

<p>Form <b>990</b></p> <p>Department of the Treasury Internal Revenue Service</p>	<p><b>Return of Organization Exempt From Income Tax</b></p> <p><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></p> <p>▶ Do not enter social security numbers on this form as it may be made public</p> <p>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></p>	<p>OMB No 1545-0047</p> <p><b>2014</b></p> <p><b>Open to Public Inspection</b></p>

<b>A</b> For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Ascension Health		<b>D</b> Employer identification number  31-1662309
	Doing business as		<b>E</b> Telephone number  (314) 733-8000
	Number and street (or P O box if mail is not delivered to street address) PO box 45998	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code St Louis, MO 631455998		<b>G</b> Gross receipts \$ 227,808,804
	<b>F</b> Name and address of principal officer ROBERT HENKEL PO box 45998 St Louis, MO 631455998		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J</b> Website: WWW.ASCENSIONHEALTH.ORG		<b>H(c)</b> Group exemption number 0928	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1999	<b>M</b> State of legal domicile MO

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities Nation's largest Catholic and nonprofit health system, serving the poor and vulnerable		
	2 Check this box <input type="checkbox"/> 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	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	927
	6 Total number of volunteers (estimate if necessary)	6	2
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,370,482	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	195,942,974	218,002,574
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,958,493	9,592,203
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,439,965	214,027
		216,711,914	227,808,804
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	620,000	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	122,622,936	59,274,141
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	243,505,992	186,508,530
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	366,748,928	245,782,671
	19 Revenue less expenses Subtract line 18 from line 12	-150,037,014	-17,973,867
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	787,385,376	696,511,427
	21 Total liabilities (Part X, line 26)	437,369,689	308,877,250
	22 Net assets or fund balances Subtract line 21 from line 20	350,015,687	387,634,177

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	<div> <div></div> <div>Signature of officer</div> </div>				<div> <div></div> <div>2016-05-16</div> </div> <div>Date</div>
	<div> <div></div> <div>ELIZABETH FOSHAGE SR VP FINANCE</div> </div> <div>Type or print name and title</div>				
Paid Preparer Use Only	<div>Prnt/Type preparer's name</div> <div>JAMES W SOWAR</div>		<div>Preparer's signature</div> <div>JAMES W SOWAR</div>	<div>Date</div>	<div> <div>Check <input type="checkbox"/> if self-employed</div> <div>PTIN</div> <div>P00529407</div> </div>
	<div>Firm's name</div> <div>▶ DELOITTE TAX LLP</div>			<div>Firm's EIN</div> <div>▶ 86-1065772</div>	
	<div>Firm's address</div> <div>▶ 250 East Fifth Street Suite 1900</div> <div>Cincinnati, OH 45202</div>			<div>Phone no</div> <div>(513) 784-7100</div>	
<div>May the IRS discuss this return with the preparer shown above? (see instructions)</div> <div> <input checked="" type="checkbox"/> Yes           <input type="checkbox"/> No         </div>					<div>Cat No</div> <div>11282Y</div>
<div>For Paperwork Reduction Act Notice, see the separate instructions.</div>					<div>Form</div> <div>990 (2014)</div>

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

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.

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

If "Yes," describe these changes on Schedule O







4a	(Code )	(Expenses \$ 225,376,792 including grants of \$ 0 )	(Revenue \$ 218,216,601 )
	<p>ASCENSION HEALTH IS A MISSION-FOCUSED ORGANIZATION TRANSFORMING HEALTH CARE BY PROVIDING THE HIGHEST QUALITY CARE TO ALL, WITH SPECIAL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE. IN FISCAL YEAR 2015 ASCENSION HEALTH EMPLOYED 149,000 ASSOCIATES SERVING IN 1,900 LOCATIONS IN 24 STATES AND THE DISTRICT OF COLUMBIA. HOWEVER, IN COMPARISON TO MANY OTHER ORGANIZATIONS OF SIMILAR SCOPE AND COMPLEXITY, AS A NONPROFIT, SPIRITUALLY-CENTERED HEALTHCARE ORGANIZATION, ASCENSION DIFFERENTIATES ITSELF IN TERMS OF MISSION, PRIORITIES AND CHALLENGES. IN FISCAL YEAR 2015 ALONE, ASCENSION HEALTH PROVIDED \$1.95 BILLION IN CARE OF PERSONS LIVING IN POVERTY AND COMMUNITY BENEFIT PROGRAMS.</p>		

[illegible][illegible]

<b>4e</b>	<b>Total program service expenses</b>	<b>225,376,792</b>
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Part IV

Checklist of Required Schedules

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> 	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . .</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . .</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . .</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . .</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . .</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . .</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . .	38	Yes	

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

Form **990** (2014)

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	2	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	No
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records DENISE RITCHER  PO BOX 45998 STLOUIS,MO 631455998 (314) 733-8163	

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT J HENKEL FACHE CHIEF EXECUTIVE OFFICER/PRESIDENT	35 30 ..... 14 70	X		X				0	7,455,630	56,750
(2) SR M THERESE GOTTSCHALK SECRETARY/TREASURER	4 00 ..... 2 70	X						0	0	0
(3) DAVID B PRYOR MD TRUSTEE	4 00 ..... 46 00	X						0	3,275,580	50,652
(4) HERBERT J VALLIER TRUSTEE	4 00 ..... 46 00	X						0	2,098,256	36,061
(5) SR MAUREEN MCGUIRE CHAIR	4 00 ..... 0	X						0	0	0
(6) RHONDA ANDERSON SVP & CFO	37 00 ..... 13 00			X				0	734,942	42,333
(7) KATHERINE ARBUCKLE CHIEF FINANCIAL OFFICER	50 00 ..... 0 00			X				0	2,476,771	32,013
(8) ZIAD HAYDAR SENIOR VICE PRESIDENT	50 00 ..... 0					X		1,948,461	0	33,122
(9) DR PATRICIA MARYLAND CHIEF OPERATING OFFICER	49 00 ..... 1 00					X		3,983,671	0	49,848
(10) ERIC ENGLER SVP CHIEF STRATEGY OFFICER	50 00 ..... 0					X		1,753,965	0	34,708
(11) WILMA NEWTON VP SYMPHONY CDM	50 00 ..... 0					X		1,383,941	0	53,717
(12) CHRISTINE K MCCOY SVP & GENERAL COUNSEL	50 00 ..... 0					X		1,432,456	0	41,538
(13) JOHN D DOYLE EXECUTIVE VICE PRESIDENT	0 00 ..... 50 00						X	0	3,322,047	61,157
(14) JOSEPH R IMPICCICHE EXEC VICE PRESIDENT - LEGAL	0 00 ..... 50 00						X	0	3,242,424	42,523

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANTHONY J SPERANZO	0 00						X	0	4,879,259	50,560
CHIEF FINANCIAL OFFICER	50 00									
(16) ANTHONY R TERSIGNI EDD FACHE	0 00						X	0	17,491,695	73,857
PRESIDENT/CEO	50 00									

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	10,502,494	44,976,604	658,839

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization28

	Yes	No
3 Did the organization list any <b>former</b> 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
ACCENTURE LLP PO BOX 40629 CHICAGO, IL 60673	CONSULTING AND IMPLEMENTATION	101,422,832
MID AMERICA CLINICAL LABORATORIES LLC 9669 146TH ST STE 174B NOBLESVILLE, IN 46060	LAB SERVICES	56,478,250
HALL RENDER KILLIAN HEATH & LYMAN PC 500 N MERIDIAN ST STE 400 INDIANAPOLIS, IN 46204	ATTORNEYS	27,750,362
BRASFIELD & GORRIE LLC 3021 7TH AVE SOUTH BIRMINGHAM, AL 35233	CONSTRUCTION SERVICES	22,209,681
BCEP PA 720 W 34TH STREEET AUSTIN, TX 78752	PROFESSIONAL SERVICES	19,196,069

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization1,117



Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .		0				
Program Service Revenue	2a	SERVICE FEES	Business Code 541610	217,012,889	217,012,889	0	0	
	b	ADMINISTRATION FEES	541610	989,685	989,685	0	0	
	c							
	d							
	e							
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f . . . . .		218,002,574				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		9,592,203	0	0	9,592,203
4		Income from investment of tax-exempt bond proceeds . . . . .						
5		Royalties . . . . .						
6a		Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)	0	0			
		d	Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)	0	0			
		d	Net gain or (loss) . . . . .					
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
		b	Less direct expenses . . . . .	b				
		c	Net income or (loss) from fundraising events . . . . .					
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a					
		b	Less direct expenses . . . . .	b				
		c	Net income or (loss) from gaming activities . . . . .					
10a		Gross sales of inventory, less returns and allowances . . . . .	a					
		b	Less cost of goods sold . . . . .	b				
		c	Net income or (loss) from sales of inventory . . . . .					
	Miscellaneous Revenue		Business Code					
11a	OTHER MISCELLANEOUS REVENUE	900099	214,027	214,027				
b								
c								
d	All other revenue . . . . .		0	0	0	0		
e	Total. Add lines 11a-11d . . . . .		214,027					
12	Total revenue. See Instructions . . . . .		227,808,804	218,216,601	0	9,592,203		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .				
2	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .	46,655,587	34,991,690	11,663,897	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	9,091,969	8,632,872	459,097	0
10	Payroll taxes . . . . .	3,526,585	3,249,794	276,791	0
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	109,941	27,097	82,844	0
c	Accounting . . . . .	1,023,637	1,023,637	0	0
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees . . . . .				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	47,109,749	43,473,408	3,636,341	0
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	646,091	573,874	72,217	0
14	Information technology . . . . .	13,079,389	11,239,564	1,839,825	0
15	Royalties . . . . .				
16	Occupancy . . . . .	2,210,889	1,662,330	548,559	0
17	Travel . . . . .	3,890,104	3,674,231	215,873	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	9,624,498	8,022,175	1,602,323	0
20	Interest . . . . .	-22,860	-22,860	0	0
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	24,049,496	24,049,496	0	0
23	Insurance . . . . .	36,938	28,826	8,112	0
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	SUPPLIES	1,245,989	1,245,989	0	0
b	REPAIRS AND MAINTENANCE	423,709	423,709	0	0
c	EQUIPMENT RENTAL	78,533,136	78,533,136	0	0
d	CHAN FEES	858,817	858,817	0	0
e	All other expenses	3,689,007	3,689,007	0	0
25	Total functional expenses. Add lines 1 through 24e	245,782,671	225,376,792	20,405,879	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 X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		165,699,754	2	14,384,299
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		120,369,990	4	1,744,355
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		76,473	8	0
	9	Prepaid expenses and deferred charges		5,413,489	9	23,820,478
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a17,782,714			
	b	Less: accumulated depreciation	10b4,606,004	10,321,787	10c	13,176,710
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11.		0	12	
	13	Investments—program-related. See Part IV, line 11.		2,045,834	13	19,399,685
	14	Intangible assets		265,716,673	14	236,310,243
	15	Other assets. See Part IV, line 11.		217,741,376	15	387,675,657
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		787,385,376	16	696,511,427
Liabilities	17	Accounts payable and accrued expenses		331,046,681	17	295,548,912
	18	Grants payable			18	
	19	Deferred revenue		11,684,177	19	0
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		94,638,831	25	13,328,338
	26	<b>Total liabilities.</b> Add lines 17 through 25.		437,369,689	26	308,877,250
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		350,015,687	27	387,634,177
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	<b>Total net assets or fund balances</b>		350,015,687	33	387,634,177
	34	<b>Total liabilities and net assets/fund balances</b>		787,385,376	34	696,511,427

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	227,808,804
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	245,782,671
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-17,973,867
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	350,015,687
5	Net unrealized gains (losses) on investments . . . . .	5	-9,453,844
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	65,046,201
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	387,634,177

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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	Yes	
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? . . . . .	Yes	
3b	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	

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization Ascension Health	Employer identification number 31-1662309
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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 11, 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 )

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 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 )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☒

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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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 . . . . . 1 8 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- 9 above or IRC section (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 189					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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 . . . . . ▶						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. 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		▶
b 33 1/3% support test—2013. 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		▶
17a 10%-facts-and-circumstances test—2014. 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		▶
b 10%-facts-and-circumstances test—2013. 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		▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		▶

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

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. 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—2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	Yes	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		No
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		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))? If "Yes," provide detail in <b>Part VI</b> .		No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
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?		No
b A family member of a person described in (a) above?		No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		No



Part IV

Supporting Organizations (continued)

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	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 <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	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 **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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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)		

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**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

Return Reference	Explanation
Schedule A, Part I, Line 11g (vi) Amount of other support	ASCENSION HEALTH PROVIDES A VARIETY OF NONCASH CENTRALIZED SYSTEM OFFICE SUPPORT IN FURTHERANCE OF THE MISSION OF THE ASCENSION SPONSOR AND THE OTHER SUPPORTED ORGANIZATIONS LISTED IN PART I
Schedule A, Part IV, Section B, Line 1 POWER TO APPOINT DIRECTORS	The Ascension Sponsor (the Canonical sponsor which was formed by the founding religious sponsors and which has been conferred public juridic personality by decree of The Congregation for Institutes of Consecrated Life and Societies of Apostolic Life of the Roman Catholic Church) determines the philosophy, mission, vision, values and expectations of the System, and appoints the board for Ascension Health Alliance, delegating that appointment power within the System, with the Ascension Sponsor retaining ultimate control over governance matters. Ascension Health carries out the purposes of the Ascension Sponsor by supporting the Ascension Health Ministry entities that provide care and healing in their respective communities
Schedule A, Part IV, Section B, Line 2 CONTROL BY SUPPORTED ORGANIZATIONS	The Ascension Sponsor (the Canonical sponsor which was formed by the founding religious sponsors and which has been conferred public juridic personality by decree of The Congregation for Institutes of Consecrated Life and Societies of Apostolic Life of the Roman Catholic Church) determines the philosophy, mission, vision, values and expectations of the System, and, as applied within a framework of delegation, retains ultimate control of governance within the System. Ascension Health carries out the purposes of the Ascension Sponsor by supporting the Ascension Health Ministry entities that provide care and healing in their respective communities. In answering "no" to Part IV, Section B, Line 2, the organization is considering the Ascension Sponsor's direct control as well as its ultimate control over the other supported organizations throughout the System
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	ASCENSION HEALTH IS ORGANIZED AND AT ALL TIMES SHALL BE OPERATED EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL IN THE UNITED STATES, ST LOUISE PROVINCE, THE CONGREGATION OF ST JOSEPH, THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET, THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE - AMERICAN PROVINCE, AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE BY AND THROUGH ASCENSION HEALTH MINISTRIES (ASCENSION SPONSOR), AND, PURSUANT TO THE ORGANIZATION'S GOVERNING DOCUMENTS, THE AFFILIATED ORGANIZATIONS PROVIDED THAT SUCH ORGANIZATIONS ARE DESCRIBED UNDER SECTION 501(C)(3) OF THE CODE AND ARE CLASSIFIED AS PUBLIC CHARITIES UNDER SECTIONS 509(A)(1) AND 509(A)(2) OF THE CODE. SUCH SUPPORTED ORGANIZATIONS ARE LISTED AT PART I. THE ORGANIZATION ALSO SUPPORTS ASCENSION SPONSOR, THE CANONICAL SPONSOR WHICH WAS FORMED BY THE FOUNDING SPONSORS AND WHICH HAS BEEN CONFERRED PUBLIC JURIDIC PERSONALITY BY DECREE OF THE CONGREGATION FOR INSTITUTES OF CONSECRATED LIFE AND SOCIETIES OF APOSTOLIC LIFE OF THE ROMAN CATHOLIC CHURCH
Schedule A, Part IV, Section A, Line 2 Supported Org Without IRS Status 509(a)1 or (2)	SUPPORTED ORGANIZATIONS NOT REQUIRED TO OBTAIN A SEPARATE IRS DETERMINATION OF STATUS ARE EITHER CONSIDERED AN INSTRUMENTALITY OF THE CATHOLIC CHURCH OR ARE INCLUDED IN THE OFFICIAL CATHOLIC DIRECTORY AND HAVE BEEN VERIFIED TO BE DESCRIBED IN EITHER 509(a)(1) or 509(a)(2) ACCORDING TO THEIR MOST RECENT FORM 990 FILING

