

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 1904

2018

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

POSTMARK DATE MAIL 1 2019

Department of the Treasury
Internal Revenue Service

Check box if address changed

Exempt under section

501(c)(3) 03

408(e) 220(e)

408A 530(a)

529(a)

C Book value of all assets at end of year

95,649,155

Name of organization (Check box if name changed and see instructions)
ASCENSION HEALTH

Number, street, and room or suite no. If a P O box, see instructions
P O BOX 45998

City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 63145-5998

D Employer identification number
(Employees' trust, see instructions)

31-1662309

E Unrelated business activity code
(See instructions)

525990

F Group exemption number (See instructions) ▶

0928

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

4

Enter the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ **PARTNERSHIP INVESTMENT**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation ▶ **ASCENSION HEALTH ALLIANCE 45-3358926**

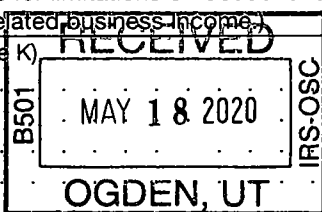
J The books are in care of ▶ **SARA O'BRIEN** Telephone number ▶ **(314) 733-8070**

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>0</u>			
b Less returns and allowances <u>0</u>			
c Balance ▶	1c 0		
2 Cost of goods sold (Schedule A, line 7)	2 0		
3 Gross profit. Subtract line 2 from line 1c	3 0		0
4a Capital gain net income (attach Schedule D)	4a 0		0
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b 0		0
c Capital loss deduction for trusts	4c 0		0
5 Income (loss) from a partnership or an S corporation (attach statement)	5 103,062		103,062
6 Rent income (Schedule C)	6 0	0	0
7 Unrelated debt-financed income (Schedule E)	7 0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8 0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9 0	0	0
10 Exploited exempt activity income (Schedule I)	10 0	0	0
11 Advertising income (Schedule J)	11 0	0	0
12 Other income (See instructions; attach schedule)	12 0	0	0
13 Total. Combine lines 3 through 12	13 103,062	0	103,062

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)			14 0
15 Salaries and wages			15 0
16 Repairs and maintenance			16 0
17 Bad debts			17 0
18 Interest (attach schedule) (see instructions)			18 0
19 Taxes and licenses			19 0
20 Charitable contributions (See instructions for limitation rules)			20 0
21 Depreciation (attach Form 4562)	21 0		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a 0		22b 0
23 Depletion			23 0
24 Contributions to deferred compensation plans			24 0
25 Employee benefit programs			25 0
26 Excess exempt expenses (Schedule I)			26 0
27 Excess readership costs (Schedule J)			27 0
28 Other deductions (attach schedule)			28 0
29 Total deductions. Add lines 14 through 28			29 0
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13			30 103,062
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			31 0
32 Unrelated business taxable income. Subtract line 31 from line 30			32 103,062



20
30
31

22
614

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Cat No 11291J

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Part III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	103,062
34	Amounts paid for disallowed fringes	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	103,062
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	0
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	0

Part IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	0
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	
41	Proxy tax. See instructions	
42	Alternative minimum tax (trusts only)	
43	Tax on Noncompliant Facility Income. See instructions	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	0

Part V Tax and Payments		
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	
45b	Other credits (see instructions)	
45c	General business credit. Attach Form 3800 (see instructions)	
45d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
45e	Total credits. Add lines 45a through 45d	0
46	Subtract line 45e from line 44	0
47	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	0
48	Total tax. Add lines 46 and 47 (see instructions)	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	
50a	Payments: A 2017 overpayment credited to 2018	0
50b	2018 estimated tax payments	0
50c	Tax deposited with Form 8868	
50d	Foreign organizations: Tax paid or withheld at source (see instructions)	
50e	Backup withholding (see instructions)	
50f	Credit for small employer health insurance premiums (attach Form 8941)	
50g	Other credits, adjustments, and payments. <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	0
51	Total payments. Add lines 50a through 50g	0
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	0
55	Enter the amount of line 54 you want Credited to 2019 estimated tax 0 Refunded	0

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	Yes No
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$	0

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 5-13-20 Title: TAX OFFICER

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

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

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1	0	6 Inventory at end of year	6	0
2 Purchases	2	0	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0
3 Cost of labor	3	0			
4a Additional section 263A costs (attach schedule)	4a	0	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b	0			
5 Total. Add lines 1 through 4b	5	0			

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0	Total 0
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
		0

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			0	0
Total dividends-received deductions included in column 8				0

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10
Enter here and on page 1, Part I, line 8, column (A) 0

Add columns 6 and 11
Enter here and on page 1, Part I, line 8, column (B) 0

Totals ▶

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A) 0		Enter here and on page 1, Part I, line 9, column (B) 0

