

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
St Vincent's Health System Inc

Doing business as
St Vincent's Healthcare

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
C/O TAX DEPARTMENT PO BOX 45998

City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 631455998

D Employer identification number
59-3650609

E Telephone number
(314) 733-8000

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

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 0928

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

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2000

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
To improve the health and well-being of all people in the communities we serve.

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

| | | |
|--|----|-----|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 8 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 257 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 7 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 614,970 | 477,843 |
| 9 Program service revenue (Part VIII, line 2g) | 100,452,505 | 110,813,552 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,601 | 3,397 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 834,835 | 858,332 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 101,905,911 | 112,153,124 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 640,473 | 692,600 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 33,738,761 | 32,385,562 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 78,316,136 | 79,336,362 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 112,695,370 | 112,414,524 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -10,789,459 | -261,400 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 90,441,923 | 97,712,418 |
| 21 Total liabilities (Part X, line 26) | 37,550,709 | 65,222,486 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 52,891,214 | 32,489,932 |

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2021-05-13

Tonya Mershon Vice President, Tax
Type or print name and title

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ | | | Firm's EIN ▶ | |
| Firm's address ▶ | | | Phone no. | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 100,239,379 including grants of \$ 692,600) (Revenue \$ 110,944,109)
See Additional Data

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

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

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

4e Total program service expenses ▶ 100,239,379

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

| | | | | |
|--|---------------|---------------|--|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 257 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 2b Yes | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . | | 3a | | No |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . | | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . | | 4a | | No |
| b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | | 6a | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | | 7f | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | |
| a Gross income from members or shareholders | 11a | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c Enter the amount of reserves on hand | 13c | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | No |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . | | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | 15 | | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O. | | 16 | | No |

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (8), 1b (7), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:

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

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | | | 2,777,392 | 5,495,966 | 541,057 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 31

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| HNI MEDICAL SERVICES OF FLORIDA LLC 7500 RIALTO BLVD 1 STE 140 AUSTIN, TX 78735 | MEDICAL SERVICES | 4,137,655 |
| MEDSPEED LLC 655 W GRAND AVE STE 320 ELMHURST, IL 60126 | COURIER SERVICES | 1,092,363 |
| PROFESSIONAL RESEARCH CONSULTANTS 11326 P ST OMAHA, NE 68137 | RESEARCH SERVICES | 235,550 |
| WORLD WIDE TECHNOLOGY LLC 1 WORLD WIDE WAY SAINT LOUIS, MO 631463002 | TECHNOLOGY SERVICES | 146,438 |
| HEEKIN CLINIC LLC 2 SHIRCLIFF WY STE 605 JACKSONVILLE, FL 322044762 | CONSULTING SERVICES | 145,710 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 6

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|--|---|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | 0 | | | | |
| | b Membership dues | 1b | 0 | | | | |
| | c Fundraising events | 1c | 0 | | | | |
| | d Related organizations | 1d | 323,551 | | | | |
| | e Government grants (contributions) | 1e | 154,292 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 0 | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | | | | | |
| | h Total. Add lines 1a-1f | | | 477,843 | | | |
| Program Service Revenue | 2a Services to Affiliates | Business Code | | | | | |
| | | 561000 | 100,611,552 | 100,611,552 | | | |
| | b Net Patient Service Revenue | 621990 | 7,399,855 | 7,399,855 | | | |
| | c Rental Income from Affiliates | 531120 | 2,480,938 | 2,480,938 | | | |
| | d Billing Service Revenue | 561000 | 315,688 | 315,688 | | | |
| | e Mgmt Incentive Fees | 561000 | 5,519 | 5,519 | | | |
| | f All other program service revenue. | | 0 | 0 | 0 | 0 | |
| g Total. Add lines 2a-2f. | | 110,813,552 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 3,397 | | | 3,397 | |
| | 4 Income from investment of tax-exempt bond proceeds | | 0 | | | 0 | |
| | 5 Royalties | | 0 | | | 0 | |
| | 6a Gross rents | (i) Real | 602,682 | 0 | | | |
| | | (ii) Personal | | | | | |
| | | 6b Less: rental expenses | 0 | | | | |
| | c Rental income or (loss) | 6c | 602,682 | 0 | | | |
| | d Net rental income or (loss) | | | 602,682 | | 602,682 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 0 | 0 | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | 7b | | 0 | | |
| | c Gain or (loss) | 7c | 0 | 0 | | | |
| | d Net gain or (loss) | | | 0 | | 0 | |
| | 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 | | 8a | 0 | | | |
| | | b Less: direct expenses | 8b | 0 | | | |
| c Net income or (loss) from fundraising events | | | 0 | | 0 | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | 9a | 0 | | | | |
| | b Less: direct expenses | 9b | 0 | | | | |
| c Net income or (loss) from gaming activities | | | 0 | | 0 | | |
| 10a Gross sales of inventory, less returns and allowances | | 10a | 0 | | | | |
| | b Less: cost of goods sold | 10b | 0 | | | | |
| c Net income or (loss) from sales of inventory | | | 0 | | 0 | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a MEDICAL STAFF REVENUES | 900099 | | 102,150 | 102,150 | | | |
| b Escheatment Revenue | 900099 | | 95,328 | | 95,328 | | |
| c Research Revenues | 900099 | | 1,000 | 1,000 | | | |
| d All other revenue | | | 57,172 | 27,407 | 0 | 29,765 | |
| e Total. Add lines 11a-11d | | | 255,650 | | | | |
| 12 Total revenue. See instructions | | | 112,153,124 | 110,944,109 | 0 | 731,172 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 692,600 | 692,600 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,100,728 | 0 | 1,100,728 | 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 | 24,400,543 | 21,960,489 | 2,440,054 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 970,919 | 873,827 | 97,092 | |
| 9 Other employee benefits | 4,350,524 | 3,915,472 | 435,052 | |
| 10 Payroll taxes | 1,562,848 | 1,406,563 | 156,285 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 419 | 377 | 42 | |
| b Legal | | | | |
| c Accounting | 1,200 | 1,080 | 120 | |
| d Lobbying | 11,567 | | 11,567 | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 3,022,574 | 2,720,434 | 302,140 | 0 |
| 12 Advertising and promotion | 677,476 | 609,728 | 67,748 | |
| 13 Office expenses | 1,111,797 | 1,000,617 | 111,180 | |
| 14 Information technology | 7 | 6 | 1 | |
| 15 Royalties | | | | |
| 16 Occupancy | 3,343,361 | 3,009,025 | 334,336 | |
| 17 Travel | 256,171 | 230,554 | 25,617 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 112,589 | 101,330 | 11,259 | |
| 20 Interest | 8,857,317 | 7,971,585 | 885,732 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 8,639,724 | 7,775,752 | 863,972 | |
| 23 Insurance | 10,969,411 | 9,872,470 | 1,096,941 | |
| 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 | 39,282,566 | 35,354,309 | 3,928,257 | |
| b Management Fee to Affiliate | 1,248,147 | 1,123,332 | 124,815 | |
| c System Office Allocations | 1,012,867 | 911,580 | 101,287 | |
| d EMPLOYEE RECRUITMENT AND RELATIONS | 294,787 | 265,308 | 29,479 | |
| e All other expenses | 494,382 | 442,941 | 51,441 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e | 112,414,524 | 100,239,379 | 12,175,145 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 724 | 1 | 969 |
| | 2 Savings and temporary cash investments | 12,494,947 | 2 | 4,272,011 |
| | 3 Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 Accounts receivable, net | -918,813 | 4 | 746,350 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 217,778 | 9 | 393,501 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 93,240,940 | 10a | |
| | b Less: accumulated depreciation | 23,515,186 | 10b | |
| | 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 | 6,125,623 | 14 | 5,220,470 |
| | 15 Other assets. See Part IV, line 11 | 11,651,471 | 15 | 17,353,363 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 90,441,923 | 16 | 97,712,418 | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,293,797 | 17 | 4,010,834 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 35,256,912 | 25 | 61,211,652 |
| | 26 Total liabilities. Add lines 17 through 25 | 37,550,709 | 26 | 65,222,486 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 52,891,214 | 27 | 32,489,932 |
| | 28 Net assets with donor restrictions | 0 | 28 | 0 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | 0 | 29 | 0 |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | 0 | 30 | 0 |
| | 31 Retained earnings, endowment, accumulated income, or other funds | 0 | 31 | 0 |
| 32 Total net assets or fund balances | 52,891,214 | 32 | 32,489,932 | |
| 33 Total liabilities and net assets/fund balances | 90,441,923 | 33 | 97,712,418 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 112,153,124 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 112,414,524 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -261,400 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 52,891,214 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -20,139,882 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 32,489,932 |