Additional Data

Software ID: 14000329  
Software Version: 2014v1.0  
EIN: 31-1662309  
Name: Ascension Health

Form 990, Sch A, Part I, Line 11g - 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 or IRC section (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		
(A) ADULT INPATIENT MEDICAL SERVICES	452498998			No	0	0
(A) AGAPE COMMUNITY CENTER OF MILWAUKEE INC	391461846			No	0	0
(B) Alexian Brothers Ambulatory Group	364336931			No	0	0
(C) Alexian Brothers Behavioral Health Hospital	364251848			No	0	0
(D) Alexian Brothers Bonaventure House	363527899			No	0	0
(E) Alexian Brothers Center for Mental Health	363045007			No	0	0
(F) Alexian Brothers Community Services	364344423			No	0	0
(G) Alexian Brothers Lansdowne Village	431470362			No	0	0
(H) Alexian Brothers Medical Care Group NFP	471930457			No	0	0
(I) Alexian Brothers Medical Center	362596381			No	0	0
(J) Alexian Brothers Senior Neighbors	620646376			No	0	0
(K) Alexian Brothers Services Inc	431295333			No	0	0
(L) Alexian Brothers Sherbrooke Village	431592502			No	0	0
(M) Alexian Brothers Specialty Group	800710751			No	0	0
(N) Alexian Village of Milwaukee Inc	391351584			No	0	0

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			Yes	No		
(P) Alexian Village of Tennessee	621136742			No	0	0
(A) AMERICAN SPORTS MEDICINE INSTITUTE	630952490			No	0	0
(B) AUSTIN CHILDREN'S CHEST ASSOCIATES II	260163261			No	0	0
(C) BAPTIST HEALTH CARE GROUP	621529858			No	0	0
(D) BARTLETT HOMES INC	731301822			No	0	0
(E) BETHEL MANOR INC	731216617			No	0	0
(F) BORGESS AMBULATORY CARE CORPORATION	382468823			No	0	0
(G) BORGESS MEDICAL CENTER	381360526			No	0	0
(H) BORGESS NURSING HOME	382555589			No	0	0
(I) BRIGHTON HOSPITAL	381576680			No	0	0
(J) CALUMET MEDICAL CENTER INC	390905385			No	0	0
(K) CARONDELET HEALTH NETWORK	860455920			No	0	0
(L) CARONDELET HEART & VASCULAR INSTITUTE	561943271			No	0	0
(M) CARONDELET HOME CARE SERVICES INC	431379352			No	0	0
(N) Carondelet Long-Term Care Facilities Inc	742505427			No	0	0

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			Yes	No		
(AE) CATALPA HEALTH INC	454681563			No	0	0
(A) CHALON LIVING INC	860805615			No	0	0
(B) CHILDREN'S BONE JOINT & SPINE CENTER	452499113			No	0	0
(C) COLUMBIA COLLEGE OF NURSING INC	391596986			No	0	0
(D) COLUMBIA ST MARY'S FOUNDATION INC	391494981			No	0	0
(E) COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	390806315			No	0	0
(F) COLUMBIA ST MARY'S HOSPITAL OZAUKEE INC	390807063			No	0	0
(G) Cornerstone Assisted Living Inc	481241079			No	0	0
(H) DOOR COUNTY MEMORIAL HOSPITAL	390806324			No	0	0
(I) DR KATE NEWCOMB CONVALESCENT CENTER INC	391357365			No	0	0
(J) EAGLE RIVER MEMORIAL HOSPITAL INCORPORATED	390985690			No	0	0
(K) EASTWOOD COMMUNITY CLINICS	381958763			No	0	0
(L) FATHER MURRAY NURSING CENTER	382601348			No	0	0
(M) FIELD NEUROSCIENCES INSTITUTE	382790703			No	0	0
(N) GENESYS CONVALESCENT CENTER	382317364			No	0	0

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			Yes	No		
(AT) GENESYS REGIONAL MEDICAL CENTER	382377821			No	0	0
(A) GERARD HOUSE INC	481049532			No	0	0
(B) GOOD SAMARITAN HEALTH CENTER OF MERRILL WISCONSIN INC	390808503			No	0	0
(C) HAVEN OF OUR LADY OF PEACE INC	593620346			No	0	0
(D) HOLY CROSS HOSPITAL INC	860575938			No	0	0
(E) HORIZON HOME CARE & HOSPICE INC	391171298			No	0	0
(F) HOWARD YOUNG FOUNDATION INC	391521169			No	0	0
(G) INSTITUTE OF RECONSTRUCTIVE PLASTIC SURGERY OF CENTRAL TEXAS	262908163			No	0	0
(H) JANE PHILLIPS HEALTH CARE FOUNDATION	731250611			No	0	0
(I) JANE PHILLIPS MEMORIAL MEDICAL CENTER	730606129			No	0	0
(J) JANE PHILLIPS NOWATA HOSPITAL INC	731440267			No	0	0
(K) LEE MEMORIAL HOSPITAL CORPORATION	381490190			No	0	0
(L) MEDICAL RESOURCES GROUP	383494637			No	0	0
(M) MERCY COMMUNITY HEALTH FOUNDATION INC	481152279			No	0	0
(N) MERCY HEALTH FOUNDATION INC	237140261			No	0	0



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			Yes	No		
(BI) MERCY MEDICAL CENTER OF OSHKOSH INC	390806268			No	0	0
(A) MERCY REGIONAL HOME MEDICAL SERVICES LLC	432024491			No	0	0
(B) MINISTRY HOMECARE INC	391936201			No	0	0
(C) MINISTRY WEIGHT MANAGEMENT	391829015			No	0	0
(D) NETWORK HEALTH SYSTEM INC	391127163			No	0	0
(E) OUR LADY OF LOURDES HOSPITAL AT PASCO	910349750			No	0	0
(F) OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	150532221			No	0	0
(G) OUR LADY OF VICTORY HOSPITAL	390807065			No	0	0
(H) OWASSO MEDICAL FACILITY INC	203700131			No	0	0
(I) PEDIATRIC CRITICAL CARE ASSOCIATES	421670843			No	0	0
(J) PEDIATRIC SURGICAL SUBSPECIALISTS	208957311			No	0	0
(K) PRIMARY PHYSICIAN NETWORK LLC	208775914			No	0	0
(L) PROMED HEALTHCARE	383193801			No	0	0
(M) PROVIDENCE FOUNDATION	630915493			No	0	0
(N) PROVIDENCE HEALTH ALLIANCE	742696970			No	0	0

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			Yes	No		
(BX) PROVIDENCE HEALTH SERVICES OF WACO	741109636			No	0	0
(A) PROVIDENCE HOSPITAL	381358212			No	0	0
(B) PROVIDENCE HOSPITAL	630288861			No	0	0
(C) PROVIDENCE HOSPITAL	530196636			No	0	0
(D) REHABILITATION HOSPITAL OF INDIANA INC	351786005			No	0	0
(E) REVERENCE HOME HEALTH & HOSPICE	383408684			No	0	0
(F) SACRED HEART FOUNDATION INC	592436597			No	0	0
(G) SACRED HEART HEALTH SYSTEM INC	590634434			No	0	0
(H) SACRED HEART REHABILITATION INSTITUTE INC	390902199			No	0	0
(I) SACRED HEART-STMARY'S HOSPITALS INC	391390638			No	0	0
(J) SAINT CLARE'S HOSPITAL OF WESTON INC	721531917			No	0	0
(K) SAINT ELIZABETH'S HOSPITAL FOUNDATION INC	391256677			No	0	0
(L) SAINT ELIZABETH'S HOSPITAL OF WABASHA INC	410693877			No	0	0
(M) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	391847631			No	0	0
(N) SAINT MICHAEL'S HOSPITAL OF STEVENS POINT INC	390808443			No	0	0

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(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (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		
(CM) SAINT THOMAS HEALTH FOUNDATIONS	581663055			No	0	0
(A) SAINT THOMAS HICKMAN HOSPITAL	581737573			No	0	0
(B) SAINT THOMAS HOME CARE	621836937			No	0	0
(C) SAINT THOMAS MIDTOWN HOSPITAL	621869474			No	0	0
(D) SAINT THOMAS NETWORK	621284994			No	0	0
(E) SAINT THOMAS RUTHERFORD HOSPITAL	620475842			No	0	0
(F) SAINT THOMAS WEST HOSPITAL	620347580			No	0	0
(G) SALINA REGIONAL HOME MEDICAL SERVICES LLC	431948057			No	0	0
(H) SETON ENT	273220659			No	0	0
(I) SETON FAMILY OF HOSPITALS	741109643			No	0	0
(J) SETON FAMILY OF PEDIATRIC SURGEONS	271311790			No	0	0
(K) SETON FAMILY OF PHYSICIANS	264562522			No	0	0
(L) SETON HEALTH CORP OF SE MICHIGAN	382820107			No	0	0
(M) Seton Manor Inc	232960726			No	0	0
(N) SETON MEDICAL GROUP	392064992			No	0	0

Form 990, Sch A, Part I, Line 11g - 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 or IRC section (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		
(DB) SETON MEDICAL GROUP	742861106			No	0	0
(A) SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP (FKA SETONUT SOUTHW ESTERN UNIVERSITY PHYSICIANS GROUP)	742869762			No	0	0
(B) SPECIALLY FOR CHILDREN- CHILDREN'S HOSPITAL SUBSPECIALISTS OF CENTRAL TEXAS	742800601			No	0	0
(C) ST AGNES AUXILIARY	520643673			No	0	0
(D) ST AGNES HEALTHCARE INC	520591657			No	0	0
(E) St Alexius Medical Center	364251846			No	0	0
(F) St Catherine's Laboure Manor	591878316			No	0	0
(G) ST ELIZABETH HOSPITAL INC	390816818			No	0	0
(H) ST JOHN AUXILIARY INC	730999759			No	0	0
(I) ST JOHN BROKEN ARROW INC	383833117			No	0	0
(J) ST JOHN COMMUNITY HEALTH INVESTMENT CORP	382262856			No	0	0
(K) ST JOHN HEALTH SYSTEM FOUNDATION INC	731133139			No	0	0
(L) ST JOHN HOSPITAL & MEDICAL CENTER	381359063			No	0	0
(M) ST JOHN HOSPITAL FOUNDATION	202961579			No	0	0
(N) ST JOHN MACOMB-OAKLAND HOSPITAL	383322109			No	0	0

Form 990, Sch A, Part I, Line 11g - 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 or IRC section (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		
(DQ) ST JOHN MEDICAL CENTER INC	730579286			No	0	0
(A) ST JOHN RIVER DISTRICT HOSPITAL	383160564			No	0	0
(B) ST JOHN SAPULPA INC	730662663			No	0	0
(C) ST JOHN SENIOR COMMUNITY	382631907			No	0	0
(D) ST JOHN VILLAS INC	731077367			No	0	0
(E) ST JOSEPH HOSPITAL & HEALTH CENTER INC	350992717			No	0	0
(F) ST JOSEPH MEDICAL CENTER	440546292			No	0	0
(G) ST JOSEPH REGIONAL MEDICAL CENTER INC	820204264			No	0	0
(H) St Joseph's Ministries Inc	521835288			No	0	0
(I) ST LUKE'S-ST VINCENT'S HEALTHCARE INC	260479484			No	0	0
(J) ST MARY'S HEALTH INC FKA ST MARY'S MEDICAL CENTER OF EVANSVILLE INC	350869065			No	0	0
(K) ST MARY'S HEALTHCARE	141347719			No	0	0
(L) ST MARY'S MEDICAL CENTER	431284526			No	0	0
(M) ST MARY'S MEDICAL GROUP LLC	261356310			No	0	0
(N) ST MARY'S WARRICK HOSPITAL INC	351343019			No	0	0

Form 990, Sch A, Part I, Line 11g - 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 or IRC section (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		
(EF) ST TERESA OF AVILA VILLA INC	204791422			No	0	0
(A) ST VINCENT ANDERSON REGIONAL HOSPITAL INC	460877261			No	0	0
(B) ST VINCENT CARMEL HOSPITAL INC	743107055			No	0	0
(C) ST VINCENT CLAY HOSPITAL INC	352112529			No	0	0
(D) ST VINCENT DUNN HOSPITAL INC	272192831			No	0	0
(E) ST VINCENT FISHERS HOSPITAL INC	454243702			No	0	0
(F) ST VINCENT FRANKFORT HOSPITAL INC	352099320			No	0	0
(G) ST VINCENT HEALTH WELLNESS AND PREVENTIVE CARE INSTITUTE INC	461227327			No	0	0
(H) ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	350869066			No	0	0
(I) ST VINCENT JENNINGS HOSPITAL INC	351841606			No	0	0
(J) ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	350876389			No	0	0
(K) ST VINCENT MEDICAL GROUP INC	272039417			No	0	0
(L) ST VINCENT RANDOLPH HOSPITAL INC	352103153			No	0	0
(M) ST VINCENT RAS INC	471289091			No	0	0
(N) ST VINCENT SALEM HOSPITAL INC	270847538			No	0	0

Form 990, Sch A, Part I, Line 11g - 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 or IRC section (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		
(EU) ST VINCENT SETON SPECIALTY HOSPITAL INC	351712001			No	0	0
(A) ST VINCENT WILLIAMSPORT HOSPITAL INC	350784551			No	0	0
(B) ST VINCENT'S AMBULATORY CARE INC	592292041			No	0	0
(C) ST VINCENT'S BIRMINGHAM	630288864			No	0	0
(D) ST VINCENT'S BLOUNT	630909073			No	0	0
(E) ST VINCENT'S COLLEGE	061331677			No	0	0
(F) ST VINCENT'S EAST	630578923			No	0	0
(G) ST VINCENT'S FOUNDATION OF ALABAMA INC	630868068			No	0	0
(H) ST VINCENT'S FOUNDATION INC	592219923			No	0	0
(I) ST VINCENT'S MEDICAL CENTER	060646886			No	0	0
(J) ST VINCENT'S MEDICAL CENTER CLAY COUNTY INC	461523194			No	0	0
(K) ST VINCENT'S MEDICAL CENTER FOUNDATION	222558132			No	0	0
(L) ST VINCENT'S MEDICAL CENTER INC	590624449			No	0	0
(M) ST VINCENT'S SPECIAL NEEDS CENTER INC	060702617			No	0	0
(N) STMARY'S OF MICHIGAN MEDICAL CENTER	380997730			No	0	0

Form 990, Sch A, Part I, Line 11g - 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 or IRC section (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		
(FJ) STANDISH COMMUNITY HOSPITAL	381671120			No	0	0
(A) THE HOWARD YOUNG MEDICAL CENTER INC	390873606			No	0	0
(B) THE TRIMEDX FOUNDATION	201643383			No	0	0
(C) TRI-COUNTY CLINICAL	264562712			No	0	0
(D) VIA CHRISTI HEALTH PARTNERS INC	480958974			No	0	0
(E) Via Chrsti Healthcare Outreach Program for Elders Inc	481236589			No	0	0
(F) VIA CHRISTI HOSPITAL MANHATTAN INC	481186704			No	0	0
(G) VIA CHRISTI HOSPITAL PITTSBURG INC	480543778			No	0	0
(H) VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	271965272			No	0	0
(I) VIA CHRISTI HOSPITALS WICHITA INC	481172106			No	0	0
(J) VIA CHRISTI REHABILITATION HOSPITAL INC	481158274			No	0	0
(K) Via Chrsti Village Georgetown Inc	481129325			No	0	0
(L) Via Christi Village Hays Inc	202828680			No	0	0
(M) Via Christi Village Manhattan Inc	481078862			No	0	0
(N) Via Chrsti Village McLean Inc	481247723			No	0	0



**Form 990, Sch A, Part I, Line 11g - 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 or IRC section (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		
(FY) Via Christi Village Pittsburg Inc	743070971			No	0	0
(A) Via Chrsti Village Ponca City Inc	731153337			No	0	0
(B) VISITING NURSES HOME CARE DBA BORGESS VNA HOME CARE	382717691			No	0	0
(C) WAMEGO HOSPITAL ASSOCIATION INC	721526400			No	0	0
(D) THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL IN THE UNITED STATES ST LOUI SE PROVINCE	430653298			No	0	0
(E) THE CONGREGATION OF ST JOSEPH	830481134			No	0	0
(F) THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET	431296364			No	0	0
(G) THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE - AMERICAN PROVINCE	362976619			No	0	0
(H) THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASS ISI - USCARIBBEAN PROVINCE	731419335			No	0	0

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

***www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

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

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

Name of the organization Ascension Health	Employer identification number 31-1662309
--	--

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	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

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

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

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

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

Part II-A

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		0
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		930,000
j	Total. Add lines 1c through 1i.			930,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lobbying activities included mailings and direct contact with Legislators and/or staff members of the United States Senate and House of Representatives. Lobbying issues were related to carrying out programs to serve the uninsured. Total expenditures were approximately \$930,000 and included salaries for employees in Ascension Health's advocacy department, office expenses, travel, occupancy, IT expense, professional services and membership dues. Ascension Health 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.

