

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
Ascension Health

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO Box 45998

City or town, state or province, country, and ZIP or foreign postal code
St Louis, MO 631455998

D Employer identification number
31-1662309

E Telephone number
(314) 733-8000

G Gross receipts \$ 302,369,516

F Name and address of principal officer
PATRICIA MARYLAND DRPH
PO Box 45998
St Louis, MO 631455998

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

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

J Website: ▶ WWW.ASCENSIONHEALTH.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1999 **M** State of legal domicile MO

Part I Summary

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 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)	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	2
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	912
6 Total number of volunteers (estimate if necessary)	2
7a Total unrelated business revenue from Part VIII, column (C), line 12	213,214
7b Net unrelated business taxable income from Form 990-T, line 34	-282,890

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	205,306,030	298,174,330
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-967,956	2,395,120
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	79,433	1,800,066
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	204,417,507	302,369,516
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	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)	66,253,091	106,746,926
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	233,246,450	189,548,992
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	299,499,541	296,295,918
19 Revenue less expenses Subtract line 18 from line 12	-95,082,034	6,073,598

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	695,066,711	540,808,496
21 Total liabilities (Part X, line 26)	426,129,726	138,131,052
22 Net assets or fund balances Subtract line 21 from line 20	268,936,985	402,677,444

Part II Signature Block

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

Sign Here
Signature of officer _____ Date 2018-05-15
Tonya Mershon Tax Officer
Type or print name and title _____

Paid Preparer Use Only
Print/Type preparer's name SAMANTHA BOKORI Preparer's signature SAMANTHA BOKORI Date _____
Check if self-employed PTIN P01057347
Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772
Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4200 Phone no (317) 464-8600
INDIANAPOLIS, IN 462045108

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 255,429,904 including grants of \$) (Revenue \$ 299,749,284)
See Additional Data









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

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

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

4e Total program service expenses ▶ 255,429,904

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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>		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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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>		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>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, solicitations, and charitable trusts.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Delegation of control), 4 (Changes to governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Power to elect/appoint), 7b (Governance decisions), 8 (Meeting documentation), 8a (Governing body), 8b (Committees), 9 (Officer/director/trustee/employee).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Policies for chapters), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure of interests), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Document retention), 15a (Compensation review), 15b (Other officers/employees), 16a (Investment/venture), 16b (Participation policy).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (States for Form 990), 18 (Public inspection methods), 19 (Governing documents availability), 20 (Person with books/records).

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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	34 0 16 0	X		X				0	8,084,964	40,149
(2) SISTER M THERESE GOTTSCHALK SECRETARY/TREASURER	4 0 3 8	X						0	0	0
(3) DAVID B PRYOR MD DIRECTOR	4 0 46 0	X						0	4,041,619	47,124
(4) SR Maureen McGuire Chairman	4 0 0	X						0	0	0
(5) Herbert J Vallier Vice Chairman	4 0 46 0	X						0	2,847,083	40,621
(6) Rhonda Anderson SVP & CFO	50 0 0 0			X				0	1,723,288	72,211
(7) GWENDOLYN M MACKENZIE SVP AH -MINISTRY MARKET EXEC MI	49 0 1 0					X		2,405,615	0	26,069
(8) Bonnie L Phipps SVP, AH-GROUP OPERATING EXEC	46 0 4 0					X		1,905,534	0	34,144
(9) MICHAEL H SCHATZLEIN MD REGIONAL CEO	44 0 6 0					X		3,127,288	1,140	37,373
(10) PATRICIA A MARYLAND DrPH CHIEF OPERATING OFFICER	46 0 4 0					X		4,727,983	0	52,176
(11) ZIAD HAYDAR MD SVP, CHIEF CLINICAL OFFICER	50 0 0					X		2,054,267	0	41,504
(12) JOSEPH R IMPICICCHE Executive Vice President	0 0 50 0						X	0	3,388,255	49,927
(13) ANTHONY J SPERANZO Chief Financial Officer	0 0 50 0						X	0	5,034,207	49,237
(14) Anthony R Tersigni EDD FACHE President/CEO	0 0 50 0						X	0	13,559,831	67,855
(15) KATHERINE ARBUCKLE FORMER OFFICER	0 0 0 0						X	0	721,599	0
(16) JOHN D DOYLE Executive Vice President	0 0 50 0						X	0	3,515,258	64,130

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		Business Code				
	2a SERVICE FEES	541610	292,458,995	292,458,995		
	b HOME HEALTH & HOSPICE	541610	-2,210,560	-2,210,560		
	c Net Patient Revenue - Physician Services	621990	7,925,895	7,925,895		
	d _____					
	e _____					
	f All other program service revenue		0	0	0	
g Total. Add lines 2a-2f		298,174,330				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,634		2,634	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		11,898				
		b Less rental expenses				
		c Rental income or (loss)	11,898	0		
	d Net rental income or (loss)		11,898		11,898	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		2,392,486		
		b Less cost or other basis and sales expenses				
		c Gain or (loss)	0	2,392,486		
	d Net gain or (loss)		2,392,486		2,392,486	
	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 Revenue	900099	1,788,168	1,574,954	213,214		
b _____						
c _____						
d All other revenue		0	0	0	0	
e Total. Add lines 11a-11d		1,788,168				
12 Total revenue. See Instructions		302,369,516	299,749,284	213,214	2,407,018	

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, line 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.	88,201,568	66,151,176	22,050,392	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	13,952,694	13,255,059	697,635	
10 Payroll taxes.	4,592,664	4,225,251	367,413	
11 Fees for services (non-employees)				
a Management.				
b Legal.				
c Accounting.	2,621	2,621		
d Lobbying.	1,268,000		1,268,000	
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).	45,781,726	42,119,188	3,662,538	0
12 Advertising and promotion.	79,503	71,553	7,950	
13 Office expenses.	861,129	766,405	94,724	
14 Information technology.	17,699,122	15,044,254	2,654,868	
15 Royalties.				
16 Occupancy.	2,435,583	1,826,687	608,896	
17 Travel.	4,222,982	3,969,603	253,379	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	11,472,566	9,522,230	1,950,336	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	34,640,632	34,640,632		
23 Insurance.	121,413	94,702	26,711	
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 Equipment Rental.	61,975,316	55,777,784	6,197,532	
b MEDICAL SUPPLIES.	667,977	667,977		
c SUPPLIES.	594,980	468,684	126,296	
d Federal Income Taxes.	1,339	1,339		
e All other expenses.	7,724,103	6,824,759	899,344	0
25 Total functional expenses. Add lines 1 through 24e.	296,295,918	255,429,904	40,866,014	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	11,249,313	2	1,523,359
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,868,473	4	4,162,638
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		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		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	25,287,781	9	37,156,792
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	15,806,097		
	b Less accumulated depreciation	7,179,558		
	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	39,202,766	13	41,414,583
	14 Intangible assets	209,240,433	14	181,883,867
	15 Other assets See Part IV, line 11	397,506,788	15	266,040,718
16 Total assets. Add lines 1 through 15 (must equal line 34)	695,066,711	16	540,808,496	
Liabilities	17 Accounts payable and accrued expenses	366,565,515	17	66,902,550
	18 Grants payable		18	
	19 Deferred revenue		19	
	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		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	59,564,211	25	71,228,502
	26 Total liabilities. Add lines 17 through 25	426,129,726	26	138,131,052
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	268,936,985	27	402,677,444
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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 Total net assets or fund balances	268,936,985	33	402,677,444
	34 Total liabilities and net assets/fund balances	695,066,711	34	540,808,496

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	302,369,516
2	Total expenses (must equal Part IX, column (A), line 25)	2	296,295,918
3	Revenue less expenses Subtract line 2 from line 1	3	6,073,598
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	268,936,985
5	Net unrealized gains (losses) on investments	5	-979
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	127,667,840
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	402,677,444

Part XII Financial Statements and Reporting

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

		Yes	No
<p>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</p>			
<p>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</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 31-1662309
Name: Ascension Health

Form 990 (2016)

Form 990, Part III, Line 4a:

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 2017, ASCENSION HEALTH EMPLOYED 165,000 ASSOCIATES SERVING IN 2,600 LOCATIONS IN 22 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 2017 ALONE, ASCENSION HEALTH PROVIDED \$1.84 BILLION IN CARE OF PERSONS LIVING IN POVERTY AND COMMUNITY BENEFIT PROGRAMS.

SCHEDULE A
(Form 990 or 990-EZ)

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

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.

OMB No 1545-0047
2016
Open to Public Inspection

Employer identification number
31-1662309

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations 196
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	196				0	0

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		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 Part VI 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 Part VI 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 Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		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).	Yes	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	Yes	
c	Substitutions only. 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		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 I of Schedule L (Form 990 or 990-EZ).		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 Part VI .		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		2a	
		2b	
		3a	
		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 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12g (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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section D, 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.

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part 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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 5a Added, Substituted, or Removed Sup Org	<p>(i)/(ii) The organization CHANGED NAMES AND ADDED supported organizations, as follows SET ON AND CHILDREN'S HEALTH SYSTEM OF TEXAS PHYSICIAN PRACTICE, FEIN 81-4972958, JOINED SYSTEM TEXAS HEALTH INNOVATORS FEIN 82-1711274, JOINED SYSTEM WALLER CREEK HEALTHCARE, FEIN 82-1711172, JOINED SYSTEM (iii)/(iv) The organizing/governing documents of the organization provide that the organization is organized and at all times shall be operated exclusively for the benefit of, to perform the functions of, and to carry out the purposes of the Ascension and Founding religious Sponsors, in support of those organizations and affiliated organizations classified as public charities under Sections 509(a)(1) or 509(a)(2) of the Code That direction provides the authority for the changes described above, which were accomplished according to the form of transaction that either added the organization to the Ascension system or caused its removal or any changes that affect an entity's reporting status for this purpose</p>

Schedule A Form 990 of 990-E 2016

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 31-1662309
Name: Ascension Health

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) ADULT INPATIENT MEDICAL SERVICES	452498998	9		No	0	0
(A) ADULT INPATIENT MEDICAL SERVICES	452498998	9		No	0	0
(A) AGAPE COMMUNITY CENTER OF MILWAUKEE INC	391641846	7		No	0	0
(A) AGAPE COMMUNITY CENTER OF MILWAUKEE INC	391641846	7		No	0	0
(B) Alexian Brothers Ambulatory Group	364336931	3		No	0	0
(B) Alexian Brothers Ambulatory Group	364336931	3		No	0	0
(C) Alexian Brothers Behavioral Health Hospital	364251848	3		No	0	0
(C) Alexian Brothers Behavioral Health Hospital	364251848	3		No	0	0
(D) Alexian Brothers Bonaventure House	363527899	9		No	0	0
(D) Alexian Brothers Bonaventure House	363527899	9		No	0	0
(E) Alexian Brothers Center for Mental Health	363045007	9		No	0	0
(E) Alexian Brothers Center for Mental Health	363045007	9		No	0	0
(F) Alexian Brothers Community Services	364344423	9		No	0	0
(F) Alexian Brothers Community Services	364344423	9		No	0	0
(G) Alexian Brothers Lansdowne Village	431470362	9		No	0	0
(G) Alexian Brothers Lansdowne Village	431470362	9		No	0	0
(H) Alexian Brothers Medical Care Group NFP	471930457	3		No	0	0
(H) Alexian Brothers Medical Care Group NFP	471930457	3		No	0	0
(I) Alexian Brothers Medical Center	362596381	3		No	0	0
(I) Alexian Brothers Medical Center	362596381	3		No	0	0
(J) ALEXIAN BROTHERS MEDICAL GROUP SPECIALITY CARE	811110738	3		No	0	0
(J) ALEXIAN BROTHERS MEDICAL GROUP SPECIALITY CARE	811110738	3		No	0	0
(K) Alexian Brothers Senior Neighbors	620646376	7		No	0	0
(K) Alexian Brothers Senior Neighbors	620646376	7		No	0	0
(L) Alexian Brothers Services Inc	431295333	9		No	0	0
(L) Alexian Brothers Services Inc	431295333	9		No	0	0
(M) Alexian Brothers Sherbrooke Village	431592502	9		No	0	0
(M) Alexian Brothers Sherbrooke Village	431592502	9		No	0	0
(N) Alexian Brothers Specialty Group	800710751	3		No	0	0
(N) Alexian Brothers Specialty Group	800710751	3		No	0	0

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) Alexian Village of Milwaukee Inc	391351584	9		No	0	0
(P) Alexian Village of Milwaukee Inc	391351584	9		No	0	0
(A) Alexian Village of Tennessee	621136742	9		No	0	0
(A) Alexian Village of Tennessee	621136742	9		No	0	0
(B) AMERICAN SPORTS MEDICINE INSTITUTE	630952490	7		No	0	0
(B) AMERICAN SPORTS MEDICINE INSTITUTE	630952490	7		No	0	0
(C) ASCENSION ARIZONA	860455920	3		No	0	0
(C) ASCENSION ARIZONA	860455920	3		No	0	0
(D) ASCENSION CALUMET HOSPITAL INC	390905385	3		No	0	0
(D) ASCENSION CALUMET HOSPITAL INC	390905385	3		No	0	0
(E) ASCENSION EAGLE RIVER HOSPITAL INC	390985690	3		No	0	0
(E) ASCENSION EAGLE RIVER HOSPITAL INC	390985690	3		No	0	0
(F) ASCENSION GOOD SAMARITAN HOSPITAL INC	390808503	3		No	0	0
(F) ASCENSION GOOD SAMARITAN HOSPITAL INC	390808503	3		No	0	0
(G) ASCENSION MEDICAL GROUP MICHIGAN	383494637	9		No	0	0
(G) ASCENSION MEDICAL GROUP MICHIGAN	383494637	9		No	0	0
(H) ASCENSION MICHIGAN	382631907	9		No	0	0
(H) ASCENSION MICHIGAN	382631907	9		No	0	0
(I) ASCENSION OUR LADY OF VICTORY HOSPITAL INC	390807065	3		No	0	0
(I) ASCENSION OUR LADY OF VICTORY HOSPITAL INC	390807065	3		No	0	0
(J) ASCENSION SACRED HEART-ST MARY'S HOSPITALS INC	391390638	3		No	0	0
(J) ASCENSION SACRED HEART-ST MARY'S HOSPITALS INC	391390638	3		No	0	0
(K) ASCENSION ST CLARE'S HOSPITAL INC	721531917	3		No	0	0
(K) ASCENSION ST CLARE'S HOSPITAL INC	721531917	3		No	0	0
(L) ASCENSION ST MICHAEL'S HOSPITAL INC	390808443	3		No	0	0
(L) ASCENSION ST MICHAEL'S HOSPITAL INC	390808443	3		No	0	0
(M) AUSTIN CHILDREN'S CHEST ASSOCIATES II	260163261	9		No	0	0
(M) AUSTIN CHILDREN'S CHEST ASSOCIATES II	260163261	9		No	0	0
(N) BARTLETT HOMES INC	731301822	7		No	0	0
(N) BARTLETT HOMES INC	731301822	7		No	0	0

