yes	
5455 ALI DRIVE DEPT200				'	HEALTH SERVICES		
GRAND BLANC, MI 484395195 38-2514708							
30-2314700	FREESTANDING OUTPATIENT	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
2001 W 86TH STREET	CENTER						
INDIANAPOLIS, IN 46260 35-1869951							
	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET							
AUSTIN, TX 78723 20-0468031							
	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE	Yes	
4425 NORTH PORT WASHINGTON ROAD					INC		
GLENDALE, WI 53212 39-1596986							
	FOUNDATION	WI	501(c)(3)	7	COLUMBIA ST MARY'S INC	Yes	
400 W RIVER WOODS PKWY GLENDALE, WI 53212							
39-1494981							
	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212							
39-0806315				_			
	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212							
39-0807063	LIEALTH CYCTEM	WI	501(c)(3)	Type I	ASCENSION HEALTH	Vaa	
	HEALTH SYSTEM	VVI	501(6)(3)	Type I	ASCENSION HEALTH	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212							
39-1834639	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES	Yes	
2622 W Central Suite 100	NETINETIENT CONTINUETT		301(0)(3)		INC	100	
Wichita, KS 67203							
48-1241079	CANCER TREATMENT	MI	501(c)(3)	10	ASCENSION	Yes	
1101 WEST UNIVERSITY DR					PROVIDENCE ROCHESTER HOSPITAL		
ROCHESTER, MI 48307 38-3239057					NOCHESTER HOSPITAL		
30-3239037	DELIVERY OF HEALTH CARE	TX	501(c)(3)	10	SETON CLINICAL	Yes	
1345 PHILOMENA STREET	SERVICES				ENTERPRISE CORPORATION		
AUSTIN, TX 78723 74-2800601							
71 2500001	NURSING/ASSISTED LIVING	WI	501(c)(3)	10	HOWARD YOUNG	Yes	
PO BOX 829	SERVICES				HEALTH CARE INC		
WOODRUFF, WI 54568 39-1357365							
	MEDICAL RESEARCH	MI	501(c)(3)	10	ASCENSION ST MARY'S HOSPITAL	Yes	
800 S WASHINGTON AVENUE	ORGANIZATION				HOSPITAL		
SAGINAW, MI 48601 38-2790703							
	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST CLARE'S HOSPITAL INC	Yes	
3400 MINISTRY PARKWAY WESTON, WI 54476							
75-3193633							
	FOUNDATION	WI	501(c)(3)	Type I	SAINT JOSEPH'S HOSPITAL OF	Yes	
611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449					MARSHFIELD INC		
39-1684957	LIFALTI	147	E01(-)/2)	Tune II	CENECAC HEATEN		
	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195							
38-2371754	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY	Yes	<u> </u>
9491 HOLLY BOAD	CONVALESCENT CENTER	PII	301(0)(3)		HEALTH SERVICES	ies	
8481 HOLLY ROAD GRAND BLANC, MI 484391812							
38-2317364	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
ONE GENESYS PARKWAY	2.3.2	1					
GRAND BLANC, MI 484398065							
38-3339703	SUPPORTING ORGANIZATION	МО	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
101 SOUTH HANLEY				<u> </u>	ALLIANCE		
SUITE 200							
ST LOUIS, MO 63105 83-1078006					<u> </u>		

Form 990, Schedule R, Part II - Identification of Related (a)	d Tax-Exempt Organiza (b)	tions (c)	(d)	(e)	(f)	(g	1
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section (b)(1	า 512
		or foreign country)		(if section 501(c) (3))		contro entit	olled
						Yes	No
	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION GOOD SAMARITAN HOSPITAL	Yes	
601 SOUTH CENTER AVENUE MERRILL, WI 54452					INC		
39-1627755	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ST VINCENT'S HEALTH	Yes	-
6801 AIRPORT BLVD					SYSTEM		
MOBILE, AL 36608 63-0934712							
	NURSING HOME	FL	501(c)(3)	10	SACRED HEART HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504							
59-3620346	DELIVERY OF HEALTH	TX	501(c)(3)	10	SETON CLINICAL	Yes	
1345 PHILOMENA STREET	CARE SERVICES				ENTERPRISE CORPORATION		
AUSTIN, TX 78723 27-3220767							
	CHARITABLE FOUNDATION	WI	501(c)(3)	7	HOWARD YOUNG HEALTH	Yes	
240 MAPLE STREET WOODRUFF, WI 54568							
39-1521169	HOME OFFICE	WI	501(c)(3)	Type II	MINISTRY HEALTH CARE	Yes	
240 MAPLE STREET		***	501(5)(5)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INC	163	
WOODRUFF, WI 54568 39-1499115							
	HEALTH CARE	ОК	501(c)(3)	3	ST JOHN HEALTH SYSTEM	Yes	
3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006					IIVC		
73-0606129	LIEAL TIL CARE	01/	E01(-)(2)	3	CT TOUR LIENT THE SYSTEM	V	
237 SOUTH LOCUST	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
NOWATA, OK 74048 73-1440267							
/3-144020/	LOW INCOME HOUSING	IL	501(c)(3)	10	PRESENCE LIFE	Yes	
18927 HICKORY CREEK DRIVE	FOR ELDERLY AND HANDICAPPED				CONNECTIONS		
SUITE 300 MOKENA, IL 60448	INDIVIDUALS						
36-3438977	FUNDRAISING	WA	501(c)(3)	Type I	OUR LADY OF LOURDES	Yes	
520 NORTH 4TH AVENUE					HOSPITAL AT PASCO		
PASCO, WA 99301 91-1528577							
	Rental of Health Care Facilities	NY	501(c)(2)		Our Lady of Lourdes Memorial Hospital Inc	Yes	
169 Riverside Drive Binghamton, NY 13905							
22-2873637	MEDICAL OFFICE	NY	501(c)(25)		ST MARY'S HEALTHCARE	Yes	
427 GUY PARK AVE	BUILDING						
AMSTERDAM, NY 12010 14-1776546							
	HEALTH CARE	IL	501(c)(3)	10	Presence Health Partners Services	Yes	
2380 E Dempster Street DES PLAINES, IL 60016							
36-3495969	FOUNDATION	WI	501(c)(3)	10	AFFINITY HEALTH	Yes	-
PO BOX 3370					SYSTEM		
OSHKOSH, WI 54903 23-7140261							
	Medical Group	WI	501(c)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST	Yes	_
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212					WISCONSIN INC		
94-3436893	PARENT CORPORATION	WI	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
10925 W LAKE PARK DR STE 100							
MILWAUKEE, WI 53224 39-1490371							
	SPECIALTY HEALTH SERVICES	WI	501(c)(3)	3	ASCENSION SACRED HEART-STMARY'S	Yes	
2251 NORTH SHORE DRIVE RHINELANDER, WI 54501					HOSPITALS INC		
39-1829015	HEALTHCARE	WA	501(c)(3)	3	ASCENSION HEALTH	Yes	
520 NORTH 4TH AVENUE			,				
PASCO, WA 99301 91-0349750							
	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
169 RIVERSIDE DRIVE BINGHAMTON, NY 13905							
15-0532221	SKILLED NURSING	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
5295 Lawreton Poad	FACILITY	NY	501(c)(3)	3	SENIOR CARE	res	
5285 Lewiston Road Lewiston, NY 14092 16-1608735							

Form 990, Schedule R, Part II - Identification of Rel (a)	ated Tax-Exempt Organiz	ations (c)	(d)	(e)	(f)	(g))
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section (b)(1	512
		or foreign country)		(if section 501(c) (3))	Sixue,	contro	lled
							No
	HEALTH CARE	ОК	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE					INC		
TULSA, OK 74104 20-3700131							
	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
2380 E Dempster Street DES PLAINES, IL 60016							
36-4286236	HEALTH CARE	IL	501(c)(3)	10	Presence Care	Yes	
1820 SOUTH 25TH AVENUE	THE TENT OF THE				Transformation Corporation	163	
BROADVIEW, IL 60155 36-2709982							
30-2709962	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE	Yes	
18927 HICKORY CREEK DR 300					TRANSFORMATION CORPORATION		
MOKENA, IL 60448 46-0483587							
	MGMT SUPPORT	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
200 South Wacker Drive Chicago, IL 60606					System .		
36-336652							
	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
200 South Wacker Drive Chicago, IL 60606							
36-4195126	HEALTH CARE	IL	501(c)(3)	3	Presence Care	Yes	
200 SOUTH WACKER DRIVE	TILALITI CARL		301(0)(3)		Transformation Corporation	163	
CHICAGO, IL 60606							
36-2235165	FUNDRAISING	IL	501(c)(3)	7	Alexian Brothers Health	Yes	
200 SOUTH WACKER DRIVE					System		
CHICAGO, IL 60606 36-3330929							
30 3330727	HEALTH CARE	IL	501(c)(3)	Type II	Alexian Brothers Health	Yes	
2380 E DEMPSTER AVE STE 236					System		
DES PLAINES, IL 60016 36-2644178							
	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
2380 E Dempster Street DES PLAINES, IL 60016							
36-3330928	LIFALTIL CARE	ļ	504()(2)	1.0	PRECENCE CARE	.,	
	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION	Yes	
18927 HICKORY CREEK DR 300 MOKENA, IL 60448					CORPORATION		
46-0483581	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR	Yes	
18927 HICKORY CREEK DRIVE 300					CARE		
MOKENA, IL 60448 37-1127787							
3/ 112//0/	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR	Yes	
100 NORTH RIVER ROAD					CARE		
DES PLAINES, IL 60016 23-7061646							
	DORMANT	IN	501(c)(3)	10	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750							
20-8775914	CURRORT PROVIDENCE	<u> </u>	504()(2)		CHIE COACT HEALTH	- V	
COOL AVERDOT BUYE	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(2)		GULF COAST HEALTH SYSTEM	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608							
63-0914564	SUPPORT PROVIDENCE	AL	501(c)(3)	7	GULF COAST HEALTH	Yes	
6801 AIRPORT BLVD	HOSPITAL			ĺ	SYSTEM		
MOBILE, AL 36608 63-0915493							
	SUPPORT CHARITABLE	TX	501(c)(3)	Type I	ASCENSION PROVIDENCE	Yes	
6901 MEDICAL PARKWAY	PURPOSE OF ASCENSION PROVIDENCE						
WACO, TX 76712 74-2683112							
	PHYSICIAN PRACTICES	TX	501(c)(3)	3	ASCENSION PROVIDENCE	Yes	
6901 MEDICAL PARKWAY WACO, TX 76712							
74-2696970							
	FUNDRAISING ORGANIZATION	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
1150 VARNUM STREET NE WASHINGTON, DC 20017							
52-1275583	DUVCTOTANI DDAGTICTO		E01/-\/2\	Type I	DDOVIDENCE LICENTAL	V	
	PHYSICIAN PRACTICES	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
1150 VARNUM STREET NE WASHINGTON, DC 20017							
52-1275587							