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Ascension Health	Employer identification number 31-1662309
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, and enforcing conservation easements during the year ►\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, 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" to 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 in 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 in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2014

**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" to 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 |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

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" to Form 990, Part IV, line 10.

- |    | (a)Current year                                | (b)Prior year | b (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 in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

(ii) related organizations

3a(ii)
- b

If "Yes" to 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' to 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				
b Buildings		4,853,924	161,797	4,692,127
c Leasehold improvements		2,144,132		2,144,132
d Equipment		10,001,504	4,444,207	5,557,297
e Other		783,154		783,154
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				13,176,710





Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to 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' to 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
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	From the consolidated audited financial statements of Ascension Health Alliance and its member organizations ("The System") which include the activity of Ascension Health. The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2015.

[illegible]

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Ascension Health

Employer identification number  
31-1662309

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div><div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div><div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div><div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in 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.</div></div>	1bYes	
<div><div>2</div><div>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 in line 1a?</div></div>	2Yes	
<div><div>3</div><div>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.</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div><div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div><div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4bYes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in 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.</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	9	

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

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

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
Housing Allowance/residence for personal use, tax indem , gross up payments	With respect to the boxes checked on Part I, Question 1a, Ascension Health has various policies in place with respect to travel, commuting and other benefits provided to its executives. Certain benefits listed and checked under this question are considered taxable compensation. In these circumstances, the value of the benefit is included in that given executive's compensation. Certain other benefits listed and checked on this question are considered strictly business expenses and therefore no amount of the benefit is taxable and no amount is included in the executive's compensation.
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Ascension Health Alliance, a related organization of Ascension Health, uses the following to establish the compensations of the organization's CEO - Compensation Committee - Independent Compensation Consultant - Compensation Survey or Study - Approval by the Board or Compensation Committee
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. The organization that paid the salaries of the individuals listed in Schedule J, Part II, paid out of the supplemental nonqualified Retirement plan in the amounts as noted - John D Doyle - \$44,862 - Wilma Newton - \$274,969. The amounts shown on Schedule J, Part II include deferred compensation reported in prior year Forms 990.

# Additional Data

**Software ID:** 14000329  
**Software Version:** 2014v1.0  
**EIN:** 31-1662309  
**Name:** Ascension Health

## 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 in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT J HENKEL FACHE CHIEF EXECUTIVE OFFICER/PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	1,213,433	5,571,283	670,914	25,277	31,473	7,512,380	0
DAVID B PRYOR MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	775,978	2,161,419	338,183	7,800	42,852	3,326,232	0
HERBERT J VALLIER TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	625,314	1,176,909	296,033	7,800	28,261	2,134,317	0
JOHN D DOYLE EXECUTIVE VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	771,829	2,161,419	388,799	23,610	37,547	3,383,204	44,862
JOSEPH R IMPICCICHE EXEC VICE PRESIDENT - LEGAL	(i)	0	0	0	0	0	0	0
	(ii)	775,431	2,161,419	305,574	14,102	28,421	3,284,947	0
ANTHONY J SPERANZO CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	1,042,029	3,252,375	584,855	16,942	33,618	4,929,819	0
ANTHONY R TERSIGNI EDD FACHE PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,623,434	10,248,788	5,619,473	33,952	39,905	17,565,552	0
RHONDA ANDERSON SVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	444,599	217,783	72,560	33,467	8,866	777,275	0
KATHERINE ARBUCKLE CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	714,700	1,439,014	323,057	7,800	24,213	2,508,784	0
ZIAD HAYDAR SENIOR VICE PRESIDENT	(i)	590,517	1,154,988	202,956	7,800	25,322	1,981,583	0
	(ii)	0	0	0	0	0	0	0
DR PATRICIA MARYLAND CHIEF OPERATING OFFICER	(i)	1,139,776	2,350,353	493,542	12,499	37,349	4,033,519	0
	(ii)	0	0	0	0	0	0	0
ERIC ENGLER SVP CHIEF STRATEGY OFFICER	(i)	539,556	1,058,739	155,670	9,288	25,420	1,788,673	0
	(ii)	0	0	0	0	0	0	0
WILMA NEWTON VP SYMPHONY CDM	(i)	414,514	506,760	462,667	31,189	22,528	1,437,658	0
	(ii)	0	0	0	0	0	0	0
CHRISTINE K MCCOY SVP & GENERAL COUNSEL	(i)	433,478	866,241	132,737	10,663	30,875	1,473,994	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization Ascension Health	Employer identification number  31-1662309
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Return Reference	Explanation
Form 990, Part VI, Line 2 RELATED PERSONS	MANY OF THE PERSONS LISTED IN PART VII, SECTION A HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF EMPLOYMENT FOR ASCENSION HEALTH RELATED ENTITIES

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to Establish Compensation of CEO	In determining compensation of the organization's CEO, the process, performed by Ascension Health Alliance a related organization of Ascension Health, included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Compensation Committee of the Board engaged an independent compensation consultant to advise the Committee with respect to the compensation of the CEO. Then the Compensation Committee reviewed and approved the compensation. In the review of the compensation, the CEO was compared to individuals in other comparable organizations that hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the minutes. The individual was not present when his compensation was decided.



Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	The sole corporate member of Ascension Health is Ascension Health Alliance (Ascension), a Missouri nonprofit corporation that is described under Section 501(c)(3). Ascension is sponsored by Ascension Health Ministries, a Public Juridic Person ("PJP"), which is subject to those rights and obligations which pertain to Public Juridic Persons in the Catholic Church. The Participating Entities of Ascension Health Ministries are the Daughters of Charity of St. Vincent de Paul in the United States, Province of St. Louise, the Congregation of St. Joseph, the Congregation of the Sisters of St. Joseph of Carondelet, the Congregation of Alexian Brothers of the Immaculate Conception Province - American Province, and the Sisters of the Sorrowful Mother of the Third Order of St. Francis of Assisi - US/Caribbean Province.

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Board members shall be appointed, upon recommendation of the Board of Trustees, by the member, Ascension Health Alliance, subject to ratification by Ascension Health Ministries, the Canonical sponsor

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	All decisions that have a material impact to Ascension Health's financial information or corporation as a whole are subject to approval by its sole corporate member, Ascension Health Alliance. The following powers are reserved to Ascension Health Alliance: new organizations & major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, system policies & procedures.

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Due to timing and changes in organizational roles and responsibilities, system leadership reviewed the return in lieu of the return being provided to the full Board.

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

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	<p>In determining compensation of other officers of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Compensation Committee of the Board engaged an independent compensation consultant to advise the Committee with respect to the executive team members. Then the Compensation Committee reviewed and approved the compensation. In the review of the compensation, the other officers of the organization were compared to individuals in other comparable organizations that hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the minutes. Ascension Health performed all of the above procedures to obtain the rebuttable presumption respecting compensation arrangements (per IRC Section 4958).</p>

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

Return Reference	Explanation
Form 990, Part VII, Section B, Line 1 Independent Contractor Reporting	Independent contractor payment information reported by Ascension Health includes payments made on behalf of affiliates under the organization's shared services accounts payable system



Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	CONTRACT LABOR - Total Expense 19876643, Program Service Expense 16240302, Management and General Expenses 3636341, Fundraising Expenses , PURCHASED SERVICES - Total Expense 3186906, Program Service Expense 3186906, Management and General Expenses , Fundraising Expenses , CONSULTING FEES - Total Expense 1247249, Program Service Expense 1247249, Management and General Expenses , Fundraising Expenses , PROFESSIONAL FEES - Total Expense 22798951, Program Service Expense 22798951, Management and General Expenses , Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Other Changes - 65139629, Pension & Other Post-Retirement Costs - - 93428,

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Ascension Health

Employer identification number  
31-1662309

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) ASCENSION HEALTH MINISTRY SERVICE CENTER ONE AMERICAN SQUARE SUITE 2000 INDIANAPOLIS, IN 46204 27-3138686	HEALTHCARE	IN	68,743,441	284,155,842	ASCENSION HEALTH

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.

(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
See Additional Data Table							

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

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

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

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

Part V

Transactions With Related Organizations

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 31-1662309

Name: Ascension Health

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
(1) ASCENSION HEALTH ALLIANCE  PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3	Type I	NA		No
(1) AHA PROFESSIONAL AND GENERAL LIABILITY SELF INSURANCE TRUST  4600 EDMUNDSON RD ST LOUIS, MO 63134 36-7046706	SUPPORTING ORGANIZATION	MO	501(c)(3	Type I	ASCENSION HEALTH	Yes	
(2) ASCENSION HEALTH GLOBAL MISSION  101 SOUTH HANLEY SUITE 450 ST LOUIS, MO 63105 65-1205990	SUPPORTING ORGANIZATION	MO	501(c)(3	Type I	ASCENSION HEALTH ALLIANCE	Yes	
(3) ASCENSION HEALTH WELFARE BENEFITS TRUST  PO BOX 46944 ST LOUIS, MO 63146 43-1601369	TRUST	MO	501(c)(9		ASCENSION HEALTH	Yes	
(4) ASCENSION HEALTH-IS INC  PO BOX 45998 ST LOUIS, MO 63145 65-1257719	SUPPORTING ORGANIZATION	MO	501(c)(3	Type I	ASCENSION HEALTH ALLIANCE	Yes	
(5) CATHOLIC HEALTHCARE INVESTMENT MANAGEMENT COMPANY  PO BOX 45998 ST LOUIS, MO 63145 27-3174701	SUPPORTING ORGANIZATION	MO	501(c)(3	Type I	ASCENSION HEALTH ALLIANCE	Yes	
(6) THE TRIMEDX FOUNDATION  5451 LAKEVIEW PARKWAY S DRIVE INDIANAPOLIS, IN 46268 20-1643383	SUPPORTING ORGANIZATION	IN	501(c)(3	8	MEDXCEL LLC	Yes	
(7) ST MARY'S HEALTHCARE  427 GUY PARK AVE AMSTERDAM, NY 12010 14-1347719	HOSPITAL	NY	501(c)(3	3	ASCENSION HEALTH	Yes	
(8) THE FOUNDATION OF ST MARY'S HEALTHCARE  427 GUY PARK AVE AMSTERDAM, NY 12010 13-3254655	SUPPORTING ORGANIZATION	NY	501(c)(3	Type III-FI	NA	Yes	
(9) MEDICAL SERVICES ENHANCEMENT INC  425 GUY PARK AVE AMSTERDAM, NY 12010 14-1776546	MEDICAL OFFICE BUILDING	NY	501(c)(25		ST MARY'S HEALTHCARE	Yes	
(10) SETON HEALTHCARE FAMILY  1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364243	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3	Type I	ASCENSION HEALTH		No
(11) SETON FAMILY OF HOSPITALS  1345 PHILOMENA STREET AUSTIN, TX 78723 74-1109643	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3	3	SETON HEALTHCARE FAMILY	Yes	
(12) AUSTIN CHILDREN'S CHEST ASSOCIATES II  1345 PHILOMENA STREET AUSTIN, TX 78723 26-0163261	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(13) BLUE LADIES MINERALS INC  1345 PHILOMENA STREET AUSTIN, TX 78723 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	
(14) CMC FOUNDATION OF CENTRAL TEXAS  1345 PHILOMENA STREET AUSTIN, TX 78723 20-0468031	FUNDRAISING	TX	501(c)(3	Type I	SETON HEALTHCARE FAMILY	Yes	
(15) SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP (FKA SETONUT SOUTHW ESTERN UNIVERSITY PHYSICIANS GROUP) 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2869762	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3	9	SETON FAMILY OF HOSPITALS	Yes	
(16) INSTITUTE OF RECONSTRUCTIVE PLASTIC SURGERY OF CENTRAL TEXAS  1345 PHILOMENA STREET AUSTIN, TX 78723 26-2908163	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(17) PEDIATRIC CRITICAL CARE ASSOCIATES  1345 PHILOMENA STREET AUSTIN, TX 78723 42-1670843	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(18) SETON FAMILY OF PEDIATRIC SURGEONS  1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311790	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(19) SETON HAYS FOUNDATION  1345 PHILOMENA STREET AUSTIN, TX 78723 26-2842608	FUNDRAISING	TX	501(c)(3	Type I	SETON HEALTHCARE FAMILY	Yes	



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

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						Yes	No
(21) SETON MEDICAL GROUP  1345 PHILOMENA STREET AUSTIN, TX 78723 74-2861106	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(1) SETON WILLIAMSON FOUNDATION  1345 PHILOMENA STREET AUSTIN, TX 78723 20-5330986	FUNDRAISING	TX	501(c)(3)	Type I	SETON HEALTHCARE FAMILY	Yes	
(2) THE SETON COVE INC  1345 PHILOMENA STREET AUSTIN, TX 78723 74-2727509	SPIRITUALITY CENTER	TX	501(c)(3)	Type I	SETON HEALTHCARE FAMILY	Yes	
(3) SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC  1345 PHILOMENA STREET AUSTIN, TX 78723 74-2212968	FUNDRAISING	TX	501(c)(3)	Type I	SETON HEALTHCARE FAMILY	Yes	
(4) TRI-COUNTY CLINICAL  1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562712	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(5) SETON FAMILY OF PHYSICIANS  1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562522	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(6) SPECIALLY FOR CHILDREN-CHILDREN'S HOSPITAL SUBSPECIALISTS OF CENTRAL TEXAS  1345 PHILOMENA STREET AUSTIN, TX 78723 74-2800601	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(7) TWENTY-SIX DOORS INC  1345 PHILOMENA STREET AUSTIN, TX 78723 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	
(8) FICKETT HEALTH LEGACY INC  1345 PHILOMENA STREET AUSTIN, TX 78723 27-2843709	TO HOLD AND COLLECT INCOME FROM REAL PROPERTY	TX	501(c)(25)		TWENTY-SIX DOORS INC	Yes	
(9) PEDIATRIC SURGICAL SUBSPECIALISTS  1345 PHILOMENA STREET AUSTIN, TX 78723 20-8957311	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(10) ADULT INPATIENT MEDICAL SERVICES  1345 PHILOMENA STREET AUSTIN, TX 78723 45-2498998	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON FAMILY OF HOSPITALS	Yes	
(11) SETON ENT  1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220659	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(12) CHILDREN'S BONE JOINT & SPINE CENTER  1345 PHILOMENA STREET AUSTIN, TX 78723 45-2499113	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(13) HEALTHCARE COLLABORATIVE  1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220767	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(14) SETON CLINICAL ENTERPRISE CORPORATION  1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364681	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	SETON HEALTHCARE FAMILY	Yes	
(15) SETON INSURANCE SERVICES CORPORATION  1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364813	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	SETON HEALTHCARE FAMILY	Yes	
(16) ST AGNES HEALTHCARE INC  900 CATON AVENUE BALTIMORE, MD 21229 52-0591657	HOSPITAL	MD	501(c)(3)	3	ASCENSION HEALTH	Yes	
(17) SAINT AGNES FOUNDATION  900 CATON AVENUE BALTIMORE, MD 21229 52-1415083	Provides Funding to the Hospital and to the Community	MD	501(c)(3)	Type I	STAGNES HOSPITAL	Yes	
(18) ST AGNES AUXILIARY  900 CATON AVENUE BALTIMORE, MD 21229 52-0643673	FUNDRAISING	MD	501(c)(3)	9	STAGNES HOSPITAL	Yes	
(19) SETON MEDICAL GROUP  900 CATON AVENUE BALTIMORE, MD 21229 39-2064992	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(c)(3)	3	STAGNES HOSPITAL	Yes	