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(AE) BETHEL MANOR INC	731216617	7		No	0	0
(AE) BETHEL MANOR INC	731216617	7		No	0	0
(A) BORGESS AMBULATORY CARE CORPORATION	382468823	3		No	0	0
(A) BORGESS AMBULATORY CARE CORPORATION	382468823	3		No	0	0
(B) BORGESS MEDICAL CENTER	381360526	3		No	0	0
(B) BORGESS MEDICAL CENTER	381360526	3		No	0	0
(C) Borgess Nursing Home Inc	382555589	3		No	0	0
(C) Borgess Nursing Home Inc	382555589	3		No	0	0
(D) BRIGHTON CENTER FOR RECOVERY	381576680	3		No	0	0
(D) BRIGHTON CENTER FOR RECOVERY	381576680	3		No	0	0
(E) Carondelet Long-Term Care Facilities Inc	742505427	9		No	0	0
(E) Carondelet Long-Term Care Facilities Inc	742505427	9		No	0	0
(F) CATALPA HEALTH INC	454681563	3		No	0	0
(F) CATALPA HEALTH INC	454681563	3		No	0	0
(G) CHILDREN'S BONE JOINT & SPINE CENTER	452499113	9		No	0	0
(G) CHILDREN'S BONE JOINT & SPINE CENTER	452499113	9		No	0	0
(H) COLUMBIA COLLEGE OF NURSING	391596986	2		No	0	0
(H) COLUMBIA COLLEGE OF NURSING	391596986	2		No	0	0
(I) COLUMBIA ST MARY'S FOUNDATION INC	391494981	7		No	0	0
(I) COLUMBIA ST MARY'S FOUNDATION INC	391494981	7		No	0	0
(J) COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	390806315	3		No	0	0
(J) COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	390806315	3		No	0	0
(K) COLUMBIA ST MARY'S HOSPITAL OZAUKEE INC	390807063	3		No	0	0
(K) COLUMBIA ST MARY'S HOSPITAL OZAUKEE INC	390807063	3		No	0	0
(L) Cornerstone Assisted Living Inc	481241079	9		No	0	0
(L) Cornerstone Assisted Living Inc	481241079	9		No	0	0
(M) CRITTENTON CANCER CENTER	383239057	9		No	0	0
(M) CRITTENTON CANCER CENTER	383239057	9		No	0	0
(N) CRITTENTON HOSPITAL MEDICAL CENTER	381359247	3		No	0	0
(N) CRITTENTON HOSPITAL MEDICAL CENTER	381359247	3		No	0	0

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(AT) DELL CHILDREN'S MEDICAL GROUP	742800601	9		No	0	0
(AT) DELL CHILDREN'S MEDICAL GROUP	742800601	9		No	0	0
(A) DR KATE NEWCOMB CONVALESCENT CENTER INC	391357365	9		No	0	0
(A) DR KATE NEWCOMB CONVALESCENT CENTER INC	391357365	9		No	0	0
(B) EASTWOOD COMMUNITY CLINICS	381958763	9		No	0	0
(B) EASTWOOD COMMUNITY CLINICS	381958763	9		No	0	0
(C) FIELD NEUROSCIENCES INSTITUTE	382790703	9		No	0	0
(C) FIELD NEUROSCIENCES INSTITUTE	382790703	9		No	0	0
(D) FLAMBEAU HOSPITAL	390973724	3		No	0	0
(D) FLAMBEAU HOSPITAL	390973724	3		No	0	0
(E) GENESYS CONVALESCENT CENTER	382317364	3		No	0	0
(E) GENESYS CONVALESCENT CENTER	382317364	3		No	0	0
(F) GENESYS REGIONAL MEDICAL CENTER	382377821	3		No	0	0
(F) GENESYS REGIONAL MEDICAL CENTER	382377821	3		No	0	0
(G) GERARD HOUSE INC	481049532	9		No	0	0
(G) GERARD HOUSE INC	481049532	9		No	0	0
(H) HAVEN OF OUR LADY OF PEACE INC	593620346	9		No	0	0
(H) HAVEN OF OUR LADY OF PEACE INC	593620346	9		No	0	0
(I) HORIZON HOME CARE & HOSPICE INC	391171298	9		No	0	0
(I) HORIZON HOME CARE & HOSPICE INC	391171298	9		No	0	0
(J) HOWARD YOUNG FOUNDATION INC	391521169	7		No	0	0
(J) HOWARD YOUNG FOUNDATION INC	391521169	7		No	0	0
(K) INSTITUTE OF RECONSTRUCTIVE PLASTIC SURGERY OF CENTRAL TEXAS	262908163	9		No	0	0
(K) INSTITUTE OF RECONSTRUCTIVE PLASTIC SURGERY OF CENTRAL TEXAS	262908163	9		No	0	0
(L) JANE PHILLIPS MEMORIAL MEDICAL CENTER	730606129	3		No	0	0
(L) JANE PHILLIPS MEMORIAL MEDICAL CENTER	730606129	3		No	0	0
(M) JANE PHILLIPS NOWATA HOSPITAL INC	731440267	3		No	0	0
(M) JANE PHILLIPS NOWATA HOSPITAL INC	731440267	3		No	0	0
(N) LEE MEMORIAL HOSPITAL CORPORATION	381490190	3		No	0	0
(N) LEE MEMORIAL HOSPITAL CORPORATION	381490190	3		No	0	0

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(BI) MERCY HEALTH FOUNDATION INC	237140261	9		No	0	0
(BI) MERCY HEALTH FOUNDATION INC	237140261	9		No	0	0
(A) MERCY MEDICAL CENTER OF OSHKOSH INC	390806268	3		No	0	0
(A) MERCY MEDICAL CENTER OF OSHKOSH INC	390806268	3		No	0	0
(B) MINISTRY WEIGHT MANAGEMENT INC	391829015	3		No	0	0
(B) MINISTRY WEIGHT MANAGEMENT INC	391829015	3		No	0	0
(C) Nazareth Hall	742387843	9		No	0	0
(C) Nazareth Hall	742387843	9		No	0	0
(D) NETWORK HEALTH SYSTEM INC	391127163	3		No	0	0
(D) NETWORK HEALTH SYSTEM INC	391127163	3		No	0	0
(E) OUR LADY OF LOURDES HOSPITAL AT PASCO	910349750	3		No	0	0
(E) OUR LADY OF LOURDES HOSPITAL AT PASCO	910349750	3		No	0	0
(F) OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	150532221	3		No	0	0
(F) OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	150532221	3		No	0	0
(G) Our Lady of Peace Inc	161608735	3		No	0	0
(G) Our Lady of Peace Inc	161608735	3		No	0	0
(H) OWASSO MEDICAL FACILITY INC	203700131	3		No	0	0
(H) OWASSO MEDICAL FACILITY INC	203700131	3		No	0	0
(I) PEDIATRIC CRITICAL CARE ASSOCIATES	421670843	9		No	0	0
(I) PEDIATRIC CRITICAL CARE ASSOCIATES	421670843	9		No	0	0
(J) PEDIATRIC SURGICAL SUBSPECIALISTS	208957311	9		No	0	0
(J) PEDIATRIC SURGICAL SUBSPECIALISTS	208957311	9		No	0	0
(K) PRIMARY PHYSICIAN NETWORK LLC	208775914	9		No	0	0
(K) PRIMARY PHYSICIAN NETWORK LLC	208775914	9		No	0	0
(L) PROMED HEALTHCARE	383193801	9		No	0	0
(L) PROMED HEALTHCARE	383193801	9		No	0	0
(M) PROVIDENCE FOUNDATION	630915493	7		No	0	0
(M) PROVIDENCE FOUNDATION	630915493	7		No	0	0
(N) PROVIDENCE HEALTH ALLIANCE	742696970	3		No	0	0
(N) PROVIDENCE HEALTH ALLIANCE	742696970	3		No	0	0

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

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			Yes	No		
(BX) PROVIDENCE HEALTH SERVICES OF WACO	741109636	3		No	0	0
(BX) PROVIDENCE HEALTH SERVICES OF WACO	741109636	3		No	0	0
(A) PROVIDENCE HOSPITAL	630288861	3		No	0	0
(A) PROVIDENCE HOSPITAL	630288861	3		No	0	0
(B) PROVIDENCE HOSPITAL	530196636	3		No	0	0
(B) PROVIDENCE HOSPITAL	530196636	3		No	0	0
(C) Providence Park Inc	611759304	3		No	0	0
(C) Providence Park Inc	611759304	3		No	0	0
(D) PROVIDENCE-PROVIDENCE PARK HOSPITAL	381358212	3		No	0	0
(D) PROVIDENCE-PROVIDENCE PARK HOSPITAL	381358212	3		No	0	0
(E) REHABILITATION HOSPITAL OF INDIANA INC	351786005	3		No	0	0
(E) REHABILITATION HOSPITAL OF INDIANA INC	351786005	3		No	0	0
(F) SACRED HEART FOUNDATION INC	592436597	7		No	0	0
(F) SACRED HEART FOUNDATION INC	592436597	7		No	0	0
(G) SACRED HEART HEALTH SYSTEM INC	590634434	3		No	0	0
(G) SACRED HEART HEALTH SYSTEM INC	590634434	3		No	0	0
(H) SACRED HEART REHABILITATION INSTITUTE	390902199	3		No	0	0
(H) SACRED HEART REHABILITATION INSTITUTE	390902199	3		No	0	0
(I) SAINT ELIZABETH'S HOSPITAL OF WABASHA INC	410693877	3		No	0	0
(I) SAINT ELIZABETH'S HOSPITAL OF WABASHA INC	410693877	3		No	0	0
(J) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	390847631	3		No	0	0
(J) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	390847631	3		No	0	0
(K) SAINT THOMAS HEALTH FOUNDATIONS	581663055	7		No	0	0
(K) SAINT THOMAS HEALTH FOUNDATIONS	581663055	7		No	0	0
(L) SAINT THOMAS HICKMAN HOSPITAL	581737573	3		No	0	0
(L) SAINT THOMAS HICKMAN HOSPITAL	581737573	3		No	0	0
(M) SAINT THOMAS HOME CARE	621836937	9		No	0	0
(M) SAINT THOMAS HOME CARE	621836937	9		No	0	0
(N) SAINT THOMAS MEDICAL PARTNERS	621529858	3		No	0	0
(N) SAINT THOMAS MEDICAL PARTNERS	621529858	3		No	0	0

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

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			Yes	No		
(CM) SAINT THOMAS MIDTOWN HOSPITAL	621869474	3		No	0	0
(CM) SAINT THOMAS MIDTOWN HOSPITAL	621869474	3		No	0	0
(A) SAINT THOMAS NETWORK	621284994	9		No	0	0
(A) SAINT THOMAS NETWORK	621284994	9		No	0	0
(B) SAINT THOMAS REGIONAL HOSPITALS	474063046	3		No	0	0
(B) SAINT THOMAS REGIONAL HOSPITALS	474063046	3		No	0	0
(C) SAINT THOMAS RUTHERFORD HOSPITAL	620475842	3		No	0	0
(C) SAINT THOMAS RUTHERFORD HOSPITAL	620475842	3		No	0	0
(D) SAINT THOMAS WEST HOSPITAL	620347580	3		No	0	0
(D) SAINT THOMAS WEST HOSPITAL	620347580	3		No	0	0
(E) SALINA REGIONAL HOME MEDICAL SERVICES LLC	431948057	9		No	0	0
(E) SALINA REGIONAL HOME MEDICAL SERVICES LLC	431948057	9		No	0	0
(F) SETON AND CHILDREN'S HEALTH SYSTEM OF TEXAS PHYSICIAN PRACTICE	814972958	9		No	0	0
(F) SETON AND CHILDREN'S HEALTH SYSTEM OF TEXAS PHYSICIAN PRACTICE	814972958	9		No	0	0
(G) SETON ENT	273220659	9		No	0	0
(G) SETON ENT	273220659	9		No	0	0
(H) SETON FAMILY OF HOSPITALS	741109643	3		No	0	0
(H) SETON FAMILY OF HOSPITALS	741109643	3		No	0	0
(I) SETON FAMILY OF PEDIATRIC SURGEONS	271311790	9		No	0	0
(I) SETON FAMILY OF PEDIATRIC SURGEONS	271311790	9		No	0	0
(J) SETON FAMILY OF PHYSICIANS	264562522	9		No	0	0
(J) SETON FAMILY OF PHYSICIANS	264562522	9		No	0	0
(K) SETON HEALTH CORP OF SE MICHIGAN	382820107	9		No	0	0
(K) SETON HEALTH CORP OF SE MICHIGAN	382820107	9		No	0	0
(L) Seton Manor Inc	232960726	9		No	0	0
(L) Seton Manor Inc	232960726	9		No	0	0
(M) SETON MEDICAL GROUP	742861106	9		No	0	0
(M) SETON MEDICAL GROUP	742861106	9		No	0	0
(N) SETON MEDICAL GROUP	392064992	3		No	0	0
(N) SETON MEDICAL GROUP	392064992	3		No	0	0