Totals ▶

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A) 0	Enter here and on page 1, Part I, line 10, col (B) 0			Enter here and on page 1, Part II, line 26 0

Totals ▶

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶		0	0	0		0

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0	0				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0	0				0

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0

Name of Partnership	EIN	UBI
INVESTMENTS FROM K-1'S		
(1) ALLIANCEBERNSTEIN HOLDING LP	13-3434400	103,062
Total for Part I, Line 5		103,062

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2015	340	340			0	2020
2016	615	615			0	2021
2017	935				935	2022
2018	789				789	2023
Totals	2,679	955	0	0	1,724	

Description	Amount
HEALTH SERVICES	
(1) TRAVEL	385,783
(2) MEETINGS	20,646
(3) SOFTWARE	128,667
(4) SUPPLIES	8,310
(5) ROYALTY FEES	32,775
(6) OTHER MISCELLANEOUS EXPENSES	180,706
(7) CLIENT SUPPORT	245,789
(8) OCCUPANCY	167,443
(9) PROFESSIONAL FEES/CONSULTING	464,425
(10) MARKETING	297,433
Total	1,931,977

Form 990T Part II, Line 31 -
Summary

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
2018	448,296				448,296
Totals	448,296	0	0	0	448,296

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2001	195,270		195,270		0	2021
2002	245,194		36,770	103,062	105,362	2022
2003	320,603		0		320,603	2023
2004	199,985		0		199,985	2024
2005	674,627		0		674,627	2025
2006	874,736		0		874,736	2026
2007	4,033,568		0		4,033,568	2027
2008	1,281,282		0		1,281,282	2028
2009	2,311,412		0		2,311,412	2029
2010	2,776,756		0		2,776,756	2030
2011	2,528,334		0		2,528,334	2031
2012	668,071		0		668,071	2032
2016	282,890		0		282,890	2036
2017	1,475,264		0		1,475,264	2037
Totals	17,867,992	0	232,040	103,062	17,532,890	

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of the organization
ASCENSION HEALTH

Employer identification number
31-1662309

Unrelated business activity code (see instructions) ▶ 621990

Describe the unrelated trade or business ▶ **MSC AGILIFY**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>2,833,111</u>			
b	Less returns and allowances <u>0</u>			
c	Balance ▶	1c		
		2,833,111		
2	Cost of goods sold (Schedule A, line 7)	2	0	
3	Gross profit Subtract line 2 from line 1c	3	2,833,111	2,833,111
4a	Capital gain net income (attach Schedule D)	4a	0	0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0	0
c	Capital loss deduction for trusts	4c	0	0
5	Income (loss) from a partnership or an S corporation (attach statement)	5	0	0
6	Rent income (Schedule C)	6	0	0
7	Unrelated debt-financed income (Schedule E)	7	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	0	0
10	Exploited exempt activity income (Schedule I)	10	0	0
11	Advertising income (Schedule J)	11	0	0
12	Other income (See instructions; attach schedule)	12	0	0
13	Total. Combine lines 3 through 12	13	2,833,111	2,833,111

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)	14		0
15	Salaries and wages	15		1,051,137
16	Repairs and maintenance	16		0
17	Bad debts	17		0
18	Interest (attach schedule) (see instructions)	18		0
19	Taxes and licenses	19		0
20	Charitable contributions (See instructions for limitation rules)	20		0
21	Depreciation (attach Form 4562)	21	0	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	0	
		22b		0
23	Depletion	23		0
24	Contributions to deferred compensation plans	24		0
25	Employee benefit programs	25		298,293
26	Excess exempt expenses (Schedule I)	26		0
27	Excess readership costs (Schedule J)	27		0
28	Other deductions (attach schedule)	28		1,931,977
29	Total deductions. Add lines 14 through 28	29		3,281,407
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		(448,296)
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		0
32	Unrelated business taxable income Subtract line 31 from line 30	32		(448,296)

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2018

Section 1.263(a)-3(n) Capitalization Election

Ascension Health hereby elects on behalf of itself to capitalize repair and maintenance costs under Treas. Reg. § 1.263(a)-3(n). The costs were incurred during the taxable year in the electing taxpayer's trade or business and the electing taxpayer treats such costs as capital expenditures on its books and records.

Taxpayer Name	EIN	Address
Ascension Health	31-1662309	P.O. Box 45998 St. Louis, MO 63145-5998

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Ascension Health on behalf of itself is making the de minimis safe harbor election under Treas. Reg. § 1.263(a)-1(f) for all eligible amounts paid or incurred during the taxable year.

Taxpayer Name	EIN	Address
Ascension Health	31-1662309	P.O.Box 45998 St. Louis, MO 63145-5998