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 59-3650609
Name: St Vincent's Health System Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

ST. VINCENT'S HEALTH SYSTEM, INC. PROVIDES ADMINISTRATIVE AND MANAGERIAL SERVICES FOR ST. VINCENT'S MEDICAL CENTER, A 479 BED NONPROFIT ACUTE CARE HOSPITAL; ST. LUKE'S-ST. VINCENT'S HEALTHCARE, A 285 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 STATUS OF ITS SURROUNDING COMMUNITY. As part of the Ascension Catholic health ministry, the filing organization served in support of Ascension's commitment to both care for patients and communities and support caregivers and other associates through the challenges of the COVID-19 global pandemic in FY20.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| J MORT O'SULLIVAN III SECRETARY/TREASURER | 1.0 0 | X | | X | | | | 0 | 0 | 0 |
| ROBERT EMMANUEL CHAIR | 1.0 0 | X | | X | | | | 0 | 0 | 0 |
| SISTER MARY ELLEN LACY DC VICE CHAIR | 1.0 0 | X | | X | | | | 0 | 0 | 0 |
| THOMAS J VANOSDOL EX-OFFICIO/CEO, MINISTRY MARKET | 0.0 50.0 | X | | X | | | | 0 | 1,301,829 | 41,689 |
| J COLLIER MERRILL DIRECTOR | 1.0 0 | X | | | | | | 0 | 0 | 0 |
| JACK DEMETREE JR DIRECTOR (END 1/2020) | 1.0 0 | X | | | | | | 0 | 0 | 0 |
| JOHN FALCONETTI DIRECTOR | 1.0 0 | X | | | | | | 0 | 0 | 0 |
| JOHN ROCHE DIRECTOR | 1.0 0 | X | | | | | | 0 | 0 | 0 |
| SIDNEY SIMMONS II DIRECTOR | 1.0 0 | X | | | | | | 0 | 0 | 0 |
| C SUSAN CORNEJO INTERIM CFO, MINISTRY MARKET (START 10/2019 - END 6/2020) | 0.0 50.0 | | | X | | | | 0 | 765,348 | 37,669 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| KIMBERLY P SHREWSBURY CFO, MINISTRY MARKET (END 10/2019) | 0.0 50.0 | | | X | | | | 0 | 363,067 | 38,527 |
| STEPHAN QUIRICONI CFO, MINISTRY MARKET (START 6/2020) | 0.0 50.0 | | | X | | | | 0 | 0 | 0 |
| JEFFREY A MATHISON MD CMO | 50.0 0.0 | | | | X | | | 387,217 | 0 | 35,218 |
| TERRIE L FONTENOT RN CNO | 50.0 0.0 | | | | X | | | 284,238 | 0 | 34,905 |
| WILLIAM R MAYHER COO | 50.0 0.0 | | | | X | | | 319,104 | 0 | 40,046 |
| AMBER L ISLEY MD PHYSICIAN ADVISOR | 50.0 0 | | | | | X | | 277,501 | 0 | 33,292 |
| ELLEN A WILLIAMS DIRECTOR, BEHAVIORAL HEALTH | 50.0 0 | | | | | X | | 233,270 | 0 | 29,672 |
| ESTRELLITA REDMON MD PRESIDENT, CLINICAL AMG | 50.0 0.0 | | | | | X | | 465,676 | 0 | 31,823 |
| MICHAEL G MORRICAL PRESIDENT, RIVERSIDE | 50.0 0.0 | | | | | X | | 348,451 | 0 | 31,195 |
| TRACY B WILLIAMS PRESIDENT, SOUTHSIDE (END 7/2019) | 50.0 0.0 | | | | | X | | 319,243 | 0 | 17,409 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| FRANK H GILBERSTADT MD FORMER KEY EMPLOYEE (END 12/2017) | 0.0 50.0 | | | | | | X | 0 | 809,792 | 35,201 |
| JEFFREY H MIDDLEBROOKS FORMER KEY EMPLOYEE (12/2017) | 0.0 50.0 | | | | | | X | 0 | 726,609 | 38,443 |
| JOHN D MEYER III FORMER KEY EMPLOYEE (END 12/2017) | 0.0 50.0 | | | | | | X | 0 | 512,653 | 24,564 |
| LORRAINE M KEITH FORMER KEY EMPLOYEE (END 7/2018) | 0.0 0.0 | | | | | | X | 142,692 | 0 | 0 |
| MICHELLE C WILLIAMS ADAMOLEKUN FORMER KEY EMPLOYEE (END 2/2018) | 0.0 0.0 | | | | | | X | 0 | 267,558 | 0 |
| PAMELA M HESS FORMER OFFICER (END 6/2018) | 0.0 50.0 | | | | | | X | 0 | 389,331 | 34,788 |
| TERESA C LOFTIS FORMER KEY EMPLOYEE (END 12/2017) | 0.0 50.0 | | | | | | X | 0 | 359,779 | 36,616 |

SCHEDULE A
 (Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 St Vincent's Health System Inc

Employer identification number
 59-3650609

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

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

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

f Enter the number of supported organizations 4

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| See Additional Data Table | | | | | | |
| Total | 4 | | | | 0 | 0 |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4. . . | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|------------|---|-----------|--|
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | |
| 16a | 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b | 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a | 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b | 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c | Add lines 7a and 7b. | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----------|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| | | 2a | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| | | 2b | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| | | 3a | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| | | 3b | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

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

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

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

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

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Schedule A, Part IV, Section A, Line 1 LISTED BY NAME | In addition to the listed qualifying supported organizations with which the filing organization has a historical relationship, the filing organization also has a supporting organization relationship with the Ascension Religious Sponsor and Ascension Founding Religious Sponsors, by and through Ascension Health Alliance and Ascension Health. |

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

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 organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|-----------|---|---|----|---|---|
| | | | Yes | No | | |
| ST VINCENT'S MEDICAL CENTER INC | 590624449 | 3 | Yes | | 0 | 0 |
| ST VINCENT'S AMBULATORY CARE INC | 592292041 | 9 | Yes | | 0 | 0 |
| ST LUKE'S-ST VINCENT'S HEALTHCARE | 260479484 | 3 | Yes | | 0 | 0 |
| St Vincent's Medical Center - Clay County Inc | 461523194 | 3 | Yes | | 0 | 0 |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

| | |
|--|--|
| Name of the organization St Vincent's Health System Inc | Employer identification number 59-3650609 |
|--|--|

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

| | (a) Filing organization's totals | (b) Affiliated group totals |
|--|----------------------------------|-----------------------------|
| | | |
| | | |
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- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|--|
| Not over \$500,000 | 20% of the amount on line 1e. |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. |
| Over \$17,000,000 | \$1,000,000. |

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | Yes | | 11,567 |
| j Total. Add lines 1c through 1i | | | 11,567 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | ST. VINCENT'S HEALTH SYSTEM, INC. ENGAGED CONSULTANTS TO ASSIST IN VARIOUS LOBBYING ACTIVITIES PERTAINING TO STATE AND FEDERAL HEALTH CARE LEGISLATION, INCLUDING HEALTH CARE REFORM. STAFF AND CONSULTANTS WROTE LETTERS AND MET PERSONALLY WITH STATE AND LOCAL LEGISLATORS ON THESE MATTERS. ST. VINCENT'S HEALTH SYSTEM, INC. DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE. |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
St Vincent's Health System Inc

Employer identification number
59-3650609

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 0 | 5,701,809 | | 5,701,809 |
| b Buildings | 0 | 43,693,282 | 8,280,891 | 35,412,391 |
| c Leasehold improvements | 0 | 222,461 | 160,050 | 62,411 |
| d Equipment | 0 | 22,523,693 | 14,239,395 | 8,284,298 |
| e Other | 0 | 21,099,695 | 834,850 | 20,264,845 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 69,725,754 |

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) OPERATING LEASE | 8,472,694 |
| (2) Other Board Designated Investments | |
| (3) Miscellaneous Assets | 55,815 |
| (4) Due from Affiliates | 8,715,402 |
| (5) Other Receivables | 89,452 |
| (6) Interest in Investments Held by Ascension Health Alliance | |
| (7) Security Deposit | 20,000 |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 17,353,363 |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|--|-------------------|
| (1) Federal income taxes | |
| (2) Due to Affiliates | 51,994,438 |
| (3) Recovery Tail Liability | 8,246 |
| (4) Accrued Sales & Use Tax Liability | 2,060 |
| (5) Debt with Ascension Health Alliance | 682,802 |
| (6) OPERATING LEASE LIABILITY | 8,524,106 |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 61,211,652 |

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

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

Part XIII Supplemental Information *(continued)*

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

Software ID: 19010655
Software Version: 2019v5.0
EIN: 59-3650609
Name: St Vincent's Health System Inc

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2020. |

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

Schedule I (Form 990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization St Vincent's Health System Inc

Employer identification number 59-3650609

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 16
3 Enter total number of other organizations listed in the line 1 table 3

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

Part III can be duplicated if additional space is needed.