Form 990, Schedule R, Part II - Identification of Rela (a)	ated Tax-Exempt Organiza (b)	ations (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section (b)(:	n 512
		or foreign country)		(if section 501(c) (3))	,	contro	olléd
						Yes	No
	HOSPITAL	AL	501(c)(3)	3	GULF COAST HEALTH SYSTEM	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608							
63-0288861	HOSPITAL	DC	501(c)(3)	3	ASCENSION HEALTH	Yes	
11EO VADNUM CTREET NE	INOSPITAL	DC DC	301(0)(3)	3	ASCENSION REALTH	res	
1150 VARNUM STREET NE WASHINGTON, DC 20017							
53-0196636	SKILLED NURSING	TX	501(c)(3)	3	ASCENSION HEALTH	Yes	
300 W Highway 6	FACILITY				SENIOR CARE		
Waco, TX 76712 61-1759304							
	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation	Yes	
1550 BISHOP COURT MOUNT PROSPECT, IL 60056					Corporation		
36-3296367							
	FOUNDATION	FL	501(c)(3)	7	SACRED HEART HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504							
59-2436597	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH	Yes	
5151 N 9TH AVENUE				-	SYSTEM INC		
513 N 914 AVENUE PENSACOLA, FL 32504 59-0634434							
35-0034434	INVESTMENT	FL	501(c)(3)	Type I	SACRED HEART HEALTH	Yes	
5151 N 9TH AVENUE					SYSTEM		
PENSACOLA, FL 32504 57-1183283							
	REHAB SERVICES	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212							
39-0902199	U CONTAL						
	HOSPITAL	MN	501(c)(3)	3	MINISTRY HEALTH CARE	Yes	
1200 GRANT BLVD WEST WABASHA, MN 55981							
41-0693877	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE	Yes	
611 SAINT JOSEPH AVENUE					INC		
MARSHFIELD, WI 54449 39-0847631							
33 43 17 661	FOUNDATION	WI	501(c)(3)	Туре І	ASCENSION ST	Yes	
900 ILLINOIS AVENUE					MICHAEL'S HOSPITAL INC		
STEVENS POINT, WI 54481 39-1657410							
	SYSTEM PARENT	TN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205							
58-1716804	OPERATES FOUNDATION	TN	501(c)(3)	7	SAINT THOMAS NETWORK	Vec	
PO BOX 380	OFERATES TOOMBATION		301(0)(3)	,	SAINT THOMAS NETWORK	. 163	
NASHVILLE, TN 37202 58-1663055							
30-1003033	HOSPITAL	TN	501(c)(3)	3	BAPTIST HEALTH CARE	Yes	
135 EAST SWAN STREET					AFFILIATES INC		
CENTERVILLE, TN 37033 58-1737573							
	HOME HEALTH CARE	TN	501(c)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	Yes	
135 EAST SWAN STREET CENTERVILLE, TN 37033							
62-1836937	HEALTHCARE PROVIDER	TN	501(c)(3)	10	SAINT THOMAS NETWORK	Vec	
2000 CHURCH STREET	IIILALITICARE PROVIDER	IIN	30±(c)(3)		DAINT HIGHAS NETWORK	. 165	
NASHVILLE, TN 37236 62-1529858							
62-1529858	ACUTE CARE HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
4220 HARDING ROAD							
NASHVILLE, TN 37205 62-1869474							
	HEALTH INVESTMENT ENTITY	TN	501(c)(3)	10	SAINT THOMAS HEALTH	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205							
NASHVILLE, IN 37205 62-1284994							
	HOSPITALS	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
4220 HARDING PIKE NASHVILLE, TN 37205							
47-4063046	FOUNDATION	TN	501(c)(3)	Type I	SAINT THOMAS	Yes	
1700 MEDICAL CENTER PARIZWAY	I CONDATION	I IN	201(0)(3)	Type I	RUTHERFORD HOSPITAL	165	
1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219							
62-1167917							

Form 990, Schedule R, Part II - Identification of Rela (a)	ted Tax-Exempt Organiza	ations (c)	(d)	(e)	(f)	(g)	
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		or foreign country)		(if section 501(c) (3))		control entity	
	UO CONTAL		504()(0)		CATNIT TI IONAG I I TALTIL		No
1700 MEDICAL CENTER PARKWAY	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
MURFREESBORO, TN 37219 62-0475842							
02 0173012	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205							
62-0347580	MEDICAL EQUIPMENT	KS	E01(a)(3)	10	ASCENSION VIA CHRISTI	Yes	
520 SOUTH SANTA FE AVE	MEDICAL EQUIPMENT	N5	501(c)(3)		HEALTH PARTNERS INC	res	
320 30011 3ANTA FE AVE SALINA, KS 67401 43-1948057							
43 1340037	Owns or leases	IL	501(c)(2)		Alexian Brothers Health	Yes	
2601 Navistar Drive Lisle, IL 60532	properties where healthcare services are delivered				System		
36-3308965							
4045 500 00000	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723							
45-4364681	DELIVERY OF HEALTH	TX	501(c)(3)	10	SETON CLINICAL	Yes	
1345 PHILOMENA STREET	CARE SERVICES				ENTERPRISE CORPORATION		
AUSTIN, TX 78723 26-4562522							
	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723					CORPORATION		
27-1311790	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET							
AUSTIN, TX 78723 74-2212968							
	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723							
26-2842608	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
28000 DEQUINDRE	TIENETH GARLE				or some records	100	
WARREN, MI 48092 38-2820107							
	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	ASCENSION SETON	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723							
45-2498998	DELIVERY OF HEALTH	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET	CARE SERVICES			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100	
AUSTIN, TX 78723 45-4364813							
	SKILLED NURSING FACILITY	PA	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127	ACILITY				SENTON CARLE		
23-2960726	PROVIDE HEALTH CARE	MD	501(c)(3)	10	ASCENSION MEDICAL	Yes	
900 CATON AVENUE	SERVICES TO THE COMMUNITY	MD	301(c)(3)		GROUP LLC	165	
BALTIMORE, MD 21229 39-2064992	COMMONITY						
	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type II	GULF COAST HEALTH	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608	HOSFITAL				SISIEM		
63-0937704	DELIVERY OF HEALTH	TX	501/5//2/	10	SETON CLINICAL	Yes	
1345 PHILOMENA STREET	CARE SERVICES		501(c)(3)	10	ENTERPRISE CORPORATION	res	
AUSTIN, TX 78723 42-1670843					CONFORMITON		
	REAL ESTATE	AL	501(c)(2)		ST VINCENT'S HEALTH	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205					SYSTEM		
23-7326976	FUNDRATOR		E01/ 3/03	<u> </u>	ACCENCION TO THE		
134E DULI OMENA CEDEFT	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723							
20-5330986	DELIVERY OF HEALTH	TX	501(c)(3)	10	SETON CLINICAL	Yes	
1345 PHILOMENA STREET	CARE SERVICES				ENTERPRISE CORPORATION		
AUSTIN, TX 78723 74-2869762							
	HOSPITAL	ID	501(c)(3)	3	ASCENSION HEALTH	Yes	
415 6TH STREET LEWISTON, ID 83501							
82-0204264							

