

## PUBLIC DISCLOSURE COPY

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2018****Open to Public Inspection**

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.


|  |   |
|--|---|
| <b>A</b> For the 2018 calendar year, or tax year beginning <u>07/01</u> , 2018, and ending <u>06/30</u> , 20 <u>19</u>   |   |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <u>SAINT THOMAS HEALTH FOUNDATIONS</u><br>Doing business as _____<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><u>4220 HARDING ROAD</u><br>City or town, state or province, country, and ZIP or foreign postal code<br><u>NASHVILLE, TN 37205</u><br><b>D</b> Employer identification number<br><u>58-1663055</u><br><b>E</b> Telephone number<br><u>(314) 733-8000</u><br><b>G</b> Gross receipts \$ <u>33,935,403</u><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ <u>0928</u><br><b>F</b> Name and address of principal officer: <u>TIMOTHY P ADAMS</u><br><u>SAME AS C ABOVE</u><br><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527<br><b>J</b> Website: ▶ <u>SEE SCHEDULE O</u><br><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <u>1979</u> <b>M</b> State of legal domicile: <u>TN</u> |

**Part I Summary**

|                                    |   |  |
|------------------------------------|---|--|
| <b>Activities &amp; Governance</b> | <b>1</b>  | Briefly describe the organization's mission or most significant activities: <u>TO ACTIVELY SEEK AND INVEST CHARITABLE SUPPORT FOR SAINT THOMAS HEALTH, SO THAT THEY MAY IMPROVE THE HEALTH AND WELL-BEING OF ALL THE PEOPLE IN THE COMMUNITIES THEY SERVE.</u> |
|                                    | <b>2</b>  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |
|                                    | <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> <span style="float: right;"><u>22</u></span>  |
|                                    | <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> <span style="float: right;"><u>19</u></span>  |
|                                    | <b>5</b>  | Total number of individuals employed in calendar year 2018 (Part V, line 2a) . . . . . <b>5</b> <span style="float: right;"><u>0</u></span>  |
|                                    | <b>6</b>  | Total number of volunteers (estimate if necessary) . . . . . <b>6</b> <span style="float: right;"><u>19</u></span>   |
|                                    | <b>7a</b>   | Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> <span style="float: right;"><u>0</u></span>   |
| <b>b</b>                           | Net unrelated business taxable income from Form 990-T, line 38 . . . . . <b>7b</b> <span style="float: right;"><u>0</u></span>  |  |
| <b>Revenue</b>                     | <b>8</b>  | Contributions and grants (Part VIII, line 1h) . . . . . <span style="float: right;"><u>3,947,550</u></span> <span style="float: right;"><u>3,633,701</u></span>  |
|                                    | <b>9</b>  | Program service revenue (Part VIII, line 2g) . . . . . <span style="float: right;"><u>0</u></span> <span style="float: right;"><u>0</u></span>   |
|                                    | <b>10</b>   | Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . <span style="float: right;"><u>3,234,656</u></span> <span style="float: right;"><u>3,756,698</u></span>  |
|                                    | <b>11</b>   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . <span style="float: right;"><u>(151,528)</u></span> <span style="float: right;"><u>(176,856)</u></span>   |
|                                    | <b>12</b>   | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float: right;"><u>7,030,678</u></span> <span style="float: right;"><u>7,213,543</u></span>   |
| <b>Expenses</b>                    | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . <span style="float: right;"><u>2,191,121</u></span> <span style="float: right;"><u>1,520,135</u></span>   |
|                                    | <b>14</b>   | Benefits paid to or for members (Part IX, column (A), line 4) . . . . . <span style="float: right;"><u>0</u></span> <span style="float: right;"><u>0</u></span>  |
|                                    | <b>15</b>   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <span style="float: right;"><u>0</u></span> <span style="float: right;"><u>0</u></span>  |
|                                    | <b>16a</b>  | Professional fundraising fees (Part IX, column (A), line 11e) . . . . . <span style="float: right;"><u>0</u></span> <span style="float: right;"><u>0</u></span>  |
|                                    | <b>b</b>  | Total fundraising expenses (Part IX, column (D), line 25) ▶ <span style="float: right;"><u>85,563</u></span>   |
| <b>17</b>                          | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . <span style="float: right;"><u>1,677,545</u></span> <span style="float: right;"><u>1,194,273</u></span>              |  |
| <b>18</b>                          | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . <span style="float: right;"><u>3,868,666</u></span> <span style="float: right;"><u>2,714,408</u></span> |  |
| <b>19</b>                          | Revenue less expenses. Subtract line 18 from line 12 . . . . . <span style="float: right;"><u>3,162,012</u></span> <span style="float: right;"><u>4,499,135</u></span>                      |  |
| <b>Net Assets or Fund Balances</b> | <b>20</b>   | Total assets (Part X, line 16) . . . . . <span style="float: right;"><u>65,791,437</u></span> <span style="float: right;"><u>70,836,066</u></span>   |
|                                    | <b>21</b>   | Total liabilities (Part X, line 26) . . . . . <span style="float: right;"><u>938,374</u></span> <span style="float: right;"><u>643,461</u></span>  |
|                                    | <b>22</b>   | Net assets or fund balances. Subtract line 21 from line 20 . . . . . <span style="float: right;"><u>64,853,063</u></span> <span style="float: right;"><u>70,192,605</u></span>   |

**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.

|                               |   |                      |      |
|-------------------------------|---|----------------------|------|
| <b>Sign Here</b>              |  | 05/15/2020           |      |
|                               | Signature of officer  | Date                 |      |
|                               | Type or print name and title <u>TONYA MERHSON, TAX OFFICER</u>                      |                      |      |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name  | Preparer's signature | Date |
|                               | Firm's name ▶   | Firm's EIN ▶         |      |
|                               | Firm's address ▶  | Phone no.            |      |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2018)

**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  
(CONTINUED ON SCHEDULE O)
- 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 \$ 2,247,420 including grants of \$ 1,520,135 ) (Revenue \$ 0 )  
SAINT THOMAS HEALTH FOUNDATIONS SUPPORTS AND BENEFITS SAINT THOMAS HEALTH AND ITS AFFILIATES AS WELL  
AS THE SURROUNDING COMMUNITY BY PROVIDING FUNDS FOR RESEARCH, EDUCATION, AND CHARITY.

**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 **▶** 2,247,420

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**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 . . . . . ☐

|   | Yes          | No |
|---|--------------|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .  | <b>1a</b> 31 |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  | <b>1b</b> 0  |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> ✓  |    |

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

|  |  | Yes | No |
|--|--|-----|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 0  |     |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>2b</b>   |     |    |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) |  |     |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>3a</b>  |     | ✓  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O <b>3b</b>  |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <b>4a</b> | ✓   |    |
| <b>b</b>   | If "Yes," enter the name of the foreign country: <b>EI</b><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <b>5a</b>  |     | ✓  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5b</b>   |     | ✓  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? <b>5c</b>  |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? <b>6a</b>                                    |     | ✓  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>6b</b>  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <b>7a</b>  | ✓   |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? <b>7b</b>  | ✓   |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <b>7c</b>   |     | ✓  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>  |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7e</b>  |     | ✓  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <b>7f</b>   |     | ✓  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>7g</b>   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <b>8</b>  |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? <b>9a</b>   |     |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>9b</b>  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>  |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>   |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders <b>11a</b>   |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>  |     |    |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>   |     |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>   |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? <b>13a</b>  |     |    |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.         |  |     |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>   |     |    |
| <b>c</b>   | Enter the amount of reserves on hand <b>13c</b>  |     |    |
| <b>14a</b>   | Did the organization receive any payments for indoor tanning services during the tax year? <b>14a</b>  |     | ✓  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>14b</b>   |     |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <b>15</b>   |     | ✓  |
| If "Yes," see instructions and file Form 4720, Schedule N.   |  |     |    |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <b>16</b>  |     | ✓  |
| If "Yes," complete Form 4720, Schedule O.  |  |     |    |



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

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

**Section A. Governing Body and Management**

|   |              | Yes                                 | No                                  |
|---|--------------|-------------------------------------|-------------------------------------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . .   | <b>1a</b> 22 |                                     |                                     |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                   |              |                                     |                                     |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . .   | <b>1b</b> 19 |                                     |                                     |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .  | <b>2</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . | <b>3</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | <b>4</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . .   | <b>5</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization have members or stockholders? . . .   | <b>6</b>     | <input checked="" type="checkbox"/> |                                     |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .  | <b>7a</b>    | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .  | <b>7b</b>    | <input checked="" type="checkbox"/> |                                     |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |              |                                     |                                     |
| <b>a</b> The governing body? . . .  | <b>8a</b>    | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . .  | <b>8b</b>    | <input checked="" type="checkbox"/> |                                     |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . .         | <b>9</b>     |                                     | <input checked="" type="checkbox"/> |

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► TN

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
SARA O'BRIEN, 11775 BORMAN DRIVE, MARYLAND HEIGHTS, MO 63146, (314) 733-8070, FAX: (314) 733-8888

**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, and 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)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |                                     |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) C ANN HARRIS<br>CHAIR   | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| (2) ROBERT HIGGINS<br>VICE CHAIR  | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| (3) BETH NEWELL<br>SECRETARY  | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| (4) DOUGLAS SMALL<br>TREASURER  | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| (5) TIMOTHY P ADAMS<br>EX-OFFICIO/PRESIDENT & CEO/MINISTRY MARKET EXECUTIVE | 0.0<br>50.0  | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 924,219   | 37,295  |
| (6) LISA R DAVIS<br>EX-OFFICIO/CFO, MINISTRY MARKET                         | 0.0<br>50.0  | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 497,259   | 30,070  |
| (7) JOHN G POPE<br>DIRECTOR   | 0.0<br>50.0  | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 435,710   | 40,014  |
| (8) FABIAN BEDNE<br>DIRECTOR  | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (9) BRYAN BELL<br>DIRECTOR  | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (10) CONNIE BRADLEY<br>DIRECTOR   | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (11) JAMES H CLAYTON, III<br>DIRECTOR                                       | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (12) DEBORAH W CRAIG<br>DIRECTOR  | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (13) CARROLL CROSSLIN<br>DIRECTOR   | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (14) CHRIS CUNNINGHAM<br>DIRECTOR   | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |                                     | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|-------------------------------------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former                              |  |   |   |
| (15) HAROLD FOGELBERG<br>DIRECTOR                              | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |                                     | 0  | 0   | 0   |
| (16) PATRICIA KYGER<br>DIRECTOR                                | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |                                     | 0  | 0   | 0   |
| (17) SCOTT MERTIE<br>DIRECTOR                                  | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |                                     | 0  | 0   | 0   |
| (18) KATHLEEN POHLID<br>DIRECTOR                               | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |                                     | 0  | 0   | 0   |
| (19) STUART SPEARS<br>DIRECTOR                                 | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |                                     | 0  | 0   | 0   |
| (20) BRYANT TIRRILL<br>DIRECTOR                                | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |                                     | 0  | 0   | 0   |
| (21) CAROL TITUS<br>DIRECTOR                                   | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |                                     | 0  | 0   | 0   |
| (22) ROSEMARY WALTERS<br>DIRECTOR                              | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |                                     | 0  | 0   | 0   |
| (23) KAREN L SPRINGER<br>FORMER OFFICER (END 12/2017)          | 0.0<br>50.0  |  |                       |         |              |                              | <input checked="" type="checkbox"/> | 0  | 1,414,594   | 22,127  |
| (24) DAN THOMPSON<br>FORMER KEY EMPLOYEE (END 12/2017)         | 0.0<br>50.0  |  |                       |         |              |                              | <input checked="" type="checkbox"/> | 0  | 156,263   | 30,706  |
| (25)   |  |  |                       |         |              |                              |                                     |  |   |   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              |                                     | 0  | 3,428,045   | 160,212   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |                                     | 0  | 0   | 0   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |                                     | 0  | 3,428,045   | 160,212   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ☒ ☐

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** ☒ ☐

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** ☐ ☒

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                           | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| GAVION, LLC, 6000 POPLAR AVE, SUITE 325, MEMPHIS, TN 38119 | INVESTMENT CONSULTING SERVICES | 165,747             |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|   |  |   |                              | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|---|--|---|------------------------------|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b>  | Federated campaigns . . . . .   | <b>1a</b>                    |                      |  |   |  |
|   | <b>b</b>   | Membership dues . . . . .   | <b>1b</b>                    |                      |  |   |  |
|   | <b>c</b>   | Fundraising events . . . . .  | <b>1c</b>                    | 504,141              |  |   |  |
|   | <b>d</b>   | Related organizations . . . . .   | <b>1d</b>                    | 1,145,178            |  |   |  |
|   | <b>e</b>   | Government grants (contributions)   | <b>1e</b>                    | 53,205               |  |   |  |
|   | <b>f</b>   | All other contributions, gifts, grants,<br>and similar amounts not included above   | <b>1f</b>                    | 1,931,177            |  |   |  |
|   | <b>g</b>   | Noncash contributions included in lines 1a-1f: \$   |                              |                      |  |   |  |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . .   |                              | 3,633,701            |  |   |  |
| <b>Program Service Revenue</b>                                    | <b>Business Code</b>                                   |   |                              |                      |  |   |  |
|   | <b>2a</b>  |   |                              |                      |  |   |  |
|   | <b>b</b>   |   |                              |                      |  |   |  |
|   | <b>c</b>   |   |                              |                      |  |   |  |
|   | <b>d</b>   |   |                              |                      |  |   |  |
|   | <b>e</b>   |   |                              |                      |  |   |  |
|   | <b>f</b>   | All other program service revenue .   |                              | 0                    | 0  | 0                                       | 0  |
|   | <b>g</b>   | <b>Total.</b> Add lines 2a-2f . . . . .   |                              | 0                    |  |   |  |
| <b>Other Revenue</b>  | <b>3</b>   | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .   |                              | 953,381              |  |   | 953,381  |
|   | <b>4</b>   | Income from investment of tax-exempt bond proceeds  |                              |                      |  |   |  |
|   | <b>5</b>   | Royalties . . . . .   |                              |                      |  |   |  |
|   |  | (i) Real  | (ii) Personal                |                      |  |   |  |
|   | <b>6a</b>  | Gross rents . . . . .   |                              |                      |  |   |  |
|   | <b>b</b>   | Less: rental expenses   |                              |                      |  |   |  |
|   | <b>c</b>   | Rental income or (loss)   | 0                            | 0                    |  |   |  |
|   | <b>d</b>   | Net rental income or (loss) . . . . .   |                              |                      |  |   |  |
|   | <b>7a</b>  | Gross amount from sales of<br>assets other than inventory   | (i) Securities<br>29,220,271 | (ii) Other           |  |   |  |
|   | <b>b</b>   | Less: cost or other basis<br>and sales expenses . . . . .   | 26,416,954                   |                      |  |   |  |
|   | <b>c</b>   | Gain or (loss) . . . . .  | 2,803,317                    | 0                    |  |   |  |
|   | <b>d</b>   | Net gain or (loss) . . . . .  | 2,803,317                    |                      |  | 2,803,317                               |  |
|   | <b>8a</b>  | Gross income from fundraising<br>events (not including \$ 504,141<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | a                            | 128,050              |  |   |  |
|   | <b>b</b>   | Less: direct expenses . . . . .   | b                            | 304,906              |  |   |  |
|   | <b>c</b>   | Net income or (loss) from fundraising events . . . . .  |                              | (176,856)            |  | (176,856)                               |  |
|   | <b>9a</b>  | Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | a                            |                      |  |   |  |
|   | <b>b</b>   | Less: direct expenses . . . . .   | b                            |                      |  |   |  |
|   | <b>c</b>   | Net income or (loss) from gaming activities . . . . .   |                              |                      |  |   |  |
|   | <b>10a</b>   | Gross sales of inventory, less<br>returns and allowances . . . . .  | a                            |                      |  |   |  |
|   | <b>b</b>   | Less: cost of goods sold . . . . .  | b                            |                      |  |   |  |
| <b>c</b>  | Net income or (loss) from sales of inventory . . . . . |   |                              |                      |  |   |  |
| <b>Miscellaneous Revenue</b>                                      |  |   | <b>Business Code</b>         |                      |  |   |  |
| <b>11a</b>  |  |   |                              |                      |  |   |  |
| <b>b</b>  |  |   |                              |                      |  |   |  |
| <b>c</b>  |  |   |                              |                      |  |   |  |
| <b>d</b>  | All other revenue . . . . .                            |   | 0                            | 0                    | 0  | 0                                       |  |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . .              |   | 0                            |                      |  |   |  |
| <b>12</b>   | <b>Total revenue.</b> See instructions . . . . .       |   |                              | 7,213,543            | 0  | 0                                       | 3,579,842  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 1,145,464             | 1,145,464                       |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 374,671               | 374,671                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   |                       |                                 |  |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .   |                       |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits . . . . .  |                       |                                 |  |                             |
| <b>10</b> Payroll taxes . . . . .   |                       |                                 |  |                             |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   | 200                   | 170                             | 10                                     | 20                          |
| <b>b</b> Legal . . . . .  |                       |                                 |  |                             |
| <b>c</b> Accounting . . . . .   |                       |                                 |  |                             |
| <b>d</b> Lobbying . . . . .   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .  |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .   | 338,644               |                                 | 338,644                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 540                   | 459                             | 27                                     | 54                          |
| <b>12</b> Advertising and promotion . . . . .   | 6,829                 | 5,805                           | 341                                    | 683                         |
| <b>13</b> Office expenses . . . . .   | 23,721                | 20,163                          | 1,186                                  | 2,372                       |
| <b>14</b> Information technology . . . . .  | 24,658                | 20,959                          | 1,233                                  | 2,466                       |
| <b>15</b> Royalties . . . . .   |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   | 38,260                | 32,521                          | 1,913                                  | 3,826                       |
| <b>17</b> Travel . . . . .  | 7,136                 | 6,065                           | 357                                    | 714                         |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 9,431                 | 8,016                           | 472                                    | 943                         |
| <b>20</b> Interest . . . . .  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   |                       |                                 |  |                             |
| <b>23</b> Insurance . . . . .   |                       |                                 |  |                             |
| <b>24</b> 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.) . . . . .   |                       |                                 |  |                             |
| <b>a</b> <u>WAGE AND BENEFIT ALLOCATION</u> . . . . .   | 644,345               | 547,693                         | 32,217                                 | 64,435                      |
| <b>b</b> <u>DUES</u> . . . . .  | 1,523                 | 1,295                           | 76                                     | 152                         |
| <b>c</b> <u>BOOKS &amp; SUBSCRIPTIONS</u> . . . . .   | 773                   | 657                             | 39                                     | 77                          |
| <b>d</b> <u>OTHER NON MEDICAL SUPPLIES</u> . . . . .  | 463                   | 394                             | 23                                     | 46                          |
| <b>e</b> All other expenses . . . . .   | 97,750                | 83,088                          | 4,887                                  | 9,775                       |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .   | 2,714,408             | 2,247,420                       | 381,425                                | 85,563                      |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