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(41) OUR LADY OF LOURDES MEMORIAL HOSPITAL INC  169 Riverside Drive Binghamton, NY 13905 15-0532221	HOSPITAL	NY	501(c)(3	3	ASCENSION HEALTH	Yes	
(1) Lourdes Realty Corporation Inc  169 Riverside Drive Binghamton, NY 13905 22-2873637	Rental of Health Care Facilities	NY	501(c)(2		Our Lady of Lourdes Memorial Hospital Inc	Yes	
(2) ST VINCENT'S HEALTH SYSTEM  810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0931008	HEALTH SYSTEM PARENT	MO	501(c)(3	Type III-FI	ASCENSION HEALTH	Yes	
(3) ST VINCENT'S BIRMINGHAM  810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0288864	HOSPITAL	AL	501(c)(3	3	ST VINCENT'S HEALTH SYSTEM	Yes	
(4) ST VINCENT'S BLOUNT  150 GILBREATH DRIVE ONEONTA, AL 35121 63-0909073	HOSPITAL	AL	501(c)(3	3	ST VINCENT'S HEALTH SYSTEM	Yes	
(5) ST VINCENT'S EAST  50 MEDICAL PARK EAST DRIVE BIRMINGHAM, AL 35235 63-0578923	HOSPITAL	AL	501(c)(3	3	ST VINCENT'S HEALTH SYSTEM	Yes	
(6) AMERICAN SPORTS MEDICINE INSTITUTE  2660 10TH AVENUE SOUTH NO 505 BIRMINGHAM, AL 35205 63-0952490	SPORTS MEDICINE	AL	501(c)(3	7	ST VINCENT'S BIRMINGHAM	Yes	
(7) UNIVERSAL HEALTH SERVICES  810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0932323	PHYSICIAN GROUP	AL	501(c)(3	Type I	ST VINCENT'S HEALTH SYSTEM	Yes	
(8) ST VINCENT'S FOUNDATION OF ALABAMA INC  810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0868068	FUNDRAISING	AL	501(c)(3	7	ST VINCENT'S HEALTH SYSTEM	Yes	
(9) SETON PROPERTY CORPORATION OF NORTH ALABAMA  810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 23-7326976	REAL ESTATE	AL	501(c)(2		ST VINCENT'S HEALTH SYSTEM	Yes	
(10) ST VINCENT'S HEALTH SERVICES CORPORATION  2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558134	SYSTEM PARENT	CT	501(c)(3	Type I	ASCENSION HEALTH	Yes	
(11) ST VINCENT'S SPECIAL NEEDS CENTER INC  95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-0702617	PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS	CT	501(c)(3	9	ST VINCENT'S HEALTH SERVICES CORP	Yes	
(12) ST VINCENT'S MEDICAL CENTER  2800 MAIN STREET BRIDGEPORT, CT 06606 06-0646886	HOSPITAL	CT	501(c)(3	3	ST VINCENT'S HEALTH SERVICES CORP	Yes	
(13) ST VINCENT'S MEDICAL CENTER FOUNDATION  2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558132	FUNDRAISING	CT	501(c)(3	7	ST VINCENT'S HEALTH SERVICES CORP	Yes	
(14) ST VINCENT'S DEVELOPMENT INC  95 MERRITT BOULEVARD TRUMBULL, CT 06611 22-2554128	REAL ESTATE HOLDINGS	CT	501(c)(25		ST VINCENT'S HEALTH SERVICES CORP	Yes	
(15) ST VINCENT'S COLLEGE  2800 MAIN STREET BRIDGEPORT, CT 06606 06-1331677	COLLEGE OF HEALTH SCIENCES	CT	501(c)(3	2	ST VINCENT'S MEDICAL CENTER	Yes	
(16) ST VINCENT'S MULTISPECIALTY GROUP INC  2800 MAIN STREET BRIDGEPORT, CT 06606 80-0458769	PHYSICIAN PRACTICES	CT	501(c)(3	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
(17) Alexian Brothers - AHS Midwest Region Health Co  3040 W Salt Creek Lane Arlington Heights, IL 60005 47-2360513	Joint Operating Company	IL	501(c)(3	Type II	NA		No
(18) Alexian Brothers Bonaventure House  825 Wellington Avenue Chicago, IL 60657 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3	9	Alexian Brothers Health System	Yes	
(19) Alexian Brothers Health System  3040 W Salt Creek Lane Arlington Heights, IL 60005 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		No

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						Yes	No
(61) Alexian Brothers Health System Inc Investment Trust  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3801585	Manages pooled investments of related not-for-profit entities	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
(1) Alexian Brothers of San Jose Inc  3040 W Salt Creek Lane Arlington Heights, IL 60005 94-1530037	Acute care hospital (sold in 1998 )	TX	501(c)(3)	Type I	Alexian Brothers Health System	Yes	
(2) Alexian Brothers Services Inc  3040 W Salt Creek Lane Arlington Heights, IL 60005 43-1295333	HUD housing	MO	501(c)(3)	9	Alexian Brothers Health System	Yes	
(3) Alexian Brothers Senior Ministries  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-4484290	Supports the provision of healthcare for related corporations	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
(4 ) Alexian Brothers Hospital Network  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3276552	Supports the provision of healthcare services for related corporations	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
(5) Alexian Brothers Medical Center  800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381	Acute care hospital	TX	501(c)(3)	3	Alexian Brothers Health System	Yes	
(6) Savelli Properties Inc  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3308965	Owns or leases properties where healthcare services are delivered	IL	501(c)(2)		Alexian Brothers Health System	Yes	
(7) Alexian Brothers Behavioral Health Hospital  1650 Moon Lake Blvd Hoffman Estates, IL 60169 36-4251848	Behavioral health hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
(8) St Alexius Medical Center  1555 Barrington Road Hoffman Estates, IL 60194 36-4251846	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
(9) Alexian Brothers Ambulatory Group  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-4336931	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
(10) Alexian Brothers Specialty Group  3040 W Salt Creek Lane Arlington Heights, IL 60005 80-0710751	Specialty physician practice group	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
(11) Alexian Brothers Center for Mental Health  3436 N Kennicott Avenue Arlington Heights, IL 60004 36-3045007	Outpatient community mental health services	IL	501(c)(3)	9	Alexian Brothers Health System	Yes	
(12) Alexian Brothers Medical Care Group NFP  3040 W Salt Creek Lane Arlington Heights, IL 60005 47-1930457	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
(13) ST JOHN HEALTH  28000 DEQUINDRE ROAD WARREN, MI 48092 38-2244034	PARENT	MI	501(c)(3)	Type III-FI	ASCENSION HEALTH		No
(14) BRIGHTON HOSPITAL  12851 GRAND RIVER BRIGHTON, MI 48116 38-1576680	HOSPITAL	MI	501(c)(3)	3	ST JOHN HEALTH	Yes	
(15) EASTWOOD COMMUNITY CLINICS  28000 DEQUINDRE ROAD WARREN, MI 48092 38-1958763	HEALTH CARE	MI	501(c)(3)	9	ST JOHN HEALTH	Yes	
(16) FATHER MURRAY NURSING CENTER  28000 DEQUINDRE ROAD WARREN, MI 48092 38-2601348	HEALTH CARE	MI	501(c)(3)	9	ST JOHN HEALTH	Yes	
(17) MEDICAL RESOURCES GROUP  28000 DEQUINDRE WARREN, MI 48092 38-3494637	HEALTH CARE	MI	501(c)(3)	9	ST JOHN HEALTH	Yes	
(18) PROVIDENCE HEALTH FOUNDATION  22101 MOROSS DETROIT, MI 48236 38-3526629	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN HEALTH	Yes	
(19) PROVIDENCE HOSPITAL  16001 WEST NINE MILE ROAD SOUTHFIELD, MI 48037 38-1358212	HOSPITAL	MI	501(c)(3)	3	ST JOHN HEALTH	Yes	

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						Yes	No
(81) SETON HEALTH CORP OF SE MICHIGAN  28000 Dequindre Warren, MI 48092 38-2820107	HEALTH CARE	MI	501(c)(3	9	ST JOHN HEALTH	Yes	
(1) ST JOHN COMMUNITY HEALTH INVESTMENT CORP  28000 DEQUINDRE ROAD WARREN, MI 48092 38-2262856	HEALTH CARE	MI	501(c)(3	3	ST JOHN HEALTH	Yes	
(2) ST JOHN HOSPITAL & MEDICAL CENTER  28000 DEQUINDRE ROAD WARREN, MI 48092 38-1359063	HEALTH CARE	MI	501(c)(3	3	ST JOHN HEALTH	Yes	
(3) ST JOHN HOSPITAL FOUNDATION  22101 MOROSS DETROIT, MI 48236 20-2961579	FUNDRAISING	MI	501(c)(3	7	ST JOHN HEALTH	Yes	
(4) ST JOHN HOSPITAL GUILD  28000 DEQUINDRE ROAD WARREN, MI 48092 38-6091110	FUNDRAISING	MI	501(c)(3	Type III-FI	ST JOHN HOSPITAL & MEDICAL CENTER	Yes	
(5) ST JOHN RIVER DISTRICT HOSPITAL  4100 RIVER ROAD EAST CHINA, MI 48054 38-3160564	HOSPITAL	MI	501(c)(3	3	ST JOHN HEALTH	Yes	
(6) ST JOHN SENIOR COMMUNITY  28000 DEQUINDRE ROAD WARREN, MI 48092 38-2631907	HEALTH CARE	MI	501(c)(3	9	ST JOHN HEALTH	Yes	
(7) ST JOHN MACOMB-OAKLAND HOSPITAL  28000 DEQUINDRE ROAD WARREN, MI 48092 38-3322109	HOSPITAL	MI	501(c)(3	3	ST JOHN HEALTH	Yes	
(8) FONTBONNE AUXILIARY OF ST JOHN HOSPITAL  28000 DEQUINDRE ROAD WARREN, MI 48092 38-6082173	FUNDRAISING	MI	501(c)(3	Type III-FI	ST JOHN HOSPITAL & MEDICAL CENTER	Yes	
(9) CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES INC  2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-1869951	FREESTANDING OUTPATIENT CENTER	IN	501(c)(3	Type III-FI	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Yes	
(10) REHABILITATION HOSPITAL OF INDIANA INC  4141 SHORE DRIVE INDIANAPOLIS, IN 46254 35-1786005	REHABILITATION HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	
(11) SVH REAL ESTATE INC  10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 20-5002285	REAL ESTATE HOLDING COMPANY	IN	501(c)(3	Type I	ST VINCENT HEALTH INC	Yes	
(12) ST JOSEPH FOUNDATION OF KOKOMO INDIANA INC  1907 W SYCAMORE STREET KOKOMO, IN 46901 23-7313206	SUPPORTING ORGANIZATION	IN	501(c)(3	Type I	ST JOSEPH HOSPITAL & HEALTH CENTER INC	Yes	
(13) ST JOSEPH HOSPITAL & HEALTH CENTER INC  1907 W SYCAMORE STREET KOKOMO, IN 46901 35-0992717	HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	
(14) ST VINCENT ANDERSON REGIONAL HOSPITAL INC  2015 JACKSON STREET ANDERSON, IN 46016 46-0877261	HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	
(15) ST VINCENT ANDERSON REGIONAL HOSPITAL FOUNDATION INC  2015 JACKSON STREET ANDERSON, IN 46016 35-2053693	SUPPORTING ORGANIZATION	IN	501(c)(3	Type I	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Yes	
(16) ST VINCENT CARMEL HOSPITAL INC  13500 N MERIDIAN STREET CARMEL, IN 46032 74-3107055	HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	
(17) ST VINCENT CLAY HOSPITAL INC  1206 E NATIONAL AVENUE BRAZIL, IN 47834 35-2112529	CRITICAL ACCESS HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	
(18) ST VINCENT DUNN HOSPITAL INC  1600 23RD STREET BEDFORD, IN 47421 27-2192831	CRITICAL ACCESS HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	
(19) ST VINCENT FISHERS HOSPITAL INC  13861 OLIO ROAD FISHERS, IN 46037 45-4243702	HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	

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						Yes	No
(101) ST VINCENT FRANKFORT HOSPITAL INC  1300 S JACKSON FRANKFORT, IN 46041 35-2099320	CRITICAL ACCESS HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	
(1) ST VINCENT FRANKFORT HOSPITAL FOUNDATION INC  1300 S JACKSON FRANKFORT, IN 46041 35-1531734	SUPPORTING ORGANIZATION	IN	501(c)(3	Type I	ST VINCENT FRANKFORT HOSPITAL INC	Yes	
(2) ST VINCENT HEALTH INC  10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 35-2052591	PARENT COMPANY	IN	501(c)(3	Type III-FI	ASCENSION HEALTH		No
(3) ST VINCENT HEALTH WELLNESS AND PREVENTIVE CARE INSTITUTE INC  8333 NAAB ROAD STE 301 INDIANAPOLIS, IN 46260 46-1227327	HEALTH AND WELLNESS SERVICES	IN	501(c)(3	9	ST VINCENT HEALTH INC	Yes	
(4) ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC  2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-0869066	HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	
(5) ST VINCENT HOSPITAL FOUNDATION INC  10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 35-6088862	SUPPORTING ORGANIZATION	IN	501(c)(3	Type I	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Yes	
(6) ST VINCENT JENNINGS HOSPITAL INC  301 HENRY STREET NORTH VERNON, IN 47265 35-1841606	CRITICAL ACCESS HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	
(7) ST VINCENT MADISON COUNTY HEALTH SYSTEM INC  1331 SOUTH A STREET ELWOOD, IN 46036 35-0876389	HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	
(8) ST VINCENT MEDICAL GROUP INC  8425 HARCOURT ROAD INDIANAPOLIS, IN 46260 27-2039417	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3	9	ST VINCENT HEALTH INC	Yes	
(9) ST VINCENT MERCY HOSPITAL FOUNDATION INC  1331 SOUTH A STREET ELWOOD, IN 46036 31-1066871	SUPPORTING ORGANIZATION	IN	501(c)(3	Type I	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	Yes	
(10) ST VINCENT RANDOLPH HOSPITAL INC  473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2103153	CRITICAL ACCESS HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	
(11) ST VINCENT RANDOLPH HOSPITAL FOUNDATION INC  473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2133006	SUPPORTING ORGANIZATION	IN	501(c)(3	Type I	ST VINCENT RANDOLPH HOSPITAL INC	Yes	
(12) ST VINCENT RAS INC  10330 N MERIDIAN STREET STE 400N INDIANAPOLIS, IN 46290 47-1289091	RETAIL AMBULATORY SERVICES	IN	501(c)(3	9	ST VINCENT HEALTH INC	Yes	
(13) ST VINCENT SALEM HOSPITAL INC  911 N SHELBY STREET SALEM, IN 47167 27-0847538	CRITICAL ACCESS HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	
(14) ST VINCENT SETON SPECIALTY HOSPITAL INC  8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260 35-1712001	LONG TERM CARE HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	
(15) ST VINCENT WILLIAMSPORT HOSPITAL INC  412 N MONROE STREET WILLIAMSPORT, IN 47993 35-0784551	CRITICAL ACCESS HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	
(16) ST VINCENT WILLIAMSPORT HOSPITAL FOUNDATION INC  412 N MONROE STREET WILLIAMSPORT, IN 47993 74-3130159	SUPPORTING ORGANIZATION	IN	501(c)(3	Type I	ST VINCENT WILLIAMSPORT HOSPITAL INC	Yes	
(17) SVSM INC  2001 W 86TH STREET INDIANAPOLIS, IN 46260 81-0607827	HOLDING COMPANY	IN	501(c)(3	Type I	ST VINCENT HEALTH INC	Yes	
(18) ST MARY'S AT HOME INC  3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899560	DME/HOME CARE	IN	501(c)(3	Type I	ST MARY'S HEALTH INC	Yes	
(19) ST MARY'S BUILDING CORPORATION  3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7248362	REAL ESTATE HOLDING COMPANY	IN	501(c)(2		ST MARY'S HEALTH INC	Yes	