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(DB) SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP	742869762	9		No	0	0
(DB) SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP	742869762	9		No	0	0
(A) ST AGNES AUXILIARY	520643673	9		No	0	0
(A) ST AGNES AUXILIARY	520643673	9		No	0	0
(B) ST AGNES HEALTHCARE INC	520591657	3		No	0	0
(B) ST AGNES HEALTHCARE INC	520591657	3		No	0	0
(C) St Alexius Medical Center	364251846	3		No	0	0
(C) St Alexius Medical Center	364251846	3		No	0	0
(D) St Catherine's Laboure Manor	591878316	3		No	0	0
(D) St Catherine's Laboure Manor	591878316	3		No	0	0
(E) ST ELIZABETH HOSPITAL INC	390816818	3		No	0	0
(E) ST ELIZABETH HOSPITAL INC	390816818	3		No	0	0
(F) ST ELIZABETH'S HOSPITAL FOUNDATION INC	391256677	7		No	0	0
(F) ST ELIZABETH'S HOSPITAL FOUNDATION INC	391256677	7		No	0	0
(G) ST JOHN AUXILIARY INC	730999759	9		No	0	0
(G) ST JOHN AUXILIARY INC	730999759	9		No	0	0
(H) ST JOHN BROKEN ARROW INC	383833117	3		No	0	0
(H) ST JOHN BROKEN ARROW INC	383833117	3		No	0	0
(I) ST JOHN COMMUNITY HEALTH INVESTMENT CORP	382262856	3		No	0	0
(I) ST JOHN COMMUNITY HEALTH INVESTMENT CORP	382262856	3		No	0	0
(J) ST JOHN HEALTH SYSTEM FOUNDATION INC	731133139	7		No	0	0
(J) ST JOHN HEALTH SYSTEM FOUNDATION INC	731133139	7		No	0	0
(K) ST JOHN HOSPITAL & MEDICAL CENTER	381359063	3		No	0	0
(K) ST JOHN HOSPITAL & MEDICAL CENTER	381359063	3		No	0	0
(L) ST JOHN HOSPITAL FOUNDATION	202961579	7		No	0	0
(L) ST JOHN HOSPITAL FOUNDATION	202961579	7		No	0	0
(M) ST JOHN MACOMB-OAKLAND HOSPITAL	383322109	3		No	0	0
(M) ST JOHN MACOMB-OAKLAND HOSPITAL	383322109	3		No	0	0
(N) ST JOHN MEDICAL CENTER INC	730579286	3		No	0	0
(N) ST JOHN MEDICAL CENTER INC	730579286	3		No	0	0

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(DQ) ST JOHN PROVIDENCE PHYSICIANS CMG	382601348	9		No	0	0
(DQ) ST JOHN PROVIDENCE PHYSICIANS CMG	382601348	9		No	0	0
(A) ST JOHN RIVER DISTRICT HOSPITAL	383160564	3		No	0	0
(A) ST JOHN RIVER DISTRICT HOSPITAL	383160564	3		No	0	0
(B) ST JOHN SAPULPA INC	730662663	3		No	0	0
(B) ST JOHN SAPULPA INC	730662663	3		No	0	0
(C) ST JOHN VILLAS INC	731077367	9		No	0	0
(C) ST JOHN VILLAS INC	731077367	9		No	0	0
(D) ST JOSEPH HEALTH SYSTEM	381443395	3		No	0	0
(D) ST JOSEPH HEALTH SYSTEM	381443395	3		No	0	0
(E) ST JOSEPH HOSPITAL & HEALTH CENTER INC	350992717	3		No	0	0
(E) ST JOSEPH HOSPITAL & HEALTH CENTER INC	350992717	3		No	0	0
(F) ST JOSEPH REGIONAL MEDICAL CENTER	820204264	3		No	0	0
(F) ST JOSEPH REGIONAL MEDICAL CENTER	820204264	3		No	0	0
(G) St Joseph's Ministries Inc	521835288	9		No	0	0
(G) St Joseph's Ministries Inc	521835288	9		No	0	0
(H) ST LUKE'S-ST VINCENT'S HEALTHCARE INC	260479484	3		No	0	0
(H) ST LUKE'S-ST VINCENT'S HEALTHCARE INC	260479484	3		No	0	0
(I) ST MARY'S HEALTH INC	350869065	3		No	0	0
(I) ST MARY'S HEALTH INC	350869065	3		No	0	0
(J) ST MARY'S HEALTHCARE	141347719	3		No	0	0
(J) ST MARY'S HEALTHCARE	141347719	3		No	0	0
(K) ST MARY'S MEDICAL GROUP LLC	261356310	9		No	0	0
(K) ST MARY'S MEDICAL GROUP LLC	261356310	9		No	0	0
(L) ST MARY'S OF MICHIGAN MEDICAL CENTER	380997730	3		No	0	0
(L) ST MARY'S OF MICHIGAN MEDICAL CENTER	380997730	3		No	0	0
(M) ST MARY'S WARRICK HOSPITAL INC	351343019	3		No	0	0
(M) ST MARY'S WARRICK HOSPITAL INC	351343019	3		No	0	0
(N) ST TERESA OF AVILA VILLA INC	204791422	7		No	0	0
(N) ST TERESA OF AVILA VILLA INC	204791422	7		No	0	0

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(EF) ST VINCENT ANDERSON REGIONAL HOSPITAL INC	460877261	3		No	0	0
(EF) ST VINCENT ANDERSON REGIONAL HOSPITAL INC	460877261	3		No	0	0
(A) ST VINCENT CARMEL HOSPITAL INC	743107055	3		No	0	0
(A) ST VINCENT CARMEL HOSPITAL INC	743107055	3		No	0	0
(B) ST VINCENT CLAY HOSPITAL INC	352112529	3		No	0	0
(B) ST VINCENT CLAY HOSPITAL INC	352112529	3		No	0	0
(C) ST VINCENT DUNN HOSPITAL INC	272192831	3		No	0	0
(C) ST VINCENT DUNN HOSPITAL INC	272192831	3		No	0	0
(D) ST VINCENT FISHERS HOSPITAL INC	454243702	3		No	0	0
(D) ST VINCENT FISHERS HOSPITAL INC	454243702	3		No	0	0
(E) ST VINCENT FRANKFORT HOSPITAL INC	352099320	3		No	0	0
(E) ST VINCENT FRANKFORT HOSPITAL INC	352099320	3		No	0	0
(F) ST VINCENT HEALTH WELLNESS AND PREVENTIVE CARE INSTITUTE INC	461227327	9		No	0	0
(F) ST VINCENT HEALTH WELLNESS AND PREVENTIVE CARE INSTITUTE INC	461227327	9		No	0	0
(G) ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	350869066	3		No	0	0
(G) ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	350869066	3		No	0	0
(H) ST VINCENT JENNINGS HOSPITAL INC	351841606	3		No	0	0
(H) ST VINCENT JENNINGS HOSPITAL INC	351841606	3		No	0	0
(I) ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	350876389	3		No	0	0
(I) ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	350876389	3		No	0	0
(J) ST VINCENT MEDICAL GROUP INC	272039417	9		No	0	0
(J) ST VINCENT MEDICAL GROUP INC	272039417	9		No	0	0
(K) ST VINCENT RANDOLPH HOSPITAL INC	352103153	3		No	0	0
(K) ST VINCENT RANDOLPH HOSPITAL INC	352103153	3		No	0	0
(L) ST VINCENT RAS INC	471289091	9		No	0	0
(L) ST VINCENT RAS INC	471289091	9		No	0	0
(M) ST VINCENT SALEM HOSPITAL INC	270847538	3		No	0	0
(M) ST VINCENT SALEM HOSPITAL INC	270847538	3		No	0	0
(N) ST VINCENT SETON SPECIALTY HOSPITAL INC	351712001	3		No	0	0
(N) ST VINCENT SETON SPECIALTY HOSPITAL INC	351712001	3		No	0	0

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(EU) ST VINCENT WILLIAMSPORT HOSPITAL INC	350784551	3		No	0	0
(EU) ST VINCENT WILLIAMSPORT HOSPITAL INC	350784551	3		No	0	0
(A) ST VINCENT'S AMBULATORY CARE INC	592292041	9		No	0	0
(A) ST VINCENT'S AMBULATORY CARE INC	592292041	9		No	0	0
(B) ST VINCENT'S BIRMINGHAM	630288864	3		No	0	0
(B) ST VINCENT'S BIRMINGHAM	630288864	3		No	0	0
(C) ST VINCENT'S BLOUNT	630909073	3		No	0	0
(C) ST VINCENT'S BLOUNT	630909073	3		No	0	0
(D) ST VINCENT'S COLLEGE	061331677	2		No	0	0
(D) ST VINCENT'S COLLEGE	061331677	2		No	0	0
(E) ST VINCENT'S EAST	630578923	3		No	0	0
(E) ST VINCENT'S EAST	630578923	3		No	0	0
(F) ST VINCENT'S FOUNDATION OF ALABAMA INC	630868066	7		No	0	0
(F) ST VINCENT'S FOUNDATION OF ALABAMA INC	630868066	7		No	0	0
(G) ST VINCENT'S FOUNDATION INC	592219923	7		No	0	0
(G) ST VINCENT'S FOUNDATION INC	592219923	7		No	0	0
(H) ST VINCENT'S MEDICAL CENTER	060646886	3		No	0	0
(H) ST VINCENT'S MEDICAL CENTER	060646886	3		No	0	0
(I) ST VINCENT'S MEDICAL CENTER CLAY COUNTY INC	461523194	3		No	0	0
(I) ST VINCENT'S MEDICAL CENTER CLAY COUNTY INC	461523194	3		No	0	0
(J) ST VINCENT'S MEDICAL CENTER FOUNDATION	222558132	7		No	0	0
(J) ST VINCENT'S MEDICAL CENTER FOUNDATION	222558132	7		No	0	0
(K) ST VINCENT'S MEDICAL CENTER INC	590624449	3		No	0	0
(K) ST VINCENT'S MEDICAL CENTER INC	590624449	3		No	0	0
(L) ST VINCENT'S SPECIAL NEEDS CENTER INC	060702617	9		No	0	0
(L) ST VINCENT'S SPECIAL NEEDS CENTER INC	060702617	9		No	0	0
(M) STANDISH COMMUNITY HOSPITAL	381671120	3		No	0	0
(M) STANDISH COMMUNITY HOSPITAL	381671120	3		No	0	0
(N) TEXAS HEALTH INNOVATORS	821711274	9		No	0	0
(N) TEXAS HEALTH INNOVATORS	821711274	9		No	0	0

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(F) THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE - AMERICAN PROVINCE	362976619	1		No	0	0
(F) THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE - AMERICAN PROVINCE	362976619	1		No	0	0
(A) THE CONGREGATION OF ST JOSEPH	830481134	1		No	0	0
(A) THE CONGREGATION OF ST JOSEPH	830481134	1		No	0	0
(B) THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET	431296364	1		No	0	0
(B) THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET	431296364	1		No	0	0
(C) THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL IN THE UNITED STATES ST LOUI SE PROVINCE	430653298	1		No	0	0
(C) THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL IN THE UNITED STATES ST LOUI SE PROVINCE	430653298	1		No	0	0
(D) THE HOWARD YOUNG MEDICAL CENTER INC	390873606	3		No	0	0
(D) THE HOWARD YOUNG MEDICAL CENTER INC	390873606	3		No	0	0
(E) THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASS ISI - USCARIBBEAN PROVINCE	731419335	1		No	0	0
(E) THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASS ISI - USCARIBBEAN PROVINCE	731419335	1		No	0	0
(F) TRI-COUNTY CLINICAL	264562712	9		No	0	0
(F) TRI-COUNTY CLINICAL	264562712	9		No	0	0
(G) VIA CHRISTI HEALTH PARTNERS INC	480958974	9		No	0	0
(G) VIA CHRISTI HEALTH PARTNERS INC	480958974	9		No	0	0
(H) Via Christi Healthcare Outreach Program for Elders Inc	481236589	9		No	0	0
(H) Via Christi Healthcare Outreach Program for Elders Inc	481236589	9		No	0	0
(I) VIA CHRISTI HOSPITAL MANHATTAN INC	481186704	3		No	0	0
(I) VIA CHRISTI HOSPITAL MANHATTAN INC	481186704	3		No	0	0
(J) VIA CHRISTI HOSPITAL PITTSBURG INC	480543778	3		No	0	0
(J) VIA CHRISTI HOSPITAL PITTSBURG INC	480543778	3		No	0	0
(K) VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	271965272	3		No	0	0
(K) VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	271965272	3		No	0	0
(L) VIA CHRISTI HOSPITALS WICHITA INC	481172106	3		No	0	0
(L) VIA CHRISTI HOSPITALS WICHITA INC	481172106	3		No	0	0
(M) VIA CHRISTI REHABILITATION HOSPITAL INC	481158274	3		No	0	0
(M) VIA CHRISTI REHABILITATION HOSPITAL INC	481158274	3		No	0	0
(N) Via Christi Village Georgetown Inc	481129325	9		No	0	0
(N) Via Christi Village Georgetown Inc	481129325	9		No	0	0

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(FY) Via Christi Village Hays Inc	202828680	9		No	0	0
(FY) Via Christi Village Hays Inc	202828680	9		No	0	0
(A) Via Christi Village Manhattan Inc	481078862	9		No	0	0
(A) Via Christi Village Manhattan Inc	481078862	9		No	0	0
(B) Via Christi Village McLean Inc	481247723	9		No	0	0
(B) Via Christi Village McLean Inc	481247723	9		No	0	0
(C) Via Christi Village Pittsburg Inc	743070971	9		No	0	0
(C) Via Christi Village Pittsburg Inc	743070971	9		No	0	0
(D) Via Christi Village Ponca City Inc	731153337	9		No	0	0
(D) Via Christi Village Ponca City Inc	731153337	9		No	0	0
(E) WALLER CREEK HEALTHCARE	821711172	9		No	0	0
(E) WALLER CREEK HEALTHCARE	821711172	9		No	0	0
(F) WAMEGO HOSPITAL ASSOCIATION INC	721526400	3		No	0	0
(F) WAMEGO HOSPITAL ASSOCIATION INC	721526400	3		No	0	0
(G) Wheaton Franciscan Healthcare - All Saints Inc	391264986	3		No	0	0
(G) Wheaton Franciscan Healthcare - All Saints Inc	391264986	3		No	0	0
(H) Wheaton Franciscan Healthcare - Franklin Inc	562592868	3		No	0	0
(H) Wheaton Franciscan Healthcare - Franklin Inc	562592868	3		No	0	0
(I) Wheaton Franciscan Healthcare - Pharmacy Enterprises & Franciscan Woods Inc	391613624	9		No	0	0
(I) Wheaton Franciscan Healthcare - Pharmacy Enterprises & Franciscan Woods Inc	391613624	9		No	0	0
(J) Wheaton Franciscan Healthcare - St Francis Inc	390907740	3		No	0	0
(J) Wheaton Franciscan Healthcare - St Francis Inc	390907740	3		No	0	0
(K) Wheaton Franciscan Healthcare - Terrace at St Francis Inc	391486775	9		No	0	0
(K) Wheaton Franciscan Healthcare - Terrace at St Francis Inc	391486775	9		No	0	0
(L) Wheaton Franciscan Laboratories Inc	391701402	9		No	0	0
(L) Wheaton Franciscan Laboratories Inc	391701402	9		No	0	0
(M) Wheaton Franciscan Medical Group Inc	391791586	3		No	0	0
(M) Wheaton Franciscan Medical Group Inc	391791586	3		No	0	0
(N) Wheaton Franciscan Inc	390816857	3		No	0	0
(N) Wheaton Franciscan Inc	390816857	3		No	0	0

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(GN) ALABAMA PROVIDENCE HEALTHCARE SERVICES	462847744	9		No	0	0
(GN) ALABAMA PROVIDENCE HEALTHCARE SERVICES	462847744	9		No	0	0

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of the organization Ascension Health	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 Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		0
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		0
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		1,268,000
j Total Add lines 1c through 1i			1,268,000
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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
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 \$1,268,000 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
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 \$1,268,000 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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, and 2d.