|  |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|--|--|--------------------------|------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .   |                          | <b>1</b>   |                    |
|  | <b>2</b> Savings and temporary cash investments . . . . .  | 862,672                  | <b>2</b>   | 5,841,698          |
|  | <b>3</b> Pledges and grants receivable, net . . . . .  | 695,476                  | <b>3</b>   | 515,277            |
|  | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>   |                    |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   | 0                        | <b>5</b>   | 0                  |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . | 0                        | <b>6</b>   | 0                  |
|  | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>   |                    |
|  | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>   |                    |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 18,493                   | <b>9</b>   | 2,417              |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 55,136        |            |                    |
|  | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 55,136        | <b>10c</b> | 0                  |
|  | <b>11</b> Investments—publicly traded securities . . . . .   | 56,962,228               | <b>11</b>  | 57,063,889         |
|  | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 0                        | <b>12</b>  | 0                  |
|  | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 0                        | <b>13</b>  | 0                  |
|  | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>  |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 7,252,568                | <b>15</b>  | 7,412,785          |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 65,791,437   | <b>16</b>                | 70,836,066 |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  | 447,307                  | <b>17</b>  | 104,717            |
|  | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>  |                    |
|  | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>  |                    |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>  |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | <b>21</b>  |                    |
|  | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   | 0                        | <b>22</b>  | 0                  |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>  |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>  |                    |
|  | <b>25</b> 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  | 491,067                  | <b>25</b>  | 538,744            |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 938,374                  | <b>26</b>  | 643,461            |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                    |
|  | <b>27</b> Unrestricted net assets . . . . .  | 35,722,521               | <b>27</b>  | 38,539,395         |
|  | <b>28</b> Temporarily restricted net assets . . . . .  | 25,689,981               | <b>28</b>  | 28,197,060         |
|  | <b>29</b> Permanently restricted net assets . . . . .  | 3,440,561                | <b>29</b>  | 3,456,150          |
|  | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |            |                    |
|  | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b>  |                    |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b>  |                    |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>32</b>  |                    |
|  | <b>33</b> Total net assets or fund balances . . . . .  | 64,853,063               | <b>33</b>  | 70,192,605         |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .                   | 65,791,437   | <b>34</b>                | 70,836,066 |                    |

Form **990** (2018)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 7,213,543  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 2,714,408  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 4,499,135  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 64,853,063 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 236,849    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 603,558    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 70,192,605 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | ✓  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . .<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | ✓   |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | ✓   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .  | ✓   |    |
| <b>b</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.  | ✓   |    |

Form **990** (2018)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

SAINT THOMAS HEALTH FOUNDATIONS

Employer identification number

58-1663055

**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 **section 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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 . . . . .
  - 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 |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014  | (b) 2015  | (c) 2016  | (d) 2017  | (e) 2018  | (f) Total  |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 4,043,210 | 3,716,458 | 3,988,411 | 3,947,550 | 3,633,701 | 19,329,330 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |           |           |           |           |           | 0          |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |           |           |           |           |           | 0          |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 4,043,210 | 3,716,458 | 3,988,411 | 3,947,550 | 3,633,701 | 19,329,330 |
| <b>5</b> 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) . . . . . |           |           |           |           |           | 5,719,608  |
| <b>6 Public support.</b> Subtract line 5 from line 4 . . . . .   |           |           |           |           |           | 13,609,722 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014  | (b) 2015  | (c) 2016  | (d) 2017  | (e) 2018  | (f) Total                |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .   | 4,043,210 | 3,716,458 | 3,988,411 | 3,947,550 | 3,633,701 | 19,329,330               |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   | 710,320   | 398,872   | 695,238   | 853,735   | 953,381   | 3,611,546                |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  | 0         | 0         | 0         | 0         | 0         | 0                        |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  | 0         | 0         | 0         | 0         | 0         | 0                        |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .  |           |           |           |           |           | 22,940,876               |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |           |           |           |           | 12        | 0                        |
| <b>13 First five years.</b> 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 <b>stop here</b> . . . . . |           |           |           |           |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |                                     |         |
|--|-------------------------------------|---------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .   | <b>14</b>                           | 59.33 % |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .   | <b>15</b>                           | 67.56 % |
| <b>16a 33⅓% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   | <input checked="" type="checkbox"/> |         |
| <b>b 33⅓% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  | <input type="checkbox"/>            |         |
| <b>17a 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .  |          |          |          |          |          |           |
| <b>b</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                   |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |                          |   |
|---|--------------------------|---|
| <b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . .   | <b>17</b>                | % |
| <b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .   | <b>18</b>                | % |
| <b>19a 33<sup>1</sup>/<sub>3</sub>% support tests—2018.</b> If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .         | <input type="checkbox"/> |   |
| <b>b 33<sup>1</sup>/<sub>3</sub>% support tests—2017.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . | <input type="checkbox"/> |   |
| <b>20 Private foundation.</b> 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 in line 12 on 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 |
|---|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .                                       |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>  |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>2</b>  |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

| <b>Section A—Adjusted Net Income</b>  |           | (A) Prior Year | (B) Current Year (optional) |
|---|-----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>  |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>  |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>  |                |                             |
| <b>4</b> Add lines 1 through 3.   | <b>4</b>  |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b>  |                |                             |
| <b>6</b> 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) | <b>6</b>  |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>  |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)   | <b>8</b>  |                |                             |
| <b>Section B—Minimum Asset Amount</b>   |           | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |           |                |                             |
| <b>a</b> Average monthly value of securities  | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances  | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets   | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):   |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d.  | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035.   | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions   | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>  |                |                             |
| <b>Section C—Distributable Amount</b>   |           |                | Current Year                |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>  |                |                             |
| <b>2</b> Enter 85% of line 1.   | <b>2</b>  |                |                             |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>  |                |                             |
| <b>4</b> Enter greater of line 2 or line 3.   | <b>4</b>  |                |                             |
| <b>5</b> Income tax imposed in prior year   | <b>5</b>  |                |                             |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | <b>6</b>  |                |                             |
| <b>7</b> <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).                                |           |                |                             |

Schedule A (Form 990 or 990-EZ) 2018

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

| Section D—Distributions |  | Current Year |  |
|-------------------------|--|--------------|--|
| <b>1</b>                | Amounts paid to supported organizations to accomplish exempt purposes  |              |  |
| <b>2</b>                | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |  |
| <b>3</b>                | Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |  |
| <b>4</b>                | Amounts paid to acquire exempt-use assets  |              |  |
| <b>5</b>                | Qualified set-aside amounts (prior IRS approval required)  |              |  |
| <b>6</b>                | Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |  |
| <b>7</b>                | <b>Total annual distributions.</b> Add lines 1 through 6.  |              |  |
| <b>8</b>                | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |  |
| <b>9</b>                | Distributable amount for 2018 from Section C, line 6   |              |  |
| <b>10</b>               | Line 8 amount divided by line 9 amount   |              |  |

| Section E—Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                             |  |   |
| <b>a</b> From 2013 . . . . .   |                             |  |   |
| <b>b</b> From 2014 . . . . .   |                             |  |   |
| <b>c</b> From 2015 . . . . .   |                             |  |   |
| <b>d</b> From 2016 . . . . .   |                             |  |   |
| <b>e</b> From 2017 . . . . .   |                             |  |   |
| <b>f</b> <b>Total</b> of lines 3a through e  |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2018 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7</b> <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.   |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2014 . . .  |                             |  |   |
| <b>b</b> Excess from 2015 . . .  |                             |  |   |
| <b>c</b> Excess from 2016 . . .  |                             |  |   |
| <b>d</b> Excess from 2017 . . .  |                             |  |   |
| <b>e</b> Excess from 2018 . . .  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2018

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

Name of the organization

SAINT THOMAS HEALTH FOUNDATIONS

Employer identification number

58-1663055

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X **Schedule B (Form 990, 990-EZ, or 990-PF) (2018)**



Name of organization

SAINT THOMAS HEALTH FOUNDATIONS

Employer identification number

58-1663055

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          |                                   | \$ 1,145,178               | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 209,866                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          |                                   | \$ 164,041                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 150,000                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          |                                   | \$ 82,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization

SAINT THOMAS HEALTH FOUNDATIONS

Employer identification number

58-1663055

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----  | -----                |

Name of organization

SAINT THOMAS HEALTH FOUNDATIONS

Employer identification number

58-1663055

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|                         |                         |
|-------------------------|-------------------------|
| -----<br>-----<br>----- | -----<br>-----<br>----- |
|-------------------------|-------------------------|

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|                         |                         |
|-------------------------|-------------------------|
| -----<br>-----<br>----- | -----<br>-----<br>----- |
|-------------------------|-------------------------|

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|                         |                         |
|-------------------------|-------------------------|
| -----<br>-----<br>----- | -----<br>-----<br>----- |
|-------------------------|-------------------------|

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|                         |                         |
|-------------------------|-------------------------|
| -----<br>-----<br>----- | -----<br>-----<br>----- |
|-------------------------|-------------------------|

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

SAINT THOMAS HEALTH FOUNDATIONS

Employer identification number

58-1663055

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds                                  | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year . . . . .   |  |                              |
| 2 Aggregate value of contributions to (during year)   |  |                              |
| 3 Aggregate value of grants from (during year) . . . . .  |  |                              |
| 4 Aggregate value at end of year . . . . .  |  |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

**Part II Conservation Easements.**

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

|  |  |
|--|--|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply).<br><input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area<br><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br><input type="checkbox"/> Preservation of open space |  |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  | <b>Held at the End of the Tax Year</b>                   |
| a Total number of conservation easements . . . . .   | 2a   |
| b Total acreage restricted by conservation easements . . . . .   | 2b   |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2c   |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .   | 2d   |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►  |  |
| 4 Number of states where property subject to conservation easement is located ►  |  |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►  |  |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$   |  |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.   |  |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

|   |  |
|---|--|
| 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  |  |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:<br>(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$<br>(ii) Assets included in Form 990, Part X . . . . . ► \$ |  |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:<br>a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$<br>b Assets included in Form 990, Part X . . . . . ► \$  |  |

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations  
**d** ☐ Loan or exchange programs  
**e** ☐ Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

|  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |

**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 on 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 6,736,869        | 6,249,042      | 5,009,879          | 5,765,209            | 5,593,408           |
| <b>b</b> Contributions                                  | 53,984           | 29,405         | 538,180            | 113,056              | 16,292              |
| <b>c</b> Net investment earnings, gains, and losses     | 391,476          | 544,051        | 761,483            | (362,933)            | 192,907             |
| <b>d</b> Grants or scholarships                         | 0                | 0              | 0                  | 0                    | 0                   |
| <b>e</b> Other expenditures for facilities and programs | 96,379           | 85,629         | 60,500             | 505,453              | 37,398              |
| <b>f</b> Administrative expenses                        | 0                | 0              | 0                  | 0                    | 0                   |
| <b>g</b> End of year balance                            | 7,085,950        | 6,736,869      | 6,249,042          | 5,009,879            | 5,765,209           |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☐ 0.00 %  
**b** Permanent endowment ☐ 48.77 %  
**c** Temporarily restricted endowment ☐ 51.23 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|   | Yes           | No                                  |
|---|---------------|-------------------------------------|
| <b>(i)</b> unrelated organizations  | <b>3a(i)</b>  | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations   | <b>3a(ii)</b> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     | <input type="checkbox"/>            |

**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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   |                                      | 0                               |                              | 0              |
| <b>b</b> Buildings   |                                      | 0                               | 0                            | 0              |
| <b>c</b> Leasehold improvements  |                                      | 0                               | 0                            | 0              |
| <b>d</b> Equipment   |                                      | 55,136                          | 55,136                       | 0              |
| <b>e</b> Other   |                                      | 0                               | 0                            | 0              |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 0              |

**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<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>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) _____   |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) _____   |                |  |
| (2) _____   |                |  |
| (3) _____   |                |  |
| (4) _____   |                |  |
| (5) _____   |                |  |
| (6) _____   |                |  |
| (7) _____   |                |  |
| (8) _____   |                |  |
| (9) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► |                |  |

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) INTEREST IN CHARITABLE REMAINDER TRUST  | 1,461,768      |
| (2) DUE FROM AFFILIATES   | 203,416        |
| (3) OTHER RECEIVABLES   | 105,641        |
| (4) INTEREST IN INVESTMENTS HELD BY ASCENSION HEALTH ALLIANCE                         | 5,641,960      |
| (5) _____   |                |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ► | 7,412,785      |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2) DUE TO AFFILIATES   | 538,744        |  |
| (3) _____   |                |  |
| (4) _____   |                |  |
| (5) _____   |                |  |
| (6) _____   |                |  |
| (7) _____   |                |  |
| (8) _____   |                |  |
| (9) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | 538,744        |  |

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.