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

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

| Return Reference | Explanation |
|---|---|
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds. | St. Vincent's Health System, Inc. provides only direct charitable contributions. Therefore, no monitoring of charitable contributions is performed. |

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 59-3650609
Name: St Vincent's Health System Inc

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW ATLANTA, GA 30303 | 13-1788491 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231 | 13-5613797 | 501(C)(3) | 67,500 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BARTRAM BEARS ATHLETIC BOOSTERS INC 7399 LONGLEAF PINE PKWY ST JOHNS, FL 32259 | 38-3652548 | 501(C)(3) | 10,500 | | | | GENERAL SUPPORT |
| CATHOLIC CHARITIES BUREAU 134 E CHURCH STREET JACKSONVILLE, FL 32202 | 59-0862770 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CLAY CNTY CHAMBER OF COMMERCE INC 1734 KINGSLEY AVE ORANGE PARK, FL 32073 | 46-5287847 | 501(C)(6) | 18,800 | | | | GENERAL SUPPORT |
| CLAY COUNTY ECONOMIC DEVELOPMENT CORPORATION 1845 TOWN CENTER BLVD SUITE 110B FLEMING ISLAND, FL 32003 | 46-5287847 | 501(C)(6) | 10,000 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DIOCESE OF ST AUGUSTINE 11625 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32258 | 59-3271754 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| EMERGENCY PREGNANCY SERVICES 1637 KING STREET JACKSONVILLE, FL 32204 | 59-1728078 | 501(C)(3) | 150,000 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREATER JACKSONVILLE AREA USO COUNCIL PO BOX 108 NAS JACKSONVILLE JACKSONVILLE, FL 32212 | 59-1052424 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| IM SULZBACHER CENTER FOR THE HOMELESS 611 E ADAMS STREET JACKSONVILLE, FL 32202 | 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.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202 | 59-0306160 | 501(C)(6) | 88,750 | | | | GENERAL SUPPORT |
| PENNEY RETIREMENT COMMUNITY INC PO BOX 555 PENNEY FARMS, FL 32079 | 59-0624420 | 501(C)(3) | 12,800 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PLAYERS CHAMPIONSHIP CHARITIES INC 100 PGA TOUR BLVD PONTE VEDRA, FL 32082 | 59-1059920 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| ST MARKS EPISCOPAL DAY SCHOOL 4114 OXFORD AVE JACKSONVILLE, FL 32210 | 59-1299980 | 501(C)(3) | 35,000 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY OF NORTH FLORIDA 4567 ST JOHNS BLUFF RD JACKSONVILLE, FL 32224 | 23-7167701 | 501(C)(3) | 69,250 | | | | GENERAL SUPPORT |
| VISION IS PRICELESS INC 3 SHIRCLIFF WAY STE 546 JACKSONVILLE, FL 32204 | 59-3386495 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VOLUNTEERS IN MEDICINE JACKSONVILLE INC 41 EAST DUVAL STREET JACKSONVILLE, FL 32202 | 75-3002172 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| SISTERS OF ST FRANCIS XAVIER 2585 OAK ST JACKSONVILLE, FL 32204 | 20-1499617 | 501(C)(3) | 36,000 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST LUKES CATHOLIC CHURCH 1606 BLANDING BLVD MIDDLEBURG, FL 32068 | 59-2398919 | 501(C)(3) | 45,000 | | | | GENERAL SUPPORT |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
St Vincent's Health System Inc

Employer identification number
59-3650609

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|--|--|--|--|--|--|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input checked="" type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input checked="" type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b Yes | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p> | 2 Yes | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a Yes | | | | | | | | | |
| | 4b Yes | | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | No | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | No | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | No | | | | | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

Part III Supplemental Information

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

| Return Reference | Explanation |
|---|--|
| Schedule J, Part I, Line 1a Tax indemnification and gross-up payments | Tracy B Williams received gross-up payments that were treated as taxable compensation to the individual. |
| Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation | A RELATED ORGANIZATION OF THE FILING ORGANIZATION, USES ONE OR MORE OF THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE PLEASE REFER TO THE FORM 990, PART VI, LINE 15A DISCLOSURE IN SCHEDULE O FOR ADDITIONAL DETAILS ON HOW COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS ESTABLISHED. |
| Schedule J, Part I, Line 4a Severance or change-of-control payment | The following individual(s) received severance payments from the organization or a related organization DURING CALENDAR YEAR 2019; Michelle Williams Adamolekun - \$262,913 LORRAINE KEITH - \$142,692 KIMBERLY SHREWSBURY - \$59,712 TRACY WILLIAMS - \$135,019 |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan | Eligible executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. No individuals received payment from the supplemental nonqualified retirement plan DURING CALENDAR year 2019. |

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 THOMAS J VANOSDOL | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| EX-OFFICIO/CEO, MINISTRY MARKET | (ii) | 666,203 | 502,344 | 133,282 | 18,200 | 23,489 | 1,343,518 | 0 |
| 1 PAMELA M HESS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FORMER OFFICER (END 6/2018) | (ii) | 283,915 | 83,752 | 21,664 | 18,200 | 16,588 | 424,119 | 0 |
| 2 KIMBERLY P SHREWSBURY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CFO, MINISTRY MARKET (END 10/2019) | (ii) | 278,981 | 0 | 84,086 | 18,200 | 20,327 | 401,594 | 0 |
| 3 SUSAN CORNEJO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| INTERIM CFO, MINISTRY MARKET (START 10/2019 - END 6/2020) | (ii) | 504,752 | 207,376 | 53,220 | 16,800 | 20,869 | 803,017 | 0 |
| 4 FRANK H GILBERSTADT MD | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FORMER KEY EMPLOYEE (END 12/2017) | (ii) | 514,508 | 238,023 | 57,261 | 14,000 | 21,201 | 844,993 | 0 |
| 5 TERESA C LOFTIS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FORMER KEY EMPLOYEE (END 12/2017) | (ii) | 250,312 | 85,950 | 23,517 | 16,875 | 19,741 | 396,395 | 0 |
| 6 JOHN D MEYER III | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FORMER KEY EMPLOYEE (END 12/2017) | (ii) | 331,127 | 142,710 | 38,816 | 16,307 | 8,257 | 537,217 | 0 |
| 7 JEFFREY H MIDDLEBROOKS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FORMER KEY EMPLOYEE (12/2017) | (ii) | 400,358 | 247,640 | 78,611 | 15,400 | 23,043 | 765,052 | 0 |
| 8 MICHELLE C WILLIAMS ADAMOLEKUN | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FORMER KEY EMPLOYEE (END 2/2018) | (ii) | 0 | 0 | 267,558 | 0 | 0 | 267,558 | 0 |
| 9 LORRAINE M KEITH | (i) | 0 | 0 | 142,692 | 0 | 0 | 142,692 | 0 |
| FORMER KEY EMPLOYEE (END 7/2018) | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 JEFFREY A MATHISON MD | (i) | 369,391 | 0 | 17,826 | 16,556 | 18,662 | 422,435 | 0 |
| CMO | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 WILLIAM R MAYHER | (i) | 284,131 | 0 | 34,973 | 18,200 | 21,846 | 359,150 | 0 |
| COO | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 TERRIE L FONTENOT RN | (i) | 268,790 | 0 | 15,448 | 12,692 | 22,213 | 319,143 | 0 |
| CNO | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 ELLEN A WILLIAMS | (i) | 231,081 | 0 | 2,189 | 11,843 | 17,829 | 262,942 | 0 |
| DIRECTOR, BEHAVIORAL HEALTH | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 TRACY B WILLIAMS | (i) | 157,013 | 0 | 162,230 | 4,833 | 12,576 | 336,652 | 0 |
| PRESIDENT, SOUTHSIDE (END 7/2019) | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 ESTRELLITA REDMON MD | (i) | 430,999 | 0 | 34,677 | 15,400 | 16,423 | 497,499 | 0 |
| PRESIDENT, CLINICAL AMG | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 AMBER L ISLEY MD | (i) | 276,086 | 0 | 1,415 | 10,694 | 22,598 | 310,793 | 0 |
| PHYSICIAN ADVISOR | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 MICHAEL G MORRICAL | (i) | 335,290 | 0 | 13,161 | 14,000 | 17,195 | 379,646 | 0 |
| PRESIDENT, RIVERSIDE | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
St Vincent's Health System Inc