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

Form for Part III with questions (1a, 1b, 2, a, b) regarding collections of art and historical treasures, including dollar amounts for revenue and assets.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| 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" on Form 990, Part IV, line 10.

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		0		0
b Buildings		499,722	79,875	419,847
c Leasehold improvements		2,687,740	672,536	2,015,204
d Equipment		10,675,331	6,416,417	4,258,914
e Other		1,943,304	10,730	1,932,574
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				8,626,539

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Investment in Unconsolidated Entities	41,414,583	C
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	41,414,583	

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

(a) Description	(b) Book value
(1) Ascension Plan Deferred Comp Asset	378,463
(2) Intercompany Receivables	265,611,323
(3) Other Current Assets	50,932
(4) Interest in Investments Held by Ascension Health Alliance	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	266,040,718

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Self Insurance Liability	227,741
Other Liabilities	639,100
Pension Plans Administered by Ascension Health	318,431
Retirement Liabilities	1,458,047
Intercompany Debt with Ascension Health Alliance	68,206,720
Deferred Comp Liability	378,463
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	71,228,502

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 31-1662309

Name: Ascension Health

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2017.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

2015
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▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 31-1662309
Name: Ascension Health

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a 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.

Part III, Supplemental Information

Return Reference	Explanation
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 compensation of the organization's CEO - Compensation Committee - Independent Compensation Consultant - Compensation Survey or Study - Approval by the Board or Compensation Committee

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individual(s) received severance payments from the organization or a related organization during the calendar year 2016 Katherine Arbuckle - \$721,599 Bonnie Phipps - \$269,231

Part III, Supplemental Information

Return Reference	Explanation
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 - \$123,326 - DAVID B PRYOR - \$84,015 THE AMOUNTS SHOWN ON SCHEDULE J, PART II INCLUDE DEFERRED COMPENSATION REPORTED IN PRIOR YEAR FORMS 990

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation				
1 Robert J Henkel FACHE CHIEF EXECUTIVE OFFICER/PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	1,212,932	6,283,000	589,032	17,225	22,924	8,125,113	
1 DAVID B PRYOR MD DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	777,282	2,292,200	972,137	26,350	20,774	4,088,743	
2 Herbert J Vallier Vice Chairman	(i)	0	0	0	0	0	0	
	(ii)	623,591	1,854,200	369,292	12,627	27,994	2,887,704	
3 JOSEPH R IMPICCICHE Executive Vice President	(i)	0	0	0	0	0	0	
	(ii)	774,437	2,292,200	321,618	22,202	27,725	3,438,182	
4 ANTHONY J SPERANZO Chief Financial Officer	(i)	0	0	0	0	0	0	
	(ii)	1,041,179	3,449,250	543,778	26,367	22,870	5,083,444	
5 Anthony R Tersigni EDD FACHE President/CEO	(i)	0	0	0	0	0	0	
	(ii)	1,622,933	10,758,000	1,178,898	43,377	24,478	13,627,686	
6 KATHERINE ARBUCKLE FORMER OFFICER	(i)	0	0	0	0	0	0	
	(ii)	0	0	721,599	0	0	721,599	
7 JOHN D DOYLE Executive Vice President	(i)	0	0	0	0	0	0	
	(ii)	771,068	2,292,200	451,990	33,035	31,095	3,579,388	
8 Rhonda Anderson SVP & CFO	(i)	0	0	0	0	0	0	
	(ii)	584,990	953,826	184,472	47,990	24,221	1,795,499	
9 GWENDOLYN M MACKENZIE SVP AH -MINISTRY MARKET EXEC MI	(i)	842,996	1,214,297	348,322	5,300	20,769	2,431,684	
	(ii)	0	0	0	0	0	0	
10 Bonnie L Phipps SVP, AH-GROUP OPERATING EXEC	(i)	422,604	977,694	505,236	15,334	18,810	1,939,678	
	(ii)	0	0	0	0	0	0	
11 MICHAEL H SCHATZLEIN MD REGIONAL CEO	(i)	980,084	1,692,000	455,204	14,575	22,798	3,164,661	
	(ii)	0	0	1,140	0	0	1,140	
12 PATRICIA A MARYLAND DrPH CHIEF OPERATING OFFICER	(i)	1,138,782	3,056,459	532,742	22,467	29,709	4,780,159	
	(ii)	0	0	0	0	0	0	
13 ZIAD HAYDAR MD SVP, CHIEF CLINICAL OFFICER	(i)	589,523	1,286,040	178,704	14,575	26,929	2,095,771	
	(ii)	0	0	0	0	0	0	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Ascension Health

Employer identification number

31-1662309

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to Establish Compensation of CEO	<p>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.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	All decisions that have a material impact to Ascension Health'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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. 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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	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).

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Professional Fees - Total Expense 18053166, Program Service Expense 16608913, Management and General Expenses 1444253, Fundraising Expenses , Purchased Services - Total Expense 11889489, Program Service Expense 10938330, Management and General Expenses 951159, Fundraising Expenses , Consulting Fees - Total Expense 2355640, Program Service Expense 2167188, Management and General Expenses 188452, Fundraising Expenses , Contract Labor - Total Expense 13483431, Program Service Expense 12404757, Management and General Expenses 1078674, Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	PENSION & OTHER POST RETIREMENT COSTS - -11411, OTHER - -5615328, Transfers from Affiliates - Vincentian Physician Services - 5974018, Intercompany Shared Services Transfers - 2448 81401, Transfers to Alpha Fund - -117560840,

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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	73,101,602	27,200,042	ASCENSION HEALTH
(2) VINCENTIAN PHYSICIAN SERVICES LLC 810 SAINT VINCENTS DRIVE 3rd Floor BIRMINGHAM, AL 35205	HEALTHCARE	AL	8,377,629	4,155,199	ASCENSION MEDICAL GROUP LLC
(3) ASCENSION MEDICAL GROUP 101 South Hanley Road Suite 450 St Louis, MO 63105 47-4817722	HEALTHCARE	MT	43,603,344	4,771,480	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.