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

**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.

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

**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.

[SEE STATEMENT](#)

**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 - Identifier                                       | Explanation   |
|---|---|
| SCHEDULE D, PART V,<br>LINE 4 - INTENDED USES<br>OF ENDOWMENT FUNDS | THE FOUNDATION'S ENDOWMENT FUNDS CONSISTS OF INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT FUNDS ARE SUBJECT TO THE RESTRICTIONS OF GIFT INSTRUMENTS GENERALLY REQUIRING THAT THE PRINCIPAL BE INVESTED IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT VARIOUS ORGANIZATIONAL PURPOSES SUCH AS EDUCATION, COMMUNITY OUTREACH, AND CHARITY CARE. |
| SCHEDULE D, PART X,<br>LINE 2 - FIN 48 (ASC 740)<br>FOOTNOTE        | THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX PROVISIONS 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, 2019.  |

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

SAINT THOMAS HEALTH FOUNDATIONS

Employer identification number

58-1663055

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual<br>or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have<br>custody or control of<br>contributions? |    | (iv) Gross receipts<br>from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|--|---------------|--|----|--------------------------------------|--|---|
|  |               | Yes  | No |                                      |  |   |
| 1  |               |  |    |                                      |  |   |
| 2  |               |  |    |                                      |  |   |
| 3  |               |  |    |                                      |  |   |
| 4  |               |  |    |                                      |  |   |
| 5  |               |  |    |                                      |  |   |
| 6  |               |  |    |                                      |  |   |
| 7  |               |  |    |                                      |  |   |
| 8  |               |  |    |                                      |  |   |
| 9  |               |  |    |                                      |  |   |
| 10   |               |  |    |                                      |  |   |

**Total** . . . . . ▶

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1<br><u>SETON CELEBRATION GALA</u><br>(event type) | (b) Event #2<br><u>THE GOOD HEALTH CLASSIC</u><br>(event type) | (c) Other events<br><u>1</u><br>(total number) | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|---|--|--|--|
|                 |  |   |  |  |  |
| Revenue         | <b>1</b> Gross receipts . . . . .  | 317,082   | 195,110  | 119,999  | 632,191  |
|                 | <b>2</b> Less: Contributions . . . . .   | 229,432   | 168,710  | 105,999  | 504,141  |
|                 | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                           | 87,650  | 26,400   | 14,000   | 128,050  |
| Direct Expenses | <b>4</b> Cash prizes . . . . .   |   |  |  | 0  |
|                 | <b>5</b> Noncash prizes . . . . .  |   | 12,657   |  | 12,657   |
|                 | <b>6</b> Rent/facility costs . . . . .   | 78,876  | 1,056  | 34,603   | 114,535  |
|                 | <b>7</b> Food and beverages . . . . .  | 53,868  | 656  | 11,045   | 65,569   |
|                 | <b>8</b> Entertainment . . . . .   | 20,480  |  | 1,750  | 22,230   |
|                 | <b>9</b> Other direct expenses . . . . .   | 65,232  | 100  | 24,583   | 89,915   |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |   |  |  | 304,906  |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |  |  | (176,856)  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
|                 |   |   |   |   |   |
| Revenue         | <b>1</b> Gross revenue . . . . .  |   |   |   |   |
|                 |   |   |   |   |   |
| Direct Expenses | <b>2</b> Cash prizes . . . . .  |   |   |   |   |
|                 | <b>3</b> Noncash prizes . . . . .   |   |   |   |   |
|                 | <b>4</b> Rent/facility costs . . . . .  |   |   |   |   |
|                 | <b>5</b> Other direct expenses . . . . .  |   |   |   |   |
|                 | <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |   |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |   |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

- |           |  |                              |                             |
|-----------|--|------------------------------|-----------------------------|
| <b>11</b> | Does the organization conduct gaming activities with nonmembers? . . . . .   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13</b> | Indicate the percentage of gaming activity conducted in:   |                              |                             |
| <b>a</b>  | The organization's facility . . . . .  | <b>13a</b>                   | %                           |
| <b>b</b>  | An outside facility . . . . .  | <b>13b</b>                   | %                           |
| <b>14</b> | Enter the name and address of the person who prepares the organization's gaming/special events books and records:  |                              |                             |

Name 

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ►

- 16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **▶** \$

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

SAINT THOMAS HEALTH FOUNDATIONS

Employer identification number

58-1663055

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government                           | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) (SEE STATEMENT)  | 62-1035426 | 501(C)(3)                       | 265,000                  |                                   |   |                                       | OPERATING SUPPORT                  |
| (2) SAINT THOMAS WEST HOSPITAL<br>4220 HARDING ROAD, NASHVILLE, TN 37205       | 62-0347580 | 501(C)(3)                       | 252,721                  |                                   |   |                                       | OPERATING SUPPORT                  |
| (3) BELLEVUE MEDICAL GROUP, LLC<br>4220 HARDING ROAD, NASHVILLE, TN 37205      | 62-1868848 |                                 | 198,730                  |                                   |   |                                       | OPERATING SUPPORT                  |
| (4) (SEE STATEMENT)  | 52-2362225 | 501(C)(3)                       | 193,244                  |                                   |   |                                       | OPERATING SUPPORT                  |
| (5) SAINT THOMAS HEALTH<br>4220 HARDING ROAD, NASHVILLE, TN 37205              | 58-1716804 | 501(C)(3)                       | 69,276                   |                                   |   |                                       | OPERATING SUPPORT                  |
| (6) ST. THOMAS HOSPITAL AUXILLIARY<br>4220 HARDING PIKE, NASHVILLE, TN 37205   | 62-0730749 |                                 | 42,585                   |                                   |   |                                       | OPERATING SUPPORT                  |
| (7) UNITED WAY OF MIDDLE TENNESSEE<br>250 VENTURE CIRCLE, NASHVILLE, TN 37228  | 62-0533104 | 501(C)(3)                       | 21,445                   |                                   |   |                                       | OPERATING SUPPORT                  |
| (8) NASHVILLE ACADEMY OF MEDICINE<br>3301 WEST END AVENUE, NASHVILLE, TN 37203 | 62-0473060 | 501(C)(3)                       | 14,737                   |                                   |   |                                       | OPERATING SUPPORT                  |
| (9) SAINT THOMAS NETWORK<br>4220 HARDING RD, NASHVILLE, TN 37205               | 62-1284994 | 501(C)(3)                       | 10,517                   |                                   |   |                                       | OPERATING SUPPORT                  |
| (10)   |            |                                 |                          |                                   |   |                                       |                                    |
| (11)   |            |                                 |                          |                                   |   |                                       |                                    |
| (12)   |            |                                 |                          |                                   |   |                                       |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 7
- 3 Enter total number of other organizations listed in the line 1 table ▶ 2

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

Cat. No. 50055P

Schedule I (Form 990) (2018)



**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance              | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| <b>1</b> ASSOCIATE FINANCIAL ASSISTANCE      | 212                      | 42,073                   | 34,990                           | FMV   | GIFT CARDS                            |
| <b>2</b> PATIENT FINANCIAL ASSISTANCE        | 832                      | 157,215                  |                                  |   |                                       |
| <b>3</b> SCHOLARSHIPS & CONTINUING EDUCATION | 97                       | 140,393                  |                                  |   |                                       |
| <b>4</b>                                     |                          |                          |                                  |   |                                       |
| <b>5</b>                                     |                          |                          |                                  |   |                                       |
| <b>6</b>                                     |                          |                          |                                  |   |                                       |
| <b>7</b>                                     |                          |                          |                                  |   |                                       |

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

(SEE STATEMENT)

# Part IV

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

| Return Reference - Identifier  | Explanation  |
|--|--|
| SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.     | VIRTUALLY ALL GRANTS ARE MADE BY PAYING THE THIRD PARTY FOR GOODS AND SERVICES BASED ON INVOICES OR REIMBURSING THE GRANTEE FOR EXPENSES BASED ON RECEIPTS SUCH AS REIMBURSING FOR SALARY AND BENEFITS EXPENSE, EQUIPMENT PURCHASES, CONSTRUCTION EXPENSES, CONFERENCE AND SEMINAR REGISTRATION AND TRAVEL. IN INSTANCES WHERE GRANTS ARE MADE TO OUTSIDE ORGANIZATIONS, THE GRANTEE WILL SUBSEQUENTLY PROVIDE A REPORT OF THEIR EXPENDITURES. |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | MATTHEW WALKER COMPREHENSIVE HEALTH CENTER<br>1035 14TH AVENUE N, NASHVILLE, TN 37208  |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | SAINT THOMAS MEDICAL PARTNERS<br>300 20TH AVENUE, SUITE 100, NASHVILLE, TN 37203   |

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SAINT THOMAS HEALTH FOUNDATIONS

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Employer identification number

58-1663055

**Part I Questions Regarding Compensation**

|  | Yes       | No |
|--|-----------|----|
| <b>1a</b> 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.<br><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |           |    |
| <b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.   | <b>1b</b> |    |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  | <b>2</b>  |    |
| <b>3</b> 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.<br><input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract<br><input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study<br><input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee  |           |    |
| <b>4</b> 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:  |           |    |
| <b>a</b> Receive a severance payment or change-of-control payment?   | <b>4a</b> | ✓  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | <b>4b</b> | ✓  |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.   | <b>4c</b> | ✓  |
| <b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>  |           |    |
| <b>5</b> 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:  |           |    |
| <b>a</b> The organization?   | <b>5a</b> | ✓  |
| <b>b</b> Any related organization?<br>If "Yes" on line 5a or 5b, describe in Part III.   | <b>5b</b> | ✓  |
| <b>6</b> 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:  |           |    |
| <b>a</b> The organization?   | <b>6a</b> | ✓  |
| <b>b</b> Any related organization?<br>If "Yes" on line 6a or 6b, describe in Part III.   | <b>6b</b> | ✓  |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  | <b>7</b>  | ✓  |
| <b>8</b> 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.  | <b>8</b>  | ✓  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  | <b>9</b>  |    |

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

Cat. No. 50053T

Schedule J (Form 990) 2018

**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 aren't 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 |  |                         |                                 |   |
| <b>1</b> TIMOTHY P ADAMS<br>EX-OFFICIO/PRESIDENT & CEO/MINISTRY MARKET EXECUTIVE | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 705,531  | 100,000                             | 118,688                             | 13,750   | 23,545                  | 961,514                         | 0   |
| <b>2</b> LISA R DAVIS<br>EX-OFFICIO/CFO, MINISTRY MARKET                         | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 382,204  | 51,555                              | 63,500                              | 17,875   | 12,195                  | 527,329                         | 0   |
| <b>3</b> JOHN G POPE<br>DIRECTOR   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 263,464  | 38,959                              | 133,287                             | 17,875   | 22,139                  | 475,724                         | 52,959  |
| <b>4</b> KAREN L SPRINGER<br>FORMER OFFICER (END 12/2017)                        | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 939,685  | 313,335                             | 161,575                             | 15,125   | 7,002                   | 1,436,721                       | 0   |
| <b>5</b> DAN THOMPSON<br>FORMER KEY EMPLOYEE (END 12/2017)                       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 155,501  | 0                                   | 762                                 | 8,142  | 22,564                  | 186,969                         | 0   |
| <b>6</b>   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| <b>7</b>   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| <b>8</b>   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| <b>9</b>   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| <b>10</b>  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| <b>11</b>  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| <b>12</b>  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| <b>13</b>  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| <b>14</b>  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| <b>15</b>  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| <b>16</b>  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

Schedule J (Form 990) 2018

# 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 - Identifier   | Explanation   |
|---|---|
| SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION | <p>A RELATED ORGANIZATION OF SAINT THOMAS HEALTH FOUNDATIONS, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO:</p> <ul style="list-style-type: none"> <li>-COMPENSATION COMMITTEE</li> <li>-INDEPENDENT COMPENSATION CONSULTANT</li> <li>-COMPENSATION SURVEY OR STUDY</li> <li>-APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE</li> </ul>  |
| SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN                               | <p>ELIGIBLE EXECUTIVES PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS. THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION. BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED. DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID.</p> <p>THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT AS NOTED:</p> <p>JOHN G. POPE - \$52,959</p> |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of Treasury Internal  
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the Organization

SAINT THOMAS HEALTH FOUNDATIONS

Employer Identification Number

58-1663055

| Return Reference - Identifier   | Explanation   |
|---|---|
| FORM 990, HEADER, BOX J - WEBSITE   | <a href="https://healthcare.ascension.org/locations/tennessee/tnnas/nashville-saint-thomas-midtown-hospital/foundation">HTTPS://HEALTHCARE.ASCENSION.ORG/LOCATIONS/TENNESSEE/TNNAS/NASHVILLE-SAINT-THOMAS-MIDTOWN-HOSPITAL/FOUNDATION</a>   |
| FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION   | COMMUNITIES. WE ARE ADVOCATES FOR A COMPASSIONATE AND JUST SOCIETY THROUGH OUR ACTIONS AND OUR WORDS.   |
| FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS  | SAINT THOMAS HEALTH FOUNDATIONS HAS A SINGLE CORPORATE MEMBER, SAINT THOMAS NETWORK.  |
| FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY               | SAINT THOMAS HEALTH FOUNDATIONS HAS A SINGLE CORPORATE MEMBER, SAINT THOMAS NETWORK, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF SAINT THOMAS HEALTH FOUNDATIONS.   |
| FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS                  | ALL DECISIONS THAT HAVE A MATERIAL IMPACT TO SAINT THOMAS HEALTH FOUNDATIONS FINANCIAL INFORMATION OR CORPORATION AS A WHOLE ARE SUBJECT TO APPROVAL BY ITS SOLE CORPORATE MEMBER, SAINT THOMAS NETWORK.  |
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY                                    | DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS WHICH MAY INCLUDE, AS NEEDED, FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN. A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO DESIGNATED MANAGEMENT TEAM MEMBERS WITH EXPERIENCE IN TAX, IN LIEU OF THE FULL BOARD.   |
| FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY   | THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE WILL DECIDE IF CONFLICTS OF INTEREST EXIST. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SIGNS A STATEMENT ANNUALLY 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. |
| FORM 990, PART VI, LINE 15A - PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIAL         | THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL IS PERFORMED BY A RELATED ORGANIZATION. THE PROCESS INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS OF THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE, USE OF COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. THE COMPENSATION COMMITTEE IS CHARGED WITH OVERSEEING THE PROCESS IN A MANNER DESIGNED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS.   |
| FORM 990, PART VI, LINE 15B - PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES | THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S OTHER OFFICERS OR KEY EMPLOYEES IS PERFORMED BY A RELATED ORGANIZATION. THE PROCESS INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS OF THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE, USE OF COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. THE COMPENSATION COMMITTEE IS CHARGED WITH OVERSEEING THE PROCESS IN A MANNER DESIGNED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS.   |
| FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC                               | THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST.   |
| FORM 990, PART VII, SECTION A - RELATED ENTITIES  | THE ORGANIZATION UTILIZES AN AFFILIATE AS THE COMMON PAY AGENT. EMPLOYEES REPORTED IN PART VII MAY HAVE DUTIES THAT IMPACT MULTIPLE RELATED ENTITIES. TOTAL AVERAGE HOURS WORKED AND COMPENSATION AND BENEFITS PAID ARE REPORTED. IN DOING SO, IF AVAILABLE, A COMMON LAW EMPLOYER ANALYSIS IS USED TO DETERMINE WHETHER THE HOURS AND COMPENSATION/BENEFITS ARE REPORTABLE AS ATTRIBUTABLE DIRECTLY TO THE FILING ORGANIZATION OR ANOTHER ENTITY; OTHERWISE, THE BEST AVAILABLE INFORMATION HAS BEEN USED AS THE BASIS FOR ALLOCATIONS UTILIZED IN THE REPORTING.  |

| Return Reference - Identifier   | Explanation  |            |
|---|--|------------|
| FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES                | (a) Description  | (b) Amount |
|   | TRANSFER WITH AFFILIATES   | 603,558    |
| FORM 990, PART XII, LINE 2B - AUDITED FINANCIAL STATEMENTS                              | THE ACTIVITY OF SAINT THOMAS HEALTH FOUNDATIONS, INC. IS REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE. NO INDIVIDUAL AUDIT OF SAINT THOMAS HEALTH FOUNDATIONS, INC. IS COMPLETED. THEREFORE, THE AUDITED FINANCIAL STATEMENTS ARE OF ASCENSION HEALTH ALLIANCE AND AFFILIATES, WHICH INCLUDE THE ACTIVITY OF SAINT THOMAS HEALTH FOUNDATIONS, INC. |            |
| FORM 990, PART XII, LINE 2C - OVERSIGHT OF AUDIT OR SELECTION OF INDEPENDENT ACCOUNTANT | SAINT THOMAS HEALTH FOUNDATIONS, INC. IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE. THE FINANCE AND AUDIT COMMITTEE OF ASCENSION HEALTH ALLIANCE'S BOARD ASSUMES RESPONSIBILITY FOR THE CONSOLIDATED ORGANIZATION AS A WHOLE.   |            |