Form 990, Schedule R, Part II - Identification of Rela (a)	ated Tax-Exempt Organiza	ations (c)	(d)	(e)	(f)	(g)
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		or foreign country)		(if section 501(c) (3))	,	controlled entity?
						Yes No
	HEALTHCARE	NY	501(c)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL	Yes
169 RIVERSIDE DRIVE BINGHAMTON, NY 13905					INC	
82-1103087	PHYSICIAN PRACTICE	FL	501(c)(3)	10	ASCENSION MEDICAL	Yes
4205 BELFORT ROAD SUITE 4020					GROUP LLC	
JACKSONVILLE, FL 32216 59-2292041						
	FUNDRAISING	MD	501(c)(3)	Type I	ST AGNES HEALTHCARE	Yes
900 CATON AVENUE BALTIMORE, MD 21229						
52-1415083	HOSPITAL	MD	501(c)(3)	3	ASCENSION HEALTH	Yes
900 CATON AVENUE						
BALTIMORE, MD 21229 52-0591657						
	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes
1555 Barrington Road Hoffman Estates, IL 60194						
36-4251846	SKILLED NURSING	FL	501(c)(3)	3	ASCENSION HEALTH	Yes
1750 Stockton Street	FACILITY				SENIOR CARE	
Jacksonville, FL 32204 59-1878316						
	FOUNDATION	WI	501(c)(3)	7	AFFINITY HEALTH SYSTEM	Yes
1506 S ONEIDA STREET APPLETON, WI 54915						
39-1256677	HEALTH CARE	ОК	501(c)(3)	10	ST JOHN HEALTH	Yes
1923 SOUTH UTICA AVENUE					SYSTEM INC	
TULSA, OK 74104 73-0999759						
	HEALTH CARE	ок	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes
1923 SOUTH UTICA AVENUE TULSA, OK 74104						
38-3833117	REAL ESTATE	ОК	501(c)(2)	+	ST JOHN HEALTH	Yes
1923 SOUTH UTICA AVENUE					SYSTEM INC	
TULSA, OK 74104 61-1659782						
	HEALTH CARE	ок	501(c)(3)	7	ST JOHN HEALTH SYSTEM INC	Yes
1923 SOUTH UTICA AVENUE TULSA, OK 74104						
73-1133139	SYSTEM PARENT	ОК	501(c)(3)	Type I	ASCENSION HEALTH	Yes
1923 SOUTH UTICA AVENUE						
TULSA, OK 74104 73-1215174						
	HEALTH CARE	ОК	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0579286						
73-03/9286	PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes
28000 DEQUINDRE ROAD WARREN, MI 48092						
38-2244034				<u> </u>		
1022 COUTH HITICA AVENUE	HEALTH CARE	ОК	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0662663						
75-0002005	NURSING HOME	ОК	501(c)(3)	10	ST JOHN HEALTH	Yes
1923 SOUTH UTICA AVENUE TULSA, OK 74104					SYSTEM INC	
73-1077367	SUPPORTING	TNI	F01/a)/2)	Tues I	ST JOSEPH HOSPITAL &	Van
1907 W SYCAMORE STREET	ORGANIZATION	IN	501(c)(3)	Type I	HEALTH CENTER INC	Yes
1907 W STCAMORE STREET KOKOMO, IN 46901 23-7313206						
	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes
1907 W SYCAMORE STREET KOKOMO, IN 46901						
35-0992717	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes
1000 CARONDELET DRIVE	1 OUNDING	"	301(0)(3)	7,700 111-11	CARONDELLI HEALIN	163
43-138461						
	FUNDRAISING	ID	501(c)(3)	Type I	SJRMC Inc	Yes
415 6TH STREET LEWISTON, ID 83501						
51-0168321						

Person of Stock Color Stock of personation Person of Stock Color Col	Form 990, Schedule R, Part II - Identification of Rela (a)	(b)	ons (c)	(d)	(e)	(f)	(g)	ı	
### SCALES WASHING VALUE NO SCALES WASHING		Primary activity	Legal domicile	Exempt Code	Public charity	Direct controlling	Section 512		
CLEAN NUMBER March CALLETY			or foreign country)				control	lled	
2320 (ASSA) (ALL PACES) - POLICY OF ALL PACES - POLICY OF ALL PACE							Yes	No	
1		SKILLED NURSING FACILITY	MD	501(c)(3)	10		Yes		
Common	12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127								
DOS SERVICES FOR COLOR DOS SERVICES DOS SERVI	52-1835288	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH	Yes		
6.0-2004-04 (2009) 10.00 SENDAL MARKUE 10.00 S	4205 BELFORT ROAD SUITE 4020					SYSTEM INC			
00 STANDARD TO A MENUE METHOD STANDARD	JACKSONVILLE, FL 32216 26-0479484								
MEDITION (1992) MEDITION CAPELLY IN 4501G(2) MEDITION CAPELLY IN			MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes		
Process Proc	800 S WASHINGTON AVENUE SAGINAW, MI 48601								
Transpage Tran	46-1084363	DME/HOME CARE	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes		
STORMAND	3700 WASHINGTON AVENUE				1				
COMMANY COMM	EVANSVILLE, IN 47750 35-1899560								
PARTICLE 18 PARTS			IN	501(c)(2)		ST MARY'S HEALTH INC	Yes		
TRA-SERPENTATION ACENUE PROVINCESPINATE TRA-SERPENTATION TRA-SERPENTATION TRA-SERPENTATION TRA-SERPENTATION TRA-SERVICES T	3700 WASHINGTON AVENUE EVANSVILLE, IN 47750								
REMINISTRATION AUTHOR A 1778 A 1778 A 1778 A 1778	23-7248362	TAX-EXEMPT AFFILIATE	TN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes		
SAMSWILE, IR 197295 ST MARYS FEALTH INC. VEST	3700 WASHINGTON AVENUE			\-/\-/					
SEPPORTING IN SOL(c)(1) Type 1 ST MARY'S HEALTH INC Yes	EVANSVILLE, IN 47750 35-1899562								
			IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes		
13-7014-2700	3700 WASHINGTON AVENUE EVANSVILLE, IN 47750	OKO/MIZZATION							
	23-7045370	INVESTMENT SERVICES	TN	501(c)(3)	Type III-FI	ST MARY'S HEALTH INC	Ves		
SAMSWILE, IN 47750 ST VINCENT FEALTH Yes SAMSWILE, IN 47750 ST VINCENT FEALTH Yes SAMSWILE, IN 47750	3700 WASHINGTON AVENUE	INVESTMENT SERVICES		301(0)(3)	Type III-I I	ST MAKE STILLARITY INC	163		
HOSPITAL TN	EVANSVILLE, IN 47750								
7200 MASHINGTON AVENUE WASSILLE, IN 47750 400FITAL NY 501(c)(3) Type II -FI CARONDELET HEALTH Yes MOD CARONDELET DRIVE MISSINGTON AVENUE WASSILLE, IN 47750 501(c)(3) Type III -FI CARONDELET HEALTH Yes MOD CARONDELET DRIVE MISSINGTON AVENUE WASSILLE, IN 47750 501(c)(3) Type II -FI CARONDELET HEALTH Yes MOD CARONDELET DRIVE MISSINGTON AVENUE WASSILLE, IN 47750 501(c)(3) Type II -FI CARONDELET HEALTH Yes MOD ST VINCENT MEDICAL Yes GROUP INC WASSILLE, IN 47750 FINANCY DRIVE WASSILLE, IN 47754 APBULANCE SERVICES IN S01(c)(3) Type I ST MARY'S MEDICAL Yes GROUP LIC GROUP LIC ST MARY'S MEDI		HOSPITAL	IN	501(c)(3)	3		Yes		
	3700 WASHINGTON AVENUE					INC			
	35-0869065	HOCRITAL	NV.	E01(a)(3)	2	ASCENSION HEALTH	Vas		
MSTERDAM, NY 12010 4-1347719 FUNDRAISING MO 501(c)(3) Type III-FI CARONDELET HEALTH Yes 24/1347719 FUNDRAISING MO 501(c)(3) Type III-FI CARONDELET HEALTH Yes 24/1347719 FUNDRAISING MO 501(c)(3) Type III-FI CARONDELET HEALTH Yes 24/1347819 FUNDRAISING FUNDRAISING MO 501(c)(3) Type III-FI CARONDELET HEALTH Yes 24/1347819 FUNDRAISING MARKET SERVICES FUNDRAISING MO 501(c)(3) Type I ST MARKYS MEDICAL YES 26/1347819 FUNDRAISING MOREOUS FUNDRAISING FUND	427 GUY PARK AVE	HOSPITAL	l Ni	301(c)(3)		ASCENSION HEALTH	ies		
FUNDRAISING MIO SOL(c)(3) Type III-FI CARONDELET HEALTH Yes	AMSTERDAM, NY 12010								
AMSASCITY, MG 63145 3-1918107 PHYSICIAN PROFESSIONAL SERVICES DORMANT IN S01(c)(3) Type I ST MARY'S MEDICAL Yes GROUP LIC		FUNDRAISING	МО	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes		
STYLINGENT MEDICAL Yes GROUP INC SERVICES IN SOI(c)(3) 10 STYLINGENT MEDICAL Yes GROUP INC SERVICES IN SOI(c)(3) 10 STYLINGENT MEDICAL Yes GROUP INC SERVICES IN SOI(c)(3) Type I ST MARY'S MEDICAL Yes GROUP LLC Ye	1000 CARONDELET DRIVE KANSAS CITY, MO 63145								
SERVICES GROUP INC	43-1918107	PHYSICIAN PROFESSIONAL	TN	501(c)(3)	10	ST VINCENT MEDICAL	Yes		
WANSYLIE, IN 47750	3700 WASHINGTON AVENUE								
ST VINCENT HEALTH Yes	EVANSVILLE, IN 47750 26-1356310								
101 ST MARYS DRIVE 102 103 1		DORMANT	IN	501(c)(3)	Type I		Yes		
27-3474697	901 ST MARYS DRIVE EVANSVILLE. IN 47714								
SERVICES INC	27-3474697 [′]	AMBUI ANCE SERVICES	TN	501(c)(4)		ST MARY'S HEALTH	Yes		
### PANSYILLE, IN 47750 10-5342518 HOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES INC	3700 WASHINGTON AVENUE	WIDOD WEE SERVICES							
HOSPITAL IN S01(c)(3) 3 ST VINCENT HEALTH Yes INC	EVANSVILLE, IN 47750 20-5342518								
1116 MILLIS AVENUE 11		HOSPITAL	IN	501(c)(3)	3		Yes		
SUPPORTING SUPPORTING ST VINCENT ANDERSON Yes REGIONAL HOSPITAL INC ST VINCENT HEALTH Yes INC SUPPORTING INC ST VINCENT HEALTH Yes INC	1116 MILLIS AVENUE BOONVILLE, IN 47601								
ORGANIZATION OR	35-1343019	SUPPORTING	IN	501(c)(3)	Type I	ST VINCENT ANDERSON	Yes		
ANDERSON, IN 46016 85-2053693 HOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES INC RO15 JACKSON STREET ANDERSON, IN 46016 16-0877261 HOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES INC RO25 AND MERIDIAN STREET CARMEL, IN 46032 44-3107055 CRITICAL ACCESS IN 501(c)(3) 3 ST VINCENT HEALTH YES INC CRITICAL ACCESS IN 501(c)(3) ST VINCENT HEALTH YES INC CRITICAL ACCESS IN 501(c)(3) ST VINCENT HEALTH YES INC CRITICAL ACCESS IN 501(c)(3) ST VINCENT HEALTH YES INC CRITICAL ACCESS IN 501(c)(3) ST VINCENT HEALTH YES INC CRITICAL ACCESS IN 501(c)(3) ST VINCENT HEALTH YES INC CRITICAL ACCESS IN 501(c)(3) ST VINCENT HEALTH YES INC CRITICAL ACCESS IN	2015 JACKSON STREET				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REGIONAL HOSPITAL	, 53		
HOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES INC NOTICE (ANDERSON, IN 46016 (AC-0877261 INC NOTICE (ANDERSON) AND ANDERSON) AND	ANDERSON, IN 46016 35-2053693								
2015 JACKSON STREET ANDERSON, IN 46016 16-0877261 HOSPITAL HOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH Yes INC CRITICAL ACCESS HOSPITAL CRITIC		HOSPITAL	IN	501(c)(3)	3		Yes		
HOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES 13500 N MERIDIAN STREET CARMEL, IN 46032 74-3107055 IN 501(c)(3) 3 ST VINCENT HEALTH YES 1206 E NATIONAL AVENUE SRAZIL, IN 47834 835-2112529 CRITICAL ACCESS HOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES 1600 23RD STREET 16C NOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES 16C NOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES 16C NOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES 16C NOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES 16C NOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES 16C NOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES 16C NOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES 16C NOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES 16C NOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES 16C NOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES 16C NOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES 16C NOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH YES 16C NOSPITAL IN 501(c)(3) ST VINCENT HEALTH IN 501(c)(3) ST VINCENT HEALTH YES 16C NOSPITAL IN 501(c)(3) ST VINCENT HEALTH Y	2015 JACKSON STREET ANDERSON, IN 46016								
INC CARMEL, IN 46032 74-3107055 CRITICAL ACCESS IN 501(c)(3) 3 ST VINCENT HEALTH Yes INC RAZIL, IN 47834 85-2112529 CRITICAL ACCESS IN 501(c)(3) 3 ST VINCENT HEALTH Yes INC CRITICAL ACCESS IN 501(c)(3) 3 ST VINCENT HEALTH Yes INC CRITICAL ACCESS IN 501(c)(3) 3 ST VINCENT HEALTH Yes INC CRITICAL ACCESS IN 501(c)(3) 3 ST VINCENT HEALTH Yes INC	46-0877261	HOSPITAL	TN	501(c)(3)	3	ST VINCENT HEALTH	Yes		
CARMEL, IN 46032 24-3107055 CRITICAL ACCESS HOSPITAL CRITICAL ACCESS HOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH Yes INC CRITICAL ACCESS HOSPITAL CRITICAL ACCESS HOSPITAL CRITICAL ACCESS HOSPITAL CRITICAL ACCESS HOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH Yes INC CRITICAL ACCESS HOSPITAL CRITICAL	13500 N MERIDIAN STREET						. 55		
CRITICAL ACCESS IN 501(c)(3) 3 ST VINCENT HEALTH Yes INC 1206 E NATIONAL AVENUE 3RAZIL, IN 47834 S5-2112529 CRITICAL ACCESS IN 501(c)(3) 3 ST VINCENT HEALTH Yes INC 1800 23RD STREET 3EDFORD, IN 47421	74-3107055								
L206 E NATIONAL AVENUE BRAZIL, IN 47834 BS-2112529 CRITICAL ACCESS IN 501(c)(3) 3 ST VINCENT HEALTH YES INC BEDFORD, IN 47421			IN	501(c)(3)	3		Yes		
CRITICAL ACCESS IN 501(c)(3) ST VINCENT HEALTH YES INC SEDFORD, IN 47421	1206 E NATIONAL AVENUE BRAZIL. IN 47834	11001 41716							
HOSPITAL INC	35-2112529	CDITICAL ACCESS	TNI	501(c)(2)	3	ST VINCENT HEALTH	Vac		
BEDFORD, IN 47421	1600 23RD STREET		TIM	201(c)(2)	٥		res		
//-/14/841	BEDFORD, IN 47421 27-2192831								