Employer identification number

59-3650609

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part IV, Line 24a TAX EXEMPT BOND ISSUANCE | ST. VINCENT'S HEALTH SYSTEM, INC. IS A HEALTH FACILITY THAT IS PART OF ASCENSION HEALTH SYSTEM. ASCENSION HEALTH ALLIANCE IS THE BORROWER FOR TAX EXEMPT HOSPITAL REVENUE BONDS. ST. VINCENT'S HEALTH SYSTEM, INC. HOLDS AN INTERCOMPANY NOTE PAYABLE WITH ASCENSION HEALTH ALLIANCE, AND THIS INFORMATION IS REPORTED ON THE BALANCE SHEET. |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 6 Classes of members or stockholders | St. Vincent's Health System, Inc. has a single corporate member, Ascension Health. |

990 Schedule O, Supplemental Information

| 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. |

990 Schedule O, Supplemental Information

| 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 decisions that are necessary in the operation of the system. Specific areas that are identified 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. |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VIII, Line 11d Other Miscellaneous Revenue | Miscellaneous Revenue - Total Revenue: 45961, Related or Exempt Function Revenue: 16196, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 29765; FITNESS REVENUE - Total Revenue: 11211, Related or Exempt Function Revenue: 11211, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | TRANSFERS WITH AFFILIATES - -20139882; |

990 Schedule O, Supplemental Information

| 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 financial 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part XII, Line 2c oversight of audit or selection of independent accountant | 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 Board assumes responsibility for the consolidated organization as a whole. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990 C PHYSICAL ADDRESS | THE PHYSICAL ADDRESS FOR THIS ENTITY IS 4205 BELFORT ROAD SUITE 4020, JACKSONVILLE, FLORIDA 32216. THE ADDRESS ON PAGE 1 IS FOR MAILING PURPOSES ONLY. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990 PAGE 1 BOX C D/B/A NAMES | Ascension Florida; Ascension Florida Health System; Ascension St. Vincent's; Ascension Florida Healthcare; Ascension St. Vincent's Healthcare |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
St Vincent's Health System Inc

Employer identification number

59-3650609

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) ST VINCENT'S FULL SERVICE URGENT CARE LLC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 27-4273517 | HEALTHCARE SERVICES | FL | 7,624,157 | 6,477,832 | ST VINCENT'S HEALTH SYSTEM INC |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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

See Additional Data Table

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

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

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

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 59-3650609
Name: St Vincent's Health System Inc

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|---|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1568866 | HEALTH SYSTEM | IL | 501(c)(3) | Type II | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-2847744 | SUPPORT PROVIDENCE HOSPITAL | AL | 501(c)(3) | 10 | GULF COAST HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4336931 | Physician services | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4251848 | Behavioral health hospital | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3527899 | Housing and supportive care services for persons with HIV/AIDS | IL | 501(c)(3) | 10 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3045007 | Outpatient community mental health services | IL | 501(c)(3) | 10 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4344423 | PACE- Comprehensive & Coordinated Community Based Services | IL | 501(c)(3) | 10 | Ascension Health Senior Care | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3260495 | Supports the provision of healthcare services for related corporations for which it is a member | IL | 501(c)(3) | Type III-FI | Ascension Health | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3276552 | Supports the provision of healthcare services for related corporations | IL | 501(c)(3) | Type III-FI | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1470362 | SKILLED NURSING FACILITY | MO | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-1930457 | Physician services | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2596381 | Acute care hospital | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 81-1110738 | SPECIALTY PHYSICIAN PRACTICE GROUP | IL | 501(c)(3) | 3 | ALEXIAN BROTHERS HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 94-1530037 | Acute care hospital (sold in 1998) | TX | 501(c)(3) | Type I | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4484290 | Supports the provision of healthcare for related corporations | IL | 501(c)(3) | Type II | Alexian Brothers Health System | Yes | |
| 3040 W Salt Creek Ln Arlington Heights, IL 60005 43-1295333 | HUD housing | MO | 501(c)(3) | 10 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1592502 | SKILLED NURSING FACILITY | MO | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 80-0710751 | Specialty physician practice group | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1351584 | CONTINUING CARE RETIREMENT COMMUNITY | WI | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1136742 | CONTINUING CARE RETIREMENT COMMUNITY | TN | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
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| | | | | | | Yes | No |
| 2434 Interstate Plaza Drive Hammond, IN 46234 20-3238867 | HEALTH CARE | IN | 501(c)(3) | 3 | Presence Central & Suburban Hospitals Network AND PRESENCE CHICAGO HOSPITALS NETWORK | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0952490 | SPORTS MEDICINE | AL | 501(c)(3) | 7 | ST VINCENT'S BIRMINGHAM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2841358 | RETIREMENT COMMUNITY | IL | 501(c)(3) | 10 | PRESENCE LIFE CONNECTIONS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1570877 | FOUNDATION | WI | 501(c)(3) | 7 | ASCENSION ALL SAINTS HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1264986 | HOSPITAL | WI | 501(c)(3) | 3 | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2802463 | FUNDRAISING | MI | 501(c)(3) | Type I | ASCENSION ALLEGAN HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1359180 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5800012 | HEALTH CARE | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 86-0455920 | HOSPITAL | AZ | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7222558 | FUNDRAISING | MI | 501(c)(3) | Type I | ASCENSION BORGESS HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1360526 | HEALTHCARE SERVICES | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2860459 | FUNDRAISING | MI | 501(c)(3) | Type III-FI | ASCENSION BORGESS-LEE HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1490190 | HEALTHCARE SERVICES | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1576680 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0905385 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-1121862 | Health care | MO | 501(c)(3) | Type I | Ascension Care Management LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2734755 | SUPPORTING ORGANIZATION | MO | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0985690 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1958763 | HEALTH CARE | MI | 501(c)(3) | 10 | ST JOHN PROVIDENCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3591148 | FOUNDATION | MI | 501(c)(3) | Type II | GENESYS HEALTH SYSTEM | Yes | |

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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2377821 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1627755 | FOUNDATION | WI | 501(c)(3) | Type II | ASCENSION GOOD SAMARITAN HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0808503 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 31-1662309 | NATIONAL HEALTH SYSTEM | MO | 501(c)(3) | Type I | ASCENSION HEALTH ALLIANCE | | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 65-1257719 | SUPPORTING ORGANIZATION | MO | 501(c)(3) | Type I | ASCENSION HEALTH ALLIANCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-3358926 | NATIONAL HEALTH SYSTEM | MO | 501(c)(3) | Type I | NA | | No |
| RUST C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-7046706 | SUPPORTING ORGANIZATION | MO | 501(c)(3) | Type I | ASCENSION HEALTH ALLIANCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 65-1205990 | SUPPORTING ORGANIZATION | MO | 501(c)(3) | Type I | ASCENSION HEALTH ALLIANCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1227406 | PARENT COMPANY | MO | 501(c)(3) | Type II | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 82-4710412 | RETIREMENT COMMUNITY | WI | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3322109 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 83-1617112 | HEALTH CARE | MI | 501(c)(3) | 10 | ASCENSION MEDICAL GROUP LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3494637 | HEALTH CARE | MI | 501(c)(3) | 10 | ASCENSION MEDICAL GROUP LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3193801 | HEALTHCARE SERVICES | MI | 501(c)(3) | 10 | ASCENSION MEDICAL GROUP LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1127163 | CLINICAL HEALTHCARE SERVICES | WI | 501(c)(3) | 3 | AFFINITY HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1965593 | MEDICAL GROUP | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1791586 | MEDICAL GROUP | WI | 501(c)(3) | 3 | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2631907 | HEALTH CARE | MI | 501(c)(3) | 10 | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2601348 | HEALTH CARE | MI | 501(c)(3) | 10 | ST JOHN PROVIDENCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3174701 | SUPPORTING ORGANIZATION | MO | 501(c)(3) | Type I | ASCENSION HEALTH ALLIANCE | Yes | |