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SAINT THOMAS HEALTH FOUNDATIONS

**Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

58-1663055

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) .....   |                         |  |                     |                           |                                  |
| (2) .....   |                         |  |                     |                           |                                  |
| (3) .....   |                         |  |                     |                           |                                  |
| (4) .....   |                         |  |                     |                           |                                  |
| (5) .....   |                         |  |                     |                           |                                  |
| (6) .....   |                         |  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) (SEE STATEMENT) .....                             |                         |  |                            |   |                                  |  |    |
| (2) .....   |                         |  |                            |   |                                  |  |    |
| (3) .....   |                         |  |                            |   |                                  |  |    |
| (4) .....   |                         |  |                            |   |                                  |  |    |
| (5) .....   |                         |  |                            |   |                                  |  |    |
| (6) .....   |                         |  |                            |   |                                  |  |    |
| (7) .....   |                         |  |                            |   |                                  |  |    |

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

Cat. No. 50135Y

Schedule R (Form 990) 2018

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512—514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) (SEE STATEMENT)                                      |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (2)  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (3)  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (4)  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (5)  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (6)  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (7)  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|---|---------------------------------|---------------------------------------|--------------------------------|--|----|
|   |                         |   |                                     |   |                                 |                                       |                                | Yes  | No |
| (1) (SEE STATEMENT)                                   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (2)   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (3)   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (4)   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (5)   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (6)   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (7)   |                         |   |                                     |   |                                 |                                       |                                |  |    |

**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 |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               |     | ✓  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | ✓   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | ✓   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | ✓  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | ✓  |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | ✓  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | ✓  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | ✓  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | ✓  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | ✓  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | ✓   |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | ✓  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | ✓  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | ✓  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  |     | ✓  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | ✓   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | ✓   |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | ✓   |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | ✓   |    |

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a–s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| SAINT THOMAS MEDICAL PARTNERS       | B                                | 193,244                | FAIR MARKET VALUE                            |
| (1) SAINT THOMAS HEALTH             | Q                                | 208,375                | FAIR MARKET VALUE                            |
| (2) SAINT THOMAS HEALTH             | R                                | 1,093,807              | FAIR MARKET VALUE                            |
| (3) SAINT THOMAS NETWORK            | B                                | 198,730                | FAIR MARKET VALUE                            |
| (4) SAINT THOMAS NETWORK            | C                                | 1,145,178              | FAIR MARKET VALUE                            |
| (5) (SEE STATEMENT)                 |                                  |                        |  |
| (6)                                 |                                  |                        |  |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512–514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |  | Yes   | No |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (2) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (3) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (4) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (5) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (6) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (7) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (8) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (9) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (10) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (11) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (12) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (13) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (14) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (15) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (16) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |

Schedule R (Form 990) 2018

**Part II****Identification of Related Tax-Exempt Organizations** (continued)

| (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) AFFINITY HEALTH SYSTEM (39-1568866)<br>1506 ONEIDA ST, APPLETON, WI 54915                                       | HEALTH SYSTEM   | IL  | 501(C)(3)               | 12 TYPE II                                       | MINISTRY HEALTH CARE, INC.     | ✓   |    |
| (2) AGAPE COMMUNITY CENTER OF MILWAUKEE, INC. (39-1641846)<br>6100 NORTH 42ND STREET, MILWAUKEE, WI 53209           | COMMUNITY CENTER  | WI  | 501(C)(3)               | 7  | MINISTRY HEALTH CARE, INC.     | ✓   |    |
| (3) ALABAMA PROVIDENCE HEALTHCARE SERVICES (46-2847744)<br>6801 AIRPORT BLVD., MOBILE, AL 36608                     | SUPPORT PROVIDENCE HOSPITAL   | AL  | 501(C)(3)               | 10   | GULF COAST HEALTH SYSTEM       | ✓   |    |
| (4) ALEXIAN BROTHERS - AHS MIDWEST REGION HEALTH CO (47-2360513)<br>2601 NAVISTAR DRIVE, LISLE, IL 60532            | JOINT OPERATING COMPANY   | IL  | 501(C)(3)               | 12 TYPE II                                       | N/A                            |   | ✓  |
| (5) ALEXIAN BROTHERS AMBULATORY GROUP (36-4336931)<br>2601 NAVISTAR DRIVE, LISLE, IL 60532                          | PHYSICIAN SERVICES  | IL  | 501(C)(3)               | 3  | ALEXIAN BROTHERS HEALTH SYSTEM | ✓   |    |
| (6) ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL (36-4251848)<br>1650 MOON LAKE BLVD., HOFFMAN ESTATES, IL 60169     | BEHAVIORAL HEALTH HOSPITAL  | IL  | 501(C)(3)               | 3  | ALEXIAN BROTHERS HEALTH SYSTEM | ✓   |    |
| (7) ALEXIAN BROTHERS BONAVENTURE HOUSE (36-3527899)<br>825 WELLINGTON AVENUE, CHICAGO, IL 60657                     | HOUSING AND SUPPORTIVE CARE SERVICES FOR PERSONS WITH HIV/AIDS                                  | IL  | 501(C)(3)               | 10   | ALEXIAN BROTHERS HEALTH SYSTEM | ✓   |    |
| (8) ALEXIAN BROTHERS CENTER FOR MENTAL HEALTH (36-3045007)<br>3436 N. KENNICOTT AVENUE, ARLINGTON HEIGHTS, IL 60004 | OUTPATIENT COMMUNITY MENTAL HEALTH SERVICES   | IL  | 501(C)(3)               | 10   | ALEXIAN BROTHERS HEALTH SYSTEM | ✓   |    |
| (9) ALEXIAN BROTHERS COMMUNITY SERVICES (36-4344423)<br>12250 WEBER HILL RD, STE 200, ST LOUIS, MO 63127            | PACE-COMPREHENSIVE & COORDINATED COMMUNITY BASED SERVICES                                       | IL  | 501(C)(3)               | 10   | ASCENSION HEALTH SENIOR CARE   | ✓   |    |
| (10) ALEXIAN BROTHERS HEALTH SYSTEM (36-3260495)<br>200 SOUTH WACKER DRIVE, CHICAGO, IL 60606                       | SUPPORTS THE PROVISION OF HEALTHCARE SERVICES FOR RELATED CORPORATIONS FOR WHICH IT IS A MEMBER | IL  | 501(C)(3)               | 12 TYPE III-FI                                   | ASCENSION HEALTH               | ✓   |    |
| (11) ALEXIAN BROTHERS HOSPITAL NETWORK (36-3276552)<br>2601 NAVISTAR DRIVE, LISLE, IL 60532                         | SUPPORTS THE PROVISION OF HEALTHCARE SERVICES FOR RELATED CORPORATIONS                          | IL  | 501(C)(3)               | 12 TYPE III-FI                                   | ALEXIAN BROTHERS HEALTH SYSTEM | ✓   |    |
| (12) ALEXIAN BROTHERS LANSDOWNE VILLAGE (43-1470362)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127           | SKILLED NURSING FACILITY  | MO  | 501(C)(3)               | 10   | ASCENSION HEALTH SENIOR CARE   | ✓   |    |

| (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 |
| (13) ALEXIAN BROTHERS MEDICAL CARE GROUP, NFP (47-1930457)<br>2601 NAVISTAR DRIVE, LISLE, IL 60532              | PHYSICIAN SERVICES  | IL  | 501(C)(3)               | 3  | ALEXIAN BROTHERS HEALTH SYSTEM   | ✓   |    |
| (14) ALEXIAN BROTHERS MEDICAL CENTER (36-2596381)<br>800 BIESTERFIELD ROAD, ELK GROVE VILLAGE, IL 60007         | ACUTE CARE HOSPITAL   | IL  | 501(C)(3)               | 3  | ALEXIAN BROTHERS HEALTH SYSTEM   | ✓   |    |
| (15) ALEXIAN BROTHERS MEDICAL GROUP SPECIALTY CARE (81-1110738)<br>2601 NAVISTAR DRIVE, LISLE, IL 60532         | SPECIALTY PHYSICIAN PRACTICE GROUP                            | IL  | 501(C)(3)               | 3  | ALEXIAN BROTHERS HEALTH SYSTEM   | ✓   |    |
| (16) ALEXIAN BROTHERS OF SAN JOSE, INC. (94-1530037)<br>2601 NAVISTAR DRIVE, LISLE, IL 60532                    | ACUTE CARE HOSPITAL (SOLD IN 1998)                            | TX  | 501(C)(3)               | 12 TYPE I  | ALEXIAN BROTHERS HEALTH SYSTEM   | ✓   |    |
| (17) ALEXIAN BROTHERS SENIOR MINISTRIES (36-4484290)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127       | SUPPORTS THE PROVISION OF HEALTHCARE FOR RELATED CORPORATIONS | IL  | 501(C)(3)               | 12 TYPE II                                       | ALEXIAN BROTHERS HEALTH SYSTEM   | ✓   |    |
| (18) ALEXIAN BROTHERS SERVICES, INC. (43-1295333)<br>3040 W SALT CREEK LN, ARLINGTON HEIGHTS, IL 60005          | HUD HOUSING   | MO  | 501(C)(3)               | 10   | ALEXIAN BROTHERS HEALTH SYSTEM   | ✓   |    |
| (19) ALEXIAN BROTHERS SHERBROOKE VILLAGE (43-1592502)<br>12250 WEBER HILL RD, STE 200, ST LOUIS, MO 63127       | SKILLED NURSING FACILITY                                      | MO  | 501(C)(3)               | 10   | ASCENSION HEALTH SENIOR CARE   | ✓   |    |
| (20) ALEXIAN BROTHERS SPECIALTY GROUP (80-0710751)<br>2601 NAVISTAR DRIVE, LISLE, IL 60532                      | SPECIALTY PHYSICIAN PRACTICE GROUP                            | IL  | 501(C)(3)               | 3  | ALEXIAN BROTHERS HEALTH SYSTEM   | ✓   |    |
| (21) ALEXIAN VILLAGE OF MILWAUKEE, INC. (39-1351584)<br>12250 WEBER HILL RD, STE 200, ST LOUIS, MO 63127        | CONTINUING CARE RETIREMENT COMMUNITY                          | WI  | 501(C)(3)               | 10   | ASCENSION HEALTH SENIOR CARE   | ✓   |    |
| (22) ALEXIAN VILLAGE OF TENNESSEE (62-1136742)<br>12250 WEBER HILL RD, STE 200, ST LOUIS, MO 63127              | CONTINUING CARE RETIREMENT COMMUNITY                          | TN  | 501(C)(3)               | 10   | ASCENSION HEALTH SENIOR CARE   | ✓   |    |
| (23) ALVERNO PROVENA HOSPITAL LABORATORIES, INC. (20-3238867)<br>2434 INTERSTATE PLAZA DRIVE, HAMMOND, IN 46234 | HEALTH CARE   | IN  | 501(C)(3)               | 3  | PRESENCE CENTRAL & SUBURBAN HOSPITALS NETWORK AND PRESENCE CHICAGO HOSPITALS NETWORK | ✓   |    |
| (24) AMERICAN SPORTS MEDICINE INSTITUTE (63-0952490)<br>2660 10TH AVENUE SOUTH NO. 505, BIRMINGHAM, AL 35205    | SPORTS MEDICINE   | AL  | 501(C)(3)               | 7  | ST. VINCENT'S BIRMINGHAM   | ✓   |    |
| (25) ARTHUR MERKLE - CLARA KNIPPRATH NURSING HOME (36-2841358)<br>1190 E 2900 N ROAD, CLIFTON, IL 60927         | RETIREMENT COMMUNITY  | IL  | 501(C)(3)               | 10   | PRESENCE LIFE CONNECTIONS  | ✓   |    |
| (26) ASCENSION MICHIGAN CMG (38-2601348)<br>28000 DEQUINDRE ROAD, WARREN, MI 48092                              | HEALTH CARE   | MI  | 501(C)(3)               | 10   | ST. JOHN PROVIDENCE  | ✓   |    |