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1361 GUID ROAD 1405PTTAL 191 501(c)(2) 2 5T VINCENT HEALTH INC V	b)(13) ontrolled
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## FISHERS, 18, 49037 42,424,702 **CARRELATION*** **CARRELATION*** **CARRELATION*** **CARRELATION*** **CARRELATION** **COUNTY FEALTH NUCLY* **COUNTY FEALTH	
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FRANKPORT, ID. 46941 3 501(c)(3) 3 ST VINCENT FEALTH INC. Y 1300 S JACKSON 1605FTAL 1005 JACKSON 1005FTAL 1005JACKSON 1005FTAL	es
HOSPITAL	
FRANKEPORT, IN 46941 301 (x)(3) Type III-FI ASCENSION HEALTH Y 301 (x)(3) Type III-FI ASCENSION HEALTH Y 301 (x)(3) Type III-FI ASCENSION HEALTH Y 301 (x)(3) Type III-FI ASCENSION HEALTH X X X X X X X X X	es
10330 N MERIDIAN STREET STE 430N IN 302407015, IN 46200 19224052931	
INDIAMPOLIS, IN 46290 S2-025291 HEALTH AND WELLNESS IN S01(c/3) 10 ST VINCENT HEALTH INC Y	es
SERVICES	
INDIANAPOLIS, IN 46260 A621227327 A05PITAL IN 501(c)(3) 3 ST VINCENT HEALTH INC V.	es
HOSPITAL JIN S01(c)(3) 3 ST VINCENT HEALTH INC Y	
INDIANAPOLIS, IN 46260 SUPPORTING ORGANIZATION	es
Supporting Sup	
S402 HARCOUT RG Ste 210 INDIANAPOLIS, IN 46260 ST VINCENT HEALTH INC Y.	es .
DORMANT IN \$51(c)(3) 1 ST VINCENT JENNINGS Y HOSPITAL INC 10 SO1(c)(3) 1 ST VINCENT JENNINGS Y HOSPITAL INC 11 ST VINCENT JENNINGS Y HOSPITAL INC 12 ST VINCENT HEALTH INC Y HOSPITAL INC 13 ST VINCENT HEALTH INC Y HOSPITAL 13 ST VINCENT HEALTH INC Y HOSPITAL 13 ST VINCENT HEALTH INC Y HOSPITAL 14 ST VINCENT HEALTH INC Y HOSPITAL 15 ST VINCENT HEALTH INC Y HOSPITAL 16 SO1(c)(3) 3 ST VINCENT HEALTH INC Y HOSPITAL IN SO1(c)(3) 3 ST VINCENT CARMEL Y HOSPITAL INC 18 ST VINCENT CARMEL Y HOSPITAL INC 18 SUPPORTING ORGANIZATION 18 SO1(c)(3) Type I ST VINCENT MADISON Y COUNTY HEALTH SYSTEM INC 17 ST VINCENT MADISON Y HOSPITAL INC 18 SUPPORTING ORGANIZATION 18 SO1(c)(3) Type I ST VINCENT RANDOLPH Y HOSPITAL INC 18 SUPPORTING ORGANIZATION 18 SO1(c)(3) Type I ST VINCENT RANDOLPH Y HOSPITAL INC 18 SUPPORTING ORGANIZATION 18 SO1(c)(3) Type I ST VINCENT RANDOLPH Y HOSPITAL INC 18 ST VINCENT MADISON Y COUNTY HEALTH SYSTEM INC 18 SO1(c)(3) Type I ST VINCENT RANDOLPH Y HOSPITAL INC 18 ST VINCENT HEALTH INC Y	
301 HENRY STREET NORTH VERNON, IN 47265 84-1703732 CRITICAL ACCESS HOSPITAL CRITICAL ACCESS HOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH INC Y HOSPITAL HOSPITAL HOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH INC Y 1331 SOUTH A STREET ELWOOD, IN 46036 35-1861699 PHYSICIAN PROFESSIONAL SERVICES PROFESSIONAL SERVICES SUPPORTING ORGANIZATION ORGANIZATION SUPPORTING ORGANIZATION ORGANIZATION ORGANIZATION SUPPORTING ORGANIZATION O	es
CRITICAL ACCESS IN S01(c)(3) 3 ST VINCENT HEALTH INC Y 301 HENRY STREET NORTH VERNON, IN 47265 33 ST VINCENT HEALTH INC Y 1331 SOUTH A STREET ELWOOD, IN 46036 35-0876389 PHYSICIAN PROFESSIONAL SERVICES PHYSICIAN PROFESSIONAL SERVICES PHYSICIAN PROFESSIONAL SERVICES SUPPORTING ORGANIZATION 1331 SOUTH A STREET ELWOOD, IN 46036 37-2039417 SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION IN S01(c)(3) Type I ST VINCENT HEALTH INC Y HOSPITAL INC ST VINCENT MADISON Y COUNTY HEALTH SYSTEM INC SUPPORTING ORGANIZATION Type I ST VINCENT RANDOLPH Y HOSPITAL INC Y 473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2133006 RETAIL AMBULATORY IN S01(c)(3) 10 ST VINCENT HEALTH INC Y ST VINCENT HEALTH	
NORTH VERNON, IN 47265 HOSPITAL IN 501(c)(3) 3 ST VINCENT HEALTH INC Y.	es
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ELWOOD, IN 46036 35-0876389 PHYSICIAN PROFESSIONAL SERVICES PHYSICIAN PROFESSIONAL SERVICES IN 501(c)(3) Type I ST VINCENT CARMEL Y. HOSPITAL INC SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION IN 501(c)(3) Type I ST VINCENT MADISON Y. COUNTY HEALTH SYSTEM INC SUPPORTING ORGANIZATION Type I ST VINCENT RANDOLPH Y. HOSPITAL INC TYPE I ST VINCENT RANDOLPH Y. HOSPITAL INC Y. HOSPITAL INC TYPE I ST VINCENT RANDOLPH Y. HOSPITAL INC Y. HOSP	es
PHYSICIAN PROFESSIONAL SERVICES IN 501(c)(3) 10 ST VINCENT CARMEL YOU HOSPITAL INC SUPPORTING ORGANIZATION Fig. 1 ST VINCENT MADISON YOU COUNTY HEALTH SYSTEM INC SUPPORTING ORGANIZATION Fig. 2 ST VINCENT RANDOLPH YOU HOSPITAL INC CRITICAL ACCESS IN 501(c)(3) 3 ST VINCENT HEALTH INC YOU WINCHESTER, IN 47394 35-2133106 CRITICAL ACCESS IN 501(c)(3) 3 ST VINCENT HEALTH INC YOU ST VIN	
INDIANAPOLIS, IN 46260 27-2039417 SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION 1331 SOUTH A STREET ELWOOD, IN 46036 31-1066871 SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION IN 501(c)(3) Type I ST VINCENT RANDOLPH YOU HOSPITAL INC WINCHESTER, IN 47394 35-2133006 CRITICAL ACCESS IN 501(c)(3) 473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2103153 RETAIL AMBULATORY IN 501(c)(3) 10 ST VINCENT HEALTH INC YOU HEALTH IN	es
SUPPORTING ORGANIZATION Fig. 1 ST VINCENT MADISON ORGANIZATION SUPPORTING ORGANIZATION Fig. 2 ST VINCENT RANDOLPH ORGANIZATION AT 3 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2133006 CRITICAL ACCESS IN SOURCE ORGANIZATION CRITICAL ACCESS IN SOURCE ORGANIZATION FIG. 2 ST VINCENT HEALTH INC ORGANIZATION RETAIL AMBULATORY IN SOURCE) RETAIL AMBULATORY IN SOURCE) Type I ST VINCENT RANDOLPH ORGANIZATION ST VINCENT HEALTH INC ORGANIZATION ST VINCENT HEALTH INC ORGANIZATION RETAIL AMBULATORY IN SOURCE) TO ST VINCENT HEALTH INC ORGANIZATION ORGANIZATION ST VINCENT HEALTH INC ORGANIZATION ORGANIZATION ST VINCENT HEALTH INC ORGANIZATION ORGANIZATION	
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473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2133006 CRITICAL ACCESS HOSPITAL CRITICAL ACCESS HOSPITAL FRETAIL AMBULATORY IN 501(c)(3) TO ST VINCENT HEALTH INC YINCENT HEALTH INC	es
35-2133006 CRITICAL ACCESS HOSPITAL A73 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2103153 RETAIL AMBULATORY IN 501(c)(3) 10 ST VINCENT HEALTH INC YINCENT HEALTH	
HOSPITAL 473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2103153 RETAIL AMBULATORY IN 501(c)(3) 10 ST VINCENT HEALTH INC YOUR WINCENT HEALTH WINCENT	
WINCHESTER, IN 47394 35-2103153 RETAIL AMBULATORY IN 501(c)(3) 10 ST VINCENT HEALTH INC YOUR STREET OF THE STREET	25
	es
10330 N MERIDIAN STREET STE 400N INDIANAPOLIS, IN 46290 47-1289091	
CRITICAL ACCESS IN 501(c)(3) 3 ST VINCENT HEALTH INC YOUR HOSPITAL	es
911 N SHELBY STREET SALEM, IN 47167 27-0847538	
LONG TERM CARE IN 501(c)(3) 3 ST VINCENT HEALTH INC YOUR HOSPITAL	es
8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260	
35-1712001 SUPPORTING IN 501(c)(3) Type I ST VINCENT YOUR STANDARD	es .
ORGANIZATION WILLIAMSPORT HOSPITAL 412 N MONROE STREET INC	
WILLIAMSPORT, IN 47993 74-3130159 CRITICAL ACCESS IN FO1(a)(2) 2 CRIVINGENT HEALTH INC. (V.)	
CRITICAL ACCESS IN 501(c)(3) 3 ST VINCENT HEALTH INC YOU WINCENT HEALTH HEALTH INC YOU WINCENT HEALTH HEALTH INC YOU WINCENT HEALTH	:5
WILLIAMSPORT, IN 47993 35-0784551	
HOSPITAL AL 501(c)(3) 3 ST VINCENT'S HEALTH YOUNG SYSTEM	es
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0288864	