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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0816818 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0807065 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-1109636 | HEALTHCARE SERVICES | TX | 501(c)(3) | 3 | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3526629 | FUNDRAISING | MI | 501(c)(3) | 7 | ST JOHN PROVIDENCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1358212 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2627336 | SUPPORTING | MI | 501(c)(3) | Type I | ASCENSION PROVIDENCE ROCHESTER HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1359247 | GENERAL HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3160564 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1390638 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0816857 | HOSPITAL | WI | 501(c)(3) | 3 | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-1109643 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 3 | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2262856 | HEALTH CARE | MI | 501(c)(3) | 3 | ST JOHN PROVIDENCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 72-1531917 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1256677 | FOUNDATION | WI | 501(c)(3) | 7 | AFFINITY HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0907740 | HOSPITAL | WI | 501(c)(3) | 3 | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-2961579 | FUNDRAISING | MI | 501(c)(3) | 7 | ST JOHN PROVIDENCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1359063 | HEALTH CARE | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 01-0790428 | FUNDRAISING | MI | 501(c)(3) | Type I | ASCENSION ST JOSEPH'S HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1443395 | HEALTH CARE | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2246366 | FUNDRAISING | MI | 501(c)(3) | Type III-FI | ASCENSION ST MARY'S HOSPITAL | Yes | |

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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-0997730 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1657410 | FOUNDATION | WI | 501(c)(3) | Type I | ASCENSION ST MICHAEL'S HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0808443 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1671120 | HOSPITAL | MI | 501(c)(3) | 3 | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4364243 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0958974 | MANAGEMENT COMPANY | KS | 501(c)(3) | 10 | ASCENSION VIA CHRISTI HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1172107 | HEALTH SYSTEM PARENT | KS | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1186704 | HOSPITAL | KS | 501(c)(3) | 3 | ASCENSION VIA CHRISTI HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0543778 | HOSPITAL | KS | 501(c)(3) | 3 | ASCENSION VIA CHRISTI HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-1965272 | HOSPITAL | KS | 501(c)(3) | 3 | ASCENSION VIA CHRISTI HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1172106 | HOSPITAL | KS | 501(c)(3) | 3 | ASCENSION VIA CHRISTI HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0948571 | PROPERTY MANAGEMENT | KS | 501(c)(4) | | ASCENSION VIA CHRISTI HOSPITALS WICHITA INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1158274 | REHABILITATION HOSPITAL | KS | 501(c)(3) | 3 | ASCENSION VIA CHRISTI HOSPITALS WICHITA INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1601369 | VEBA | MO | 501(c)(9) | | ASCENSION HEALTH ALLIANCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1494981 | FOUNDATION | WI | 501(c)(3) | 7 | COLUMBIA ST MARY'S INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1701402 | LABORATORY | WI | 501(c)(3) | 10 | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1613624 | PHARMACY | WI | 501(c)(3) | 10 | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1509251 | COMMUNITY HEALTH PROMOTION | TN | 501(c)(3) | Type I | SAINT THOMAS NETWORK | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1861378 | INACTIVE | TN | 501(c)(3) | Type I | SAINT THOMAS MIDTOWN HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2971975 | OWN OIL AND MINERAL RIGHTS, REAL ESTATE | TX | 501(c)(3) | Type III-FI | SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC | Yes | |

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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2468823 | HOLDING COMPANY | MI | 501(c)(3) | 3 | BORGESS HEALTH ALLIANCE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2335286 | HEALTH SYSTEM PARENT | MI | 501(c)(3) | Type III-FI | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2555589 | SKILLED NURSING FACILITY | MI | 501(c)(3) | 3 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 86-0749574 | FOUNDATION | AZ | 501(c)(3) | Type I | ASCENSION ARIZONA | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1276738 | HEALTH SYSTEM PARENT | MO | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2505427 | SKILLED NURSING FACILITY | MO | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 81-4769136 | MEDICAL GROUP | NY | 501(c)(3) | 3 | ST MARY'S HEALTHCARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 83-2068871 | SKILLED NURSING FACILITY | DC | 501(c)(3) | 10 | Ascension Health Senior Care | Yes | |
| N4642 COUNTY N APPLETON, WI 54914 45-4681563 | BEHAVIORAL HEALTH SERVICES | WI | 501(c)(3) | 3 | AFFINITY HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2514708 | ADULT DAY CARE | MI | 501(c)(3) | Type II | Ascension Health Senior Care | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1869951 | FREESTANDING OUTPATIENT CENTER | IN | 501(c)(3) | Type III-FI | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-0468031 | FUNDRAISING | TX | 501(c)(3) | Type II | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1596986 | COLLEGE | WI | 501(c)(3) | 2 | COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0806315 | HOSPITAL | WI | 501(c)(3) | 3 | COLUMBIA ST MARY'S INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0807063 | HOSPITAL | WI | 501(c)(3) | 3 | COLUMBIA ST MARY'S INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1834639 | HEALTH SYSTEM | WI | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1241079 | RETIREMENT COMMUNITY | KS | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2800601 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1357365 | NURSING/ASSISTED LIVING SERVICES | WI | 501(c)(3) | 10 | HOWARD YOUNG HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2790703 | MEDICAL RESEARCH ORGANIZATION | MI | 501(c)(3) | 10 | ASCENSION ST MARY'S HOSPITAL | Yes | |

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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 75-3193633 | FOUNDATION | WI | 501(c)(3) | Type I | ASCENSION ST CLARE'S HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1684957 | FOUNDATION | WI | 501(c)(3) | Type II | SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2371754 | HEALTH SRVCS/STAFFING/PROP MNGT | MI | 501(c)(3) | Type II | GENESYS HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2317364 | CONVALESCENT CENTER | MI | 501(c)(3) | 3 | GENESYS AMBULATORY HEALTH SERVICES | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3339703 | HEALTH SYSTEM PARENT | MI | 501(c)(3) | Type II | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0934712 | HEALTH SYSTEM | AL | 501(c)(3) | Type III-FI | ST VINCENT'S HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-3620346 | NURSING HOME | FL | 501(c)(3) | 10 | SACRED HEART HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3220767 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1499115 | HOME OFFICE | WI | 501(c)(3) | Type II | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0606129 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1440267 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| 18927 HICKORY CREEK DRIVE SUITE 300 MOKENA, IL 60448 36-3438977 | LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS | IL | 501(c)(3) | 10 | PRESENCE LIFE CONNECTIONS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 91-1528577 | FUNDRAISING | WA | 501(c)(3) | Type I | OUR LADY OF LOURDES HOSPITAL AT PASCO | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 22-2873637 | Rental of Health Care Facilities | NY | 501(c)(2) | | Our Lady of Lourdes Memorial Hospital Inc | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 14-1776546 | MEDICAL OFFICE BUILDING | NY | 501(c)(25) | | ST MARY'S HEALTHCARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3495969 | HEALTH CARE | IL | 501(c)(3) | 10 | Presence Health Partners Services | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7140261 | FOUNDATION | WI | 501(c)(3) | 10 | AFFINITY HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 94-3436893 | Medical Group | WI | 501(c)(3) | 3 | ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1490371 | PARENT CORPORATION | WI | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 91-0349750 | HEALTHCARE | WA | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|--|--|----------------------------|---|--|---|----|
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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 15-0532221 | HOSPITAL | NY | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 16-1608735 | SKILLED NURSING FACILITY | NY | 501(c)(3) | 3 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-3700131 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4286236 | HEALTH CARE | IL | 501(c)(3) | 10 | Presence Care Transformation Corporation | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2709982 | HEALTH CARE | IL | 501(c)(3) | 10 | Presence Care Transformation Corporation | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-0483587 | HEALTH CARE | IL | 501(c)(3) | 10 | PRESENCE CARE TRANSFORMATION CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3366652 | MGMT SUPPORT | IL | 501(c)(3) | Type III-FI | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4195126 | HEALTH CARE | IL | 501(c)(3) | 3 | Presence Care Transformation Corporation | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2235165 | HEALTH CARE | IL | 501(c)(3) | 3 | Presence Care Transformation Corporation | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2644178 | HEALTH CARE | IL | 501(c)(3) | Type II | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3330928 | HEALTH CARE | IL | 501(c)(3) | 3 | Presence Care Transformation Corporation | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-0483581 | HEALTH CARE | IL | 501(c)(3) | 10 | PRESENCE CARE TRANSFORMATION CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 37-1127787 | RETIREMENT COMMUNITY | IL | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7061646 | RETIREMENT COMMUNITY | IL | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-8775914 | DORMANT | IN | 501(c)(3) | 10 | ST MARY'S HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0914564 | SUPPORT PROVIDENCE HOSPITAL | AL | 501(c)(2) | | GULF COAST HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0915493 | SUPPORT PROVIDENCE HOSPITAL | AL | 501(c)(3) | 7 | GULF COAST HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2683112 | SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE | TX | 501(c)(3) | Type I | ASCENSION PROVIDENCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2696970 | PHYSICIAN PRACTICES | TX | 501(c)(3) | 3 | ASCENSION PROVIDENCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1275583 | FUNDRAISING ORGANIZATION | DC | 501(c)(3) | Type I | PROVIDENCE HOSPITAL | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1275587 | PHYSICIAN PRACTICES | DC | 501(c)(3) | Type I | PROVIDENCE HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0288861 | HOSPITAL | AL | 501(c)(3) | 3 | GULF COAST HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 53-0196636 | HOSPITAL | DC | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 61-1759304 | SKILLED NURSING FACILITY | TX | 501(c)(3) | 3 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3296367 | HEALTH CARE | IL | 501(c)(3) | 10 | Presence Care Transformation Corporation | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-2436597 | FOUNDATION | FL | 501(c)(3) | 7 | SACRED HEART HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-0634434 | HOSPITAL | FL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 57-1183283 | INVESTMENT | FL | 501(c)(3) | Type I | SACRED HEART HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0902199 | REHAB SERVICES | WI | 501(c)(3) | 3 | COLUMBIA ST MARY'S INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 41-0693877 | HOSPITAL | MN | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0847631 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1716804 | SYSTEM PARENT | TN | 501(c)(3) | Type II | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1663055 | OPERATES FOUNDATION | TN | 501(c)(3) | 7 | SAINT THOMAS NETWORK | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1737573 | HOSPITAL | TN | 501(c)(3) | 3 | BAPTIST HEALTH CARE AFFILIATES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1836937 | HOME HEALTH CARE | TN | 501(c)(3) | 10 | SAINT THOMAS HICKMAN HOSPITAL | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1529858 | HEALTHCARE PROVIDER | TN | 501(c)(3) | 10 | ASCENSION MEDICAL GROUP LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1869474 | ACUTE CARE HOSPITAL | TN | 501(c)(3) | 3 | SAINT THOMAS HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1284994 | HEALTH INVESTMENT ENTITY | TN | 501(c)(3) | 10 | SAINT THOMAS HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-4063046 | HOSPITALS | TN | 501(c)(3) | 3 | SAINT THOMAS HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1167917 | FOUNDATION | TN | 501(c)(3) | Type I | SAINT THOMAS RUTHERFORD HOSPITAL | Yes | |