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|--|-------------------------|---|-------------------------|--|---|---|----|
|  |                         |   |                         |  |   | Yes                                       | No |
| (27) ASCENSION ALL SAINTS HOSPITAL, INC. (39-1264986)<br>3801 SPRING STREET, RACINE, WI 53405  | HOSPITAL                | WI  | 501(C)(3)               | 3  | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC. | ✓   |    |
| (28) ASCENSION ARIZONA (86-0455920)<br>2202 N. FORBES BLVD., TUCSON, AZ 85745  | HOSPITAL                | AZ  | 501(C)(3)               | 3  | ASCENSION HEALTH  | ✓   |    |
| (29) ASCENSION BORGESS FOUNDATION (23-7222558)<br>1521 GULL ROAD, KALAMAZOO, MI 49048  | FUNDRAISING             | MI  | 501(C)(3)               | 12 TYPE III-FI                                   | ASCENSION BORGESS HOSPITAL                              | ✓   |    |
| (30) ASCENSION BORGESS HOSPITAL (38-1360526)<br>1521 GULL ROAD, KALAMAZOO, MI 49048  | HEALTHCARE SERVICES     | MI  | 501(C)(3)               | 3  | ASCENSION MICHIGAN                                      | ✓   |    |
| (31) ASCENSION BORGESS LEE FOUNDATION (38-2860459)<br>420 W. HIGH STREET, DOWAGIAC, MI 49047   | FUNDRAISING             | MI  | 501(C)(3)               | 12 TYPE III-FI                                   | ASCENSION BORGESS-LEE HOSPITAL                          | ✓   |    |
| (32) ASCENSION BORGESS-LEE HOSPITAL (38-1490190)<br>420 WEST HIGH STREET, DOWAGIAC, MI 49047   | HEALTHCARE SERVICES     | MI  | 501(C)(3)               | 3  | ASCENSION MICHIGAN                                      | ✓   |    |
| (33) ASCENSION BRIGHTON CENTER FOR RECOVERY (38-1576680)<br>12851 GRAND RIVER, BRIGHTON, MI 48116  | HOSPITAL                | MI  | 501(C)(3)               | 3  | ASCENSION MICHIGAN                                      | ✓   |    |
| (34) ASCENSION CALUMET HOSPITAL, INC. (39-0905385)<br>614 MEMORIAL DRIVE, CHILTON, WI 53014  | HOSPITAL                | WI  | 501(C)(3)               | 3  | MINISTRY HEALTH CARE, INC.                              | ✓   |    |
| (35) ASCENSION CARE MANAGEMENT INSURANCE HOLDINGS (F/K/A GLOBAL HEALTH PARTNERSHIP) (46-1121862)<br>101 SOUTH HANLEY STE 450, ST LOUIS, MO 63105 | HEALTH CARE             | MO  | 501(C)(3)               | 7  | ASCENSION HEALTH ALLIANCE                               | ✓   |    |
| (36) ASCENSION EAGLE RIVER HOSPITAL, INC. (39-0985690)<br>201 HOSPITAL ROAD, EAGLE RIVER, WI 54521   | HOSPITAL                | WI  | 501(C)(3)               | 3  | MINISTRY HEALTH CARE, INC.                              | ✓   |    |
| (37) ASCENSION EASTWOOD BEHAVIORAL HEALTH (38-1958763)<br>28000 DEQUINDRE ROAD, WARREN, MI 48092   | HEALTH CARE             | MI  | 501(C)(3)               | 10   | ST. JOHN PROVIDENCE                                     | ✓   |    |
| (38) ASCENSION GENESYS FOUNDATION (38-3591148)<br>ONE GENESYS PARKWAY, GRAND BLANC, MI 48439-8065  | FOUNDATION              | MI  | 501(C)(3)               | 12 TYPE I  | GENESYS HEALTH SYSTEM                                   | ✓   |    |
| (39) ASCENSION GENESYS HOSPITAL (38-2377821)<br>ONE GENESYS PARKWAY, GRAND BLANC, MI 48439-8065  | HOSPITAL                | MI  | 501(C)(3)               | 3  | ASCENSION MICHIGAN                                      | ✓   |    |
| (40) ASCENSION GOOD SAMARITAN HOSPITAL, INC. (39-0808503)<br>601 SOUTH CENTER AVENUE, MERRILL, WI 54452  | HOSPITAL                | WI  | 501(C)(3)               | 3  | MINISTRY HEALTH CARE, INC.                              | ✓   |    |
| (41) ASCENSION HEALTH (31-1662309)<br>PO BOX 45998, ST LOUIS, MO 63145   | NATIONAL HEALTH SYSTEM  | MO  | 501(C)(3)               | 12 TYPE I  | ASCENSION HEALTH ALLIANCE                               |   | ✓  |
| (42) ASCENSION HEALTH - IS INC (65-1257719)<br>PO BOX 45998, ST LOUIS, MO 63145  | SUPPORTING ORGANIZATION | MO  | 501(C)(3)               | 12 TYPE I  | ASCENSION HEALTH ALLIANCE                               | ✓   |    |
| (43) ASCENSION HEALTH ALLIANCE (45-3358926)<br>P.O. BOX 45998, ST. LOUIS, MO 63145   | NATIONAL HEALTH SYSTEM  | MO  | 501(C)(3)               | 12 TYPE I  | N/A   |   | ✓  |
| (44) ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST (36-7046706)<br>4600 EDMUNDSON RD, ST LOUIS, MO 63134       | SUPPORTING ORGANIZATION | MO  | 501(C)(3)               | 12 TYPE I  | ASCENSION HEALTH ALLIANCE                               | ✓   |    |
| (45) ASCENSION HEALTH GLOBAL MISSION (65-1205990)<br>101 SOUTH HANLEY, SUITE 450, ST. LOUIS, MO 63105  | SUPPORTING ORGANIZATION | MO  | 501(C)(3)               | 12 TYPE I  | ASCENSION HEALTH ALLIANCE                               | ✓   |    |



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|---|------------------------------|---|-------------------------|--|---|---|----|
|   |                              |   |                         |  |   | Yes                                       | No |
| (46) ASCENSION HEALTH SENIOR CARE (43-1227406)<br>12250 WEBER HILL ROAD,, ST. LOUIS, MO 63127   | PARENT COMPANY               | MO  | 501(C)(3)               | 12 TYPE I  | ASCENSION HEALTH  | ✓   |    |
| (47) ASCENSION WELFARE BENEFITS TRUST (43-1601369)<br>PO BOX 46944, ST LOUIS, MO 63146  | TRUST                        | MO  | 501(C)(9)               |  | ASCENSION HEALTH  | ✓   |    |
| (48) ASCENSION LIVING - LAKESHORE AT SIENA, INC. (82-4710412)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127  | RETIREMENT COMMUNITY         | WI  | 501(C)(3)               | 10   | ASCENSION HEALTH SENIOR CARE                            | ✓   |    |
| (49) ASCENSION MACOMB OAKLAND HOSPITAL (38-3322109)<br>28000 DEQUINDRE ROAD, WARREN, MI 48092   | HOSPITAL                     | MI  | 501(C)(3)               | 3  | ASCENSION MICHIGAN                                      | ✓   |    |
| (50) ASCENSION MEDICAL GROUP MICHIGAN (38-3494637)<br>28000 DEQUINDRE RD, WARREN, MI 48092  | HEALTH CARE                  | MI  | 501(C)(3)               | 10   | ST JOHN PROVIDENCE                                      | ✓   |    |
| (51) ASCENSION MEDICAL GROUP PROMED (38-3193801)<br>1521 GULL ROAD, KALAMAZOO, MI 49048   | HEALTHCARE SERVICES          | MI  | 501(C)(3)               | 10   | BORGESS HEALTH ALLIANCE INC                             | ✓   |    |
| (52) ASCENSION MEDICAL GROUP-FOX VALLEY WISCONSIN, INC. (39-1127163)<br>1570 APPLETON RD., MENASHA, WI 54952  | CLINICAL HEALTHCARE SERVICES | WI  | 501(C)(3)               | 3  | AFFINITY HEALTH SYSTEM                                  | ✓   |    |
| (53) ASCENSION MEDICAL GROUP-NORTHERN WISCONSIN, INC. (39-1965593)<br>824 ILLINOIS AVENUE, STEVENS POINT, WI 54481  | MEDICAL GROUP                | WI  | 501(C)(3)               | 12 TYPE III-FI                                   | MINISTRY HEALTH CARE, INC.                              | ✓   |    |
| (54) ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN, INC. (39-1791586)<br>400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212   | MEDICAL GROUP                | WI  | 501(C)(3)               | 3  | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC. | ✓   |    |
| (55) ASCENSION MICHIGAN (38-2631907)<br>28000 DEQUINDRE ROAD, WARREN, MI 48092  | HEALTH CARE                  | MI  | 501(C)(3)               | 12 TYPE I  | ASCENSION HEALTH  | ✓   |    |
| (56) ASCENSION MINISTRY AND MISSION FUND (27-3174701)<br>PO BOX 45998, ST LOUIS, MO 63145   | SUPPORTING ORGANIZATION      | MO  | 501(C)(3)               | 12 TYPE I  | ASCENSION HEALTH ALLIANCE                               | ✓   |    |
| (57) ASCENSION NE WISCONSIN, INC. (39-0816818)<br>1506 S. ONEIDA STREET, APPLETON, WI 54915   | HOSPITAL                     | WI  | 501(C)(3)               | 3  | MINISTRY HEALTH CARE, INC.                              | ✓   |    |
| (58) ASCENSION OUR LADY OF VICTORY HOSPITAL, INC. (39-0807065)<br>1120 PINE STREET, STANLEY, WI 54768   | HOSPITAL                     | WI  | 501(C)(3)               | 3  | MINISTRY HEALTH CARE, INC.                              | ✓   |    |
| (59) ASCENSION PROVIDENCE (74-1109636)<br>6901 MEDICAL PARKWAY, WACO, TX 76712  | HEALTHCARE SERVICES          | TX  | 501(C)(3)               | 3  | ASCENSION TEXAS   | ✓   |    |
| (60) ASCENSION PROVIDENCE FOUNDATION (38-3526629)<br>22101 MOROSS, DETROIT, MI 48236  | FUNDRAISING                  | MI  | 501(C)(3)               | 12 TYPE III-FI                                   | ST. JOHN PROVIDENCE                                     | ✓   |    |
| (61) ASCENSION PROVIDENCE HOSPITAL (38-1358212)<br>16001 WEST NINE MILE ROAD, SOUTHFIELD, MI 48037  | HOSPITAL                     | MI  | 501(C)(3)               | 3  | ASCENSION MICHIGAN                                      | ✓   |    |
| (62) ASCENSION PROVIDENCE ROCHESTER FOUNDATION F/K/A CRITTENTON HOSPITAL MEDICAL CENTER FOUNDATION (38-2627336)<br>1101 WEST UNIVERSITY DR, ROCHESTER, MI 48307 | SUPPORTING                   | MI  | 501(C)(3)               | 12 TYPE I  | ASCENSION PROVIDENCE ROCHESTER HOSPITAL                 | ✓   |    |
| (63) ASCENSION PROVIDENCE ROCHESTER HOSPITAL (38-1359247)<br>1101 W UNIVERSITY DR., ROCHESTER, MI 48307   | GENERAL HOSPITAL             | MI  | 501(C)(3)               | 3  | ASCENSION MICHIGAN                                      | ✓   |    |
| (64) ASCENSION RIVER DISTRICT HOSPITAL (38-3160564)<br>4100 RIVER ROAD, EAST CHINA, MI 48054  | HOSPITAL                     | MI  | 501(C)(3)               | 3  | ASCENSION MICHIGAN                                      | ✓   |    |

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|--|----------------------------------|---|-------------------------|--|---|---|----|
|  |                                  |   |                         |  |   | Yes                                       | No |
| (65) ASCENSION SACRED HEART-ST.MARY'S HOSPITALS, INC. (39-1390638)<br>P.O. BOX 347, STEVENS POINT, WI 54481  | HOSPITAL                         | WI  | 501(C)(3)               | 3  | MINISTRY HEALTH CARE, INC.                              | ✓   |    |
| (66) ASCENSION SE WISCONSIN HOSPITAL, INC. (39-0816857)<br>5000 WEST CHAMBERS STREET, MILWAUKEE, WI 53210    | HOSPITAL                         | WI  | 501(C)(3)               | 3  | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC. | ✓   |    |
| (67) ASCENSION SETON (74-1109643)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723                                 | DELIVERY OF HEALTH CARE SERVICES | TX  | 501(C)(3)               | 3  | ASCENSION TEXAS   | ✓   |    |
| (68) ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH (38-2262856)<br>28000 DEQUINDRE ROAD, WARREN, MI 48092    | HEALTH CARE                      | MI  | 501(C)(3)               | 3  | ST. JOHN PROVIDENCE                                     | ✓   |    |
| (69) ASCENSION ST. CLARE'S HOSPITAL, INC. (72-1531917)<br>3400 MINISTRY PARKWAY, WESTON, WI 54476            | HOSPITAL                         | WI  | 501(C)(3)               | 3  | MINISTRY HEALTH CARE, INC.                              | ✓   |    |
| (70) ASCENSION ST. FRANCIS HOSPITAL, INC. (39-0907740)<br>3237 SOUTH 16TH STREET, MILWAUKEE, WI 53215        | HOSPITAL                         | WI  | 501(C)(3)               | 3  | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC. | ✓   |    |
| (71) ASCENSION ST. JOHN FOUNDATION (20-2961579)<br>22101 MOROSS, DETROIT, MI 48236                           | FUNDRAISING                      | MI  | 501(C)(3)               | 7  | ST. JOHN PROVIDENCE                                     | ✓   |    |
| (72) ASCENSION ST. JOHN HOSPITAL (38-1359063)<br>28000 DEQUINDRE ROAD, WARREN, MI 48092                      | HEALTH CARE                      | MI  | 501(C)(3)               | 3  | ASCENSION MICHIGAN                                      | ✓   |    |
| (73) ASCENSION ST. JOSEPH FOUNDATION (01-0790428)<br>200 HEMLOCK ROAD, TAWAS CITY, MI 48763                  | FUNDRAISING                      | MI  | 501(C)(3)               | 12 TYPE I  | ASCENSION ST. JOSEPH'S HOSPITAL                         | ✓   |    |
| (74) ASCENSION ST. JOSEPH'S HOSPITAL (38-1443395)<br>200 HEMLOCK ROAD, TAWAS CITY, MI 48763                  | HEALTH CARE                      | MI  | 501(C)(3)               | 3  | ASCENSION MICHIGAN                                      | ✓   |    |
| (75) ASCENSION ST. MARY'S FOUNDATION (38-2246366)<br>800 S. WASHINGTON AVENUE, SAGINAW, MI 48601             | FUNDRAISING                      | MI  | 501(C)(3)               | 12 TYPE II                                       | ASCENSION ST. MARY'S HOSPITAL                           | ✓   |    |
| (76) ASCENSION ST. MARY'S HOSPITAL (38-0997730)<br>800 S. WASHINGTON AVENUE, SAGINAW, MI 48601               | HOSPITAL                         | MI  | 501(C)(3)               | 3  | ASCENSION MICHIGAN                                      | ✓   |    |
| (77) ASCENSION ST. MICHAEL'S HOSPITAL, INC. (39-0808443)<br>900 ILLINOIS AVENUE, STEVENS POINT, WI 54481     | HOSPITAL                         | WI  | 501(C)(3)               | 3  | MINISTRY HEALTH CARE, INC.                              | ✓   |    |
| (78) ASCENSION STANDISH HOSPITAL (38-1671120)<br>805 WEST CEDEAR STREET, STANDISH, MI 48658                  | HOSPITAL                         | MI  | 501(C)(3)               | 3  | ASCENSION MICHIGAN                                      | ✓   |    |
| (79) ASCENSION TEXAS (45-4364243)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723                                 | DELIVERY OF HEALTH CARE SERVICES | TX  | 501(C)(3)               | 12 TYPE I  | ASCENSION HEALTH  | ✓   |    |
| (80) ASCENSION VIA CHRISTI HEALTH PARTNERS, INC. (48-0958974)<br>8200 E. THORN DRIVE, WICHITA, KS 67226      | MANAGEMENT COMPANY               | KS  | 501(C)(3)               | 10   | ASCENSION VIA CHRISTI HEALTH, INC.                      | ✓   |    |
| (81) ASCENSION VIA CHRISTI HEALTH, INC. (48-1172107)<br>8200 E. THORN DRIVE, WICHITA, KS 67226               | HEALTH SYSTEM PARENT             | KS  | 501(C)(3)               | 12 TYPE III-FI                                   | ASCENSION HEALTH  | ✓   |    |
| (82) ASCENSION VIA CHRISTI HOSPITAL MANHATTAN, INC. (48-1186704)<br>1823 COLLEGE AVENUE, MANHATTAN, KS 66502 | HOSPITAL                         | KS  | 501(C)(3)               | 3  | ASCENSION VIA CHRISTI HEALTH, INC.                      | ✓   |    |