Form 990, Schedule R, Part II - Identification of Rela (a)	ated Tax-Exempt Organiza	tions (c)	(d)	(e)	(f)	(a)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Exempt Code	Public charity	Direct controlling	(g) Section 512		
		(state or foreign country)	section	status (ıf section 501(c)	entity	(b)(13) controlled		
				(3))		entity?		
						Yes No		
	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes		
150 GILBREATH DRIVE ONEONTA, AL 35121								
63-0909073								
	COLLEGE OF HEALTH SCIENCE	СТ	501(c)(3)	2	STVINCENT'S MEDICAL CENTER	Yes		
2800 MAIN STREET BRIDGEPORT, CT 06606								
06-1331677								
	REAL ESTATE HOLDINGS	СТ	501(c)(25)		ST VINCENT'S HEALTH SERVICES CORP	Yes		
95 MERRITT BOULEVARD TRUMBULL, CT 06611								
22-2554128								
	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH	Yes		
50 MEDICAL PARK EAST DRIVE BIRMINGHAM, AL 35235								
63-0578923								
	FUNDRAISING	AL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM	Yes		
1 Medical Park East Drive					SISIEM			
BIRMINGHAM, AL 35235 63-0868066								
	FUND RAISING	FL	501(c)(3)	7	ST VINCENT'S HEALTH	Yes		
4205 BELFORT ROAD SUITE 4020					SYSTEM INC			
JACKSONVILLE, FL 32216 59-2219923								
	HOLDING COMPANY	СТ	501(c)(3)	Type I	ST VINCENT'S MEDICAL	Yes		
2800 MAIN STREET					CENTER			
BRIDGEPORT, CT 06606 22-2558134								
22 2330134	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes		
810 ST VINCENTS DRIVE								
BIRMINGHAM, AL 35205 63-0931008								
02-0421000	HOSPITAL AND SYSTEM	СТ	501(c)(3)	3	ASCENSION HEALTH	Yes		
2800 MAIN STREET	PARENT							
BRIDGEPORT, CT 06606								
06-0646886	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH	Yes		
4205 BELFORT ROAD SUITE 4020					SYSTEM INC			
JACKSONVILLE, FL 32216								
46-1523194	FUNDRAISING	СТ	501(c)(3)	7	ST VINCENT'S HEALTH	Yes		
2800 MAIN STREET					SERVICES CORP			
BRIDGEPORT, CT 06606								
22-2558132	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH	Yes		
4205 BELFORT ROAD SUITE 4020					SYSTEM INC			
JACKSONVILLE, FL 32216								
59-0624449	PHYSICIAN PRACTICES	СТ	501(c)(3)	Type I	ST VINCENT'S MEDICAL	Yes		
	FITTSTCIAN FIXACTICES		301(0)(3)	lype i	CENTER	163		
2800 MAIN STREET BRIDGEPORT, CT 06606								
80-0458769	PROGRAMS FOR SPECIAL	СТ	501(c)(3)	10	ST VINCENT'S HEALTH	Yes		
	NEEDS INDIVIDUALS		301(0)(3)		SERVICES CORP	les		
95 MERRITT BOULEVARD TRUMBULL, CT 06611								
06-0702617	DEAL FOTATE HOLDING	IN	E01(-)(2)	Type III 51	CT VINCENT HEARTH THE	V		
	REAL ESTATE HOLDING COMPANY	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes		
10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290								
20-5002285	FOLIND ATTOM		E01()(2)	T	CARONISELET			
	FOUNDATION	AZ	501(c)(3)	Type I	CARONDELET FOUNDATION INC	Yes		
2202 N FORBES BLVD TUCSON, AZ 85745								
85-4088322								
	PRG RELATED INVESTMENTS	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes		
5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195								
38-2427678								
	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE	Yes		
240 MAPLE STREET								
WOODRUFF, WI 54568 39-0873606								
	SPIRITUALITY CENTER	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes		
1345 PHILOMENA STREET								
AUSTIN, TX 78723 74-2727509								
	DELIVERY OF HEALTH	TX	501(c)(3)	10	SETON CLINICAL	Yes		
1345 PHILOMENA STREET	CARE SERVICES				ENTERPRISE CORPORATION			
AUSTIN, TX 78723								
26-4562712					1	1		