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						Yes	No
(121) ST MARY'S WARRICK EMERGENCY MEDICAL SERVICES INC  3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-5342518	AMBULANCE SERVICES	IN	501(c)(4		ST MARY'S HEALTH SERVICES INC	Yes	
(1) ST MARY'S HEALTH INC  3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-2057801	HEALTH MINISTRY PARENT	IN	501(c)(3	Type III-FI	ST VINCENT HEALTH INC	Yes	
(2) ST MARY'S HEALTH SERVICES INC  3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1679526	INVESTMENT SERVICES	IN	501(c)(3	Type III-FI	ST MARY'S HEALTH INC	Yes	
(3) ST MARY'S CARE PARTNERS INC  3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899562	TAX-EXEMPT AFFILIATE REIMBURSEMENTS	IN	501(c)(3	Type I	ST MARY'S HEALTH INC	Yes	
(4) ST MARY'S HEALTH FOUNDATION INC FKA ST MARY'S MEDICAL CENTER FOUNDATION OF EVANSVILLE INC 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7045370	SUPPORTING ORGANIZATION	IN	501(c)(3	Type I	ST MARY'S HEALTH INC	Yes	
(5) ST MARY'S HEALTH INC FKA ST MARY'S MEDICAL CENTER OF EVANSVILLE INC  3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-0869065	HOSPITAL	IN	501(c)(3	3	ST VINCENT HEALTH INC	Yes	
(6) ST MARY'S WARRICK HOSPITAL FOUNDATION INC  1116 MILLIS AVENUE BOONVILLE, IN 47601 35-1961890	SUPPORTING ORGANIZATION	IN	501(c)(3	Type I	ST MARY'S WARRICK HOSPITAL INC	Yes	
(7) ST MARY'S WARRICK HOSPITAL INC  1116 MILLIS AVENUE BOONVILLE, IN 47601 35-1343019	HOSPITAL	IN	501(c)(3	3	ST MARY'S HEALTH INC	Yes	
(8) ST MARY'S OHIO VALLEY HEARTCARE LLC  901 ST MARYS DRIVE EVANSVILLE, IN 47714 27-3474697	DORMANT	IN	501(c)(3	Type I	ST MARY'S HEALTH INC	Yes	
(9) ST MARY'S MEDICAL GROUP LLC  3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 26-1356310	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3	9	ST MARY'S HEALTH INC	Yes	
(10) PRIMARY PHYSICIAN NETWORK LLC  3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-8775914	DORMANT	IN	501(c)(3	9	ST MARY'S HEALTH INC	Yes	
(11) GENESYS HEALTH SYSTEM  ONE GENESYS PARKWAY GRAND BLANC, MI 48439 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3	Type III-FI	ASCENSION HEALTH		No
(12) GENESYS AMBULATORY HEALTH SERVICES  5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 38-2371754	HLTH SRVCS/STAFFING/PROP MGMNT	MI	501(c)(3	Type II	GENESYS HEALTH SYSTEM	Yes	
(13) GENESYS CONVALESCENT CENTER  8481 HOLLY ROAD GRAND BLANC, MI 48439 38-2317364	CONVALESCENT CENTER	MI	501(c)(3	3	GENESYS AMBULATORY HEALTH SYSTEM	Yes	
(14) GENESYS HEALTH FOUNDATION  ONE GENESYS PARKWAY GRAND BLANC, MI 48439 38-3591148	FOUNDATION	MI	501(c)(3	Type II	GENESYS HEALTH SYSTEM	Yes	
(15) GENESYS REGIONAL MEDICAL CENTER  ONE GENESYS PARKWAY GRAND BLANC, MI 48439 38-2377821	HOSPITAL	MI	501(c)(3	3	GENESYS HEALTH SYSTEM	Yes	
(16) HEALTH SOURCE GROUP  5455 ALI DR DEPT 200 GRAND BLANC, MI 48439 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3	Type II	GENESYS HEALTH SYSTEM	Yes	
(17) GENESYS VOLUNTEERS  ONE GENESYS PARKWAY GRAND BLANC, MI 48439 38-1472646	GRMC SUPPORT	MI	501(c)(3	Type I	GENESYS HEALTH SYSTEM	Yes	
(18) CENTER FOR GERONTOLOGY  5455 ALI DRIVE DEPT200 GRAND BLANC, MI 48439 38-2514708	ADULT DAY CARE	MI	501(c)(3	Type II	GENESYS AMBULATORY HEALTH SERVICES	Yes	
(19) REVERENCE HOME HEALTH & HOSPICE  5445 ALI DRIVE DEPT 800 GRAND BLANC, MI 48439 38-3408684	HEALTH CARE	MI	501(c)(3	7	ASCENSION HEALTH		No

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						Yes	No
(141) ST VINCENT'S HEALTH SYSTEM INC  4205 BELFORT ROAD JACKSONVILLE, FL 32216 59-3650609	HEALTH SYSTEM PARENT	FL	501(c)(3	Type II	ASCENSION HEALTH	Yes	
(1) ST VINCENT'S MEDICAL CENTER INC  4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-0624449	HOSPITAL	FL	501(c)(3	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(2) ST LUKE'S-ST VINCENT'S HEALTHCARE INC  4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 26-0479484	HOSPITAL	FL	501(c)(3	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(3) ST VINCENT'S AMBULATORY CARE INC  4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2292041	PHYSICIAN PRACTICE	FL	501(c)(3	9	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(4) ST VINCENT'S FOUNDATION INC  4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2219923	FUND RAISING	FL	501(c)(3	7	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(5) ST VINCENT'S MEDICAL CENTER CLAY COUNTY INC  1580 BRANAN FIELD ROAD MIDDLEBURG, FL 32068 46-1523194	HOSPITAL	FL	501(c)(3	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(6) BORGESS HEALTH ALLIANCE INC  1521 GULL ROAD KALAMAZOO, MI 49048 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3	Type III-FI	ASCENSION HEALTH	Yes	
(7) BORGESS MEDICAL CENTER  1521 GULL ROAD KALAMAZOO, MI 49048 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3	3	BORGESS HEALTH ALLIANCE INC	Yes	
(8) BORGESS AMBULATORY CARE CORPORATION  1521 GULL ROAD KALAMAZOO, MI 49048 38-2468823	HOLDING COMPANY	MI	501(c)(3	3	BORGESS HEALTH ALLIANCE INC	Yes	
(9) BORGESS FOUNDATION  1521 GULL ROAD KALAMAZOO, MI 49048 23-7222558	FUNDRAISING	MI	501(c)(3	Type III-FI	BORGESS HEALTH ALLIANCE INC	Yes	
(10) BORGESS NURSING HOME  3057 GULL ROAD KALAMAZOO, MI 49048 38-2555589	RESIDENTIAL CARE	MI	501(c)(3	3	BORGESS HEALTH ALLIANCE INC	Yes	
(11) LEE MEMORIAL HOSPITAL CORPORATION  420 WEST HIGH STREET DOWAGIAC, MI 49047 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3	3	BORGESS HEALTH ALLIANCE INC	Yes	
(12) LEE MEMORIAL FOUNDATION  420 W HIGH STREET DOWAGIAC, MI 49047 38-2860459	FUNDRAISING	MI	501(c)(3	Type III-FI	BORGESS HEALTH ALLIANCE INC	Yes	
(13) PROMED HEALTHCARE  1521 GULL ROAD KALAMAZOO, MI 49048 38-3193801	HEALTHCARE SERVICES	MI	501(c)(3	9	BORGESS HEALTH ALLIANCE INC	Yes	
(14) VISITING NURSES HOME CARE DBA BORGESS VNA HOME CARE  348 NORTH BURDICK KALAMAZOO, MI 49007 38-2717691	HOME HEALTHCARE SERVICES	MI	501(c)(3	9	BORGESS HEALTH ALLIANCE INC	Yes	
(15) CARONDELET HEALTH  1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1276738	HEALTH SYSTEM PARENT	MO	501(c)(3	Type III-FI	ASCENSION HEALTH	Yes	
(16) CARONDELET HEALTH CORP & AFFILIATES EMP HEALTH & DENTAL CARE  1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1116849	VEBA	MO	501(c)(9		CARONDELET HEALTH	Yes	
(17) CARONDELET HOME CARE SERVICES INC  11050 ROE SUITE 120 OVERLAND PARK, KS 66211 43-1379352	HOME HEALTH CARE SERVICES	KS	501(c)(3	3	CARONDELET HEALTH	Yes	
(18) CARONDELET CARDIOLOGY SERVICES INC  1000 CARONDELET DRIVE KANSAS CITY, MO 64114 27-1322670	HEALTH CARE	MO	501(c)(3	Type I	CARONDELET HEALTH	Yes	
(19) ST JOSEPH MEDICAL CENTER  1000 CARONDELET DRIVE KANSAS CITY, MO 64114 44-0546292	HEALTH CARE	MO	501(c)(3	3	CARONDELET HEALTH	Yes	

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						Yes	No
(161) ST JOSEPH MEDICAL CENTER FOUNDATION  1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1388461	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
(1) ST MARY'S MEDICAL CENTER  201 WEST RD MIZE RD BLUE SPRINGS, MO 64014 43-1284526	HEALTH CARE	MO	501(c)(3)	3	CARONDELET HEALTH	Yes	
(2) ST MARY'S MEDICAL CENTER FOUNDATION  1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1918107	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
(3) ST JOSEPH REGIONAL MEDICAL CENTER INC  PO BOX 816 415 SIXTH STREET LEWISTON, ID 83501 82-0204264	HOSPITAL	ID	501(c)(3)	3	ASCENSION HEALTH	Yes	
(4) ST JOSEPH REGIONAL MEDICAL CENTER FOUNDATION INC  415 6TH STREET LEWISTON, ID 83501 51-0168321	FUNDRAISING	ID	501(c)(3)	Type I	ST JOSEPH REGIONAL MEDICAL CENTER	Yes	
(5) COLUMBIA ST MARY'S INC  4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1834639	HEALTH SYSTEM PARENT	WI	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCECOLUMBIA HEALTH SYSTEM	Yes	
(6) COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC  4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0806315	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
(7) COLUMBIA ST MARY'S HOSPITAL OZAUKEE INC  4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0807063	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
(8) SACRED HEART REHABILITATION INSTITUTE INC  4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0902199	REHAB FACILITY	WI	501(c)(3)	3	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes	
(9) COLUMBIA COLLEGE OF NURSING INC  4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1596986	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes	
(10) HORIZON HOME CARE & HOSPICE INC  8949 N DEERBROOK TRL MILWAUKEE, WI 53223 39-1171298	HOME CARE/HOSPICE	WI	501(c)(3)	3	NA		No
(11) COLUMBIA HEALTH SYSTEM  4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1494977	HEALTH SYSTEM	WI	501(c)(3)	Type I	NA		No
(12) COLUMBIA ST MARY'S FOUNDATION INC  4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1494981	FOUNDATION	WI	501(c)(3)	7	NA		No
(13) MINISTRY HEALTH CARE INC  10925 W LAKE PARK DR STE 100 MILWAUKEE, WI 53224 39-1490371	PARENT CORPORATION	WI	501(c)(3)	Type II	ASCENSION HEALTH		No
(14) AFFINITY HEALTH SYSTEM  1570 MIDWAY PLACE MENASHA, WI 54952 39-1568866	SUPPORT RELATED HEALTHCARE ORGANZIATIONS	IL	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
(15) AGAPE COMMUNITY CENTER OF MILWAUKEE INC  6100 NORTH 42ND STREET MILWAUKEE, WI 53209 39-1461846	COMMUNITY CENTER	WI	501(c)(3)	7	MINISTRY HEALTH CARE INC	Yes	
(16) CALUMET MEDICAL CENTER INC  614 MEMORIAL DRIVE CHILTON, WI 53014 39-0905385	HOSPITAL	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
(17) CATALPA HEALTH INC  N4642 COUNTY N APPLETON, WI 54914 45-4681563	MENTAL HEALTH FACILITY	WI	501(c)(3)	3	ST ELIZABETH HOSPITAL INC	Yes	
(18) SAINT MICHAEL'S FOUNDATION OF STEVENS POINT INC  900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1657410	CHARITABLE FOUNDATION	WI	501(c)(3)	Type I	SAINT MICHAEL'S HOSPITAL OF STEVENS POINT	Yes	
(19) DOOR COUNTY MEMORIAL HOSPITAL  323 SOUTH 18TH AVENUE STURGEON BAY, WI 54235 39-0806324	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CAREINC	Yes	



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						Yes	No
(181) DR KATE NEWCOMB CONVALESCENT CENTER INC  PO BOX 829 WOODRUFF, WI 54568 39-1357365	NURSING/ASSISTED LIVING SERVICES	WI	501(c)(3	9	HOWARD YOUNG HEALTH CARE INC	Yes	
(1) EAGLE RIVER MEMORIAL HOSPITAL INCORPORATED  201 HOSPITAL ROAD EAGLE RIVER, WI 54521 39-0985690	HOSPITAL	WI	501(c)(3	3	THE HOWARD YOUNG MEDICAL CENTER INC	Yes	
(2) FOUNDATION OF SAINT CLARE'S HOSPITAL OF WESTON INC  3400 MINISTRY PARKWAY WESTON, WI 54476 75-3193633	CHARITABLE FOUNDATION	WI	501(c)(3	Type I	MINISTRY HEALTH CARE INC	Yes	
(3) FOUNDATION OF SAINT JOSEPH'S HOSPITAL OF MARSHFIELD  611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-1684957	CHARITABLE FOUNDATION	WI	501(c)(3	Type I	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	Yes	
(4) GOOD SAMARITAN HEALTH CENTER OF MERRILL WISCONSIN INC  601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-0808503	HOSPITAL	WI	501(c)(3	3	MINISTRY HEALTH CARE INC	Yes	
(5) GOOD SAMARITAN HEALTH CENTER FOUNDATION OF MERRILL WISCONSIN INC  601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-1627755	CHARITABLE FOUNDATION	WI	501(c)(3	Type I	GOOD SAMARITAN HEALTH CENTER OF MERRILL	Yes	
(6) HOWARD YOUNG FOUNDATION INC  240 MAPLE STREET WOODRUFF, WI 54568 39-1521169	CHARITABLE FOUNDATION	WI	501(c)(3	7	HOWARD YOUNG HEALTH CARE INC	Yes	
(7) HOWARD YOUNG HEALTH CARE INC  240 MAPLE STREET WOODRUFF, WI 54568 39-1499115	HOME OFFICE	WI	501(c)(3	Type II	MINISTRY HEALTH CARE INC	Yes	
(8) THE HOWARD YOUNG MEDICAL CENTER INC  240 MAPLE STREET WOODRUFF, WI 54568 39-0873606	HOSPITAL	WI	501(c)(3	3	HOWARD YOUNG HEALTH CARE INC	Yes	
(9) MERCY HEALTH FOUNDATION INC  PO BOX 3370 OSHKOSH, WI 54903 23-7140261	CHARITABLE FOUNDATION	WI	501(c)(3	9	AFFINITY HEALTH SYSTEM	Yes	
(10) MERCY MEDICAL CENTER OF OSHKOSH INC  500 S OAKWOOD ROAD OSHKOSH, WI 54904 39-0806268	HOSPITAL	WI	501(c)(3	3	MINISTRY HEALTH CARE INC	Yes	
(11) MINISTRY HOMECARE INC  611 STJOSEPH AVENUE 4S MARSHFIELD, WI 54449 39-1936201	HOME CARE/HOSPICE	WI	501(c)(3	9	MINISTRY HEALTH CARE INC	Yes	
(12) MINISTRY MEDICAL GROUP INC  824 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1965593	CLINICS	WI	501(c)(3	Type III-FI	MINISTRY HEALTH CARE INC	Yes	
(13) MINISTRY WEIGHT MANAGEMENT  2251 NORTH SHORE DRIVE RHINELANDER, WI 54501 39-1829015	HEALTH SERVICES	WI	501(c)(3	3	SACRED HEART-ST MARY'S HOSPITALS	Yes	
(14) NETWORK HEALTH SYSTEM INC  1570 APPLETON RD MENASHA, WI 54952 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(c)(3	3	AFFINITY HEALTH SYSTEM	Yes	
(15) OUR LADY OF VICTORY HOSPITAL  1120 PINE STREET STANLEY, WI 54768 39-0807065	HOSPITAL	WI	501(c)(3	3	MINISTRY HEALTH CARE INC	Yes	
(16) SACRED HEART-STMARY'S HOSPITALS INC  PO BOX 347 STEVENS POINT, WI 54481 39-1390638	HOSPITAL	WI	501(c)(3	3	MINISTRY HEALTH CARE INC	Yes	
(17) SAINT CLARE'S HOSPITAL OF WESTON INC  3400 MINISTRY PARKWAY WESTON, WI 54476 72-1531917	HOSPITAL	WI	501(c)(3	3	MINISTRY HEALTH CARE INC	Yes	
(18) SAINT ELIZABETH'S HOSPITAL OF WABASHA INC  1200 GRANT BLVD WEST WABASHA, MN 55981 41-0693877	HOSPITAL	MN	501(c)(3	3	MINISTRY HEALTH CARE INC	Yes	
(19) SAINT ELIZABETH'S HOSPITAL FOUNDATION INC  1506 S ONEIDA STREET APPLETON, WI 54915 39-1256677	CHARITABLE FOUNDATION	WI	501(c)(3	7	AFFINITY HEALTH SYSTEM	Yes	