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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-0475842 | HOSPITAL | TN | 501(c)(3) | 3 | SAINT THOMAS HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-0347580 | HOSPITAL | TN | 501(c)(3) | 3 | SAINT THOMAS HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1948057 | MEDICAL EQUIPMENT | KS | 501(c)(3) | 10 | ASCENSION VIA CHRISTI HEALTH PARTNERS INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3308965 | Owns or leases properties where healthcare services are delivered | IL | 501(c)(2) | | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4364681 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | Type I | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-4562522 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-1311790 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2212968 | FUNDRAISING | TX | 501(c)(3) | Type II | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-2842608 | FUNDRAISING | TX | 501(c)(3) | Type II | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2820107 | HEALTH CARE | MI | 501(c)(3) | 10 | ST JOHN PROVIDENCE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-2498998 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | ASCENSION SETON | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4364813 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | Type II | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-2960726 | SKILLED NURSING FACILITY | PA | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-2064992 | PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY | MD | 501(c)(3) | 10 | ASCENSION MEDICAL GROUP LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0937704 | SUPPORT PROVIDENCE HOSPITAL | AL | 501(c)(3) | Type II | GULF COAST HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 42-1670843 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7326976 | REAL ESTATE | AL | 501(c)(2) | | ST VINCENT'S HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5330986 | FUNDRAISING | TX | 501(c)(3) | Type II | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2869762 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 82-0204264 | HOSPITAL | ID | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 82-1103087 | HEALTHCARE | NY | 501(c)(3) | 3 | OUR LADY OF LOURDES MEMORIAL HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1415083 | FUNDRAISING | MD | 501(c)(3) | Type I | ST AGNES HEALTHCARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-0591657 | HOSPITAL | MD | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4251846 | Acute care hospital | IL | 501(c)(3) | 3 | Alexian Brothers Health System | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-1878316 | SKILLED NURSING FACILITY | FL | 501(c)(3) | 3 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0999759 | HEALTH CARE | OK | 501(c)(3) | 10 | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3833117 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 61-1659782 | REAL ESTATE | OK | 501(c)(2) | | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1133139 | FUNDRAISING | OK | 501(c)(3) | 7 | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1215174 | SYSTEM PARENT | OK | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0579286 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2244034 | PARENT | MI | 501(c)(3) | Type II | ASCENSION MICHIGAN | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0662663 | HEALTH CARE | OK | 501(c)(3) | 3 | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1077367 | NURSING HOME | OK | 501(c)(3) | 10 | ST JOHN HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7313206 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST JOSEPH HOSPITAL & HEALTH CENTER INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0992717 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1388461 | FUNDRAISING | MO | 501(c)(3) | Type I | CARONDELET HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 51-0168321 | FUNDRAISING | ID | 501(c)(3) | Type I | SJRC Inc | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1835288 | SKILLED NURSING FACILITY | MD | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-0479484 | HOSPITAL | FL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM INC | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|---------------------------------|--|----------------------------|---|---|---|----|
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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1899560 | DME/HOME CARE | IN | 501(c)(3) | Type I | ST MARY'S HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7248362 | REAL ESTATE HOLDING COMPANY | IN | 501(c)(2) | | ST MARY'S HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7045370 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST MARY'S HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1679526 | INVESTMENT SERVICES | IN | 501(c)(3) | Type I | ST MARY'S HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0869065 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 14-1347719 | HOSPITAL | NY | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1918107 | FUNDRAISING | MO | 501(c)(3) | Type I | CARONDELET HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-1356310 | PHYSICIAN PROFESSIONAL SERVICES | IN | 501(c)(3) | 10 | ST VINCENT MEDICAL GROUP INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3474697 | DORMANT | IN | 501(c)(3) | Type I | ST MARY'S MEDICAL GROUP LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5342518 | AMBULANCE SERVICES | IN | 501(c)(4) | | ST MARY'S HEALTH SERVICES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1343019 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2053693 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT ANDERSON REGIONAL HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-0877261 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-3107055 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2112529 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-2192831 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4243702 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1531734 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT FRANKFORT HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2099320 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2052591 | PARENT COMPANY | IN | 501(c)(3) | Type III-FI | ASCENSION HEALTH | Yes | |