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
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) 1345 PHILOMENA STREET AUSTIN, TX 78723 45-2498998	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON FAMILY OF HOSPITALS	Yes	
(1) 500 Remington Boulevard Bolingbrook, IL 60440 65-1219504	Acute care hospital	IL	501(c)(3)	3	Adventist Midwest Health	Yes	
(2) 701 Winthrop Avenue Glendale Heights, IL 60139 36-3208390	Acute care hospital	IL	501(c)(3)	3	Adventist Midwest Health	Yes	
(3) 1000 Remington Boulevard Suite 200 Bolingbrook, IL 60440 36-4138353	Operate out patient Physician clinics	IL	501(c)(3)	3	AHS Midwest Management Inc	Yes	
(4) 120 North Oak Street Hinsdale, IL 60521 36-2276984	Acute care hospitals	IL	501(c)(3)	3	Adventist Health System Sunbelt Inc	Yes	
(5) 1570 MIDWAY PL MENASHA, WI 54952 39-1568866	SUPPORT RELATED HEALTHCARE PRGANIZATION	IL	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
(6) 6100 NORTH 42ND STREET MILWAUKEE, WI 53209 39-1641846	COMMUNITY CENTER	WI	501(c)(3)	7	MINISTRY HEALTH CARE INC	Yes	
(7) 6801 AIRPORT BLVD MOBILE, AL 36608 46-2847744	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type III-FI	GULF COAST HEALTH SYSTEM INC	Yes	
(8) 3040 W Salt Creek Lane Arlington Heights, IL 60005 47-2360513	Joint Operating Company	IL	501(c)(3)	Type II	NA	Yes	
(9) 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-4336931	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
(10) 1650 Moon Lake Blvd Hoffman Estates, IL 60169 36-4251848	Behavioral health hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
(11) 825 Wellington Avenue Chicago, IL 60657 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
(12) 3436 N Kennicott Avenue Arlington Heights, IL 60004 36-3045007	Outpatient community mental health services	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
(13) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 36-4344423	PACE- Comprehensive & Coordinated Community Based Services	IL	501(c)(3)	10	Ascension Health Senior Care	Yes	
(14) 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	Yes	
(15) 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	
(16) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 43-1470362	Skilled nursing facility	MO	501(c)(3)	10	Ascension Health Senior Care	Yes	
(17) 3040 W Salt Creek Lane Arlington Heights, IL 60005 47-1930457	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
(18) 800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
(19) 3040 W SALT CREEK LANE ARLINGTON HEIGHTS, IL 60005 81-1110738	SPECIALITY PHYSICIAN PRACTICE GROUP	IL	501(c)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	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
(21) 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	
(1) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 36-4484290	Supports the provision of healthcare for related corporations	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
(2) 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	
(3) 3040 W Salt Creek Lane Arlington Heights, IL 60005 43-1295333	HUD housing	MO	501(c)(3)	10	Alexian Brothers Health System	Yes	
(4) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 43-1592502	Skilled nursing facility	MO	501(c)(3)	10	Ascension Health Senior Care	Yes	
(5) 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	
(6) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 39-1351584	Continuing care retirement community	WI	501(c)(3)	10	Ascension Health Senior Care	Yes	
(7) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 62-1136742	Continuing care retirement community	TN	501(c)(3)	10	Ascension Health Senior Care	Yes	
(8) 2660 10TH AVENNUE SOUTH NO 505 BIRMINGHAM, AL 35205 63-0952490	SPORTS MEDICINE	AL	501(c)(3)	7	ST VINCENT'S BIRMINGHAM	Yes	
(9) 43800 GARFIELD CLINTON TOWNSHIP, MI 48038 38-3494637	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
(10) 2202 N FORBES BLVD TUCSON, AZ 85745 86-0455920	HOSPITAL	AZ	501(c)(3)	3	ASCENSION HEALTH	Yes	
(11) 614 MEMORIAL DRIVE CHILTON, WI 53014 39-0905385	HOSPITAL	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
(12) 201 HOSPITAL ROAD EAGLE RIVER, WI 54521 39-0985690	HOSPITAL	WI	501(c)(3)	3	THE HOWARD YOUNG MEDICAL CENTER INC	Yes	
(13) 601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-0808503	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
(14) PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
(15) PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
(16) RUST 4600 EDMUNDSON RD ST LOUIS, MO 63134 36-7046706	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
(17) 101 SOUTH HANLEY SUITE 450 ST LOUIS, MO 63105 65-1205990	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
(18) 12250 Weber Hill Road St Louis, MO 63127 43-1227406	Parent Company	MO	501(c)(3)	Type I	Ascension Health	Yes	
(19) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2631907	HEALTH CARE	MI	501(c)(3)	10	ASCENSION HEALTH	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
(41) PO BOX 45998 ST LOUIS, MO 63145 27-3174701	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
(1) 1120 PINE STREET STANLEY, WI 54768 39-0807065	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
(2) PO BOX 347 STEVENS POINT, WI 54481 39-1390638	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
(3) 3400 MINISTRY PARKWAY WESTON, WI 54476 72-1531917	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
(4) 900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-0808443	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
(5) 1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364243	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
(6) PO BOX 46944 ST LOUIS, MO 63146 43-1601369	TRUST	MO	501(c)(9)		ASCENSION HEALTH	Yes	
(7) 1345 PHILOMENA STREET AUSTIN, TX 78723 26-0163261	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(8) 2000 CHURCH STREET NASHVILLE, TN 37236 58-1509251	COMMUNITY HEALTH PROMOTION	TN	501(c)(3)		SAINT THOMAS NETWORK	Yes	
(9) 2000 CHURCH STREET NASHVILLE, TN 37236 58-1861378	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS MIDTOWN HOSPITAL	Yes	
(10) 1008 E CLEVELAND SAPULPA, OK 74066 73-1301822	HUD HOUSING	OK	501(c)(3)	7	ST JOHN VILLAS INC	Yes	
(11) 619 S DIVISION SAPULPA, OK 74066 73-1216617	HUD HOUSING	OK	501(c)(3)	7	ST JOHN VILLAS INC	Yes	
(12) 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	
(13) 1521 GULL ROAD KALAMAZOO, MI 49048 38-2468823	HOLDING COMPANY	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
(14) 1521 GULL ROAD KALAMAZOO, MI 49048 23-7222558	FUNDRAISING	MI	501(c)(3)	Type III-FI	BORGESS HEALTH ALLIANCE INC	Yes	
(15) 1521 GULL ROAD KALAMAZOO, MI 49048 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
(16) 1521 GULL ROAD KALAMAZOO, MI 49048 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(17) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 38-2555589	Skilled nursing facility	MI	501(c)(3)	10	Ascension Health Senior Care	Yes	
(18) 12851 GRAND RIVER BRIGHTON, MI 48116 38-1576680	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(19) 120 N TUCSON BLVD TUCSON, AZ 85716 86-0749574	FOUNDATION	AZ	501(c)(3)	Type I	ASCENSION ARIZONA	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
(61) 1000 CARONDELET DRIVE KANSAS CITY, MO 64060 43-1276738	HEALTH SYSTEM PARENT	MO	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
(1) 4888 N STONE AVE TUCSON, AZ 85704 56-1943271	INACTIVE HOSPITAL	AZ	501(c)(3)	3	ASCENSION ARIZONA	Yes	
(2) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 74-2505427	Skilled nursing facility	MO	501(c)(3)	10	Ascension Health Senior Care	Yes	
(3) N4642 COUNTY N APPLETON, WI 54914 45-4681563	MENTAL HEALTH FACILITY	WI	501(c)(3)	3	STELIZABETH HOSPITAL INC	Yes	
(4) 5455 ALI DRIVE DEPT200 GRAND BLANC, MI 48439 38-2514708	ADULT DAY CARE	MI	501(c)(3)	Type I	GENESYS AMBULATORY HEALTH SERVICES	Yes	
(5) 2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-1869951	FREESTANDING OUTPATIENT CENTER	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
(6) 1345 PHILOMENA STREET AUSTIN, TX 78723 45-2499113	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(7) 1345 PHILOMENA STREET AUSTIN, TX 78723 20-0468031	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
(8) 4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI 53212 39-1596986	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes	
(9) 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1494977	HEALTH SYSTEM	WI	501(c)(3)		NA	Yes	
(10) 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1494981	FOUNDATION	WI	501(c)(3)	7	Columbia Health System Inc	Yes	
(11) 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0806315	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
(12) 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0807063	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
(13) 4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1834639	HEALTH SYSTEM	WI	501(c)(3)		ASCENSION HEALTH ALLIANCE COLUMBIA HEALTH SYSTEM	Yes	
(14) 218 W 6TH STREET TULSA, OK 74119 47-2532880	HEALTH INSURANCE	OK	501(c)(3)		NA	Yes	
(15) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 48-1241079	Retirement Community	KS	501(c)(3)	10	Via Christi Villages Inc	Yes	
(16) 102 WOODMONT BLVD SUITE 800 NASHVILLE, TN 37205 62-1695737	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS NETWORK	Yes	
(17) 1101 W UNIVERSITY DR ROCHESTER, MI 48307 38-3239057	CANCER TREATMENT	MI	501(c)(3)	10	CRITTENTON HOSPITAL MEDICAL CENTER	Yes	
(18) 1101 W UNIVERSITY DR ROCHESTER, MI 48307 38-1359247	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(19) 1101 W UNIVERSITY DR ROCHESTER, MI 48307 38-2627336	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type I	CRITTENTON HOSPITAL MEDICAL CENTER	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
(81) 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2800601	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(1) PO BOX 829 WOODRUFF, WI 54568 39-1357365	NURSING/ASSISTED LIVING SERVICES	WI	501(c)(3)	10	HOWARD YOUNG HEALTH CARE INC	Yes	
(2) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-1958763	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
(3) 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	
(4) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2790703	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	10	STMARY'S OF MICHIGAN MEDICAL CENTER	Yes	
(5) 98 SHERRY AVE PARK FALLS, WI 54552 39-0973724	HOSPITAL	WI	501(c)(3)	3	NA	Yes	
(6) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-6082173	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN HOSPITAL AND MEDICAL CENTER	Yes	
(7) 3400 MINISTRY PARKWAY WESTON, WI 54476 75-3193633	CHARITABLE FOUNDATION	WI	501(c)(3)	Type I	MINISTRY HEALTH CARE INC	Yes	
(8) 611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-1684957	CHARITABLE FOUNDATION	WI	501(c)(3)	Type I	SAINTE JOSEPH'S HOSPITAL OF MARSHFIELD INC	Yes	
(9) 5455 ALI DR DEPT 200 GRAND BLANC, MI 48439 38-2371754	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
(10) 8481 HOLLY ROAD GRAND BLANC, MI 48439 38-2317364	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	Yes	
(11) ONE GENESYS PARKWAY GRAND BLANC, MI 48439 38-3591148	FOUNDATION	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
(12) ONE GENESYS PARKWAY GRAND BLANC, MI 48439 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
(13) ONE GENESYS PARKWAY GRAND BLANC, MI 48439 38-2377821	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(14) 3144 N HOOD WICHITA, KS 67204 48-1049532	HOSPITAL SUPPORT	KS	501(c)(3)	10	VIA CHRISTI HOSPITALS WICHITA INC	Yes	
(15) 101 South Hanley Ste 450 St Louis, MO 63105 46-1121862	Health care	MO	501(c)(3)	7	Ascension Health Alliance	Yes	
(16) 601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-1627755	CHARITABLE FOUNDATION	WI	501(c)(3)	Type I	GOOD SAMARITAN HEALTH CENTER OF MERRILL	Yes	
(17) 6801 AIRPORT BLVD MOBILE, AL 36608 63-0934712	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
(18) 5151 N 9TH AVENUE PENSACOLA, FL 32504 59-3620346	NURSING HOME	FL	501(c)(3)	10	SACRED HEART HEALTH SYSTEM	Yes	
(19) 5455 ALI DR DEPT 200 GRAND BLANC, MI 48439 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	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
(101) 1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220767	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(1) 8949 N DEERBROOK TRL MILWAUKEE, WI 53223 39-1171298	HOME CARE / HOSPICE	WI	501(c)(3)	3	NA	Yes	
(2) 240 MAPLE STREET WOODRUFF, WI 54568 39-1521169	CHARITABLE FOUNDATION	WI	501(c)(3)	7	HOWARD YOUNG HEALTH CARE INC	Yes	
(3) 240 MAPLE STREET WOODRUFF, WI 54568 39-1499115	HOME OFFICE	WI	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
(4) 1345 PHILOMENA STREET AUSTIN, TX 78723 26-2908163	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(5) 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 51-0153559	HEALTH CARE	OK	501(c)(3)		JANE PHILLIPS MEMORIAL MEDICAL CENTER	Yes	
(6) 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-0606129	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
(7) 237 SOUTH LOCUST NOWATA, OK 74048 73-1440267	HEALTH CARE	OK	501(c)(3)	3	JANE PHILLIPS MEMORIAL MEDICAL CENTER	Yes	
(8) 47601 GRAND RIVER AVENUE NOVI, MI 48374 39-2058690	FUNDRAISING	MI	501(c)(3)	Type III-FI	PROVIDENCE-PROVIDENCE PARK HOSPITAL	Yes	
(9) 420 W HIGH STREET DOWAGIAC, MI 49047 38-2860459	FUNDRAISING	MI	501(c)(3)	Type III-FI	LEE MEMORIAL HOSPITAL CORPORATION	Yes	
(10) 420 WEST HIGH STREET DOWAGIAC, MI 49047 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(11) 520 NORTH 4TH AVENUE PASCO, WA 99301 91-1528577	FUNDRAISING	WA	501(c)(3)	Type I	OUR LADY OF LOURDES HOSPITAL AT PASCO	Yes	
(12) 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	
(13) 11800 E TWELVE MILE WARREN, MI 48093 38-6091287	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN MACOMB-OAKLAND HOSPITAL	Yes	
(14) 425 GUY PARK AVE AMSTERDAM, NY 12010 14-1776546	MEDICAL OFFICE BUILDING	NY	501(c)(25)		ST MARY'S HEALTHCARE	Yes	
(15) PO BOX 3370 OSHKOSH, WI 54903 23-7140261	CHARITABLE FOUNDATION	WI	501(c)(3)	10	AFFINITY HEALTH SYSTEM	Yes	
(16) 500 S OAKWOOD ROAD OSHKOSH, WI 54904 39-0806268	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
(17) 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 94-3436893	MED GROUP	WI	501(c)(3)	3	WFMG	Yes	
(18) 10925 W LAKE PARK DR STE 100 MILWAUKEE, WI 53224 39-1490371	PARENT CORPORATION	WI	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
(19) 824 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1965593	CLINICS	WI	501(c)(3)	Type III-FI	MINISTRY HEALTH CARE INC	Yes	

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						Yes	No
(121) 2251 NORTH SHORE DRIVE RHINELANDER, WI 54501 39-1829015	HEALTH SERVICES	WI	501(c)(3)	3	SACRED HEART - STMARY'S HOSPITALS INC	Yes	
(1) 1475 Raynolds Street El Paso, TX 79903 74-2387843	Retirement Community	TX	501(c)(3)	10	AHSC & Loretto Literary & Benevolent Ins	Yes	
(2) 1570 APPLETON RD MENASHA, WI 54952 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
(3) 520 NORTH 4TH AVENUE PASCO, WA 99301 91-0349750	HEALTHCARE	WA	501(c)(3)	3	ASCENSION HEALTH	Yes	
(4) 169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 15-0532221	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
(5) 5285 Lewiston Road Lewiston, NY 14092 16-1608735	Skilled nursing facility	NY	501(c)(3)	10	Ascension Health Senior Care	Yes	
(6) PO BOX 2043 SOUTHFIELD, MI 48037 38-6108200	FUNDRAISING	MI	501(c)(3)	Type III-FI	PROVIDENCE-PROVIDENCE PARK HOSPITAL	Yes	
(7) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3700131	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
(8) 1345 PHILOMENA STREET AUSTIN, TX 78723 42-1670843	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(9) 1345 PHILOMENA STREET AUSTIN, TX 78723 20-8957311	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(10) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-8775914	DORMANT	IN	501(c)(3)	10	ST MARY'S HEALTH INC	Yes	
(11) 1521 GULL ROAD KALAMAZOO, MI 49048 38-3193801	HEALTHCARE SERVICES	MI	501(c)(3)	10	BORGESS HEALTH ALLIANCE INC	Yes	
(12) 6801 AIRPORT BLVD MOBILE, AL 36608 63-0914564	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(2)		GULF COAST HEALTH SYSTEM INC	Yes	
(13) 6801 AIRPORT BLVD MOBILE, AL 36608 63-0915493	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	7	GULF COAST HEALTH SYSTEM INC	Yes	
(14) 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	
(15) 6901 MEDICAL PKWY WACO, TX 76712 74-2696970	PHYSICIAN PRACTICES	TX	501(c)(3)	3	PROVIDENCE HEALTH SERVICES OF WACO	Yes	
(16) 22101 MOROSS DETROIT, MI 48236 38-3526629	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN PROVIDENCE	Yes	
(17) 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275583	FUNDRAISING ORGANIZATION	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
(18) 6901 MEDICAL PKWY WACO, TX 76712 74-1109636	HEALTHCARE SERVICES	TX	501(c)(3)	3	ASCENSION HEALTH	Yes	
(19) 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275587	PHYSICIAN PRACTICES	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	

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						Yes	No
(141) 1150 VARNUM STREET NE WASHINGTON, DC 20017 53-0196636	HOSPITAL	DC	501(c)(3)	3	ASCENSION HEALTH	Yes	
(1) 6801 AIRPORT BLVD MOBILE, AL 36608 63-0288861	HOSPITAL	AL	501(c)(3)	3	GULF COAST HEALTH SYSTEM INC	Yes	
(2) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 61-1759304	Skilled nursing facility	TX	501(c)(3)	3	Ascension Health Senior Care	Yes	
(3) 16001 WEST NINE MILE ROAD SOUTHFIELD, MI 48075 38-1358212	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(4) 4141 SHORE DRIVE INDIANAPOLIS, IN 46254 35-1786005	REHABILITATION HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(5) 5151 N 9TH AVENUE PENSACOLA, FL 32504 59-2436597	FOUNDATION	FL	501(c)(3)	7	SACRED HEART HEALTH SYSTEM	Yes	
(6) 5151 N 9TH AVENUE PENSACOLA, FL 32504 59-0634434	HOSPITAL - HEALTHCARE	FL	501(c)(3)	3	GULF COAST HEALTH SYSTEM INC	Yes	
(7) 5151 N 9TH AVENUE PENSACOLA, FL 32504 57-1183283	INVESTMENT	FL	501(c)(3)	Type I	SACRED HEART HEALTH SYSTEM	Yes	
(8) 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) 1200 GRANT BLVD WEST WABASHA, MN 55981 41-0693877	HOSPITAL	MN	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
(10) 611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-0847631	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
(11) 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	
(12) 4220 HARDING ROAD NASHVILLE, TN 37205 58-1716804	SYSTEM PARENT	TN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
(13) PO BOX 380 NASHVILLE, TN 37202 58-1663055	OPERATES FOUNDATION	TN	501(c)(3)	7	SAINT THOMAS NETWORK	Yes	
(14) 135 EAST SWAN STREET CENTERVILLE, TN 37033 58-1737573	HOSPITAL	TN	501(c)(3)	3	BAPTIST HEALTH CARE AFFILIATES INC	Yes	
(15) 135 EAST SWAN STREET CENTERVILLE, TN 37033 62-1836937	HOME HEALTH CARE	TN	501(c)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	Yes	
(16) 2000 CHURCH STREET NASHVILLE, TN 37236 62-1529858	HEALTHCARE PROVIDER	TN	501(c)(3)	3	SAINT THOMAS NETWORK	Yes	
(17) 4220 HARDING ROAD NASHVILLE, TN 37205 62-1869474	ACUTE CARE HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
(18) 4220 HARDING ROAD NASHVILLE, TN 37205 62-1284994	HEALTH INVESTMENT ENTITY	TN	501(c)(3)	10	SAINT THOMAS HEALTH	Yes	
(19) 4220 HARDING PIKE NASHVILLE, TN 37205 47-4063046	HEALTHCARE PROVIDER	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	