Form 990, Schedule R, Part II - Identification of Related			(4)	(0)	1 (6)	l (a)		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)	(f) Direct controlling entity	(g) Section 512 (b)(13)		
		or foreign country)		(3))		controlled entity?		
1345 PHILOMENA STREET AUSTIN, TX 78723	TO HOLD TITLE TO REAL PROPERTY	TX	501(c)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes No		
74-2855201	PHYSICIAN GROUP	AL	501(c)(3)	Type II	ST VINCENT'S HEALTH	Yes		
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0932323				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SYSTEM			
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1236589	PACE (SNF)	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes		
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1129325	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes		
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 20-2828680	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes		
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1078862	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes		
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1247723	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes		
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 74-3070971	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes		
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 73-1153337	RETIREMENT COMMUNITY	ОК	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes		
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-0559086	MANAGEMENT COMPANY	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH SENIOR CARE	Yes		
3807 SPRING STREET RACINE, WI 53405 93-0838390	FOUNDATION	WI	501(c)(3)	10	ASCENSION ALL SAINTS HOSPITAL INC	Yes		
711 Genn Drive Wamego, KS 66547 72-1526400	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN INC	Yes		
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-2028808	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes		
5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-1636804	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes		
3805B SPRING STREET RACINE, WI 53405 39-1570877	FOUNDATION	WI	501(c)(3)	7	ASCENSION ALL SAINTS HOSPITAL INC	Yes		
19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-6068950	AUXILIARY	WI	501(c)(3)	Type III-FI	ASCENSION SE WISCONSIN HOSPITAL INC	Yes		
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 32-0135258	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST FRANCIS HOSPITAL INC	Yes		
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 39-1486775	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes		
4300 BROWN DEER ROAD SUITE 250 BROWN DER, WI 53223	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION WISCONSIN PHARMACY INC	Yes		
56-2426294 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1568865	PARENT CORPORATION	IL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes		

Form 990, Schedule R, Part	III - Identification o	1	ed Organizati	ons Taxable a	s a Partners	hip	ı		1			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	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 Dispropi allocat	rtionate cions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Part	eral r aging ner?	(k) Percentage ownership
(1) Alexian Rehabilitation Services LLC	Rehabilitation hospital	IL	NA	N/A			Yes	No		Yes	No	
935 Beisner Elk Grove Village, IL 60007 30-0221481												
(1) ALVERNO CLINICAL LABORATORIES LLC	MEDICAL SERVICE	IN	NA	N/A								
2434 INTERSTATE PLAZA DRIVE HAMMOND, IN 46324 20-3240648												
(2) AMBROSE PARKWOOD WEST II LLC	LAND HOLDINGS	IN	NA	N/A								
55 MONUMENTAL CIRCLE STE 450 INDIANAPOLIS, IN 46204 27-0532924												
(3) AMBULATORY SURGERY CENTER LP	SURGERY CENTER	KS	NA	N/A								
818 N Emporia Ste 108 WICHITA, KS 67214 48-1114690												
	INVESTMENTS	МО	NA	N/A								
101 SOUTH HANLEY ROAD SUITE 200 ST LOUIS, MO 63105 90-0786464												
(5) ASCENSION VIA CHRISTI IMAGING MANHATTAN LLC	RADIOLOGY SERVICES	KS	NA	N/A								
1823 College Avenue MANHATTAN, KS 66502 48-1251984												
(6) ASCENSION WISCONSIN EMERUS JV LLC	ACUTE CARE HOSPITALS	WI	NA	N/A								
8040 EXCELSOIR DRIVE SUITE 400 MADISON, WI 53717 38-4118568												
(7) BAPTIST WOMENS HEALTH CENTER LLC	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	NA	N/A								
1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203 62-1772195												
(8) BELMONTHARLEM SURGERY CENTER LLC	MEDICAL SERVICE	IL	NA	N/A								
3101 NORTH HARLEM CHICAGO, IL 60634 41-2237162												
(9) Bonaventure Medical Foundation LLC	Manages managed care contracts	DE	NA	N/A								
2601 Navistar Drive Lisle, IL 60532 36-3978153												
(10) Borgess Health Partners LLC 28000 DeQuindre Warren, MI 48092 38-2648846	MANAGED CARE	MI	NA	N/A								
(11) CARMEL AMBULATORY SURGERY CENTER LLC	AMBULATORY SURGERY CENTER	IN	NA	N/A								
13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0014795												
(12) CENTRAL TEXAS LAUNDRY LLC	LAUNDRY SERVICES	TX	NA	N/A								
4255 PROFIT STREET SAN ANTONIO, TX 78219 74-2613749												
(13) CHV III LP 101 SOUTH HANLEY ROAD	INVESTMENTS	МО	NA	N/A								
ST LOUIS, MO 63105 45-4486925												
(14) CHV IV LP 101 SOUTH HANLEY ROAD	INVESTMENTS	DE	NA	N/A								
ST LOUIS, MO 63105 81-3953953												_

Form 990, Schedule R, Part 1	III - Identification o		ed Organizati	ons Taxable a	s a Partners	hip	1		ر ا		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from	(f) Share of total income	(g) Share of end- of-year assets	(h Dispropi allocai	rtionate tions?	 Gen o	i) eral er aging ner?	(k) Percentage ownership
		Country)		tax under sections 512-514)			Yes	No	Yes	No	
(16) ENDOSCOPY CENTER LLC	ENDOSCOPY CENTER	IN	NA	N/A			103	110	103	No	
13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0029881											
(1) ENDOSCOPY GROUP LLC	MEDICAL SERVICES	FL	NA	N/A							
4810 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503 59-3519881											
(2) Hospital Consolidated Laboratories LLC	LAB SERVICES	MI	NA	N/A							
39595 W 10 Mile Rd Novi, MI 48375 38-3318428											
(3) INTERVENTIONAL REHABILITATION CENTER LLC	MEDICAL SERVICES	FL	NA	N/A							
1549 AIRPORT BOULEVARD STE 420 PENSACOLA, FL 32503											
59-3673361 (4)	SURGERY CENTER	KS	NA	N/A							
KANSAS SURGERY AND RECOVERY CENTER LLC 2770 North Webb Road											
WICHITA, KS 67226 48-1148580	DIGESTRUS LISALTU) A / T		N/A							
(5) KENOSHA DIGESTIVE HEALTH CENTER	DIGESTIVE HEALTH	WI	NA	N/A							
1033 N MAYFAIR ROAD SUITE 101 WAUWATUSA, WI 53226 84-2167873											
(6) Lourdes Health Support LLC	Medical Equipment Provider	NY	NA	N/A							
333 Butternut Drive Suite 100 Dewitt, NY 13214 16-1611707											
(7) MIDDLE TENNESSEE IMAGING LLC	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A							
400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 01-0570490											
(8) MURFREESBORO DIAGNOSTIC IMAGING LLC	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A							
400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 20-0291952											
(9) NAAB ROAD SURGERY CENTER LLC	AMBULATORY SURGERY CENTER	IN	NA	N/A							
8260 NAAB ROAD STE 100 INDIANAPOLIS, IN 46260 35-1991390											
	REAL ESTATE HOLDING	ОК	NA	N/A							
12697 E 51st St South TULSA, OK 74146 61-1774455											
(11) Open MRI of Michigan	MRI Center	MI	NA	N/A							
411 W 13 MILE ROAD MADISON HEIGHTS, MI 48071 38-3544539											
(12) ORTHOPEDIC SURGERY CENTER OF THE FOX VALLEY LLC	SURGERY CENTER	WI	NA	N/A							
2223 LIME KILN ROAD SUITE 101 GREEN BAY, WI 54311											
84-2016212	MEDICAL SERVICES	FL	NA	N/A							
5149 NORTH 9TH AVENUE SUITE 124 PENSACOLA, FL 32504											
59-3788701 (14) PREMIER RADIOLOGY WISCONSIN	RADIOLOGY	WI	NA	N/A							
LLC 500 W BROWN DEER ROAD SUITE 202											
BAYSIDE, WI 53217 83-3180104											

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (i) Code V-UBI amount in General (g) Predominant Disproprtionate (b) (a) Share of total | Share of endor Domicile Direct Name, address, and EIN of Primary activity income(related, allocations? Percentage Managing Controlling Box 20 of Schedule (State income of-year assets related organization unrelated, ownership Partner? Entity K-1 or excluded from Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No (31)Medical Service ΙL NA N/A Presence Lakeshore Gastroenterology LLC 150 N River Road Suite 210 Des Plaines, IL 60016 81-1750563 MEDICAL SERVICES (1) IN NA N/A PROFESSIONAL CLINICAL LABORATORIES LLC 113 F 4TH ST MICHIGAN CITY, IN 46360 30-0711211 (2) RADS OF AMERICA LLC AMBULATORY SURGERY ΤN NA N/A CENTER PO BOX 249 GOODLETTSVILLE, TN 370700249 20-0597581 (3) MEDICAL AND TNNA N/A SAINT THOMAS HOME RECOVERY REHABILITATION CARE LLC SERVICES 49 MUSIC SQUARE WEST SUITE 401 NASHVILLE, TN 37203 84-2100096 OWN REAL ESTATE FOR MS NΑ N/A SOUTH COAST REAL ESTATE A PHYSICIAN OFFICE VENTURE LLC BUILDING 5907 HIGHWAY 90 MOSS POINT, MS 39563 45-5599047 (5) OUTPATIENT SURGERY ΑL NA N/A **ST VINCENT'S OUTPATIENT** SURGERY SERVICES LLC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 20-0708162 SLEEP DISORDER AL NΑ N/A ST VINCENT'S SLEEP DISORDER CENTER CENTER 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1282288 HEART HOSPITAL IN INA N/A STVINCENT HEART CENTER OF INDIANA LLC 10580 N MERIDIAN STREET INDIANAPOLIS, IN 46290 36-4492612 (8) STHS SLEEP CENTER LLC OPERATES A SLEEP TN NΑ N/A CENTER 102 WOODMONT BOULEVARD SUITE 800 NASHVILLE, TN 37205 20-3664894 OUTPATIENT SERVICES (9) NA N/A The Michigan Institute for Advanced Surgery LLC 1375 S Lapeer Rd 109 Lake Orion, MI 48360 03-0444972 OUTPATIENT SERVICES NΑ (10) N/A ΜI TOWNE CENTRE SURGERY CENTER LLC 4599 TOWNE CENTRE SAGINAW, MI 48604 20-4943843 PRIMARY CARE (11)IN lΝΑ N/A TRI-STATE COMMUNITY CLINICS PHYSICIAN PRACTICES 8601 N KENTUCKY AVENUE STE J EVANSVILLE, IN 47711 27-0885968 MEDICAL SERVICES KS NA N/A VIA CHRISTI MERCY CLINIC LLC 1 Mt Carmel Place Pittsburg, KS 66762 81-2927645