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|---|---|---|-------------------------|--|---|---|----|
|   |   |   |                         |  |   | Yes                                       | No |
| (83) ASCENSION VIA CHRISTI HOSPITAL PITTSBURG, INC. (48-0543778)<br>1 MT CARMEL WAY, PITTSBURG, KS 66762            | HOSPITAL                                | KS  | 501(C)(3)               | 3  | ASCENSION VIA CHRISTI HEALTH, INC.                                  | ✓   |    |
| (84) ASCENSION VIA CHRISTI HOSPITAL WICHITA ST. TERESA, INC. (27-1965272)<br>14800 W. ST. TERESA, WICHITA, KS 67235 | HOSPITAL                                | KS  | 501(C)(3)               | 3  | ASCENSION VIA CHRISTI HEALTH, INC.                                  | ✓   |    |
| (85) ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC. (48-1172106)<br>929 N. SAINT FRANCIS, WICHITA, KS 67214          | HOSPITAL                                | KS  | 501(C)(3)               | 3  | ASCENSION VIA CHRISTI HEALTH, INC.                                  | ✓   |    |
| (86) ASCENSION VIA CHRISTI PROPERTY SERVICES, INC. (48-0948571)<br>8200 E. THORN DRIVE, WICHITA, KS 67226           | PROPERTY MANAGEMENT                     | KS  | 501(C)(4)               |  | ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC.                       | ✓   |    |
| (87) ASCENSION VIA CHRISTI REHABILITATION HOSPITAL, INC. (48-1158274)<br>1151 N. ROCK ROAD, WICHITA, KS 67206       | REHABILITATION HOSPITAL                 | KS  | 501(C)(3)               | 3  | ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC.                       | ✓   |    |
| (88) ASCENSION WISCONSIN LABORATORIES, INC. (39-1701402)<br>3237 SOUTH 16TH STREET, MILWAUKEE, WI 53215             | LABORATORY                              | WI  | 501(C)(3)               | 10   | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.             | ✓   |    |
| (89) ASCENSION WISCONSIN PHARMACY, INC. (39-1613624)<br>19525 WEST NORTH AVENUE, BROOKFIELD, WI 53005               | PHARMACY                                | WI  | 501(C)(3)               | 10   | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.             | ✓   |    |
| (90) BAPTIST HEALTH CARE AFFILIATES, INC. (58-1509251)<br>2000 CHURCH STREET, NASHVILLE, TN 37236                   | COMMUNITY HEALTH PROMOTION              | TN  | 501(C)(3)               | 12 TYPE I  | SAINT THOMAS NETWORK  | ✓   |    |
| (91) BAPTIST HOSPITAL FOUNDATION OF NASHVILLE, INC. (58-1861378)<br>2000 CHURCH STREET, NASHVILLE, TN 37236         | INACTIVE                                | TN  | 501(C)(3)               | 12 TYPE I  | SAINT THOMAS MIDTOWN HOSPITAL                                       | ✓   |    |
| (92) BLUE LADIES MINERALS, INC. (74-2971975)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723                             | OWN OIL AND MINERAL RIGHTS, REAL ESTATE | TX  | 501(C)(3)               | 12 TYPE III-FI                                   | SETON FUND OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, INC. | ✓   |    |
| (93) BORGESS AMBULATORY CARE CORPORATION (38-2468823)<br>1521 GULL ROAD, KALAMAZOO, MI 49048                        | HOLDING COMPANY                         | MI  | 501(C)(3)               | 3  | BORGESS HEALTH ALLIANCE, INC.                                       | ✓   |    |
| (94) BORGESS HEALTH ALLIANCE, INC. (38-2335286)<br>1521 GULL ROAD, KALAMAZOO, MI 49048                              | HEALTH SYSTEM PARENT                    | MI  | 501(C)(3)               | 12 TYPE III-FI                                   | ASCENSION MICHIGAN  | ✓   |    |
| (95) BORGESS NURSING HOME INC. (38-2555589)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127                    | SKILLED NURSING FACILITY                | MI  | 501(C)(3)               | 3  | ASCENSION HEALTH SENIOR CARE  | ✓   |    |
| (96) CARONDELET FOUNDATION, INC. (86-0749574)<br>2202 N. FORBES BLVD, TUSCON, AZ 85716                              | FOUNDATION                              | AZ  | 501(C)(3)               | 12 TYPE I  | ASCENSION ARIZONA   | ✓   |    |
| (97) CARONDELET HEALTH (43-1276738)<br>1000 CARONDELET DRIVE, KANSAS CITY, MO 63145                                 | HEALTH SYSTEM PARENT                    | MO  | 501(C)(3)               | 12 TYPE III-FI                                   | ASCENSION HEALTH  | ✓   |    |
| (98) CARONDELET HEART & VASCULAR INSTITUTE (56-1943271)<br>2202 N. FORBES BLVD., TUCSON, AZ 85745                   | INACTIVE HOSPITAL                       | AZ  | 501(C)(3)               | 3  | ASCENSION ARIZONA   | ✓   |    |

| (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 |
| (99) CARONDELET LONG-TERM CARE FACILITIES, INC. (74-2505427)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127             | SKILLED NURSING FACILITY         | MO  | 501(C)(3)               | 10   | ASCENSION HEALTH SENIOR CARE                 | ✓   |    |
| (100) CARONDELET REGIONAL MEDICAL, P.C. (81-4769136)<br>427 GUY PARK AVE., AMSTERDAM, NY 12010                                | MEDICAL GROUP                    | NY  | 501(C)(3)               | 3  | ST. MARY'S HEALTHCARE                        | ✓   |    |
| (101) CATALPA HEALTH, INC. (45-4681563)<br>N4642 COUNTY N, APPLETON, WI 54914   | BEHAVIORAL HEALTH SERVICES       | WI  | 501(C)(3)               | 3  | AFFINITY HEALTH SYSTEM                       | ✓   |    |
| (102) CENTER FOR GERONTOLOGY (38-2514708)<br>5455 ALI DRIVE, DEPT#200, GRAND BLANC, MI 48439-5195                             | ADULT DAY CARE                   | MI  | 501(C)(3)               | 12 TYPE I  | GENESYS AMBULATORY HEALTH SERVICES           | ✓   |    |
| (103) CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. (35-1869951)<br>2001 W 86TH STREET, INDIANAPOLIS, IN 46260         | FREESTANDING OUTPATIENT CENTER   | IN  | 501(C)(3)               | 12 TYPE III-FI                                   | ST. VINCENT HEALTH, INC.                     | ✓   |    |
| (104) CMC FOUNDATION OF CENTRAL TEXAS (20-0468031)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723                                 | FUNDRAISING                      | TX  | 501(C)(3)               | 12 TYPE I  | ASCENSION TEXAS                              | ✓   |    |
| (105) COLUMBIA COLLEGE OF NURSING, INC. (39-1596986)<br>4425 NORTH PORT WASHINGTON ROAD, GLENDALE, WI 53212                   | COLLEGE                          | WI  | 501(C)(3)               | 2  | COLUMBIA ST. MARY'S HOSPITAL MILWAUKEE, INC. | ✓   |    |
| (106) COLUMBIA ST. MARY'S FOUNDATION, INC. (39-1494981)<br>400 W. RIVER WOODS PKWY, GLENDALE, WI 53212                        | FOUNDATION                       | WI  | 501(C)(3)               | 7  | COLUMBIA ST. MARY'S, INC.                    | ✓   |    |
| (107) COLUMBIA ST. MARY'S HOSPITAL MILWAUKEE, INC. (39-0806315)<br>4425 NORTH PORT WASHINGTON ROAD, GLENDALE, WI 53212        | HOSPITAL                         | WI  | 501(C)(3)               | 3  | COLUMBIA ST. MARY'S, INC.                    | ✓   |    |
| (108) COLUMBIA ST. MARY'S HOSPITAL OZAUKEE, INC. (39-0807063)<br>4425 NORTH PORT WASHINGTON ROAD, GLENDALE, WI 53212          | HOSPITAL                         | WI  | 501(C)(3)               | 3  | COLUMBIA ST. MARY'S, INC.                    | ✓   |    |
| (109) COLUMBIA ST. MARY'S, INC. (39-1834639)<br>400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212                              | HEALTH SYSTEM                    | WI  | 501(C)(3)               | 12 TYPE I  | ASCENSION HEALTH                             | ✓   |    |
| (110) CORNERSTONE ASSISTED LIVING, INC. (48-1241079)<br>2622 W. CENTRAL, SUITE 100, WICHITA, KS 67203                         | RETIREMENT COMMUNITY             | KS  | 501(C)(3)               | 10   | VIA CHRISTI VILLAGES, INC.                   | ✓   |    |
| (111) CRITTENTON CANCER CENTER (38-3239057)<br>1101 WEST UNIVERSITY DR, ROCHESTER, MI 48307                                   | CANCER TREATMENT                 | MI  | 501(C)(3)               | 10   | ASCENSION PROVIDENCE ROCHESTER HOSPITAL      | ✓   |    |
| (112) DELL CHILDREN'S MEDICAL GROUP (74-2800601)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723                                   | DELIVERY OF HEALTH CARE SERVICES | TX  | 501(C)(3)               | 10   | SETON CLINICAL ENTERPRISE CORPORATION        | ✓   |    |
| (113) DR. KATE NEWCOMB CONVALESCENT CENTER, INC. (39-1357365)<br>P.O. BOX 829, WOODRUFF, WI 54568                             | NURSING/ASSISTED LIVING SERVICES | WI  | 501(C)(3)               | 10   | HOWARD YOUNG HEALTH CARE, INC.               | ✓   |    |
| (114) FIELD NEUROSCIENCES INSTITUTE (38-2790703)<br>800 S. WASHINGTON AVENUE, SAGINAW, MI 48601                               | MEDICAL RESEARCH ORGANIZATION    | MI  | 501(C)(3)               | 10   | ASCENSION ST. MARY'S HOSPITAL                | ✓   |    |
| (115) FOUNDATION OF SAINT CLARE'S HOSPITAL OF WESTON, INC. (75-3193633)<br>3400 MINISTRY PARKWAY, WESTON, WI 54476            | FOUNDATION                       | WI  | 501(C)(3)               | 12 TYPE I  | ASCENSION ST. CLARE'S HOSPITAL, INC.         | ✓   |    |
| (116) FOUNDATION OF SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC. (39-1684957)<br>611 SAINT JOSEPH AVENUE, MARSHFIELD, WI 54449 | FOUNDATION                       | WI  | 501(C)(3)               | 12 TYPE I  | SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC.  | ✓   |    |

| (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 |
| (117) GENESYS AMBULATORY HEALTH SERVICES (38-2371754)<br>5455 ALI DR., DEPT #200, GRAND BLANC, MI 48439-5195                         | HEALTH SRVCS/STAFFIN G/PROP MNGT                           | MI  | 501(C)(3)               | 12 TYPE II                                       | GENESYS HEALTH SYSTEM                       | ✓   |    |
| (118) GENESYS CONVALESCENT CENTER (38-2317364)<br>8481 HOLLY ROAD, GRAND BLANC, MI 48439-1812  | CONVALESCENT CENTER  | MI  | 501(C)(3)               | 3  | GENESYS AMBULATORY HEALTH SERVICES          | ✓   |    |
| (119) GENESYS HEALTH SYSTEM (38-3339703)<br>ONE GENESYS PARKWAY, GRAND BLANC, MI 48439-8065  | HEALTH SYSTEM PARENT                                       | MI  | 501(C)(3)               | 12 TYPE II                                       | ASCENSION MICHIGAN                          | ✓   |    |
| (120) GLOBAL SOLIDARITY FUND (83-1078006)<br>101 SOUTH HANLEY, SUITE 200, ST. LOUIS, MO 63105  | SUPPORTING ORGANIZATION                                    | MO  | 501(C)(3)               | 12 TYPE I  | ASCENSION HEALTH ALLIANCE                   | ✓   |    |
| (121) GOOD SAMARITAN HEALTH CENTER FOUNDATION OF MERRILL, WISCONSIN, INC. (39-1627755)<br>601 SOUTH CENTER AVENUE, MERRILL, WI 54452 | FOUNDATION   | WI  | 501(C)(3)               | 12 TYPE I  | ASCENSION GOOD SAMARITAN HOSPITAL, INC.     | ✓   |    |
| (122) GULF COAST HEALTH SYSTEM (63-0934712)<br>6801 AIRPORT BLVD., MOBILE, AL 36608  | HEALTH SYSTEM  | AL  | 501(C)(3)               | 12 TYPE III-FI                                   | ST. VINCENT'S HEALTH SYSTEM                 | ✓   |    |
| (123) HAVEN OF OUR LADY OF PEACE, INC. (59-3620346)<br>5151 N 9TH AVENUE, PENSACOLA, FL 32504  | NURSING HOME   | FL  | 501(C)(3)               | 10   | SACRED HEART HEALTH SYSTEM                  | ✓   |    |
| (124) HEALTHCARE COLLABORATIVE (27-3220767)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723   | DELIVERY OF HEALTH CARE SERVICES                           | TX  | 501(C)(3)               | 10   | SETON CLINICAL ENTERPRISE CORPORATION       | ✓   |    |
| (125) HOWARD YOUNG FOUNDATION INC (39-1521169)<br>240 MAPLE STREET, WOODRUFF, WI 54568   | CHARITABLE FOUNDATION                                      | WI  | 501(C)(3)               | 7  | HOWARD YOUNG HEALTH CARE INC                | ✓   |    |
| (126) HOWARD YOUNG HEALTH CARE, INC. (39-1499115)<br>240 MAPLE STREET, WOODRUFF, WI 54568  | HOME OFFICE  | WI  | 501(C)(3)               | 12 TYPE II                                       | MINISTRY HEALTH CARE, INC.                  | ✓   |    |
| (127) JANE PHILLIPS MEMORIAL MEDICAL CENTER (73-0606129)<br>3500 E. FRANK PHILLIPS BLVD., BARTLESVILLE, OK 74006                     | HEALTH CARE  | OK  | 501(C)(3)               | 3  | ST. JOHN HEALTH SYSTEM, INC.                | ✓   |    |
| (128) JANE PHILLIPS NOWATA HOSPITAL, INC. (73-1440267)<br>237 SOUTH LOCUST, NOWATA, OK 74048   | HEALTH CARE  | OK  | 501(C)(3)               | 3  | ST. JOHN HEALTH SYSTEM, INC.                | ✓   |    |
| (129) LAVERNA TERRACE HOUSING CORPORATION (36-3438977)<br>18927 HICKORY CREEK DRIVE, SUITE 300, MOKENA, IL 60448                     | LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS | IL  | 501(C)(3)               | 10   | PRESENCE LIFE CONNECTIONS                   | ✓   |    |
| (130) LOURDES FOUNDATION (91-1528577)<br>520 NORTH 4TH AVENUE, PASCO, WA 99301   | FUNDRAISING  | WA  | 501(C)(3)               | 12 TYPE I  | OUR LADY OF LOURDES HOSPITAL AT PASCO       | ✓   |    |
| (131) LOURDES REALTY CORPORATION, INC. (22-2873637)<br>169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905                                     | RENTAL OF HEALTH CARE FACILITIES                           | NY  | 501(C)(2)               |  | OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC. | ✓   |    |
| (132) MEDICAL SERVICES ENHANCEMENT, INC. (14-1776546)<br>427 GUY PARK AVE., AMSTERDAM, NY 12010                                      | MEDICAL OFFICE BUILDING                                    | NY  | 501(C)(25)              |  | ST. MARY'S HEALTHCARE                       | ✓   |    |
| (133) MEDICARE VALUE PARTNERS (36-3495969)<br>2380 E. DEMPSTER STREET, DES PLAINES, IL 60016   | HEALTH CARE  | IL  | 501(C)(3)               | 10   | PRESENCE HEALTH PARTNERS SERVICES           | ✓   |    |