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(201) ST ELIZABETH HOSPITAL INC  1506 S ONEIDA STREET APPLETON, WI 54915 39-0816818	HOSPITAL	WI	501(c)(3	3	MINISTRY HEALTH CARE INC	Yes	
(1) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC  611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-1847631	HOSPITAL	WI	501(c)(3	3	MINISTRY HEALTH CARE INC	Yes	
(2) SAINT MICHAEL'S HOSPITAL OF STEVENS POINT INC  900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-0808443	HOSPITAL	WI	501(c)(3	3	MINISTRY HEALTH CARE INC	Yes	
(3) PROVIDENCE HEALTH SYSTEM  6801 AIRPORT BLVD MOBILE, AL 36608 63-0934712	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3	Type III-FI	ASCENSION HEALTH		No
(4) SETON MEDICAL MANAGEMENT  6801 AIRPORT BLVD MOBILE, AL 36608 63-0937704	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3	Type II	PROVIDENCE HEALTH SYSTEM	Yes	
(5) PROVIDENCE HEALTHCARE SERVICES  6801 AIRPORT BLVD MOBILE, AL 36608 63-0937705	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3	Type III-FI	PROVIDENCE HEALTH SYSTEM	Yes	
(6) PROVIDENCE FOUNDATION  6801 AIRPORT BLVD MOBILE, AL 36608 63-0915493	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3	7	PROVIDENCE HEALTH SYSTEM	Yes	
(7) PROVIDENCE BUILDING CORPORATION  6801 AIRPORT BLVD MOBILE, AL 36608 63-0914564	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(2		PROVIDENCE HEALTH SYSTEM	Yes	
(8) ALABAMA PROVIDENCE HEALTHCARE SERVICES  6801 AIRPORT BLVD MOBILE, AL 36608 46-2847744	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3	Type III-FI	PROVIDENCE HEALTH SYSTEM	Yes	
(9) PROVIDENCE HOSPITAL  6801 AIRPORT BLVD MOBILE, AL 36608 63-0288861	HOSPITAL	AL	501(c)(3	3	ASCENSION HEALTH		No
(10) SAINT THOMAS HEALTH  4220 HARDING ROAD NASHVILLE, TN 37205 58-1716804	SYSTEM PARENT	TN	501(c)(3	Type III-O	Ascension Health		No
(11) SAINT THOMAS WEST HOSPITAL  4220 HARDING ROAD NASHVILLE, TN 37205 62-0347580	HOSPITAL	TN	501(c)(3	3	SAINT THOMAS HEALTH	Yes	
(12) SAINT THOMAS NETWORK  4220 HARDING ROAD NASHVILLE, TN 37205 62-1284994	HEALTH INVESTMENT ENTITY	TN	501(c)(3	9	SAINT THOMAS HEALTH	Yes	
(13) SAINT THOMAS HEALTH FOUNDATIONS  PO BOX 380 NASHVILLE, TN 37202 58-1663055	OPERATES FOUNDATION	TN	501(c)(3	7	SAINT THOMAS NETWORK	Yes	
(14) SAINT THOMAS RUTHERFORD HOSPITAL  1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-0475842	HOSPITAL	TN	501(c)(3	3	SAINT THOMAS HEALTH	Yes	
(15) SAINT THOMAS RUTHERFORD FOUNDATION  1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-1167917	FOUNDATION	TN	501(c)(3	Type I	SAINT THOMAS RUTHERFORD HOSPITAL	Yes	
(16) SAINT THOMAS MIDTOWN HOSPITAL  4220 HARDING ROAD NASHVILLE, TN 37205 62-1869474	ACUTE CARE HOSPITAL	TN	501(c)(3	3	SAINT THOMAS HEALTH	Yes	
(17) BAPTIST HOSPITAL FOUNDATION OF NASHVILLE INC  2000 CHURCH STREET NASHVILLE, TN 37236 58-1861378	INACTIVE	TN	501(c)(3	Type I	SAINT THOMAS MIDTOWN HOSPITAL	Yes	
(18) BAPTIST HEALTH CARE AFFILIATES INC  2000 CHURCH STREET NASHVILLE, TN 37236 58-1509251	COMMUNITY HEALTH PROMOTION	TN	501(c)(3	Type I	SAINT THOMAS NETWORK	Yes	
(19) BAPTIST HEALTH CARE GROUP  2000 CHURCH STREET NASHVILLE, TN 37236 62-1529858	HEALTHCARE PROVIDER	TN	501(c)(3	3	SAINT THOMAS NETWORK	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
(221) SAINT THOMAS HICKMAN HOSPITAL  135 EAST SWAN STREET CENTERVILLE, TN 37033 58-1737573	HOSPITAL	TN	501(c)(3)	3	BAPTIST HEALTH CARE AFFILIATES INC	Yes	
(1) SAINT THOMAS HOME CARE  135 EAST SWAN STREET CENTERVILLE, TN 37033 62-1836937	HOME HEALTH CARE	TN	501(c)(3)	9	SAINT THOMAS HICKMAN HOSPITAL	Yes	
(2) OUR LADY OF LOURDES HOSPITAL AT PASCO  520 NORTH 4TH AVENUE PASCO, WA 99301 91-0349750	HEALTHCARE	WA	501(c)(3)	3	ASCENSION HEALTH		No
(3) LOURDES FOUNDATION  520 NORTH 4TH AVENUE PASCO, WA 99301 91-1528577	FUNDRAISING	WA	501(c)(3)	Type I	OUR LADY OF LOURDES HOSPITAL AT PASCO	Yes	
(4) SACRED HEART HEALTH SYSTEM INC  5151 N 9TH AVE PENSACOLA, FL 32504 59-0634434	HOSPITAL - HEALTHCARE	FL	501(c)(3)	3	ASCENSION HEALTH		No
(5) HAVEN OF OUR LADY OF PEACE INC  5151 N 9TH AVE PENSACOLA, FL 32504 59-3620346	NURSING HOME	FL	501(c)(3)	9	SACRED HEART HEALTH SYSTEM INC	Yes	
(6) SACRED HEART FOUNDATION INC  5151 N 9TH AVE PENSACOLA, FL 32504 59-2436597	FOUNDATION	FL	501(c)(3)	7	SACRED HEART HEALTH SYSTEM INC	Yes	
(7) SACRED HEART HEALTH VENTURES INC  5151 N 9TH AVE PENSACOLA, FL 32504 57-1183283	INVESTMENT	FL	501(c)(3)	Type I	SACRED HEART HEALTH SYSTEM INC	Yes	
(8) STMARY'S OF MICHIGAN MEDICAL CENTER  800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-0997730	HOSPITAL	MI	501(c)(3)	3	ST MARY'S - ST JOSEPH HEALTH SYSTEM		No
(9) ST MARY'S MEDICAL CENTER FOUNDATION SAGINAW MICHIGAN  800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2246366	FUNDRAISING	MI	501(c)(3)	Type III-FI	STMARY'S OF MICHIGAN	Yes	
(10) STANDISH COMMUNITY HOSPITAL  805 WEST CEDAR STREET STANDISH, MI 48658 38-1671120	HOSPITAL	MI	501(c)(3)	3	STMARY'S - STJOSEPH HEALTH SYSTEM		No
(11) FIELD NEUROSCIENCES INSTITUTE  800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2790703	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	9	St Mary's of Michigan	Yes	
(12) ST JOSEPH HEALTH SYSTEM FOUNDATION  200 HEMLOCK ROAD TAWAS CITY, MI 48763 01-0790428	FUNDRAISING	MI	501(c)(3)	Type I	ST JOSEPH HEALTH SYSTEMS	Yes	
(13) St Mary's - St Joseph Health System  800 S WASHINGTON AVENUE SAGINAW, MI 48601 46-1084363	Supporting Organization	MI	501(c)(3)	Type I	Ascension Health		No
(14) CARONDELET HEALTH NETWORK  2202 N FORBES BLVD TUCSON, AZ 85745 86-0455920	HOSPITAL	AZ	501(c)(3)	3	ASCENSION HEALTH		No
(15) HOLY CROSS HOSPITAL INC  1171 W TARGET RANGE RD NOGALES, AZ 85621 86-0575938	HOSPITAL	AZ	501(c)(3)	3	CARONDELET HEALTH NETWORK	Yes	
(16) CARONDELET HEART & VASCULAR INSTITUTE  4888 N STONE AVE TUCSON, AZ 85704 56-1943271	INACTIVE HOSPITAL	AZ	501(c)(3)	3	CARONDELET HEALTH NETWORK	Yes	
(17) CARONDELET FOUNDATION INC  120 N TUCSON BLVD TUCSON, AZ 85716 86-0749574	FOUNDATION	AZ	501(c)(3)	Type I	CARONDELET HEALTH NETWORK	Yes	
(18) CHALON LIVING INC  8553 E SAN ALBERTO DR SCOTTSDALE, AZ 85258 86-0805615	LOW INCOME BUILDING	AZ	501(c)(3)	7	HOLY CROSS HOSPITAL INC	Yes	
(19) SOUTHWEST CATHOLIC HEALTH NETWORK  4350 E COTTON CENTER BLVD BLDG D PHOENIX, AZ 85040 86-0527381	INSURANCE	AZ	501(c)(3)	Type I	CARONDELET HEALTH NETWORK & DIGNITY HEALTH		No

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

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						Yes	No
(241) THE CENTURIONS  2202 N FORBES BLVD TUCSON, AZ 85745 85-4088322	FOUNDATION	AZ	501(c)(3	Type I	CARONDELET FOUNDATION INC	Yes	
(1) ST JOHN HEALTH SYSTEM INC  1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1215174	SYSTEM PARENT	OK	501(c)(3	Type I	ASCENSION HEALTH		No
(2) ST JOHN SAPULPA INC  1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0662663	HEALTH CARE	OK	501(c)(3	3	ST JOHN HEALTH SYSTEM INC	Yes	
(3) JANE PHILLIPS NOWATA HOSPITAL INC  237 SOUTH LOCUST NOWATA, OK 74048 73-1440267	HEALTH CARE	OK	501(c)(3	3	JANE PHILLIPS MEMORIAL MEDICAL CENTER	Yes	
(4) JANE PHILLIPS MEMORIAL MEDICAL CENTER  3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-0606129	HEALTH CARE	OK	501(c)(3	3	ST JOHN HEALTH SYSTEM INC	Yes	
(5) JANE PHILLIPS HEALTH CARE FOUNDATION  3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1250611	RURAL HEALTH CLINICS	OK	501(c)(3	3	JANE PHILLIPS MEMORIAL MEDICAL CENTER	Yes	
(6) BARTLETT HOMES INC  1008 E CLEVELAND SAPULPA, OK 74066 73-1301822	HUD HOUSING	OK	501(c)(3	7	ST JOHN VILLAS INC	Yes	
(7) BETHEL MANOR INC  619 S DIVISION SAPULPA, OK 74066 73-1216617	HUD HOUSING	OK	501(c)(3	7	ST JOHN VILLAS INC	Yes	
(8) ST JOHN BUILDING CORPORATION  1923 SOUTH UTICA AVENUE TULSA, OK 74104 61-1659782	REAL ESTATE	OK	501(c)(2		ST JOHN HEALTH SYSTEM INC	Yes	
(9) ST JOHN HEALTH SYSTEM FOUNDATION INC  1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1133139	HEALTH CARE	OK	501(c)(3	7	ST JOHN HEALTH SYSTEM INC	Yes	
(10) ST JOHN MEDICAL CENTER INC  1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0579286	HEALTH CARE	OK	501(c)(3	3	ST JOHN HEALTH SYSTEM INC	Yes	
(11) ST JOHN VILLAS INC  1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1077367	NURSING HOME	OK	501(c)(3	9	ST JOHN HEALTH SYSTEM INC	Yes	
(12) OWASSO MEDICAL FACILITY INC  1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3700131	HEALTH CARE	OK	501(c)(3	3	ST JOHN HEALTH SYSTEM INC	Yes	
(13) ST JOHN BROKEN ARROW INC  1923 SOUTH UTICA AVENUE TULSA, OK 74104 38-3833117	HEALTH CARE	OK	501(c)(3	3	ST JOHN HEALTH SYSTEM INC	Yes	
(14) ST JOHN AUXILIARY INC  1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0999759	HEALTH CARE	OK	501(c)(3	9	ST JOHN HEALTH SYSTEM INC	Yes	
(15) ST TERESA OF AVILA VILLA INC  6859 SOUTH CANTON AVENUE TULSA, OK 74136 20-4791422	HUD HOUSING	OK	501(c)(3	7	ST JOHN VILLAS INC	Yes	
(16) COMMUNITYCARE GOVERNMENT PROGRAMS INC  218 W 6TH STREET TULSA, OK 74119 47-2532880	HEALTH INSURANCE	OK	501(c)(3	Type I	NA		No
(17) PROVIDENCE HEALTH SERVICES OF WACO  6901 MEDICAL PKWY WACO, TX 76712 74-1109636	HEALTHCARE SERVICES	TX	501(c)(3	3	ASCENSION HEALTH		No
(18) PROVIDENCE FOUNDATION INC  6901 MEDICAL PKWY WACO, TX 76712 74-2683112	SUPPORT CHARITABLE PURPOSE OF PHSW	TX	501(c)(3	Type I	PROVIDENCE HEALTH SERVICES OF WACO	Yes	
(19) PROVIDENCE HEALTH ALLIANCE  6901 MEDICAL PKWY WACO, TX 76712 74-2696970	PHYSICIAN PRACTICES	TX	501(c)(3	3	PROVIDENCE HEALTH SERVICES OF WACO	Yes	