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						Yes	No
(161) 1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-1167917	FOUNDATION	TN	501(c)(3)	Type I	SAINT THOMAS RUTHERFORD HOSPITAL	Yes	
(1) 1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-0475842	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
(2) 4220 HARDING ROAD NASHVILLE, TN 37205 62-0347580	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
(3) 520 SOUTH SANTA FE AVE SALINA, KS 67401 43-1948057	MEDICAL EQUIPMENT	KS	501(c)(3)	10	VIA CHRISTI HEALTH PARTNERS INC	Yes	
(4) 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	
(5) 1345 PHILOMENA STREET AUSTIN, TX 78723 81-4972958	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(6) 1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364681	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
(7) 1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220659	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(8) 1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562522	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(9) 1345 PHILOMENA STREET AUSTIN, TX 78723 74-1109643	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
(10) 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311790	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(11) 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2212968	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
(12) 1345 PHILOMENA STREET AUSTIN, TX 78723 26-2842608	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
(13) 28000 DEQUINDRE WARREN, MI 48092 38-2820107	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
(14) 1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364813	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
(15) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 23-2960726	Skilled nursing facility	PA	501(c)(3)	10	Ascension Health Senior Care	Yes	
(16) 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2861106	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
(17) 900 CATON AVENUE BALTIMORE, MD 21229 39-2064992	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(c)(3)	3	STAGNES HOSPITAL	Yes	
(18) 6801 AIRPORT BLVD MOBILE, AL 36608 63-0937704	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type II	GULF COAST HEALTH SYSTEM INC	Yes	
(19) 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 23-7326976	REAL ESTATE	AL	501(c)(2)		ST VINCENT'S HEALTH SYSTEM	Yes	

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						Yes	No
(181) 1345 PHILOMENA STREET AUSTIN, TX 78723 20-5330986	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
(1) 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2869762	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON FAMILY OF HOSPITALS	Yes	
(2) 4350 E COTTON CENTER BLVD BLDG D PHOENIX, AZ 85040 86-0527381	INSURANCE	AZ	501(c)(3)	Type I	ASCENSION ARIZONA	Yes	
(3) 900 CATON AVENUE BALTIMORE, MD 21229 52-0643673	FUNDRAISING	MD	501(c)(3)	10	STAGNES HOSPITAL	Yes	
(4) 900 CATON AVENUE BALTIMORE, MD 21229 52-1415083	PROVIDES FUNDING TO THE HOSPITAL AND TO THE COMMUNITY	MD	501(c)(3)	Type I	ST AGNES HOSPITAL	Yes	
(5) 900 Caton Avenue Baltimore, MD 21229 52-0591657	Provide Healthcare services to the Community	MD	501(c)(3)	3	ASCENSION HEALTH	Yes	
(6) 1555 Barrington Road Hoffman Estates, IL 60169 36-4251846	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
(7) 1750 Stockton Street Jacksonville, FL 32204 59-1878316	Skilled nursing facility	FL	501(c)(3)	3	Ascension Health Senior Care	Yes	
(8) 1506 S ONEIDA STREET APPLETON, WI 54915 39-1256677	CHARITABLE FOUNDATION	WI	501(c)(3)	7	AFFINITY HEALTH SYSTEM	Yes	
(9) 1506 S ONEIDA STREET APPLETON, WI 54915 39-0816818	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
(10) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0999759	HEALTH CARE	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
(11) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 38-3833117	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
(12) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 61-1659782	REAL ESTATE	OK	501(c)(2)		ST JOHN HEALTH SYSTEM INC	Yes	
(13) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2262856	HEALTH CARE	MI	501(c)(3)	3	ST JOHN PROVIDENCE	Yes	
(14) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1133139	HEALTH CARE	OK	501(c)(3)	7	ST JOHN HEALTH SYSTEM INC	Yes	
(15) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1215174	SYSTEM PARENT	OK	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
(16) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-1359063	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(17) 22101 MOROSS DETROIT, MI 48236 20-2961579	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
(18) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-6091110	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN HOSPITAL AND MEDICAL CENTER	Yes	
(19) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-3322109	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	

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						Yes	No
(201) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0579286	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
(1) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2244034	PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
(2) 28000 DEQUINDRE ROAD WARREN, MI 48092 38-2601348	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
(3) 4100 RIVER ROAD EAST CHINA, MI 48054 38-3160564	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(4) 4100 RIVER ROAD EAST CHINA, MI 48054 23-7044348	FUNDRAISING	MI	501(c)(3)	Type III-O	NA	Yes	
(5) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0662663	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
(6) 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1077367	NURSING HOME	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
(7) 1907 W SYCAMORE STREET KOKOMO, IN 46901 23-7313206	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST JOSEPH HOSPITAL & HEALTH CENTER INC	Yes	
(8) 200 HEMLOCK ROAD TAWAS CITY, MI 48763 38-1443395	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(9) 200 HEMLOCK ROAD TAWAS CITY, MI 48763 01-0790428	FUNDRAISING	MI	501(c)(3)		ST JOSEPH HEALTH SYSTEM	Yes	
(10) 1907 W SYCAMORE STREET KOKOMO, IN 46901 35-0992717	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(11) 1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1388461	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
(12) 415 6TH STREET LEWISTON, ID 83501 82-0204264	HOSPITAL	ID	501(c)(3)	3	ASCENSION HEALTH	Yes	
(13) 415 6TH STREET LEWISTON, ID 83501 51-0168321	FUNDRAISING	ID	501(c)(3)	Type I	ST JOSEPH REGIONAL MEDICAL CENTER	Yes	
(14) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 52-1835288	Skilled nursing facility	MD	501(c)(3)	10	Ascension Health Senior Care	Yes	
(15) 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 26-0479484	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(16) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 46-1084363	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
(17) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899560	DME/HOME CARE	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
(18) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7248362	REAL ESTATE HOLDING COMPANY	IN	501(c)(2)		ST MARY'S HEALTH INC	Yes	
(19) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899562	TAX-EXEMPT AFFILIATE REIMBURSEMENTS	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	

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						Yes	No
(221) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7045370	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
(1) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1679526	INVESTMENT SERVICES	IN	501(c)(3)	Type III-FI	ST MARY'S HEALTH INC	Yes	
(2) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-0869065	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(3) 427 GUY PARK AVE AMSTERDAM, NY 12010 14-1347719	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
(4) 1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1918107	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
(5) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2246366	FUNDRAISING	MI	501(c)(3)	Type II	STMARY'S OF MICHIGAN MEDICAL CENTER	Yes	
(6) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 26-1356310	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST MARY'S HEALTH INC	Yes	
(7) 800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-0997730	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(8) 901 ST MARYS DRIVE EVANSVILLE, IN 47714 27-3474697	DORMANT	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
(9) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-5342518	AMBULANCE SERVICES	IN	501(c)(4)		ST MARY'S HEALTH SERVICES INC	Yes	
(10) 1116 MILLIS AVENUE BOONVILLE, IN 47601 35-1343019	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(11) 6859 SOUTH CANTON AVENUE TULSA, OK 74136 20-4791422	HUD HOUSING	OK	501(c)(3)	7	ST JOHN VILLAS INC	Yes	
(12) 2015 JACKSON STREET ANDERSON, IN 46016 35-2053693	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Yes	
(13) 2015 JACKSON STREET ANDERSON, IN 46016 46-0877261	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(14) 13500 N MERIDIAN STREET CARMEL, IN 46032 74-3107055	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(15) 1206 E NATIONAL AVENUE BRAZIL, IN 47834 35-2112529	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(16) 1600 23RD STREET BEDFORD, IN 47421 27-2192831	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(17) 13861 OLIO ROAD FISHERS, IN 46037 45-4243702	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(18) 1300 S JACKSON FRANKFORT, IN 46041 35-1531734	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT FRANKFORT HOSPITAL INC	Yes	
(19) 1300 S JACKSON FRANKFORT, IN 46041 35-2099320	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	

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						Yes	No
(241) 10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 35-2052591	PARENT COMPANY	IN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
(1) 8333 NAAB ROAD STE 301 INDIANAPOLIS, IN 46260 46-1227327	HEALTH AND WELLNESS SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
(2) 2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-0869066	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(3) 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	
(4) 301 HENRY STREET NORTH VERNON, IN 47265 35-1841606	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(5) 1331 SOUTH A STREET ELWOOD, IN 46036 35-0876389	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(6) 8425 HARCOURT ROAD INDIANAPOLIS, IN 46260 27-2039417	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
(7) 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	
(8) 473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2133006	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT RANDOLPH HOSPITAL INC	Yes	
(9) 473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2103153	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(10) 10330 N MERIDIAN STREET STE 400N INDIANAPOLIS, IN 46290 47-1289091	RETAIL AMBULATORY SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
(11) 911 N SHELBY STREET SALEM, IN 47167 27-0847538	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(12) 8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260 35-1712001	LONG TERM CARE HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(13) 412 N MONROE STREET WILLIAMSPORT, IN 47993 74-3130159	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT WILLIAMSPORT HOSPITAL INC	Yes	
(14) 412 N MONROE STREET WILLIAMSPORT, IN 47993 35-0784551	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(15) 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2292041	PHYSICIAN PRACTICE	FL	501(c)(3)	10	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(16) 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0288864	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
(17) 150 GILBREATH DRIVE ONEONTA, AL 35121 63-0909073	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
(18) 2800 MAIN STREET BRIDGEPORT, CT 06606 06-1331677	COLLEGE OF HEALTH SCIENCES	CT	501(c)(3)	2	ST VINCENT'S MEDICAL CENTER	Yes	
(19) 95 MERRITT BOULEVARD TRUMBULL, CT 06611 22-2554128	REAL ESTATE HOLDINGS	CT	501(c)(25)		ST VINCENT'S HEALTH SERVICES CORP	Yes	

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						Yes	No
(261) 50 MEDICAL PARK EAST DRIVE BIRMINGHAM, AL 35235 63-0578923	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
(1) 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0868066	FUNDRAISING	AL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM	Yes	
(2) 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2219923	FUND RAISING	FL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(3) 2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558134	HOLDING COMPANY	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
(4) 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0931008	HEALTH SYSTEM PARENT	AL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
(5) 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-3650609	PARENT ENTITY	FL	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
(6) 2800 MAIN STREET BRIDGEPORT, CT 06606 06-0646886	HOSPITAL & SYSTEM PARENT	CT	501(c)(3)	3	ASCENSION HEALTH	Yes	
(7) 1580 BRANAN FIELD ROAD MIDDLEBURG, FL 32068 46-1523194	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(8) 2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558132	FUNDRAISING	CT	501(c)(3)	7	ST VINCENT'S HEALTH SERVICES CORP	Yes	
(9) 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-0624449	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(10) 2800 MAIN STREET BRIDGEPORT, CT 06606 80-0458769	PHYSICIAN PRACTICES	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
(11) 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-0702617	PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS	CT	501(c)(3)	10	ST VINCENT'S HEALTH SERVICES CORP	Yes	
(12) 805 WEST CEDEAR STREET STANDISH, MI 48658 38-1671120	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
(13) 10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 20-5002285	REAL ESTATE HOLDING COMPANY	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
(14) 1345 PHILOMENA STREET AUSTIN, TX 78723 82-1711274	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	ASCENSION TEXAS	Yes	
(15) 2202 N FORBES BLVD TUCSON, AZ 85745 85-4088322	FOUNDATION	AZ	501(c)(3)	Type I	CARONDELET FOUNDATION INC	Yes	
(16) 427 GUY PARK AVE AMSTERDAM, NY 12010 13-3254655	FOUNDATION	NY	501(c)(3)	Type III-FI	ST MARY'S HEALTHCARE	Yes	
(17) 240 MAPLE STREET WOODRUFF, WI 54568 39-0873606	HOSPITAL	WI	501(c)(3)	3	HOWARD YOUNG HEALTH CARE INC	Yes	
(18) 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2727509	SPIRITUALITY CENTER	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
(19) 1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562712	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	

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						Yes	No
(281) 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	
(1) 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0932323	PHYSICIAN GROUP	AL	501(c)(3)	Type II	ST VINCENT'S HEALTH SYSTEM	Yes	
(2) 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-0958974	MANAGEMENT COMPANY	KS	501(c)(3)	10	VIA CHRISTI HEALTH INC	Yes	
(3) 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-1172107	HEALTH SYSTEM PARENT	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
(4) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 48-1236589	PACE (SNF)	KS	501(c)(3)	10	Via Christi Villages Inc	Yes	
(5) 1823 COLLEGE AVENUE MANHATTAN, KS 66502 48-1186704	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes	
(6) 1 MT CARMEL WAY PITTSBURG, KS 66762 48-0543778	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes	
(7) 14800 W ST TERESA WICHITA, KS 67235 27-1965272	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes	
(8) 929 N SAINT FRANCIS WICHITA, KS 67214 48-1172106	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes	
(9) 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-0948571	PROPERTY MANAGEMENT	KS	501(c)(4)		VIA CHRISTI HOSPITALS WICHITA INC	Yes	
(10) 1151 N ROCK ROAD WICHITA, KS 67206 48-1158274	REHABILITATION HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HOSPITALS WICHITA INC	Yes	
(11) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 48-1129325	Retirement Community	KS	501(c)(3)	10	Via Christi Villages Inc	Yes	
(12) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 20-2828680	Retirement Community	KS	501(c)(3)	10	Via Christi Villages Inc	Yes	
(13) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 48-1078862	Retirement Community	KS	501(c)(3)	10	Via Christi Villages Inc	Yes	
(14) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 48-1247723	Retirement Community	KS	501(c)(3)	10	Via Christi Villages Inc	Yes	
(15) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 74-3070971	Retirement Community	KS	501(c)(3)	10	Via Christi Villages Inc	Yes	
(16) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 73-1153337	Retirement Community	OK	501(c)(3)	10	Via Christi Villages Inc	Yes	
(17) 12250 Weber Hill Road Suite 200 St Louis, MO 63127 48-0559086	Management Company	KS	501(c)(3)	Type III-FI	Ascension Health Senior Care	Yes	
(18) nc 3807 SPRING STREET RACINE, WI 53405 93-0838390	FOUNDATION	WI	501(c)(3)	Type III-O	WFH-AS INC	Yes	
(19) 1345 PHILOMENA STREET AUSTIN, TX 78723 82-1711172	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	TEXAS HEALTH INNOVATORS	Yes	