| (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 |
| (134) MERCY HEALTH FOUNDATION, INC. (23-7140261)<br>P.O. BOX 3370, OSHKOSH, WI 54903                            | FOUNDATION                | WI  | 501(C)(3)               | 10   | AFFINITY HEALTH SYSTEM                            | ✓   |    |
| (135) METRO PHYSICIANS, INC. (94-3436893)<br>400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212                   | MEDICAL GROUP             | WI  | 501(C)(3)               | 3  | ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN, INC. | ✓   |    |
| (136) MINISTRY HEALTH CARE, INC. (39-1490371)<br>10925 W. LAKE PARK DR STE 100, MILWAUKEE, WI 53224             | PARENT CORPORATION        | WI  | 501(C)(3)               | 12 TYPE II                                       | ASCENSION HEALTH                                  | ✓   |    |
| (137) MINISTRY WEIGHT MANAGEMENT, INC. (39-1829015)<br>2251 NORTH SHORE DRIVE, RHINELANDER, WI 54501            | SPECIALTY HEALTH SERVICES | WI  | 501(C)(3)               | 3  | ASCENSION SACRED HEART-ST.MARY'S HOSPITALS, INC.  | ✓   |    |
| (138) OUR LADY OF LOURDES HOSPITAL AT PASCO (91-0349750)<br>520 NORTH 4TH AVENUE, PASCO, WA 99301               | HEALTHCARE                | WA  | 501(C)(3)               | 3  | ASCENSION HEALTH                                  | ✓   |    |
| (139) OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC (15-0532221)<br>169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905      | HOSPITAL                  | NY  | 501(C)(3)               | 3  | ASCENSION HEALTH                                  | ✓   |    |
| (140) OUR LADY OF PEACE, INC. (16-1608735)<br>5285 LEWISTON ROAD, LEWISTON, NY 14092                            | SKILLED NURSING FACILITY  | NY  | 501(C)(3)               | 3  | ASCENSION HEALTH SENIOR CARE                      | ✓   |    |
| (141) OWASSO MEDICAL FACILITY, INC. (20-3700131)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                    | HEALTH CARE               | OK  | 501(C)(3)               | 3  | ST. JOHN HEALTH SYSTEM, INC.                      | ✓   |    |
| (142) PRESENCE AMBULATORY SERVICES (36-4286236)<br>2380 E. DEMPSTER STREET, DES PLAINES, IL 60016               | HEALTH CARE               | IL  | 501(C)(3)               | 10   | PRESENCE CARE TRANSFORMATION CORPORATION          | ✓   |    |
| (143) PRESENCE BEHAVIORAL HEALTH (36-2709982)<br>1820 SOUTH 25TH AVENUE, BROADVIEW, IL 60155                    | HEALTH CARE               | IL  | 501(C)(3)               | 10   | PRESENCE CARE TRANSFORMATION CORPORATION          | ✓   |    |
| (144) PRESENCE CARE @ HOME (46-0483587)<br>18927 HICKORY CREEK DR 300, MOKENA, IL 60448                         | HEALTH CARE               | IL  | 501(C)(3)               | 10   | PRESENCE CARE TRANSFORMATION CORPORATION          | ✓   |    |
| (145) PRESENCE CARE TRANSFORMATION CORPORATION (36-3366652)<br>200 SOUTH WACKER DRIVE, CHICAGO, IL 60606        | MGMT SUPPORT              | IL  | 501(C)(3)               | 12 TYPE III-FI                                   | ALEXIAN BROTHERS HEALTH SYSTEM                    | ✓   |    |
| (146) PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK (36-4195126)<br>200 SOUTH WACKER DRIVE, CHICAGO, IL 60606 | HEALTH CARE               | IL  | 501(C)(3)               | 3  | PRESENCE CARE TRANSFORMATION CORPORATION          | ✓   |    |
| (147) PRESENCE CHICAGO HOSPITALS NETWORK (36-2235165)<br>200 SOUTH WACKER DRIVE, CHICAGO, IL 60606              | HEALTH CARE               | IL  | 501(C)(3)               | 3  | PRESENCE CARE TRANSFORMATION CORPORATION          | ✓   |    |
| (148) PRESENCE HEALTH FOUNDATION BOARD OF TRUSTEES (36-3330929)<br>200 SOUTH WACKER DRIVE, CHICAGO, IL 60606    | FUNDRAISING               | IL  | 501(C)(3)               | 7  | ALEXIAN BROTHERS HEALTH SYSTEM                    | ✓   |    |

| (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 |
| (149) PRESENCE HEALTH PARTNERS SERVICES (36-2644178)<br>2380 E DEMPSTER AVE, STE 236, DES PLAINES, IL 60016 | HEALTH CARE  | IL  | 501(C)(3)               | 12 TYPE II                                       | ALEXIAN BROTHERS HEALTH SYSTEM           | ✓   |    |
| (150) PRESENCE HEALTHCARE SERVICES (36-3330928)<br>2380 E. DEMPSTER STREET, DES PLAINES, IL 60016           | HEALTH CARE  | IL  | 501(C)(3)               | 3  | PRESENCE CARE TRANSFORMATION CORPORATION | ✓   |    |
| (151) PRESENCE HOME CARE (46-0483581)<br>18927 HICKORY CREEK DR 300, MOKENA, IL 60448                       | HEALTH CARE  | IL  | 501(C)(3)               | 10   | PRESENCE CARE TRANSFORMATION CORPORATION | ✓   |    |
| (152) PRESENCE LIFE CONNECTIONS (37-1127787)<br>18927 HICKORY CREEK DRIVE 300, MOKENA, IL 60448             | RETIREMENT COMMUNITY                               | IL  | 501(C)(3)               | 10   | ASCENSION HEALTH SENIOR CARE             | ✓   |    |
| (153) PRESENCE SENIOR SERVICES CHICAGOLAND (23-7061646)<br>100 NORTH RIVER ROAD, DES PLAINES, IL 60016      | RETIREMENT COMMUNITY                               | IL  | 501(C)(3)               | 10   | ASCENSION HEALTH SENIOR CARE             | ✓   |    |
| (154) PRIMARY PHYSICIAN NETWORK, LLC (20-8775914)<br>3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750           | DORMANT  | IN  | 501(C)(3)               | 10   | ST. MARY'S HEALTH, INC.                  | ✓   |    |
| (155) PROVIDENCE BUILDING CORPORATION (63-0914564)<br>6801 AIRPORT BLVD., MOBILE, AL 36608                  | SUPPORT PROVIDENCE HOSPITAL                        | AL  | 501(C)(2)               |  | GULF COAST HEALTH SYSTEM                 | ✓   |    |
| (156) PROVIDENCE FOUNDATION (63-0915493)<br>6801 AIRPORT BLVD., MOBILE, AL 36608                            | SUPPORT PROVIDENCE HOSPITAL                        | AL  | 501(C)(3)               | 7  | GULF COAST HEALTH SYSTEM                 | ✓   |    |
| (157) PROVIDENCE FOUNDATION, INC. (74-2683112)<br>6901 MEDICAL PARKWAY, WACO, TX 76712                      | SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE | TX  | 501(C)(3)               | 12 TYPE I  | ASCENSION PROVIDENCE                     | ✓   |    |
| (158) PROVIDENCE HEALTH ALLIANCE (74-2696970)<br>6901 MEDICAL PARKWAY, WACO, TX 76712                       | PHYSICIAN PRACTICES                                | TX  | 501(C)(3)               | 3  | ASCENSION PROVIDENCE                     | ✓   |    |
| (159) PROVIDENCE HEALTH FOUNDATION, INC. (52-1275583)<br>1150 VARNUM STREET, NE, WASHINGTON, DC 20017       | FUNDRAISING ORGANIZATION                           | DC  | 501(C)(3)               | 12 TYPE I  | PROVIDENCE HOSPITAL                      | ✓   |    |
| (160) PROVIDENCE HEALTH SERVICES, INC. (52-1275587)<br>1150 VARNUM STREET, NE, WASHINGTON, DC 20017         | PHYSICIAN PRACTICES                                | DC  | 501(C)(3)               | 12 TYPE I  | PROVIDENCE HOSPITAL                      | ✓   |    |
| (161) PROVIDENCE HOSPITAL (63-0288861)<br>6801 AIRPORT BLVD., MOBILE, AL 36608                              | HOSPITAL   | AL  | 501(C)(3)               | 3  | GULF COAST HEALTH SYSTEM                 | ✓   |    |
| (162) PROVIDENCE HOSPITAL (53-0196636)<br>1150 VARNUM STREET, NE, WASHINGTON, DC 20017                      | HOSPITAL   | DC  | 501(C)(3)               | 3  | ASCENSION HEALTH                         | ✓   |    |
| (163) PROVIDENCE PARK, INC. (61-1759304)<br>300 W. HIGHWAY 6, WACO, TX 76712                                | SKILLED NURSING FACILITY                           | TX  | 501(C)(3)               | 3  | ASCENSION HEALTH SENIOR CARE             | ✓   |    |
| (164) RAINBOW HOSPICE AND PALLIATIVE CARE (36-3296367)<br>1550 BISHOP COURT, MOUNT PROSPECT, IL 60056       | HEALTH CARE  | IL  | 501(C)(3)               | 10   | PRESENCE CARE TRANSFORMATION CORPORATION | ✓   |    |
| (165) SACRED HEART FOUNDATION, INC. (59-2436597)<br>5151 N 9TH AVENUE, PENSACOLA, FL 32504                  | FOUNDATION   | FL  | 501(C)(3)               | 7  | SACRED HEART HEALTH SYSTEM               | ✓   |    |

| (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 |
| (166) SACRED HEART HEALTH SYSTEM, INC. (59-0634434)<br>5151 N 9TH AVENUE, PENSACOLA, FL 32504                         | HOSPITAL  | FL  | 501(C)(3)               | 3  | ST. VINCENT'S HEALTH SYSTEM, INC.           | ✓   |    |
| (167) SACRED HEART HEALTH VENTURES, INC. (57-1183283)<br>5151 N 9TH AVENUE, PENSACOLA, FL 32504                       | INVESTMENT  | FL  | 501(C)(3)               | 12 TYPE I  | SACRED HEART HEALTH SYSTEM                  | ✓   |    |
| (168) SACRED HEART REHABILITATION INSTITUTE, INC. (39-0902199)<br>4425 NORTH PORT WASHINGTON ROAD, GLENDALE, WI 53212 | REHAB SERVICES  | WI  | 501(C)(3)               | 3  | COLUMBIA ST. MARY'S, INC.                   | ✓   |    |
| (169) SAINT ELIZABETH'S HOSPITAL OF WABASHA, INC. (41-0693877)<br>1200 GRANT BLVD, WEST, WABASHA, MN 55981            | HOSPITAL  | MN  | 501(C)(3)               | 3  | MINISTRY HEALTH CARE, INC.                  | ✓   |    |
| (170) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC. (39-0847631)<br>611 SAINT JOSEPH AVENUE, MARSHFIELD, WI 54449       | HOSPITAL  | WI  | 501(C)(3)               | 3  | MINISTRY HEALTH CARE, INC.                  | ✓   |    |
| (171) SAINT MICHAEL'S FOUNDATION OF STEVENS POINT, INC. (39-1657410)<br>900 ILLINOIS AVENUE, STEVENS POINT, WI 54481  | FOUNDATION  | WI  | 501(C)(3)               | 12 TYPE I  | ASCENSION ST. MICHAEL'S HOSPITAL, INC.      | ✓   |    |
| (172) SAINT THOMAS HEALTH (58-1716804)<br>4220 HARDING ROAD, NASHVILLE, TN 37205                                      | SYSTEM PARENT   | TN  | 501(C)(3)               | 12 TYPE III-FI                                   | ASCENSION HEALTH                            | ✓   |    |
| (173) SAINT THOMAS HICKMAN HOSPITAL (58-1737573)<br>135 EAST SWAN STREET, CENTERVILLE, TN 37033                       | HOSPITAL  | TN  | 501(C)(3)               | 3  | BAPTIST HEALTH CARE AFFILIATES, INC.        | ✓   |    |
| (174) SAINT THOMAS HOME HEALTH (62-1836937)<br>135 EAST SWAN STREET, CENTERVILLE, TN 37033                            | HOME HEALTH CARE  | TN  | 501(C)(3)               | 10   | SAINT THOMAS HICKMAN HOSPITAL               | ✓   |    |
| (175) SAINT THOMAS MEDICAL PARTNERS (62-1529858)<br>2000 CHURCH STREET, NASHVILLE, TN 37236                           | HEALTHCARE PROVIDER   | TN  | 501(C)(3)               | 10   | SAINT THOMAS NETWORK                        | ✓   |    |
| (176) SAINT THOMAS MIDTOWN HOSPITAL (62-1869474)<br>4220 HARDING ROAD, NASHVILLE, TN 37205                            | ACUTE CARE HOSPITAL   | TN  | 501(C)(3)               | 3  | SAINT THOMAS HEALTH                         | ✓   |    |
| (177) SAINT THOMAS NETWORK (62-1284994)<br>4220 HARDING ROAD, NASHVILLE, TN 37205                                     | HEALTH INVESTMENT ENTITY  | TN  | 501(C)(3)               | 10   | SAINT THOMAS HEALTH                         | ✓   |    |
| (178) SAINT THOMAS REGIONAL HOSPITALS (47-4063046)<br>4220 HARDING PIKE, NASHVILLE, TN 37205                          | HOSPITALS   | TN  | 501(C)(3)               | 3  | SAINT THOMAS HEALTH                         | ✓   |    |
| (179) SAINT THOMAS RUTHERFORD FOUNDATION (62-1167917)<br>1700 MEDICAL CENTER PARKWAY, MURFREESBORO, TN 37219          | FOUNDATION  | TN  | 501(C)(3)               | 12 TYPE I  | SAINT THOMAS RUTHERFORD HOSPITAL            | ✓   |    |
| (180) SAINT THOMAS RUTHERFORD HOSPITAL (62-0475842)<br>1700 MEDICAL CENTER PARKWAY, MURFREESBORO, TN 37219            | HOSPITAL  | TN  | 501(C)(3)               | 3  | SAINT THOMAS HEALTH                         | ✓   |    |
| (181) SAINT THOMAS WEST HOSPITAL (62-0347580)<br>4220 HARDING ROAD, NASHVILLE, TN 37205                               | HOSPITAL  | TN  | 501(C)(3)               | 3  | SAINT THOMAS HEALTH                         | ✓   |    |
| (182) SALINA REGIONAL HOME MEDICAL SERVICES, LLC (43-1948057)<br>520 SOUTH SANTA FE AVE, SALINA, KS 67401             | MEDICAL EQUIPMENT   | KS  | 501(C)(3)               | 10   | ASCENSION VIA CHRISTI HEALTH PARTNERS, INC. | ✓   |    |
| (183) SAVELLI PROPERTIES, INC. (36-3308965)<br>2601 NAVISTAR DRIVE, LISLE, IL 60532                                   | OWNS OR LEASES PROPERTIES WHERE HEALTHCARE SERVICES ARE DELIVERED | IL  | 501(C)(2)               |  | ALEXIAN BROTHERS HEALTH SYSTEM              | ✓   |    |
| (184) SETON CLINICAL ENTERPRISE CORPORATION (45-4364681)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723                   | DELIVERY OF HEALTH CARE SERVICES                                  | TX  | 501(C)(3)               | 12 TYPE I  | ASCENSION TEXAS                             | ✓   |    |