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| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-1227327 | HEALTH AND WELLNESS SERVICES | IN | 501(c)(3) | 10 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0869066 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-6088862 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC | Yes | |
| 301 HENRY STREET NORTH VERNON, IN 47265 84-1703732 | DORMANT | IN | 501(c)(3) | 1 | ST VINCENT JENNINGS HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1841606 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0876389 | HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-2039417 | PHYSICIAN PROFESSIONAL SERVICES | IN | 501(c)(3) | 10 | ST VINCENT CARMEL HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 31-1066871 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT MADISON COUNTY HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2133006 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT RANDOLPH HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2103153 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-1289091 | RETAIL AMBULATORY SERVICES | IN | 501(c)(3) | 10 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-0847538 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1712001 | LONG TERM CARE HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-3130159 | SUPPORTING ORGANIZATION | IN | 501(c)(3) | Type I | ST VINCENT WILLIAMSPORT HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0784551 | CRITICAL ACCESS HOSPITAL | IN | 501(c)(3) | 3 | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-2292041 | PHYSICIAN PRACTICE | FL | 501(c)(3) | 10 | ASCENSION MEDICAL GROUP LLC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0288864 | HOSPITAL | AL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0909073 | HOSPITAL | AL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 06-1331677 | INACTIVE | CT | 501(c)(3) | 10 | STVINCENT'S MEDICAL CENTER | Yes | |
| 95 MERRITT BOULEVARD TRUMBULL, CT 06611 22-2554128 | REAL ESTATE HOLDINGS | CT | 501(c)(25) | | ST VINCENT'S HEALTH SERVICES CORP | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|--|--|----------------------------|---|--|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0578923 | HOSPITAL | AL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0868066 | FUNDRAISING | AL | 501(c)(3) | 7 | ST VINCENT'S HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-2219923 | FUND RAISING | FL | 501(c)(3) | 7 | ST VINCENT'S HEALTH SYSTEM INC | Yes | |
| 2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558134 | HOLDING COMPANY | CT | 501(c)(3) | Type I | ST VINCENT'S MEDICAL CENTER | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0931008 | HEALTH SYSTEM | AL | 501(c)(3) | Type III-FI | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 06-0646886 | HOSPITAL AND SYSTEM PARENT | CT | 501(c)(3) | 3 | ASCENSION HEALTH | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 22-2558132 | FUNDRAISING | CT | 501(c)(3) | 7 | ST VINCENT'S MEDICAL CENTER | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-0624449 | HOSPITAL | FL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-1523194 | HOSPITAL | FL | 501(c)(3) | 3 | ST VINCENT'S HEALTH SYSTEM INC | Yes | |
| 2800 MAIN STREET BRIDGEPORT, CT 06606 80-0458769 | PHYSICIAN PRACTICES | CT | 501(c)(3) | Type I | ST VINCENT'S MEDICAL CENTER | Yes | |
| 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-0702617 | PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS | CT | 501(c)(3) | 10 | ST VINCENT'S HEALTH SERVICES CORP | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5002285 | REAL ESTATE HOLDING COMPANY | IN | 501(c)(3) | Type III-FI | ST VINCENT HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2427678 | PRG RELATED INVESTMENTS | MI | 501(c)(3) | Type II | GENESYS HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0873606 | HOSPITAL | WI | 501(c)(3) | 3 | MINISTRY HEALTH CARE INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2727509 | SPIRITUALITY CENTER | TX | 501(c)(3) | Type II | ASCENSION TEXAS | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-4562712 | DELIVERY OF HEALTH CARE SERVICES | TX | 501(c)(3) | 10 | SETON CLINICAL ENTERPRISE CORPORATION | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2855201 | TO HOLD TITLE TO REAL PROPERTY | TX | 501(c)(25) | | SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0932323 | PHYSICIAN GROUP | AL | 501(c)(3) | Type II | ST VINCENT'S HEALTH SYSTEM | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4943550 | FOUNDATION | KS | 501(c)(3) | 7 | ASCENSION VIA CHRISTI HEALTH INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1236589 | PACE (SNF) | KS | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|--|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1129325 | RETIREMENT COMMUNITY | KS | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-2828680 | RETIREMENT COMMUNITY | KS | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1078862 | RETIREMENT COMMUNITY | KS | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1247723 | RETIREMENT COMMUNITY | KS | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-3070971 | RETIREMENT COMMUNITY | KS | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1153337 | RETIREMENT COMMUNITY | OK | 501(c)(3) | 10 | VIA CHRISTI VILLAGES INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0559086 | MANAGEMENT COMPANY | KS | 501(c)(3) | Type III-FI | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 93-0838390 | FOUNDATION | WI | 501(c)(3) | 10 | ASCENSION ALL SAINTS HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 72-1526400 | HOSPITAL | KS | 501(c)(3) | 3 | ASCENSION VIA CHRISTI HOSPITAL MANHATTAN INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-2028808 | FOUNDATION | WI | 501(c)(3) | Type I | ASCENSION SE WISCONSIN HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1636804 | FOUNDATION | WI | 501(c)(3) | Type I | ASCENSION SE WISCONSIN HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-6068950 | AUXILIARY | WI | 501(c)(3) | Type III-FI | ASCENSION SE WISCONSIN HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 32-0135258 | FOUNDATION | WI | 501(c)(3) | Type I | ASCENSION ST FRANCIS HOSPITAL INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1486775 | RETIREMENT COMMUNITY | WI | 501(c)(3) | 10 | ASCENSION HEALTH SENIOR CARE | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 56-2426294 | FOUNDATION | WI | 501(c)(3) | Type I | ASCENSION WISCONSIN PHARMACY INC | Yes | |
| C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1568865 | PARENT CORPORATION | IL | 501(c)(3) | Type I | ASCENSION HEALTH | Yes | |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|--|----------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
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| | | | | | | | | Yes | No |
| ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2698151 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922 | MEDICAL SERVICES | MI | NA | C Corporation | | | | Yes | |
| AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522 | MEDICAL LABORATORY | KS | NA | C Corporation | | | | Yes | |
| AH INCUBATIONS ACCELERATOR INC 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 45-5078523 | MEDICAL SERVICE | MO | NA | C Corporation | | | | Yes | |
| ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT LLC 3900 SOUTH GRAND ST LOUIS, MO 63118 94-3465394 | HOUSING | MO | NA | C Corporation | | | | Yes | |
| Alexian Brothers Health Providers Association Inc 2601 Navistar Drive Lisle, IL 60532 36-3853286 | Messenger model IPA | IL | NA | C Corporation | | | | Yes | |
| Alexian Village of Elk Grove 3040 W Salt Creek Ln Arlington Heights, IL 60005 35-2211303 | Tax credit financed housing | IL | NA | C Corporation | | | | Yes | |
| AMITA HEALTH CLINICALLY INTEGRATED NETWORK LLC 2601 NAVISTAR DRIVE LISLE, IL 60532 80-0967178 | MANAGED CARE | IL | NA | C Corporation | | | | Yes | |
| ASCENSION CAPITAL UK LIMITED FOUNTAIN HOUSE 130 FENCHURCH STREET LONDON, ENGLAND EC3M5DJ UK | INSURANCE | UK | NA | C Corporation | | | | Yes | |
| Ascension Care Management Health Partners Tennessee 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482 | ACCOUNTABLE CARE ORGANIZATION | TN | NA | C Corporation | | | | Yes | |
| ASCENSION CARE MANAGEMENT HEALTH PARTNERS INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-4413419 | MEDICAL SERVICE | MO | NA | C Corporation | | | | Yes | |
| ASCENSION CARE MANAGEMENT HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272 | INSURANCE AND TPA | MI | NA | C Corporation | | | | Yes | |
| ASCENSION HEALTH INSURANCE LIMITED PO BOX 1159 GRAND CAYMAN, Bahamas KY11102 CJ | INSURANCE | CJ | NA | C Corporation | | | | Yes | |
| ASCENSION HEALTH RISK PURCHASING GROUP 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 27-4176480 | SUPPORTING ORGANIZATION | MO | NA | C Corporation | | | | Yes | |
| ASCENSION MEDICAL GROUP VIA CHRISTI PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446 | PROFESSIONAL ASSOCIATION | KS | NA | C Corporation | | | | Yes | |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|---|--|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| ASCENSION VENTURES CORPORATION 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1217059 | MISC HEALTHCARE SERVICES | AL | NA | C Corporation | | | | Yes | |
| BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214 | HOLDING COMPANY | TN | NA | C Corporation | | | | Yes | |
| BAYLEY CONDOMINIUM ASSOCIATION 2121 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205 63-1209915 | CONDOMINIUM ASSOCIATION | AL | NA | C Corporation | | | | Yes | |
| BEECHER BALLENGER SERVICES INC AND SUBSIDIARIES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922 | HOLDING COMPANY | MI | NA | C Corporation | | | | Yes | |
| CARONDELET MEDICAL GROUP INC 101 South Hanley Road ST LOUIS, MO 63105 86-0836126 | MEDICAL GROUP | AZ | NA | C Corporation | | | | Yes | |
| CARONDELET SPECIALIST GROUP INC 101 South Hanley Road ST LOUIS, MO 63105 26-1558773 | PHYSICIAN PRACTICE | AZ | NA | C Corporation | | | | Yes | |
| CLINICAL HOLDINGS CORP 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-3802297 | HOLDING COMPANY | MO | NA | C Corporation | | | | Yes | |
| CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3398033 | RETAIL PHARMACY & PATIENT TRANSPORT | FL | NA | C Corporation | | | | Yes | |
| Corbett Corporation 169 Riverside Drive Binghamton, NY 13905 16-1268267 | Property Management | NY | NA | C Corporation | | | | Yes | |
| CRITTENTON DEVELOPMENT CORPORATION AND SUBSIDIARIES 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115 | REAL ESTATE | MI | NA | C Corporation | | | | Yes | |
| DELL CHILDREN'S HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311909 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 26-1983355 | CONDOMINIUM ASSOCIATION | FL | NA | C Corporation | | | | Yes | |
| FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 34-1983857 | CONDO ASSOCIATION | WI | NA | C Corporation | | | | Yes | |
| GULF COAST DIVERSIFIED INC 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798 | INVESTMENT | FL | NA | C Corporation | | | | Yes | |
| INDIAN CREEK CENTER INC 101 South Hanley Road St Louis, MO 63105 48-0956627 | MANAGEMENT | MO | NA | C Corporation | | | | Yes | |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549 | CLINIC SERVICES | KS | NA | C Corporation | | | | Yes | |
| L GILBRAITH INSURANCE SPC LTD C/O Strategic Risk Solutions PO BOX 1159 GRAND CAYMAN KY11102 CJ | INSURANCE | CJ | NA | C Corporation | | | | Yes | |
| MADISON MEDICAL AFFILIATES INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 39-1855720 | HEALTHCARE | WI | NA | C Corporation | | | | Yes | |
| MID-STATE PROPERTIES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-1232018 | INACTIVE | TN | NA | C Corporation | | | | Yes | |
| MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES INC 6801 AIRPORT BLVD MOBILE, AL 36608 46-1130426 | HEALTHCARE SERVICES | MS | NA | C Corporation | | | | Yes | |
| PRESENCE SERVICE CORPORATION 2380 E DEMPSTER STREET DES PLAINES, IL 60016 36-4314354 | MEDICAL | IL | NA | C Corporation | | | | Yes | |
| PRESENCE VENTURES INC and SUBSIDIARY 100 NORTH RIVER ROAD DES PLAINES, IL 60016 37-1168085 | MEDICAL | IL | NA | C Corporation | | | | Yes | |
| PROVIDENCE PARK Inc PO BOX 850429 MOBILE, AL 36685 63-0886846 | REAL ESTATE | AL | NA | C Corporation | | | | Yes | |
| RESOURCE PHARMACIES INC 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1410076 | RETAIL PHARMACY | DC | NA | C Corporation | | | | Yes | |
| SETON INSURANCE COMPANY 1345 PHILOMENA STREET AUSTIN, TX 78723 47-5395483 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| SETON HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 45-3047469 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| SETON HEALTH PLAN INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2725348 | HMO | TX | NA | C Corporation | | | | Yes | |
| SETON MSO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2870455 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| SETON PHYSICIAN HOSPITAL NETWORK AND SUBSIDIARIES 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2643825 | HEALTH SERVICES | TX | NA | C Corporation | | | | Yes | |
| SOVA INC 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638 | HEALTH SERVICES | TN | NA | C Corporation | | | | Yes | |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|--|---|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD 21229 52-1733632 | HOLDING COMPANY | MD | NA | C Corporation | | | | Yes | |
| ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747 | OTHER MEDICAL | MI | NA | C Corporation | | | | Yes | |
| St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017 | Dormant | MI | NA | C Corporation | | | | Yes | |
| ST MARY'S MEDICAL GROUP INC 3700 WASHINGTON AVE EVANSVILLE, IN 47750 35-2076827 | INVESTMENT | IN | NA | C Corporation | | | | Yes | |
| SUNFLOWER ASSURANCE LTD PO BOX 1085 GRAND CAYMAN, Bahamas KY11102 CJ | INSURANCE | CJ | NA | C Corporation | | | | Yes | |
| TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047 | LAUNDRY SERVICES | MI | NA | C Corporation | | | | Yes | |
| THE PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 20-8042108 | CONDO ASSOCIATION | WI | NA | C Corporation | | | | Yes | |
| Thelen Corporation 3040 Salt Creek Lane Arlington Heights, IL 60005 36-3266316 | Owns/ leases property; joint venture partner | IL | NA | C Corporation | | | | Yes | |
| TRAVEL SERVICES CORPORATION PO BOX 45998 ST LOUIS, MO 631455998 26-3764978 | TRAVEL SERVICES | MO | NA | C Corporation | | | | Yes | |
| UTICA SERVICES INC AND SUBSIDIARIES 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650 | MEDICAL SERVICES | OK | NA | C Corporation | | | | Yes | |
| VCH IOWA PC 8200 E THORN DRIVE WICHITA, KS 67226 27-3983977 | PROFESSIONAL ASSOCIATION | IA | NA | C Corporation | | | | Yes | |
| VCH IOWA PC TRUST 8200 E THORN DRIVE WICHITA, KS 67226 27-6937322 | BENEFICIARY TRUST | IA | NA | Trust | | | | Yes | |
| VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE WICHITA, KS 67226 27-3984287 | CLINIC SERVICES | KS | NA | C Corporation | | | | Yes | |
| VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE WICHITA, KS 67226 46-2872857 | ACO | KS | NA | C Corporation | | | | Yes | |
| VINCENTIAN VENTURES OF NORTH ALABAMA INC AND SUBSIDIARIES 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0965456 | MISC HEALTHCARE SERVICES | AL | NA | C Corporation | | | | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| VINCENTURES INC 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-1211417 | INACTIVE | CT | NA | C Corporation | | | | Yes | |
| WHEATON FRANCISCAN HOLDINGS INC AND SUBSIDIARIES 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357 | HOLDING CO | WI | NA | C Corporation | | | | Yes | |
| WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140 | PROVIDER CONTRACT | WI | NA | C Corporation | | | | Yes | |
| WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53212 30-0659830 | CONDO ASSOCIATION | WI | NA | C Corporation | | | | Yes | |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|------------------------------|------------------------|--|
| ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST | P | 8,526,180 | FAIR MARKET VALUE |
| ASCENSION HEALTH - IS INC | Q | 401,657 | FAIR MARKET VALUE |
| CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES | P | 7,347,422 | FAIR MARKET VALUE |
| CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES | Q | 1,454,841 | FAIR MARKET VALUE |
| CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES | S | 4,660,226 | FAIR MARKET VALUE |
| ST LUKE'S-ST VINCENT'S HEALTHCARE INC | O | 1,362,262 | FAIR MARKET VALUE |
| ST LUKE'S-ST VINCENT'S HEALTHCARE INC | Q | 27,333,995 | FAIR MARKET VALUE |
| ST LUKE'S-ST VINCENT'S HEALTHCARE INC | R | 655,174 | FAIR MARKET VALUE |
| St Vincent's Ambulatory Care Inc | J | 1,483,358 | FAIR MARKET VALUE |
| St Vincent's Ambulatory Care Inc | K | 56,237 | FAIR MARKET VALUE |
| St Vincent's Ambulatory Care Inc | O | 122,829 | FAIR MARKET VALUE |
| St Vincent's Ambulatory Care Inc | P | 24,629,375 | FAIR MARKET VALUE |
| St Vincent's Ambulatory Care Inc | Q | 3,452,293 | FAIR MARKET VALUE |
| St Vincent's Ambulatory Care Inc | R | 227,475,662 | FAIR MARKET VALUE |
| ST VINCENT'S FOUNDATION INC | C | 323,483 | FAIR MARKET VALUE |
| ST VINCENT'S MEDICAL CENTER-CLAY COUNTY INC | J | 69,210 | FAIR MARKET VALUE |
| ST VINCENT'S MEDICAL CENTER-CLAY COUNTY INC | Q | 15,997,339 | FAIR MARKET VALUE |
| ST VINCENT'S MEDICAL CENTER-CLAY COUNTY INC | R | 16,170,604 | FAIR MARKET VALUE |
| ST VINCENT'S MEDICAL CENTER INC | J | 378,476 | FAIR MARKET VALUE |
| ST VINCENT'S MEDICAL CENTER INC | K | 376,469 | FAIR MARKET VALUE |
| ST VINCENT'S MEDICAL CENTER INC | P | 2,128,031 | FAIR MARKET VALUE |
| ST VINCENT'S MEDICAL CENTER INC | Q | 64,790,397 | FAIR MARKET VALUE |
| ST VINCENT'S MEDICAL CENTER INC | R | 43,320,150 | FAIR MARKET VALUE |
| ST VINCENT'S MEDICAL CENTER INC | O | 3,614,223 | FAIR MARKET VALUE |
| ST CATHERINE LABOURE MANOR INC | S | 13,812,000 | FAIR MARKET VALUE |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|-------------------------------------|-------------------------------|---|
| ST VINCENT'S MEDICAL CENTER-CLAY COUNTY INC | O | 857,612 | FAIR MARKET VALUE |
| ST VINCENT'S STRATEGIC VENTURES INC | P | 632,165 | FAIR MARKET VALUE |
| ST VINCENT'S STRATEGIC VENTURES INC | R | 153,918 | FAIR MARKET VALUE |
| St Vincent's Foundation Inc | Q | 327,572 | fair market value |