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

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(261) PROVIDENCE HOSPITAL  1150 VARNUM STREET NE WASHINGTON, DC 20017 53-0196636	HOSPITAL	DC	501(c)(3	3	ASCENSION HEALTH		No
(1) PROVIDENCE HEALTH SERVICES INC  1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275587	PHYSICIAN PRACTICES	DC	501(c)(3	Type I	PROVIDENCE HOSPITAL	Yes	
(2) PROVIDENCE HEALTH FOUNDATION INC  1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275583	FUNDRAISING ORGANIZATION	DC	501(c)(3	Type I	PROVIDENCE HOSPITAL	Yes	
(3) VIA CHRISTI HEALTH INC  8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-1172107	HEALTH SYSTEM PARENT	KS	501(c)(3	Type III-FI	ASCENSION HEALTH		No
(4) VIA CHRISTI HOSPITAL PITTSBURG INC  1 MT CARMEL WAY PITTSBURG, KS 66762 48-0543778	HOSPITAL	KS	501(c)(3	3	VIA CHRISTI HEALTH INC	Yes	
(5) MOUNT CARMEL FOUNDATION INC  1 MT CARMEL WAY PITTSBURG, KS 66762 48-0961283	FOUNDATION	KS	501(c)(3	Type I	VIA CHRISTI HOSPITAL PITTSBURG INC	Yes	
(6) VIA CHRISTI HOSPITALS WICHITA INC  929 N SAINT FRANCIS WICHITA, KS 67214 48-1172106	HOSPITAL	KS	501(c)(3	3	VIA CHRISTI HEALTH INC	Yes	
(7) GERARD HOUSE INC  3144 N HOOD WICHITA, KS 67204 48-1049532	HOSPITAL SUPPORT	KS	501(c)(3	9	VIA CHRISTI HOSPITALS WICHITA INC	Yes	
(8) VIA CHRISTI REHABILITATION HOSPITAL INC  1151 N ROCK ROAD WICHITA, KS 67206 48-1158274	REHABILITATION HOSPITAL	KS	501(c)(3	3	VIA CHRISTI HOSPITALS WICHITA INC	Yes	
(9) VIA CHRISTI PROPERTY SERVICES INC  8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-0948571	PROPERTY MANAGEMENT	KS	501(c)(4		VIA CHRISTI HOSPITALS WICHITA INC	Yes	
(10) VIA CHRISTI HEALTH PARTNERS INC  8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-0958974	MANAGEMENT COMPANY	KS	501(c)(3	9	VIA CHRISTI HEALTH INC	Yes	
(11) VIA CHRISTI HOSPITAL MANHATTAN INC  1823 COLLEGE AVENUE MANHATTAN, KS 66502 48-1186704	HOSPITAL	KS	501(c)(3	3	VIA CHRISTI HEALTH INC	Yes	
(12) MERCY COMMUNITY HEALTH FOUNDATION INC  PO BOX 13 MANHATTAN, KS 66502 48-1152279	FOUNDATION	KS	501(c)(3	7	VIA CHRISTI HOSPITAL MANHATTAN INC	Yes	
(13) WAMEGO HOSPITAL ASSOCIATION INC  711 GENN DRIVE WAMEGO, KS 66547 72-1526400	HOSPITAL	KS	501(c)(3	3	VIA CHRISTI HOSPITAL MANHATTAN INC	Yes	
(14) MERCY REGIONAL HOME MEDICAL SERVICES LLC  2439 CLAFLIN ROAD MANHATTAN, KS 66502 43-2024491	MEDICAL EQUIPMENT	KS	501(c)(3	9	VIA CHRISTI HOSPITAL MANHATTAN INC	Yes	
(15) SALINA REGIONAL HOME MEDICAL SERVICES LLC  520 SOUTH SANTA FE AVE SALINA, KS 67401 43-1948057	MEDICAL EQUIPMENT	KS	501(c)(3	9	SALINA REGIONAL HEALTH CENTER INC	Yes	
(16) VIA CHRISTI HOSPITAL WICHITA ST TERESA INC  14800 W ST TERESA WICHITA, KS 67235 27-1965272	HOSPITAL	KS	501(c)(3	3	VIA CHRISTI HEALTH INC	Yes	
(17) Ascension Health Senior Care  12250 Weber Hill Road Suite 200 ST LOUIS, MO 63127 43-1227406	PARENT COMPANY	MO	501(c)(3	Type I	Ascension Health	Yes	
(18) Alexian Village of Milwaukee Inc  9301 N 76th Street Milwaukee, WI 53223 39-1351584	Continuing care retirement community	WI	501(c)(3	9	Ascension Health Senior Care	Yes	
(19) Alexian Brothers Senior Neighbors  250 East 10th Street Chattanooga, TN 37402 62-0646376	Supports the provision of community services for senior citizens	TN	501(c)(3	7	Ascension Health Senior Care	Yes	

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

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(281) Alexian Village of Tennessee  437 Alexian Way Signal Mountain, TN 37377 62-1136742	Continuing care retirement community	TN	501(c)(3	9	Ascension Health Senior Care	Yes	
(1) Alexian Brothers Lansdowne Village  4624 Lansdowne St Louis, MO 63116 43-1470362	Skilled nursing facility	MO	501(c)(3	9	Ascension Health Senior Care	Yes	
(2) Seton Manor Inc  1000 Seton Drive Orwigsburg, PA 17961 23-2960726	Skilled nursing facility	PA	501(c)(3	9	Ascension Health Senior Care	Yes	
(3) Alexian Brothers Sherbrooke Village  4005 Ripa Avenue St Louis, MO 63125 43-1592502	Skilled nursing facility	MO	501(c)(3	9	Ascension Health Senior Care	Yes	
(4) Alexian Brothers Community Services  425 CUMBERLAND ST SUITE 110 Chattanooga, TN 37404 36-4344423	PACE- Comprehensive & Coordinated Community Based Services	TN	501(c)(3	9	Ascension Health Senior Care	Yes	
(5) St Joseph's Ministries Inc  331 S Seton Avenue Emmitsburg, MD 21727 52-1835288	Skilled nursing facility	MD	501(c)(3	9	Ascension Health Senior Care	Yes	
(6) Carondelet Long-Term Care Facilities Inc  621 Carondelet Drive Kansas City, MO 64114 74-2505427	Skilled nursing facility	MO	501(c)(3	9	Ascension Health Senior Care	Yes	
(7) St Catherine's Laboure Manor  1750 Stockton Street Jacksonville, FL 32204 59-1878316	Skilled nursing facility	FL	501(c)(3	9	Ascension Health Senior Care	Yes	
(8) Via Christi Healthcare Outreach Program for Elders Inc  2622 W Centra Suite 100 Wichita, KS 67203 48-1236589	PACE (SNF)	KS	501(c)(3	9	Via Christi Villages Inc	Yes	
(9) Via Christi Village Ponca City Inc  1601 Academy Road Ponca City, OK 74604 73-1153337	Retirement Community	OK	501(c)(3	9	Via Christi Villages Inc	Yes	
(10) Via Christi Village Hays Inc  2225 Canterbury Drive Hays, KS 67601 20-2828680	Retirement Community	KS	501(c)(3	9	Via Christi Villages Inc	Yes	
(11) Via Christi Village Manhattan Inc  2800 Willow Grove Road Manhattan, KS 66502 48-1078862	Retirement Community	KS	501(c)(3	9	Via Christi Villages Inc	Yes	
(12) Via Christi Village McLean Inc  777 N McLean Blvd McLean, KS 67203 48-1247723	Retirement Community	KS	501(c)(3	9	Via Christi Villages Inc	Yes	
(13) Via Christi Village Pittsburg Inc  1502 E Centennial Drive Pittsburg, KS 66762 74-3070971	Retirement Community	KS	501(c)(3	9	Via Christi Villages Inc	Yes	
(14) Cornerstone Assisted Living Inc  2622 W Centra Suite 100 Wichita, KS 67203 48-1241079	Retirement Community	KS	501(c)(3	9	Via Christi Villages Inc	Yes	
(15) Via Christi Village Inc  2622 W Centra Suite 100 Wichita, KS 67203 48-0559086	Management Company	KS	501(c)(3	Type I	Ascension Health Senior Care	Yes	
(16) Via Christi Village Georgetown Inc  1655 S Georgetown Georgetown, KS 67218 48-1129325	Retirement Community	KS	501(c)(3	9	Via Christi Villages Inc	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Lourdes Health Support LLC  333 Butternut Drive Suite 100 Dewitt, NY 13214 16-1611707	Medical Equipment Provider	NY	NA	N/A								
ST VINCENT'S OUTPATIENT SURGERY SERVICES LLC  810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 20-0708162	OUTPATIENT SURGERY	AL	NA	N/A								
ST VINCENT'S SLEEP DISORDER CENTER  810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1282288	SLEEP DISORDER CENTER	AL	NA	N/A								
Alexian Rehabilitation Services LLC  935 Beisner Elk Grove Village, IL 60007 30-0221481	Rehabilitation hospital	IL	NA	N/A								
Illinois NeuroMeg Center LLC  3040 W Salt Creek Lane Arlington Heights, IL 60005 87-0783164	Provision of NeuroMeg services	IL	NA	N/A								
Elk Grove MOB Limited Partnership  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3853289	Medical office building	IL	NA	N/A								
Bonaventure Medical Foundation LLC  3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3978153	Manages managed care contracts	DE	NA	N/A								
Neurosciences Equipment LLC  3040 W Salt Creek Lane Arlington Heights, IL 60005 86-1115516	Ownership of Gamma Knife	IL	NA	N/A								
St Alexius Center for Sleep Health LLC  1300 S Main Street Lombard, IL 60148 20-5876371	Operation of sleep lab	IL	NA	N/A								
ADVENT PARTNERS LP  28000 DEQUINDRE WARREN, MI 48092 38-3494197	RENTAL REAL ESTATE	MI	NA	N/A								
OPEN MRI OF MICHIGAN  28000 DEQUINDRE WARREN, MI 48092 38-3544539	DIAGNOSTIC IMAGING CENTER	MI	NA	N/A								
BREAST MRI LEASING COMPANY LLC  10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 42-6662493	SALE AND RENTAL SERVICES	IN	NA	N/A								
CARMEL AMBULATORY SURGERY CENTER LLC  13421 OLD MERIDIAN ST STE 150 CARMEL, IN 46032 32-0014795	AMBULATORY SURGERY CENTER	IN	NA	N/A								
COOPERATIVE MANAGED CARE SERVICES LLC  9045 RIVER ROAD STE 250 INDIANAPOLIS, IN 46240 35-1999227	CASE MANAGEMENT	IN	NA	N/A								
ENDOSCOPY CENTER LLC  13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0029881	ENDOSCOPY CENTER	IN	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

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							Yes	No		Yes	No	
HANCOCK PHYSICIAN NETWORK LLC  801 N STATE STREET GREENFIELD, IN 46140 35-2051598	PRIMARY CARE PHYSICAN PRACTICES	IN	NA	N/A								
HCH SVH CATH LAB SERVICES LLC  1000 N 16TH STREET NEW CASTLE, IN 47362 45-2087950	CATH LAB SERVICES	IN	NA	N/A								
MERIDIAN HEIGHTS ASSOCIATES LLC  6100 W 96TH STREET STE 250 INDIANAPOLIS, IN 46278 26-4020296	REAL ESTATE HOLDING	IN	NA	N/A								
NAAB ROAD SURGERY CENTER LLC  8260 NAAB ROAD STE 100 INDIANAPOLIS, IN 46260 35-1991390	AMBULATORY SURGERY CENTER	IN	NA	N/A								
NEURO ONCOLOGY EQUIPMENT LLC  10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 74-3103803	SALE AND RENTAL SERVICES	IN	NA	N/A								
STVINCENT HEALTHUSP LLC  15305 DALLAS PKWY STE 1600 ADDISON, TX 75001 20-3749962	AMBULATORY SURGERY CENTER	IN	NA	N/A								
STVINCENT HEART CENTER OF INDIANA LLC  10580 N MERIDIAN STREET INDIANAPOLIS, IN 46290 36-4492612	HEART HOSPITAL	IN	NA	N/A								
AMBULATORY CARE CENTER LLC  1125 PROFESSIONAL BLVD EVANSVILLE, IN 47714 35-2006018	OP SURGERY	IN	NA	N/A								
SETON HEALTH SERVICES LLC  3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 27-0451316	EQUIPMENT RENTAL	IN	NA	N/A								
ST MARY'S PERIPHERAL VASCULAR SERVICES MANAGEMENT CO LLC  3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-5062635	MANAGEMENT SERVICES	IN	NA	N/A								
TRI-STATE COMMUNITY CLINICS LLC  8601 N KENTUCKY AVENUE SUITE J EVANSVILLE, IN 47711 27-0885968	PRIMARY CARE PHYSICIAN PRACTICES	IN	NA	N/A								
CENTER FOR GASTROINTESTINAL HEALTH AT HEALTH PARK LLC  307 E COURT ST FLINT, MI 48502 02-0743433	HEALTHCARE	MI	NA	N/A								
LAPEER COUNTY SURGERY CENTER  1546 CALLIS ROAD LAPEER, MI 48446 20-2918877	HEALTHCARE	MI	NA	N/A								
SOUTH KANSAS CITY SURGICAL CENTER LLC  10730 NALL STE 100 OVERLAND PARK, KS 66211 20-2181884	HEATLH CARE	KS	NA	N/A								
ORTHOPAEDIC HOSPITAL OF WISCONSIN LLC  575 RIVERWOODS PKWY GLENDALE, WI 53212 39-2015655	HEALTH CARE	WI	NA	N/A								



Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

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								Yes	No		Yes	No	
SLEEP SERVICES OF WISCONSIN LLC  111 E KILBOURN AVE STE 1300 MILWAUKEE, WI 53202 27-3148310	SLEEP SERVICES	WI	NA		N/A								
TWIIIN MED LLP  PO BOX 8005 MENASHA, WI 54952 39-1180341	RENTAL PROPERTY	WI	NA		N/A								
SOUTH COAST REAL ESTATE VENTURE LLC  5907 HIGHWAY 90 MOSS POINT, MS 39563 45-5599047	OWN REAL ESTATE FOR PHYSICIAN OFFICE BUILDING	MS	NA		N/A								
BAPTIST WOMENS HEALTH CENTER LLC  1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203 62-1772195	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	NA		N/A								
BAPTIST SURGERY CENTER LP  1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203	OPERATES OUTPATIENT SURGERY CENTER	TN	NA		N/A								
MIDDLE TENNESSEE AMBULATORY SURGERY CENTER LP  500 N HIGHLAND AVE MURFREESBORO, TN 37130	OPERATES OUTPATIENT SURGERY CENTER	TN	NA		N/A								
MIDDLE TENNESSEE IMAGING LLC  400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 01-0570490	DIAGNOSTIC IMAGING CENTER	TN	NA		N/A								
MURFREESBORO DIAGNOSTIC IMAGING LLC  400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 20-0291952	DIAGNOSTIC IMAGING CENTER	TN	NA		N/A								
STHS SLEEP CENTER LLC  102 WOODMONT BOULEVARD SUITE 800 NASHVILLE, TN 37205 20-3664894	OPERATES A SLEEP CENTER	TN	NA		N/A								
ST THOMAS RESEARCH INSTITUTE LLC CARIOLOGY SERIES  102 WOODMONT BOULEVARD SUITE 800 NASHVILLE, TN 37205 26-4591782	CARDIOLOGY RESEARCH	TN	NA		N/A								
RADS OF AMERICA LLC  PO BOX 249 GOODLETTSVILLE, TN 370700249	AMBULATORY SURGERY CENTER	TN	NA		N/A								
INTERVENTIONAL REHABILITATION CENTER LLC  1549 AIRPORT BLVD SUITE 420 PENSACOLA, FL 32503 59-3673361	MEDICAL SERVICES	FL	NA		N/A								
PET LLC  5149 NORTH 9TH AVE SUITE 124 PENSACOLA, FL 32504 59-3788701	MEDICAL SERVICES	FL	NA		N/A								
ENDOSCOPY GROUP LLC  4810 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503 59-3519881	MEDICAL SERVICES	FL	NA		N/A								
GULF REGION RADIATION ONCOLOGY MSO LLC  5147 N 9TH AVE PENSACOLA, FL 32504 26-1353083	MEDICAL MANAGEMENT SERVICES	FL	NA		N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TOWNE CENTRE SURGERY CENTER  4599 TOWNE CENTRE SAGINAW, MI 48604 20-4943843	OUTPATIENT SERVICES	MI	NA	N/A								
PLATINUM HEALTH & FITNESS LLC  4804 SOUTH 109TH EAST AVENUE TULSA, OK 74146 20-1879493	HEALTH CLUB	OK	NA	N/A								
UTICAUSP TULSA LLC  15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 27-0408231	MEDICAL SERVICES	TX	NA	N/A								
AMBULATORY SURGERY CENTER LP  8200 THORN DRIVE SUITE 300 WICHITA, KS 67226 48-1114690	SURGERY CENTER	KS	NA	N/A								
AMS DIAGNOSTICS LLC  8200 THORN DRIVE SUITE 300 WICHITA, KS 67226 48-1223653	RADIOLOGY SERVICES	KS	NA	N/A								
KANSAS SURGERY AND RECOVERY CENTER LLC  2770 NORTH WEBB ROAD WICHITA, KS 67226 48-1148580	SURGERY CENTER	KS	NA	N/A								
MR IMAGING CENTER LLC  8200 THORN DRIVE SUITE 300 WICHITA, KS 67226 48-1000538	IMAGING CENTER	KS	NA	N/A								
ST JOSEPH MRI LLC  8200 THORN DRIVE SUITE 300 WICHITA, KS 67226 48-1007220	IMAGING CENTER	KS	NA	N/A								
VIA CHRISTI IMAGING LLC  1823 COLLEGE AVENUE MANHATTAN, KS 66502 48-1251984	RADIOLOGY SERVICES	KS	NA	N/A								