Form 990, Schedule R, Part IV - Iden	tification of Related	Organizations T	axable as a Corpo	oration or Trust					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(contribute entities) Yes	n 512 13) olled
(1) ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2698151	HEALTH SERVICES	ТХ	NA	C Corporation				Yes	
(1) ADVENT INC 28000 DEQUINDRE WARREN, MI 48092 38-2971743	RENTAL REAL ESTATE	MI	NA	C Corporation				Yes	
(2) AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				Yes	
(3) AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	NA	C Corporation				Yes	
(4) AH INCUBATIONS ACCELERATOR INC 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 45-5078523	MEDICAL SERVICE	МО	NA	C Corporation				Yes	
(5) ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT LLC 3900 SOUTH GRAND ST LOUIS, MO 63118 94-3465394	HOUSING	МО	NA	C Corporation				Yes	
(6) Alexian Brothers Health Providers Association	Messenger model IPA	IL	NA	C Corporation				Yes	
Inc 2601 Navistar Drive Lisle, IL 60532 36-3853286									
(7) Alexian Village of Elk Grove 3040 W Salt Creek Arlington Heights, IL 60005 35-2211303	Tax credit financed housing	IL	NA	C Corporation				Yes	
(8) AMITA HEALTH CLINICALLY INTEGRATED NETWORK LLC 2601 NAVISTAR DRIVE LISLE, IL 60532 80-0967178	MANAGED CARE	IL	NA	C Corporation				Yes	
(9) ASCENSION CAPITAL UK LIMITED FOUNTAIN HOUSE 130 FENCHURCH STREET LONDON, ENGLAND EC3M5DJ UK	INSURANCE	UK	NA	C Corporation				Yes	
(10) Ascension Care Management Health Partners	ACCOUTABLE CARE ORGANIZATION	TN	NA	C Corporation				Yes	
Tennessee 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482									
(11) ASCENSION CARE MANAGEMENT HEALTH PARTNERS INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-4413419	MEDICAL SERVICE	МО	ASCENSION HEALTH ALLIANCE	C Corporation				Yes	
(12) ASCENSION CARE MANAGEMENT HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272	INSURANCE AND TPA	MI	ASCENSION CARE MANAGEMENT INSURANCE HOLDINGS	C Corporation				Yes	
(13) ASCENSION HEALTH INSURANCE LIMITED PO BOX 1159 GRAND CAYMAN, Bahamas KY11102	INSURANCE	CJ	NA	C Corporation				Yes	
CJ (14) ASCENSION HEALTH MASTER PENSION TRUST 11775 BORMAN DRIVE SUITE 200 ST LOUIS, MO 63146 36-6891022	TRUST	МО	NA	Trust				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (b) (c) (e) (f) (g) (h) (i) Direct controlling Name, address, and EIN of Primary activity Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, income year ownership (b)(13)(state or foreign or trust) assets controlled country) entity? Yes No NΑ (16)SUPPORTING МО C Corporation Yes ASCENSION HEALTH RISK PURCHASING ORGANIZATION **GROUP** 101 SOUTH HANLEY ROAD **SUITE 450** ST LOUIS, MO 63105 27-4176480 (1) PROFESSIONAL KS NΑ C Corporation Yes ASCENSION MEDICAL GROUP VIA CHRISTI PA ASSOCIATION 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446 (2) ASCENSION VENTURES CORPORATION MISC HEALTHCARE NΑ ΑL C Corporation Yes 810 ST VINCENTS DRIVE SERVICES BIRMINGHAM, AL 35205 63-1217059 (3) BAPTIST HEALTH CARE VENTURES INC HOLDING COMPANY TN NΑ C Corporation Yes 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214 (4) BAYLEY CONDOMINIUM ASSOCIATION CONDOMINIUM AL NA C Corporation Yes 2121 HIGHLAND AVENUE SOUTH ASSOCIATION BIRMINGHAM, AL 35205 63-1209915 (5) BEECHER BALLENGER SERVICES HOLDING COMPANY ΜI NΑ C Corporation Yes ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922 (6) CARONDELET MEDICAL GROUP INC MEDICAL GROUP ΑZ NA C Corporation Yes 2202 N FORBES BLVD TUCSON, AZ 85745 86-0836126 (7) CARONDELET SPECIALIST GROUP INC PHYSICIAN PRACTICE ΑZ NA C Corporation Yes 2202 N FORBES BLVD TUCSON, AZ 85745 28-1558773 (8) CLINICAL HOLDINGS CORP HOLDING COMPANY МО NA C Corporation Yes 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-3802297 (9) RETAIL PHARMACY & FL NA C Corporation Yes CONSOLIDATED PHARMACY SERVICES INC PATIENT TRANSPORT AND SUBSIDIARIES 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3398033 (10) Corbett Corporation Property Management NY NA C Corporation Yes 169 Riverside Drive Binghamton, NY 13905 16-1268267 REAL ESTATE NΑ (11)ΜI C Corporation Yes CRITTENTON DEVELOPMENT CORPORATION 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115 (12) CRITTENTON MEDICAL PHARMACY INC PHARMACY SERVICES ΜI NΑ C Corporation Yes 1135 West University Dr 105 ROCHESTER, MI 48307 20-3773341 (13) DELL CHILDREN'S HEALTH ALLIANCE HEALTH SERVICES TX NΑ C Corporation Yes 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311909 (14) EASTSIDE VENTURES MISC HEALTHCARE AL NΑ C Corporation Yes 810 ST VINCENTS DRIVE SERVICES BIRMINGHAM, AL 35205 63-0846221

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (i) (b) (c) (e) (f) (g) (h) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, income year ownership (b)(13)(state or foreign or trust) assets controlled country) entity? Yes No FL NA (31)CONDOMINIUM C Corporation Yes FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION ASSOCIATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 26-1983355 (1) CONDO ASSOCIATION WI lnα C Corporation Yes FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 34-1983857 (2) GENESYS PRACTICE PARTNERS EMPLOYED PHY ΜI NΑ C Corporation Yes 5445 ALI DRIVE DEPT 200 PRACTICE GRAND BLANC, MI 48439 03-0516871 (3) GULF COAST DIVERSIFIED INC INVESTMENT NΑ FL C Corporation Yes 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798 (4) HEALTHNET OF ALABAMA INC PREFERRED PROVIDER AL NΑ C Corporation Yes PO BOX 830605 ORGANIZATION BIRMINGHAM, AL 352830605 63-1027511 (5) HOWARD YOUNG CLINICS INC HEALTHCARE WI NΑ C Corporation Yes 240 MAPLE STREET WOODRUFF, WI 54568 39-1969706 (6) INDIAN CREEK CENTER INC MANAGEMENT МО lnα C Corporation Yes 101 S Hanley Ste 200 St Louis, MO 63105 48-0956627 (7) INTEGRATED HEALTHCARE SYSTEMS INC CLINIC SERVICES KS NA C Corporation Yes 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549 (8) MADISON MEDICAL AFFILIATES INC HEALTHCARE WI NA C Corporation Yes 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 39-1855720 (9) MID-STATE PROPERTIES INC INACTIVE TN NA C Corporation Yes 2000 CHURCH STREET NASHVILLE, TN 37236 62-1232018 (10)HEALTHCARE SERVICES MS NΑ C Corporation Yes MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES INC 6801 AIRPORT BLVD MOBILE, AL 36608 46-1130426 (11) OMNI MEDICAL GROUP INC MEDICAL SERVICES OK NΑ C Corporation Yes 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1335536 (12) PHYSICIAN SUPPORT SERVICES INC MEDICAL SERVICES OK NΑ C Corporation Yes 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1437252 PROPERTY MANAGEMENT (13)WA NΑ C Corporation Yes PHYSICIANS OF PASCO CONDOMINIUMS ASSOC 520 NORTH 4TH AVENUE PASCO, WA 99301 45-3691641 MEDICAL (14) PRESENCE PROPERTIES INC ΙL NΑ C Corporation Yes 100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-3520630