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						Yes	No
(301) 711 GENN DRIVE WAMEGO, KS 66547 72-1526400	HOSPITAL	KS	501(c)(3)	3	Via Christi Hospital Manhattan Inc	Yes	
(1) 19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-2028808	FOUNDATION	WI	501(c)(3)	Type I	WF INC	Yes	
(2) 5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-1636804	FOUNDATION	WI	501(c)(3)	Type I	WF INC	Yes	
(3) 3805B SPRING STREET RACINE, WI 53405 39-1570877	FOUNDATION	WI	501(c)(3)	Type I	WFH-AS INC	Yes	
(4) 3801 SPRING STREET RACINE, WI 53405 39-1264986	HOSPITAL	WI	501(c)(3)	3	WFH-SE WI	Yes	
(5) 4300 WEST BROWN DEER RD STE 250 BROWN DEER, WI 53223 56-2426294	FOUNDATION	WI	501(c)(3)	Type I	WFH-PE	Yes	
(6) 19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-6068950	AUXILIARY	WI	501(c)(3)	Type III-FI	WF INC	Yes	
(7) 3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 32-0135258	FOUNDATION	WI	501(c)(3)	Type I	WFH-SFH	Yes	
(8) 10101 SOUTH 27TH STREET FRANKLIN, WI 53132 56-2592868	HOSPITAL	WI	501(c)(3)	3	WFH-SE WI	Yes	
(9) 19525 WEST NORTH AVENUE BROOKFIELD, WI 53005 39-1613624	PHARMACY	WI	501(c)(3)	10	WFH-SE WI	Yes	
(10) 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1568865	HOLDING CO	IL	501(c)(3)	Type III-FI	WFSI	Yes	
(11) 3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-0907740	HOSPITAL	WI	501(c)(3)	3	WFH-SE WI	Yes	
(12) 3200 SOUTH 20TH STREET MILWAUKEE, WI 53215 39-1486775	NURSING HOME	WI	501(c)(3)	10	WFH-SE WI	Yes	
(13) 3070 North 51st Street Suite 406 MILWAUKEE, WI 53210 39-1559428	HOME HEALTH	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC	Yes	
(14) 3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-1701402	LABORATORY	WI	501(c)(3)	10	WFH-SE WI	Yes	
(15) 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1791586	MED GROUP	WI	501(c)(3)	3	WFH-SE WI	Yes	
(16) 5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-0816857	HOSPITAL	WI	501(c)(3)	3	WFH-SE WI	Yes	

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								Yes	No
(1) ADVANCED PATIENT TRANSPORTATION INC 4205 BELFORD ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3381444	TRANSPORT SERVICES	FL	NA	C Corporation				Yes	
(1) ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2698151	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(2) ADVENT INC 28000 DEQUINDRE WARREN, MI 48092 38-2971743	RENTAL REAL ESTATE	MI	NA	C Corporation				Yes	
(3) AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				Yes	
(4) AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	NA	C Corporation				Yes	
(5) AH INCUBATIONS ACCELERATOR INC 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 45-5078523	MEDICAL SERVICE	MO	NA	C Corporation				Yes	
(6) ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT LLC 3900 SOUTH GRAND ST LOUIS, MO 63118 94-3465394	HOUSING	MO	NA	C Corporation				Yes	
(7) Alexian Brothers Health Providers Association Inc 3040 W Salt Creek Arlington Heights, IL 60005 36-3853286	Messenger model IPA	IL	NA	C Corporation				Yes	
(8) Alexian Village of Elk Grove 3040 W Salt Creek Arlington Heights, IL 60005 35-2211303	Tax credit financed housing	IL	NA	C Corporation				Yes	
(9) Amita Health Clinically Integrated Network LLC 3040 W Salt Creek Lane Arlington Heights, IL 60005 80-0967178	Clinically Integrated Network	IL	NA	C Corporation				Yes	
(10) ANESTHESIA SOLUTIONS OF MOBILE INC 6701 AIRPORT BLVD SUITE D-430B MOBILE, AL 36608 82-0547505	ANESTHESIA SERVICES	AL	NA	C Corporation				Yes	
(11) ASCENSION CAPITAL UK LIMITED FOUNTAIN HOUSE 130 FENCHURCH STREET LONDON, ENGLAND EC3M5DJ UK	INSURANCE	UK	NA	C Corporation				Yes	
(12) Ascension Care Management Health Partners Tennessee (fka MISSIONPOINT HEALTH 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482	ACCOUNTABLE CARE ORGANIZATION	TN	NA	C Corporation				Yes	
(13) ASCENSION HEALTH INSURANCE LIMITED PO BOX 1159 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
(14) ASCENSION HEALTH MASTER PENSION TRUST 11775 BORMAN DRIVE SUITE 200 ST LOUIS, MO 63146 36-6891022	TRUST	MO	ASCENSION HEALTH	Trust				Yes	

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								Yes	No
(16) ASCENSION HEALTH RISK PURCHASING GROUP 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 27-4176480	SUPPORTING ORGANIZATION	MO	NA	C Corporation				Yes	
(1) ASCENSION VENTURES CORPORATION 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1217059	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
(2) BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214	HOLDING COMPANY	TN	NA	C Corporation				Yes	
(3) BAYLEY CONDOMINIUM ASSOCIATION 2121 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205 63-1209915	CONDOMINIUM ASSOCIATION	AL	NA	C Corporation				Yes	
(4) BEECHER BALLENGER SERVICES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation				Yes	
(5) CARONDELET MEDICAL GROUP PC 2202 N FORBES BLVD TUCSON, AZ 85745 86-0836126	HEALTHCARE	AZ	NA	C Corporation				Yes	
(6) CARONDELET SPECIALIST GROUP INC 2202 NORTH FORBES BLVD TUCSON, AZ 857451412 26-1558773	HEALTHCARE	AZ	NA	C Corporation				Yes	
(7) CERES MEDICAL PRACTICE INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1522656	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(8) CLINICAL HOLDINGS CORP 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-3802297	HOLDING COMPANY	MO	ASCENSION HEALTH	C Corporation			100 %	Yes	
(9) COLUMBIA ST MARY'S STRATEGIC ALLIANCE 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 39-1871856	HEALTHCARE	WI	NA	C Corporation				Yes	
(10) CONSOLIDATED PHARMACY SERVICES INC 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3398033	RETAIL PHARMACY & PATIENT TRANSPORT	FL	NA	C Corporation				Yes	
(11) Corbet Corporation 169 Riverside Drive Binghamton, NY 13905 16-1268267	Property Management	NY	NA	C Corporation				Yes	
(12) CRITTENTON DEVELOPMENT COPRPORATION 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115	REAL ESTATE	MI	NA	C Corporation				Yes	
(13) CRITTENTON MEDICAL PHARMACY 1101 W UNIVERSITY ROCHESTER, MI 48307 20-3773341	PHARMACY SALES	MI	NA	C Corporation				Yes	
(14) DELL CHILDREN'S HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311909	HEALTH SERVICES	TX	NA	C Corporation				Yes	

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								Yes	No
(31) EASTSIDE VENTURES 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0846221	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
(1) FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 26-1983355	CONDOMINIUM ASSOCIATION	FL	NA	C Corporation				Yes	
(2) Franklin Medical Office Building Condominium Association Inc 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 34-1983857	CONDO MGMT	WI	NA	C Corporation				Yes	
(3) GEMINI MEDICAL GROUP INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1503529	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(4) GENESYS PRACTICE PARTNERS 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 03-0516871	EMPLOYED PHY PRACTICE	MI	NA	C Corporation				Yes	
(5) GULF COAST DIVERSIFIED INC 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798	INVESTMENT	FL	NA	C Corporation				Yes	
(6) HEALTH CITY CAYMAN ISLANDS LTD 1283 SEA VIEW ROAD PO BOX 10590 GRAND CAYMAN, Bahamas KY11005 CJ	HOSPITAL	CJ	NA	C Corporation				Yes	
(7) INDIAN CREEK CENTER INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 48-0956627	MANAGEMENT	MO	NA	C Corporation				Yes	
(8) INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(9) JANE PHILLIPS SPECIALTY PHYSICIANS INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 01-0879962	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(10) JANE PHILLIPS SUPPORT SERVICES INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-1530296	HOLDING COMPANY	OK	NA	C Corporation				Yes	
(11) MADISON MEDICAL AFFILIATES INC 4425 NORTH PORT WASHINGTON RD GLENDALE, WI 53212 39-1855720	HEALTHCARE	WI	NA	C Corporation				Yes	
(12) MID-STATE PROPERTIES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-1232018	PHARMACY	TN	NA	C Corporation				Yes	
(13) MINISTRY HOLDINGS INC 1570 MIDWAY PLACE MENASHA, WI 54952 42-2966177	INSURANCE HOLDING COMPANY	WI	NA	C Corporation				Yes	
(14) MISSION POINT HEALTH PARTNERS INC FKA SMART HEALTH INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-4413419	MEDICAL SERVICE	MO	NA	C Corporation				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(46) MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES INC 6801 AIRPORT BLVD MOBILE, AL 36608 46-1130426	HEALTHCARE SERVICES	MS	NA	C Corporation				Yes	
(1) NETWORK HEALTH INSURANCE CORPORATION 1570 MIDWAY PLACE MENASHA, WI 54952 39-2020474	INSURANCE	WI	NA	C Corporation				Yes	
(2) NETWORK HEALTH PLAN INC 1570 MIDWAY PLACE MENASHA, WI 54952 39-1442058	INSURANCE	WI	NA	C Corporation				Yes	
(3) OMNI MEDICAL GROUP INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1335536	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(4) PHYSICIAN SUPPORT SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1437252	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(5) PHYSICIANS OF PASCO CONDOMINIUMS ASSOC 520 NORTH 4TH AVENUE PASCO, WA 99301 45-3691641	PROPERTY MANAGEMENT	WA	NA	C Corporation				Yes	
(6) PROSPECT MEDICAL COMMONS CONDO ASSOCIATION 4425 NORTH PORT WASHINGTON RD GLENDALE, WI 53212 20-8042108	CONDO ASSOC	WI	NA	C Corporation				Yes	
(7) PROVIDENCE PARK PO BOX 850429 MOBILE, AL 36685 63-0886846	REAL ESTATE	AL	NA	C Corporation				Yes	
(8) REGIONAL MEDICAL LABORATORIES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1131608	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(9) RESOURCE PHARMACIES INC 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1410076	RETAIL PHARMACY	DC	NA	C Corporation				Yes	
(10) SETON INSURANCE COMPANY 1345 PHILOMENA STREET AUSTIN, TX 78723 47-5395483	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(11) SETON ACCOUNTABLE CARE ORGANIZATION INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2677756	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(12) SETON HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 45-3047469	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(13) SETON HEALTH PLAN INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2725348	HMO	TX	NA	C Corporation				Yes	
(14) SETON MSO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2870455	HEALTH SERVICES	TX	NA	C Corporation				Yes	

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								Yes	No
(61) SETON PHARMACY INC 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3001427	RETAIL PHARMACY	FL	NA	C Corporation				Yes	
(1) SETON PHYSICIAN HOSPITAL NETWORK 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2643825	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(2) SOVA INC 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638	HEALTH SERVICES	TN	NA	C Corporation				Yes	
(3) ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD 21229 52-1733632	HOLDING COMPANY	MD	NA	C Corporation				Yes	
(4) ST JOHN ANESTHESIA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3690446	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(5) ST JOHN PHYSICIANS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1321032	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(6) ST JOHN URGENT CARE CLINICS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-4990275	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(7) ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747	OTHER MEDICAL	MI	NA	C Corporation				Yes	
(8) St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017	Dormant	MI	NA	C Corporation				Yes	
(9) ST MARY'S MEDICAL GROUP INC 3700 WASHINGTON AVE EVANSVILLE, IN 47750 35-2076827	INVESTMENT	IN	NA	C Corporation				Yes	
(10) St Vincent's Strategic Ventures Inc 4205 Belfort Road Suite 4030 Jacksonville, FL 33213 59-3133073	LEASING	FL	NA	C Corporation				Yes	
(11) STMARY'S OF MICHIGAN SPECIALISTS 800 S WASHINGTON AVENUE SAGINAW, MI 48601 20-5959777	PHYSICIAN PRACTICES	MI	NA	C Corporation				Yes	
(12) SUNFLOWER ASSURANCE LTD PO BOX 1085 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
(13) SYNERGY HOSPITALIST GROUP INC 3400 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 30-0375404	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(14) TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047	LAUNDRY SERVICES	MI	NA	C Corporation				Yes	

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

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								Yes	No
(76) THE TOPFER BUILDING CONDOMINIUM ASSOCIATION 1345 PHILOMENA STREET AUSTIN, TX 78723 74-3007869	COMMERCIAL BUILDING ASSOCIATION	TX	NA	C Corporation				Yes	
(1) Thelen Corporation 3040 W Salt Creek Arlington Heights, IL 60005 36-3266316	Owns/ leases property, joint venture partner	IL	NA	C Corporation				Yes	
(2) TRAVEL SERVICES CORPORATION PO BOX 45998 ST LOUIS, MO 631455998 26-3764978	TRAVEL SERVICES	MO	NA	C Corporation				Yes	
(3) US HEALTH HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272	INSURANCE AND TPA	MI	NA	C Corporation				Yes	
(4) UTICA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(5) VCH IOWA PC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3983977	PROFESSIONAL ASSOCIATION	IA	NA	C Corporation				Yes	
(6) VCH IOWA PC TRUST 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-6937322	BENEFICIARY TRUST	IA	NA	Trust				Yes	
(7) VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3984287	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(8) VIA CHRISTI CLINIC PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	NA	C Corporation				Yes	
(9) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE WICHITA, KS 67226 48-2872857	ACO	KS	NA	C Corporation				Yes	
(10) VINCENTIAN VENTURES OF NORTH ALABAMA INC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0965456	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
(11) VINCENTURES INC 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-1211417	INACTIVE	CT	NA	C Corporation				Yes	
(12) Wheaton Franciscan Enterprises Inc 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1985204	HOLDING CO	WI	N A	C Corporation				Yes	
(13) Wheaton Franciscan Holdings Inc 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357	HOLDING CO	WI	NA	C Corporation				Yes	
(14) Wheaton Franciscan Medical Group - Sussex Inc 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1361100	MED GROUP	WI	NA	C Corporation				Yes	