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?
<b>Yes</b>	<b>No</b>							
SETON PHYSICIAN HOSPITAL NETWORK 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2643825	HEALTH SERVICES	TX	NA	C Corporation				No
ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2698151	HEALTH SERVICES	TX	NA	C Corporation				No
SETON HEALTH PLAN INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2725348	HMO	TX	NA	C Corporation				No
THE TOPFER BUILDING CONDOMINIUM ASSOCIATION 1345 PHILOMENA STREET AUSTIN, TX 78723 74-3007869	COMMERCIAL BUILDING ASSOCIATION	TX	NA	C Corporation				No
SETON MSO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2870455	HEALTH SERVICES	TX	NA	C Corporation				No
SETON ACCOUNTABLE CARE ORGANIZATION INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2677756	HEALTH SERVICES	TX	NA	C Corporation				No
SETON HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 45-3047469	HEALTH SERVICES	TX	NA	C Corporation				No
DELL CHILDREN'S HEALTH ALLIANCE (FKA SETON FAMILY OF PEDIATRICIANS) 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311909	HEALTH SERVICES	TX	NA	C Corporation				No
ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD 21229 52-1733632	HOLDING COMPANY	MD	NA	C Corporation				No
Corbet Corporation 169 Riverside Drive Binghamton, NY 13905 16-1268267	Property Management	NY	NA	C Corporation				No
VINCENTIAN VENTURES OF NORTH ALABAMA INC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0965456	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				No
ASCENSION VENTURES CORPORATION 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1217059	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				No
EASTSIDE VENTURES 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0846221	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				No
VINCENTURES INC 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-1211417	INACTIVE	CT	NA	C Corporation				No
Thelen Corporation 3040 W Salt Creek Arlington Heights, IL 60005 36-3266316	Owns/ leases property, joint venture partner	IL	NA	C Corporation				No

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?
<b>Yes</b>	<b>No</b>							
Alexian Brothers Health Providers Association Inc 3040 W Salt Creek Arlington Heights, IL 60005 36-3853286	Messenger model IPA	IL	NA	C Corporation				No
Alexian Village of Elk Grove 3040 W Salt Creek Arlington Heights, IL 60005 35-2211303	Tax credit financed housing	IL	NA	C Corporation				No
ADVENT INC 28000 DEQUINDRE WARREN, MI 48092 38-2971743	REAL ESTATE DEVELOPMENT	MI	NA	C Corporation				No
AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				No
ST MARY'S MEDICAL GROUP INC 3700 WASHINGTON AVE EVANSVILLE, IN 47750 35-2076827	INVESTMENT	IN	NA	C Corporation				No
GENESYS PRACTICE PARTNERS 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 03-0516871	EMPLOYED PHY PRACTICE	MI	NA	C Corporation				No
BEECHER BALLENGER SERVICES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation				No
CONSOLIDATED PHARMACY SERVICES INC 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-3398033	RETAIL PHARMACY & PATIENT TRANSPORT	FL	NA	C Corporation				No
ADVANCED PATIENT TRANSPORTATION INC 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3381444	TRANSPORT SERVICES	FL	NA	C Corporation				No
SETON PHARMACIES 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3001427	RETAIL PHARMACY	FL	NA	C Corporation				No
ST VINCENT'S STRATEGIC VENTURES INC 4205 BELFORT ROAD SUITE 4015 JACKSONVILLE, FL 32216 59-3133073	LEASING	FL	NA	C Corporation				No
FAMILY MEDICINE CONDOMINIUM ASSOCIATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 26-1983355	CONDOMINIUM ASSOCIATION	FL	NA	C Corporation				No
TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047	LAUNDRY SERVICES	MI	NA	C Corporation				No
INDIAN CREEK CENTER INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 48-0956627	MANAGEMENT	MO	NA	C Corporation				No
CARONDELET MANAGEMENT COMPANY INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 43-1352545	HEALTH MANAGEMENT	KS	NA	C Corporation				No

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

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<b>Yes</b>	<b>No</b>							
CARONDELET PHARMACY 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 43-1699329	PHARMACY	MO	NA	C Corporation				No
CARONDELET PRIMARY CARE NETWORK INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 43-1596702	HEALTH CARE	MO	NA	C Corporation				No
SAINT JOSEPH AMBULATORY SURGICAL CENTER LLC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 25-1905706	HEALTH CARE	MO	NA	C Corporation				No
CARONDELET OCCUPATIONAL HLTH WELLNESS & EDU SVCS INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 86-1144194	HEALTH CARE	MO	NA	C Corporation				No
CARONDELET PHYSICIAN SERVICES INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 56-2661163	HEALTH CARE	MO	NA	C Corporation				No
CARONDELET MEDICAL ENTERPRISES INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 56-2661165	OFFICE ADMIN SERVICES	MO	NA	C Corporation				No
CSM STRATEGIC ALLIANCE 4425 NORTH PORT WASHINGTON RD GLENDALE, WI 53212 39-1871856	HEALTHCARE	WI	NA	C Corporation				No
MADISON MEDICAL AFFILIATES INC 4425 NORTH PORT WASHINGTON RD GLENDALE, WI 53212 39-1855720	HEALTHCARE	WI	NA	C Corporation				No
PROSPECT MEDICAL COMMONS CONDO ASSOCIATION 4425 NORTH PORT WASHINGTON RD GLENDALE, WI 53212 20-8042108	CONDO ASSOC	WI	NA	C Corporation				No
NETWORK HEALTH PLAN INC 1570 MIDWAY PLACE MENASHA, WI 54952 39-1442058	INSURANCE	WI	NA	C Corporation				No
NETWORK HEALTH INSURANCE CORPORATION 1570 MIDWAY PLACE MENASHA, WI 54952 39-2020474	INSURANCE	WI	NA	C Corporation				No
MINISTRY HOLDINGS INC 1570 MIDWAY PLACE MENASHA, WI 54952 42-2966177	INSURANCE HOLDING COMPANY	WI	NA	C Corporation				No
PROVIDENCE PARK PO BOX 850429 MOBILE, AL 36685 63-0886846	REAL ESTATE	AL	NA	C Corporation				No
ANESTHESIA SOLUTIONS OF MOBILE INC 6701 AIRPORT BLVD SUITE D-430B MOBILE, AL 36608 82-0547505	ANESTHESIA SERVICES	AL	NA	C Corporation				No
MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES INC 6801 AIRPORT BLVD MOBILE, AL 36608 46-1130426	HEALTHCARE SERVICES	MS	NA	C Corporation				No

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<b>Yes</b>	<b>No</b>							
BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214	HOLDING COMPANY	TN	NA	C Corporation				No
MISSIONPOINT HEALTH PARTNERS 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482	ACCOUNTABLE CARE ORGANIZATION	TN	NA	C Corporation				No
SOVA INC 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638	HEALTH SERVICES	TN	NA	C Corporation				No
PHYSICIANS OF PASCO CONDOMINIUMS ASSOC 520 NORTH 4TH AVENUE PASCO, WA 99301 45-3691641	PROPERTY MANAGEMENT	WA	NA	C Corporation				No
GULF COAST DIVERSIFIED 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798	INVESTMENT	FL	NA	C Corporation				No
STMARY'S OF MICHIGAN SPECIALISTS 800 S WASHINGTON AVENUE SAGINAW, MI 48601 20-5959777	PHYSICIAN PRACTICES	MI	NA	C Corporation				No
STMARY'S HEALTH 800 SOUTH WASHINGTON AVENUE SAGINAW, MI 48601 38-3477017	INACTIVE	MI	NA	C Corporation				No
ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747	OTHER MEDICAL	MI	NA	C Corporation				No
CARONDELET SPECIALIST GROUP INC 2202 N FORBES BLVD TUCSON, AZ 85745 28-1558773	PHYSICIAN PRACTICE	AZ	NA	C Corporation				No
CARONDELET MEDICAL GROUP PC 2202 N FORBES BLVD TUCSON, AZ 85745 86-0836126	MEDICAL GROUP	AZ	NA	C Corporation				No
UTICA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650	MEDICAL SERVICES	OK	NA	C Corporation				No
REGIONAL MEDICAL LABORATORIES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1131608	MEDICAL SERVICES	OK	NA	C Corporation				No
PHYSICIAN SUPPORT SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1437252	MEDICAL SERVICES	OK	NA	C Corporation				No
OMNI MEDICAL GROUP INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1335536	MEDICAL SERVICES	OK	NA	C Corporation				No
ST JOHN URGENT CARE CLINICS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-4990275	MEDICAL SERVICES	OK	NA	C Corporation				No

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<b>Yes</b>	<b>No</b>							
ST JOHN ANESTHESIA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3690446	MEDICAL SERVICES	OK	NA	C Corporation				No
ST JOHN PHYSICIANS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1321032	MEDICAL SERVICES	OK	NA	C Corporation				No
CERES MEDICAL PRACTICE INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1522656	MEDICAL SERVICES	OK	NA	C Corporation				No
GEMINI MEDICAL GROUP INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1503529	MEDICAL SERVICES	OK	NA	C Corporation				No
JANE PHILLIPS SPECIALTY PHYSICIANS INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 01-0879962	MEDICAL SERVICES	OK	NA	C Corporation				No
SYNERGY HOSPITALIST GROUP INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 30-0375404	MEDICAL SERVICES	OK	NA	C Corporation				No
JANE PHILLIPS SUPPORT SERVICES INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1530296	HOLDING COMPANY	OK	NA	C Corporation				No
RESOURCE PHARMACIES Inc 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1410076	RETAIL PHARMACY	DC	NA	C Corporation				No
AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	NA	C Corporation				No
INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	NA	C Corporation				No
VCH IOWA PC TRUST 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-6937322	BENEFICIARY TRUST	IA	NA	Trust				No
VCH IOWA PC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3983977	PROFESSIONAL ASSOCIATION	IA	NA	C Corporation				No
VIA CHRISTI CLINIC PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	NA	C Corporation				No
VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3984287	CLINIC SERVICES	KS	NA	C Corporation				No
VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 46-2872857	ACO	KS	NA	C Corporation				No

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?
<b>Yes</b>	<b>No</b>							
US Health Holdings Ltd 8220 Irving Sterling Heights, MI 48312 38-3269272	Holding Company	MI	NA	C Corporation				No
Automated Services Inc 8220 Irving Sterling Heights, MI 48312 38-2598766	Third Party Administrator	MI	NA	C Corporation				No
ABS Sales Inc 8220 Irving Sterling Heights, MI 48312 38-2725543	Sales	MI	NA	C Corporation				No
AL Holdings Inc 8220 Irving Sterling Heights, MI 48312 38-3275517	Holding Company	MI	NA	C Corporation				No
US Underwriting Services 8220 Irving Sterling Heights, MI 48312 32-0049901	Underwriting Services	MI	NA	C Corporation				No
ABS Managed Care Administrators Inc 8220 Irving Sterling Heights, MI 48312 45-4370728	Care & Disease Management	MI	NA	C Corporation				No
US Health & Life Insurance Company 8220 Irving Sterling Heights, MI 48312 06-1341715	Insurance	MI	NA	C Corporation				No



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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST MARY'S HEALTHCARE	S	2,954,419	ACTUAL AMOUNT PAID/TRANSFERRED
STMARY'S HEALTHCARE	S	37,360,678	ACTUAL AMOUNT PAID/TRANSFERRED
SETON FAMILY OF HOSPITALS	S	5,830,206	ACTUAL AMOUNT PAID/TRANSFERRED
OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	S	69,871,649	ACTUAL AMOUNT PAID/TRANSFERRED
STVINCENTS MEDICAL CENTER	S	10,565,124	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S MULTISPECIALTY GROUP INC	S	39,948,257	ACTUAL AMOUNT PAID/TRANSFERRED
GENESYS AMULAATORY HEALTH SERVICES	S	8,351,506	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S FOUNDATION INC	S	13,194,370	ACTUAL AMOUNT PAID/TRANSFERRED
ST VINCENT'S HEALTH SYSTEM INC	S	10,154,322	ACTUAL AMOUNT PAID/TRANSFERRED
BORGESS MEDICAL CENTER	S	5,296,209	ACTUAL AMOUNT PAID/TRANSFERRED
SAINT THOMAS HEALTH	S	32,533,103	ACTUAL AMOUNT PAID/TRANSFERRED
SAINT THOMAS WEST HOSPITAL	S	1,050,462	ACTUAL AMOUNT PAID/TRANSFERRED
OUR LADY OF PEACE INC	S	1,913,366	ACTUAL AMOUNT PAID/TRANSFERRED
STANDISH COMMUNITY HOSPITAL	S	2,945,331	ACTUAL AMOUNT PAID/TRANSFERRED
ST JOHN BROKEN ARROW INC	S	23,113,123	ACTUAL AMOUNT PAID/TRANSFERRED
ST JOHN SAPULPA INC	S	6,355,915	ACTUAL AMOUNT PAID/TRANSFERRED
CARONDELET HEALTH NETWORK	S	25,276,852	ACTUAL AMOUNT PAID/TRANSFERRED
MINISTRY HEALTH CARE INC	S	44,427,883	ACTUAL AMOUNT PAID/TRANSFERRED
COLUMBIA ST MARY'S INC	S	12,532,807	ACTUAL AMOUNT PAID/TRANSFERRED
VIA CHRISTI HEALTH INC	S	3,513,719	ACTUAL AMOUNT PAID/TRANSFERRED
PROVIDENCE HEALTH ALLIANCE	S	80,693,892	ACTUAL AMOUNT PAID/TRANSFERRED
CARONDELET HEALTH	S	12,631,115	ACTUAL AMOUNT PAID/TRANSFERRED
SACRED HEART HEALTH SYSTEMS INC	S	4,785,581	ACTUAL AMOUNT PAID/TRANSFERRED
PROVIDENCE HOSPITAL	S	8,274,483	ACTUAL AMOUNT PAID/TRANSFERRED
ST AGNES HEALTHCARE	S	7,652,515	ACTUAL AMOUNT PAID/TRANSFERRED

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST MARYS OF MICHIGAN	S	13,285,253	ACTUAL AMOUNT PAID/TRANSFERRED