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (a) (b) (c) (d) (f) (h) (i) (e) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of end-of-Percentage Share of total Section 512 related organization domicile (C corp, S corp, entity income year ownership (b)(13) (state or foreign assets controlled or trust) country) entity? Yes No (46) PRESENCE SERVICE CORPORATION MEDICAL ΙL NA Yes C Corporation 2380 E DEMPSTER STREET DES PLAINES, IL 60016 36-4314354 (1) PRESENCE VENTURES INC MEDICAL ΙL Ina C Corporation Yes 100 NORTH RIVER ROAD DES PLAINES, IL 60016 37-1168085 (2) CONDO ASSOCIATION WI Ina Yes C Corporation PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION INC 4425 N Port Washington Rd GLENDALE, WI 53212 20-8042108 (3) PROVIDENCE PARK Inc REAL ESTATE ΑL NΑ C Corporation Yes PO BOX 850429 MOBILE, AL 36685 63-0886846 (4) REGIONAL MEDICAL LABORATORIES INC MEDICAL SERVICES OK NA C Corporation Yes 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1131608 (5) RESOURCE PHARMACIES INC RETAIL PHARMACY DC NΑ C Corporation Yes 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1410076 (6) SETON INSURANCE COMPANY HEALTH SERVICES NΑ TX C Corporation Yes 1345 PHILOMENA STREET AUSTIN, TX 78723 47-5395483 (7) HEALTH SERVICES ΤX lΝΑ C Corporation Yes SETON ACCOUNTABLE CARE ORGANIZATION INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2677756 (8) SETON HEALTH ALLIANCE HEALTH SERVICES ΤX NΑ C Corporation Yes 1345 PHILOMENA STREET AUSTIN, TX 78723 45-3047469 (9) SETON HEALTH PLAN INC Інмо TX lnα C Corporation Yes 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2725348 (10) SETON MSO INC HEALTH SERVICES TX NA C Corporation Yes 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2870455 NΑ (11) SETON PHARMACY INC RETAIL PHARMACY FL C Corporation Yes 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3001427 NA (12) SETON PHYSICIAN HOSPITAL NETWORK HEALTH SERVICES TX C Corporation Yes 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2643825 (13) SOVA INC HEALTH SERVICES TN NA C Corporation Yes 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638 (14) ST AGNES HEALTH VENTURES INC HOLDING COMPANY MD NΑ C Corporation Yes 900 CATON AVENUE BALTIMORE, MD 21229 52-1733632

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (a) (b) (c) (d) (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, ıncome ownership (b)(13)year (state or foreign assets controlled or trust) country) entity? Yes No MEDICAL SERVICES NA (61) ST JOHN ANESTHESIA SERVICES INC OK C Corporation Yes 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3690446 (1) ST JOHN PHYSICIANS INC MEDICAL SERVICES OK NA C Corporation Yes 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1321032 (2) ST JOHN URGENT CARE CLINICS INC MEDICAL SERVICES OK NA C Corporation Yes 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-4990275 (3) ST JOSEPH HEALTH ENTERPRISES OTHER MEDICAL ΜI NA C Corporation Yes 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747 (4) St Mary's Health Dormant ΜI NA C Corporation Yes 800 S Washington Avenue Saginaw, MI 48601 38-3477017 (5) ST MARY'S MEDICAL GROUP INC INVESTMENT ΙN NA C Corporation Yes 3700 WASHINGTON AVE EVANSVILLE, IN 47750 35-2076827 LEASING NΑ (6) St Vincent's Strategic Ventures Inc FL C Corporation Yes 4205 Belfort Road Suite 4030 Jacksonville, FL 33213 59-3133073 (7) SUNFLOWER ASSURANCE LTD CJ NA INSURANCE C Corporation Yes PO BOX 1085 GRAND CAYMAN, Bahamas KY11102 (8) TEXTILE SYSTEMS INC LAUNDRY SERVICES ΜI NA C Corporation Yes 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047 (9) Thelen Corporation Owns/ leases property, ΙL NA C Corporation Yes 3040 Salt Creek Lane joint venture partner Arlington Heights, IL 60005 36-3266316 (10) TRAVEL SERVICES CORPORATION TRAVEL SERVICES МО NA C Corporation Yes PO BOX 45998 ST LOUIS, MO 631455998 26-3764978 (11)INSURANCE AND TPA ΜI NA C Corporation Yes US HEALTH HOLDINGS LTD AND **SUBSIDIARIES** 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272 MEDICAL SERVICES (12) UTICA SERVICES INC OK NA C Corporation Yes 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650 NΑ (13) VCH IOWA PC PROFESSIONAL IΑ C Corporation Yes 8200 E THORN DRIVE ASSOCIATION WICHITA, KS 67226 27-3983977 (14) VCH IOWA PC TRUST BENEFICIARY TRUST IΑ NA Trust Yes 8200 E THORN DRIVE WICHITA, KS 67226 27-6937322

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (f) (g) (h) (i) (e) Direct controlling Name, address, and EIN of Primary activity Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, ownership (b)(13)income year (state or foreign controlled or trust) assets entity? country) Yes No (76) VIA CHRISTI CLINIC SERVICES INC KS NA CLINIC SERVICES C Corporation Yes 8200 E THORN DRIVE WICHITA, KS 67226 27-3984287 (1) ACO KS lΝΑ C Corporation Yes VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE WICHITA, KS 67226 48-2872857 MISC HEALTHCARE AL NΑ (2) C Corporation Yes VINCENTIAN VENTURES OF NORTH ALABAMA SERVICES INC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0965456 (3) VINCENTURES INC INACTIVE СТ NA C Corporation Yes 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-1211417 HOLDING CO WI NA C Corporation Yes WHEATON FRANCISCAN ENTERPRISES INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1985204 (5) WHEATON FRANCISCAN HOLDINGS INC HOLDING CO WI Ina C Corporation Yes 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357 HEALTHCARE WI Ina C Corporation Yes WHEATON FRANCISCAN MEDICAL GROUP -SUSSEX INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1361100 (7) WI NA PROVIDER CONTRACT C Corporation Yes WHEATON FRANCISCAN PROVIDER NETWORK 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140 (8)CONDO ASSOCIATION WI Inα C Corporation Yes

WHEATON WAY CONDOMINIUM OWNERS

(9) L GILBRAITH INSURANCE SPC LTD

68 W BAY ROAD PO BOX 1109

INSURANCE

CJ

NΑ

C Corporation

Yes

ASSOCIATION INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53123 30-0659830

GRAND CAYMAN

CJ

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Amount Involved Name of related organization Transaction (d) type(a-s) Method of determining amount involved Ascension Alpha Fund LLC R 6,000,000 FAIR MARKET VALUE (1) Ρ (1) ASCENSION CARE MANAGEMENT HEALTH PARTNERS TENNESSEE 758,220 FAIR MARKET VALUE (2) Р ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE T 6,181,422 FAIR MARKET VALUE RUST (3) ASCENSION HEALTH - IS INC Ρ 135,451 FAIR MARKET VALUE Q (4) ASCENSION HEALTH - IS INC 545,686 FAIR MARKET VALUE Р (5) CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES 2,226,408 FAIR MARKET VALUE CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES Q FAIR MARKET VALUE (6) 9,420,460 S (7) CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES 1,482,163 FAIR MARKET VALUE ST LUKE'S-ST VINCENT'S HEALTHCARE INC Κ 56,770 FAIR MARKET VALUE (8) ST LUKE'S-ST VINCENT'S HEALTHCARE INC Ρ (9) 6,838,494 FAIR MARKET VALUE (10)ST LUKE'S-ST VINCENT'S HEALTHCARE INC Q 29,433,904 FAIR MARKET VALUE (11) ST LUKE'S-ST VINCENT'S HEALTHCARE INC S 8,143,889 FAIR MARKET VALUE J (12) St Vincent's Ambulatory Care Inc 1,244,912 FAIR MARKET VALUE Κ (13)St Vincent's Ambulatory Care Inc 190,801 FAIR MARKET VALUE (14)St Vincent's Ambulatory Care Inc 0 106,661 FAIR MARKET VALUE St Vincent's Ambulatory Care Inc Р 15,598,514 FAIR MARKET VALUE (15)Q (16)St Vincent's Ambulatory Care Inc 8,605,002 FAIR MARKET VALUE (17) St Vincent's Ambulatory Care Inc R 4,652,703 FAIR MARKET VALUE (18)St Vincent's Ambulatory Care Inc S 54.010.873 FAIR MARKET VALUE С (19)ST VINCENT'S FOUNDATION INC 614.174 FAIR MARKET VALUE (20) ST VINCENT'S FOUNDATION INC Ρ 5,628,013 FAIR MARKET VALUE (21) ST VINCENT'S FOUNDATION INC Q 1,606,949 FAIR MARKET VALUE R (22)ST VINCENT'S FOUNDATION INC 919.167 FAIR MARKET VALUE (23)ST VINCENT'S MEDICAL CENTER-CLAY COUNTY INC Ρ 2,295,214 FAIR MARKET VALUE (24)ST VINCENT'S MEDICAL CENTER-CLAY COUNTY INC Q 15,989,456 FAIR MARKET VALUE

(a) (b) (c) Name of related organization Amount Involved (d) Transaction Method of determining amount involved type(a-s) (26) ST VINCENT'S MEDICAL CENTER-CLAY COUNTY INC 4,985,678 FAIR MARKET VALUE (1) ST VINCENT'S MEDICAL CENTER INC 311,700 FAIR MARKET VALUE (2) ST VINCENT'S MEDICAL CENTER INC 345,679 FAIR MARKET VALUE Κ (3) ST VINCENT'S MEDICAL CENTER INC Р 12,189,095 FAIR MARKET VALUE (4) ST VINCENT'S MEDICAL CENTER INC Q 71.730.899 FAIR MARKET VALUE (5) ST VINCENT'S MEDICAL CENTER INC R 200,000 FAIR MARKET VALUE

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Q

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12,732,564

51,356

126,951

921,569

6,526,930

FAIR MARKET VALUE

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

(6)

(7)

(8)

(9)

(10)

ST VINCENT'S MEDICAL CENTER INC

ST CATHERINE LABOURE MANOR INC

ST CATHERINE LABOURE MANOR INC

ST CATHERINE LABOURE MANOR INC

Ascension Health Senior Care