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

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								Yes	No
(91) Wheaton Franciscan Provider Network Inc 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140	PROVIDER CONTRACTING	WI	NA	C Corporation				Yes	
(1) Wheaton Way Condominium Owners Association Inc 10101 SOUTH 27TH STREET FRANKLIN, WI 53132 30-0659830	CONDO ASSCN	WI	NA	C Corporation				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations				
(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	GENESYS REGIONAL MEDICAL CENTER	M	1,466,426	ACTUAL AMOUNT PAID/TRANSFERRED
(1)	GENESYS REGIONAL MEDICAL CENTER	S	3,200,000	ACTUAL AMOUNT PAID/TRANSFERRED
(2)	OUR LADY OF LOURDES HOSPITAL AT PASCO	M	487,954	ACTUAL AMOUNT PAID/TRANSFERRED
(3)	OUR LADY OF LOURDES MEMORIAL HOSPITAL	L	85,003	ACTUAL AMOUNT PAID/TRANSFERRED
(4)	OUR LADY OF LOURDES MEMORIAL HOSPITAL	M	1,737,389	ACTUAL AMOUNT PAID/TRANSFERRED
(5)	OUR LADY OF LOURDES MEMORIAL HOSPITAL	P	204,722	ACTUAL AMOUNT PAID/TRANSFERRED
(6)	OUR LADY OF LOURDES MEMORIAL HOSPITAL	S	2,300,000	ACTUAL AMOUNT PAID/TRANSFERRED
(7)	PROVIDENCE HEALTH SERVICES OF WACO	L	72,925	ACTUAL AMOUNT PAID/TRANSFERRED
(8)	PROVIDENCE HEALTH SERVICES OF WACO	M	1,609,156	ACTUAL AMOUNT PAID/TRANSFERRED
(9)	PROVIDENCE HEALTH SERVICES OF WACO	P	235,292	ACTUAL AMOUNT PAID/TRANSFERRED
(10)	PROVIDENCE HEALTH SERVICES OF WACO	S	2,100,000	ACTUAL AMOUNT PAID/TRANSFERRED
(11)	GULF COAST HEALTH SYSTEM	L	89,339	ACTUAL AMOUNT PAID/TRANSFERRED
(12)	GULF COAST HEALTH SYSTEM	M	1,934,220	ACTUAL AMOUNT PAID/TRANSFERRED
(13)	GULF COAST HEALTH SYSTEM	P	252,601	ACTUAL AMOUNT PAID/TRANSFERRED
(14)	GULF COAST HEALTH SYSTEM	S	2,100,000	ACTUAL AMOUNT PAID/TRANSFERRED
(15)	PROVIDENCE HOSPITAL	M	1,222,666	ACTUAL AMOUNT PAID/TRANSFERRED
(16)	PROVIDENCE HOSPITAL	P	191,941	ACTUAL AMOUNT PAID/TRANSFERRED
(17)	PROVIDENCE HOSPITAL	S	2,000,000	ACTUAL AMOUNT PAID/TRANSFERRED
(18)	SACRED HEART HEALTH SYSTEM	L	303,079	ACTUAL AMOUNT PAID/TRANSFERRED
(19)	SACRED HEART HEALTH SYSTEM	M	5,251,035	ACTUAL AMOUNT PAID/TRANSFERRED
(20)	SACRED HEART HEALTH SYSTEM	P	882,024	ACTUAL AMOUNT PAID/TRANSFERRED
(21)	SACRED HEART HEALTH SYSTEM	S	5,600,000	ACTUAL AMOUNT PAID/TRANSFERRED
(22)	SAINT THOMAS HEALTH	L	240,323	ACTUAL AMOUNT PAID/TRANSFERRED
(23)	SAINT THOMAS HEALTH	M	5,129,838	ACTUAL AMOUNT PAID/TRANSFERRED
(24)	SAINT THOMAS HEALTH	P	957,753	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
(26)	SAINT THOMAS HEALTH	S	9,800,000	ACTUAL AMOUNT PAID/TRANSFERRED
(1)	ASCENSION TEXAS	L	360,121	ACTUAL AMOUNT PAID/TRANSFERRED
(2)	ASCENSION TEXAS	M	9,458,304	ACTUAL AMOUNT PAID/TRANSFERRED
(3)	ASCENSION TEXAS	O	4,350,949	ACTUAL AMOUNT PAID/TRANSFERRED
(4)	ASCENSION TEXAS	P	1,878,689	ACTUAL AMOUNT PAID/TRANSFERRED
(5)	ASCENSION TEXAS	Q	291,755	ACTUAL AMOUNT PAID/TRANSFERRED
(6)	ASCENSION TEXAS	S	14,900,000	ACTUAL AMOUNT PAID/TRANSFERRED
(7)	SAINT AGNES HEALTHCARE	L	136,263	ACTUAL AMOUNT PAID/TRANSFERRED
(8)	SAINT AGNES HEALTHCARE	M	2,277,696	ACTUAL AMOUNT PAID/TRANSFERRED
(9)	SAINT AGNES HEALTHCARE	P	378,331	ACTUAL AMOUNT PAID/TRANSFERRED
(10)	SAINT AGNES HEALTHCARE	S	3,200,000	ACTUAL AMOUNT PAID/TRANSFERRED
(11)	ST JOHN HOSPITAL & MEDICAL CENTER	L	570,746	ACTUAL AMOUNT PAID/TRANSFERRED
(12)	ST JOHN HOSPITAL & MEDICAL CENTER	M	11,774,440	ACTUAL AMOUNT PAID/TRANSFERRED
(13)	ST JOHN HOSPITAL & MEDICAL CENTER	O	4,665,320	ACTUAL AMOUNT PAID/TRANSFERRED
(14)	ST JOHN HOSPITAL & MEDICAL CENTER	P	3,176,565	ACTUAL AMOUNT PAID/TRANSFERRED
(15)	ST JOHN HOSPITAL & MEDICAL CENTER	Q	228,300	ACTUAL AMOUNT PAID/TRANSFERRED
(16)	ST JOHN HOSPITAL & MEDICAL CENTER	S	15,100,000	ACTUAL AMOUNT PAID/TRANSFERRED
(17)	ST JOSEPH HEALTH SYSTEM	M	281,150	ACTUAL AMOUNT PAID/TRANSFERRED
(18)	ST JOSEPH REGIONAL MEDICAL CENTER INC	M	357,817	ACTUAL AMOUNT PAID/TRANSFERRED
(19)	ST JOSEPH REGIONAL MEDICAL CENTER INC	R	2,920,092	ACTUAL AMOUNT PAID/TRANSFERRED
(20)	ST MARY'S HEALTH INC	L	209,901	ACTUAL AMOUNT PAID/TRANSFERRED
(21)	ST MARY'S HEALTH INC	M	3,288,383	ACTUAL AMOUNT PAID/TRANSFERRED
(22)	ST MARY'S HEALTH INC	O	1,082,560	ACTUAL AMOUNT PAID/TRANSFERRED
(23)	ST MARY'S HEALTH INC	P	159,218	ACTUAL AMOUNT PAID/TRANSFERRED
(24)	ST MARY'S HEALTH INC	Q	102,906	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
(51)	ST MARY'S HEALTHCARE	M	593,235	ACTUAL AMOUNT PAID/TRANSFERRED
(1)	ST MARY'S HEALTHCARE	S	1,200,000	ACTUAL AMOUNT PAID/TRANSFERRED
(2)	ST MARY'S OF MICHIGAN	L	79,314	ACTUAL AMOUNT PAID/TRANSFERRED
(3)	ST MARY'S OF MICHIGAN	M	1,510,285	ACTUAL AMOUNT PAID/TRANSFERRED
(4)	ST MARY'S OF MICHIGAN	O	129,312	ACTUAL AMOUNT PAID/TRANSFERRED
(5)	ST MARY'S OF MICHIGAN	P	294,293	ACTUAL AMOUNT PAID/TRANSFERRED
(6)	ST MARY'S OF MICHIGAN	S	2,400,000	ACTUAL AMOUNT PAID/TRANSFERRED
(7)	ST VINCENT HEALTH INC	L	631,173	ACTUAL AMOUNT PAID/TRANSFERRED
(8)	ST VINCENT HEALTH INC	M	10,845,921	ACTUAL AMOUNT PAID/TRANSFERRED
(9)	ST VINCENT HEALTH INC	O	10,942,948	ACTUAL AMOUNT PAID/TRANSFERRED
(10)	ST VINCENT HEALTH INC	P	3,090,125	ACTUAL AMOUNT PAID/TRANSFERRED
(11)	ST VINCENT HEALTH INC	Q	959,446	ACTUAL AMOUNT PAID/TRANSFERRED
(12)	ST VINCENT HEALTH INC	S	19,600,000	ACTUAL AMOUNT PAID/TRANSFERRED
(13)	ST VINCENT'S SPECIAL NEEDS CENTER INC	L	91,133	ACTUAL AMOUNT PAID/TRANSFERRED
(14)	ST VINCENT'S SPECIAL NEEDS CENTER INC	M	2,080,729	ACTUAL AMOUNT PAID/TRANSFERRED
(15)	ST VINCENT'S SPECIAL NEEDS CENTER INC	P	366,930	ACTUAL AMOUNT PAID/TRANSFERRED
(16)	ST VINCENT'S SPECIAL NEEDS CENTER INC	S	3,900,000	ACTUAL AMOUNT PAID/TRANSFERRED
(17)	ST VINCENT'S HEALTH SYSTEM	M	2,778,734	ACTUAL AMOUNT PAID/TRANSFERRED
(18)	ST VINCENT'S HEALTH SYSTEM	P	185,768	ACTUAL AMOUNT PAID/TRANSFERRED
(19)	ST VINCENT'S HEALTH SYSTEM	S	5,200,000	ACTUAL AMOUNT PAID/TRANSFERRED
(20)	ST VINCENT'S MEDICAL CENTER	L	193,666	ACTUAL AMOUNT PAID/TRANSFERRED
(21)	ST VINCENT'S MEDICAL CENTER	M	4,318,805	ACTUAL AMOUNT PAID/TRANSFERRED
(22)	ST VINCENT'S MEDICAL CENTER	P	447,153	ACTUAL AMOUNT PAID/TRANSFERRED
(23)	ST VINCENT'S MEDICAL CENTER	S	6,100,000	ACTUAL AMOUNT PAID/TRANSFERRED
(24)	BORGESS MEDICAL CENTER	L	178,457	ACTUAL AMOUNT PAID/TRANSFERRED

Form 990, Schedule R, Part V - Transactions With Related Organizations				
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(76)	BORGESS MEDICAL CENTER	M	3,043,701	ACTUAL AMOUNT PAID/TRANSFERRED
(1)	BORGESS MEDICAL CENTER	P	691,621	ACTUAL AMOUNT PAID/TRANSFERRED
(2)	BORGESS MEDICAL CENTER	S	4,100,000	ACTUAL AMOUNT PAID/TRANSFERRED
(3)	COLUMBIA ST MARY'S INC	L	393,530	ACTUAL AMOUNT PAID/TRANSFERRED
(4)	COLUMBIA ST MARY'S INC	M	5,173,429	ACTUAL AMOUNT PAID/TRANSFERRED
(5)	COLUMBIA ST MARY'S INC	P	1,380,701	ACTUAL AMOUNT PAID/TRANSFERRED
(6)	COLUMBIA ST MARY'S INC	S	4,800,000	ACTUAL AMOUNT PAID/TRANSFERRED
(7)	ALEXIAN BROTHERS HEALTH SYSTEM	L	62,200	ACTUAL AMOUNT PAID/TRANSFERRED
(8)	ALEXIAN BROTHERS HEALTH SYSTEM	M	1,884,350	ACTUAL AMOUNT PAID/TRANSFERRED
(9)	ALEXIAN BROTHERS HEALTH SYSTEM	S	16,380,000	ACTUAL AMOUNT PAID/TRANSFERRED
(10)	ASCENSION HEALTH SENIOR CARE	M	273,601	ACTUAL AMOUNT PAID/TRANSFERRED
(11)	ASCENSION HEALTH SENIOR CARE	S	2,200,000	ACTUAL AMOUNT PAID/TRANSFERRED
(12)	VIA CHRISTI HEALTH INC	L	69,907	ACTUAL AMOUNT PAID/TRANSFERRED
(13)	VIA CHRISTI HEALTH INC	M	3,560,520	ACTUAL AMOUNT PAID/TRANSFERRED
(14)	VIA CHRISTI HEALTH INC	S	7,800,000	ACTUAL AMOUNT PAID/TRANSFERRED
(15)	MINISTRY HEALTH CARE INC	L	565,272	ACTUAL AMOUNT PAID/TRANSFERRED
(16)	MINISTRY HEALTH CARE INC	M	8,368,993	ACTUAL AMOUNT PAID/TRANSFERRED
(17)	MINISTRY HEALTH CARE INC	O	1,577,682	ACTUAL AMOUNT PAID/TRANSFERRED
(18)	MINISTRY HEALTH CARE INC	P	1,076,479	ACTUAL AMOUNT PAID/TRANSFERRED
(19)	MINISTRY HEALTH CARE INC	S	20,200,000	ACTUAL AMOUNT PAID/TRANSFERRED
(20)	ST JOHN HEALTH SYSTEM INC	L	279,768	ACTUAL AMOUNT PAID/TRANSFERRED
(21)	ST JOHN HEALTH SYSTEM INC	M	5,874,548	ACTUAL AMOUNT PAID/TRANSFERRED
(22)	ST JOHN HEALTH SYSTEM INC	O	4,488,949	ACTUAL AMOUNT PAID/TRANSFERRED
(23)	ST JOHN HEALTH SYSTEM INC	P	2,010,931	ACTUAL AMOUNT PAID/TRANSFERRED
(24)	ST JOHN HEALTH SYSTEM INC	Q	267,914	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
(101) ST JOHN HEALTH SYSTEM INC	S	8,400,000	ACTUAL AMOUNT PAID/TRANSFERRED
(1) CRITTENTON HOSPITAL MEDICAL CENTER	S	1,400,000	ACTUAL AMOUNT PAID/TRANSFERRED
(2) WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC	M	622,798	ACTUAL AMOUNT PAID/TRANSFERRED
(3) WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC	S	12,600,000	ACTUAL AMOUNT PAID/TRANSFERRED