| (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 |
| (185) SETON FAMILY OF DOCTORS (26-4562522)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723   | DELIVERY OF HEALTH CARE SERVICES              | TX  | 501(C)(3)               | 10   | SETON CLINICAL ENTERPRISE CORPORATION       | ✓   |    |
| (186) SETON FAMILY OF PEDIATRIC SURGEONS (27-1311790)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723                                  | DELIVERY OF HEALTH CARE SERVICES              | TX  | 501(C)(3)               | 10   | SETON CLINICAL ENTERPRISE CORPORATION       | ✓   |    |
| (187) SETON FUND OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, INC. (74-2212968)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723 | FUNDRAISING                                   | TX  | 501(C)(3)               | 12 TYPE I  | ASCENSION TEXAS                             | ✓   |    |
| (188) SETON HAYS FOUNDATION (26-2842608)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723   | FUNDRAISING                                   | TX  | 501(C)(3)               | 12 TYPE I  | ASCENSION TEXAS                             | ✓   |    |
| (189) SETON HEALTH CORPORATION OF SOUTHEAST MICHIGAN (38-2820107)<br>28000 DEQUINDRE, WARREN, MI 48092                            | HEALTH CARE                                   | MI  | 501(C)(3)               | 10   | ST. JOHN PROVIDENCE                         | ✓   |    |
| (190) SETON HOSPITALIST SERVICE (45-2498998)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723   | DELIVERY OF HEALTH CARE SERVICES              | TX  | 501(C)(3)               | 10   | ASCENSION SETON                             | ✓   |    |
| (191) SETON INSURANCE SERVICES CORPORATION (45-4364813)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723                                | DELIVERY OF HEALTH CARE SERVICES              | TX  | 501(C)(3)               | 12 TYPE I  | ASCENSION TEXAS                             | ✓   |    |
| (192) SETON MANOR, INC. (23-2960726)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127   | SKILLED NURSING FACILITY                      | PA  | 501(C)(3)               | 10   | ASCENSION HEALTH SENIOR CARE                | ✓   |    |
| (193) SETON MEDICAL GROUP, INC. (39-2064992)<br>900 CATON AVENUE, BALTIMORE, MD 21229   | PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY | MD  | 501(C)(3)               | 10   | ASCENSION MEDICAL GROUP, LLC                | ✓   |    |
| (194) SETON MEDICAL MANAGEMENT (63-0937704)<br>6801 AIRPORT BLVD., MOBILE, AL 36608   | SUPPORT PROVIDENCE HOSPITAL                   | AL  | 501(C)(3)               | 12 TYPE II                                       | GULF COAST HEALTH SYSTEM                    | ✓   |    |
| (195) SETON ORAL & MAXILLOFACIAL SURGERY (42-1670843)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723                                  | DELIVERY OF HEALTH CARE SERVICES              | TX  | 501(C)(3)               | 10   | SETON CLINICAL ENTERPRISE CORPORATION       | ✓   |    |
| (196) SETON PROPERTY CORPORATION OF NORTH ALABAMA (23-7326976)<br>810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205                   | REAL ESTATE                                   | AL  | 501(C)(2)               |  | ST. VINCENT'S HEALTH SYSTEM                 | ✓   |    |
| (197) SETON WILLIAMSON FOUNDATION (20-5330986)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723   | FUNDRAISING                                   | TX  | 501(C)(3)               | 12 TYPE I  | ASCENSION TEXAS                             | ✓   |    |
| (198) SETON/UT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP (74-2869762)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723            | DELIVERY OF HEALTH CARE SERVICES              | TX  | 501(C)(3)               | 10   | SETON CLINICAL ENTERPRISE CORPORATION       | ✓   |    |
| (199) SJRMC, INC. (82-0204264)<br>415 6TH STREET, LEWISTON, ID 83501  | HOSPITAL                                      | ID  | 501(C)(3)               | 3  | ASCENSION HEALTH                            | ✓   |    |
| (200) SOUTHERN TIER MEDICAL CARE - NY PC (82-1103087)<br>169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905                                | HEALTHCARE                                    | NY  | 501(C)(3)               | 3  | OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC. | ✓   |    |
| (201) ST VINCENT'S AMBULATORY CARE INC (59-2292041)<br>4205 BELFORT ROAD SUITE 4020, JACKSONVILLE, FL 32216                       | PHYSICIAN PRACTICE                            | FL  | 501(C)(3)               | 10   | ASCENSION MEDICAL GROUP, LLC                | ✓   |    |
| (202) ST. AGNES FOUNDATION (52-1415083)<br>900 CATON AVENUE, BALTIMORE, MD 21229  | FUNDRAISING                                   | MD  | 501(C)(3)               | 12 TYPE I  | ST. AGNES HEALTHCARE                        | ✓   |    |

| (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 |
| (203) ST. AGNES HEALTHCARE, INC. (52-0591657)<br>900 CATON AVENUE, BALTIMORE, MD 21229                                | HOSPITAL                 | MD  | 501(C)(3)               | 3  | ASCENSION HEALTH                          | ✓   |    |
| (204) ST. ALEXIUS MEDICAL CENTER (36-4251846)<br>1555 BARRINGTON ROAD, HOFFMAN ESTATES, IL 60194                      | ACUTE CARE HOSPITAL      | IL  | 501(C)(3)               | 3  | ALEXIAN BROTHERS HEALTH SYSTEM            | ✓   |    |
| (205) ST. CATHERINE LABOURE MANOR, INC. (59-1878316)<br>1750 STOCKTON STREET, JACKSONVILLE, FL 32204                  | SKILLED NURSING FACILITY | FL  | 501(C)(3)               | 3  | ASCENSION HEALTH SENIOR CARE              | ✓   |    |
| (206) ST. ELIZABETH HOSPITAL FOUNDATION, INC. (39-1256677)<br>1506 S. ONEIDA STREET, APPLETON, WI 54915               | FOUNDATION               | WI  | 501(C)(3)               | 7  | AFFINITY HEALTH SYSTEM                    | ✓   |    |
| (207) ST. JOHN AUXILIARY, INC. (73-0999759)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                               | HEALTH CARE              | OK  | 501(C)(3)               | 10   | ST. JOHN HEALTH SYSTEM, INC.              | ✓   |    |
| (208) ST. JOHN BROKEN ARROW, INC. (38-3833117)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                            | HEALTH CARE              | OK  | 501(C)(3)               | 3  | ST. JOHN HEALTH SYSTEM, INC.              | ✓   |    |
| (209) ST. JOHN BUILDING CORPORATION (61-1659782)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                          | REAL ESTATE              | OK  | 501(C)(2)               |  | ST. JOHN HEALTH SYSTEM, INC.              | ✓   |    |
| (210) ST. JOHN HEALTH SYSTEM FOUNDATION, INC. (73-1133139)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                | HEALTH CARE              | OK  | 501(C)(3)               | 7  | ST. JOHN HEALTH SYSTEM, INC.              | ✓   |    |
| (211) ST. JOHN HEALTH SYSTEM, INC. (73-1215174)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                           | SYSTEM PARENT            | OK  | 501(C)(3)               | 12 TYPE I  | ASCENSION HEALTH                          | ✓   |    |
| (212) ST. JOHN MEDICAL CENTER, INC. (73-0579286)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                          | HEALTH CARE              | OK  | 501(C)(3)               | 3  | ST. JOHN HEALTH SYSTEM, INC.              | ✓   |    |
| (213) ST. JOHN PROVIDENCE (38-2244034)<br>28000 DEQUINDRE ROAD, WARREN, MI 48092                                      | PARENT                   | MI  | 501(C)(3)               | 12 TYPE III-FI                                   | ASCENSION MICHIGAN                        | ✓   |    |
| (214) ST. JOHN SAPULPA, INC. (73-0662663)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                                 | HEALTH CARE              | OK  | 501(C)(3)               | 3  | ST. JOHN HEALTH SYSTEM, INC.              | ✓   |    |
| (215) ST. JOHN VILLAS, INC. (73-1077367)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                                  | NURSING HOME             | OK  | 501(C)(3)               | 10   | ST. JOHN HEALTH SYSTEM, INC.              | ✓   |    |
| (216) ST. JOSEPH FOUNDATION OF KOKOMO, INDIANA, INC. (23-7313206)<br>1907 W SYCAMORE STREET, KOKOMO, IN 46901         | SUPPORTING ORGANIZATION  | IN  | 501(C)(3)               | 12 TYPE I  | ST. JOSEPH HOSPITAL & HEALTH CENTER, INC. | ✓   |    |
| (217) ST. JOSEPH HOSPITAL & HEALTH CENTER, INC. (35-0992717)<br>1907 W SYCAMORE STREET, KOKOMO, IN 46901              | HOSPITAL                 | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                  | ✓   |    |
| (218) ST. JOSEPH MEDICAL CENTER FOUNDATION (43-1388461)<br>1000 CARONDELET DRIVE, KANSAS CITY, MO 64114               | FUNDRAISING              | MO  | 501(C)(3)               | 12 TYPE III-FI                                   | CARONDELET HEALTH                         | ✓   |    |
| (219) ST. JOSEPH REGIONAL MEDICAL CENTER FOUNDATION, INC. (51-0168321)<br>415 6TH STREET, LEWISTON, ID 83501          | FUNDRAISING              | ID  | 501(C)(3)               | 12 TYPE I  | SJRM, INC.                                | ✓   |    |
| (220) ST. JOSEPH'S MINISTRIES, INC. (52-1835288)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127                 | SKILLED NURSING FACILITY | MD  | 501(C)(3)               | 10   | ASCENSION HEALTH SENIOR CARE              | ✓   |    |
| (221) ST. LUKE'S-ST. VINCENT'S HEALTHCARE, INC. (26-0479484)<br>4205 BELFORT ROAD, SUITE 4020, JACKSONVILLE, FL 32216 | HOSPITAL                 | FL  | 501(C)(3)               | 3  | ST. VINCENT'S HEALTH SYSTEM, INC.         | ✓   |    |

| (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 |
| (222) ST. MARY'S - ST. JOSEPH HEALTH SYSTEM (46-1084363)<br>800 S. WASHINGTON AVENUE, SAGINAW, MI 48601                | SUPPORTING ORGANIZATION             | MI  | 501(C)(3)               | 12 TYPE III-FI                                   | ASCENSION MICHIGAN                           | ✓   |    |
| (223) ST. MARY'S AT HOME, INC. (35-1899560)<br>3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750                            | DME/HOME CARE                       | IN  | 501(C)(3)               | 12 TYPE I  | ST. MARY'S HEALTH, INC.                      | ✓   |    |
| (224) ST. MARY'S BUILDING CORPORATION (23-7248362)<br>3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750                     | REAL ESTATE HOLDING COMPANY         | IN  | 501(C)(2)               |  | ST. MARY'S HEALTH, INC.                      | ✓   |    |
| (225) ST. MARY'S CARE PARTNERS, INC. (35-1899562)<br>3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750                      | TAX-EXEMPT AFFILIATE REIMBURSEMENTS | IN  | 501(C)(3)               | 12 TYPE I  | ST. MARY'S HEALTH, INC.                      | ✓   |    |
| (226) ST. MARY'S HEALTH FOUNDATION, INC. (23-7045370)<br>3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750                  | SUPPORTING ORGANIZATION             | IN  | 501(C)(3)               | 12 TYPE I  | ST. MARY'S HEALTH, INC.                      | ✓   |    |
| (227) ST. MARY'S HEALTH SERVICES, INC. (35-1679526)<br>3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750                    | INVESTMENT SERVICES                 | IN  | 501(C)(3)               | 12 TYPE III-FI                                   | ST. MARY'S HEALTH, INC.                      | ✓   |    |
| (228) ST. MARY'S HEALTH, INC. (35-0869065)<br>3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750                             | HOSPITAL                            | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                     | ✓   |    |
| (229) ST. MARY'S HEALTHCARE (14-1347719)<br>427 GUY PARK AVE., AMSTERDAM, NY 12010                                     | HOSPITAL                            | NY  | 501(C)(3)               | 3  | ASCENSION HEALTH                             | ✓   |    |
| (230) ST. MARY'S MEDICAL CENTER FOUNDATION (43-1918107)<br>1000 CARONDELET DRIVE, KANSAS CITY, MO 63145                | FUNDRAISING                         | MO  | 501(C)(3)               | 12 TYPE III-FI                                   | CARONDELET HEALTH                            | ✓   |    |
| (231) ST. MARY'S MEDICAL GROUP, LLC (26-1356310)<br>3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750                       | PHYSICIAN PROFESSIONAL SERVICES     | IN  | 501(C)(3)               | 10   | ST. VINCENT MEDICAL GROUP, INC.              | ✓   |    |
| (232) ST. MARY'S OHIO VALLEY HEARTCARE, LLC (27-3474697)<br>901 ST. MARY'S DRIVE, EVANSVILLE, IN 47714                 | DORMANT                             | IN  | 501(C)(3)               | 12 TYPE I  | ST. MARY'S MEDICAL GROUP, LLC                | ✓   |    |
| (233) ST. MARY'S WARRICK EMERGENCY MEDICAL SERVICES, INC. (20-5342518)<br>3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750 | AMBULANCE SERVICES                  | IN  | 501(C)(4)               |  | ST. MARY'S HEALTH SERVICES, INC.             | ✓   |    |
| (234) ST. MARY'S WARRICK HOSPITAL, INC. (35-1343019)<br>1116 MILLIS AVENUE, BOONVILLE, IN 47601                        | HOSPITAL                            | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                     | ✓   |    |
| (235) ST. VINCENT ANDERSON REGIONAL HOSPITAL FOUNDATION, INC. (35-2053693)<br>2015 JACKSON STREET, ANDERSON, IN 46016  | SUPPORTING ORGANIZATION             | IN  | 501(C)(3)               | 12 TYPE I  | ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC. | ✓   |    |
| (236) ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC. (46-0877261)<br>2015 JACKSON STREET, ANDERSON, IN 46016             | HOSPITAL                            | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                     | ✓   |    |
| (237) ST. VINCENT CARMEL HOSPITAL, INC. (74-3107055)<br>13500 N MERIDIAN STREET, CARMEL, IN 46032                      | HOSPITAL                            | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                     | ✓   |    |
| (238) ST. VINCENT CLAY HOSPITAL, INC. (35-2112529)<br>1206 E NATIONAL AVENUE, BRAZIL, IN 47834                         | CRITICAL ACCESS HOSPITAL            | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                     | ✓   |    |
| (239) ST. VINCENT DUNN HOSPITAL, INC. (27-2192831)<br>1600 23RD STREET, BEDFORD, IN 47421                              | CRITICAL ACCESS HOSPITAL            | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                     | ✓   |    |
| (240) ST. VINCENT FISHERS HOSPITAL, INC. (45-4243702)<br>13861 OLIO ROAD, FISHERS, IN 46037                            | HOSPITAL                            | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                     | ✓   |    |
| (241) ST. VINCENT FRANKFORT HOSPITAL FOUNDATION, INC. (35-1531734)<br>1300 S JACKSON, FRANKFORT, IN 46041              | SUPPORTING ORGANIZATION             | IN  | 501(C)(3)               | 12 TYPE I  | ST. VINCENT FRANKFORT HOSPITAL, INC.         | ✓   |    |

| (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 |
| (242) ST. VINCENT FRANKFORT HOSPITAL, INC. (35-2099320)<br>1300 S JACKSON, FRANKFORT, IN 46041   | CRITICAL ACCESS HOSPITAL        | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                          | ✓   |    |
| (243) ST. VINCENT HEALTH, INC. (35-2052591)<br>10330 N MERIDIAN STREET STE 430N, INDIANAPOLIS, IN 46290                                | PARENT COMPANY                  | IN  | 501(C)(3)               | 12 TYPE III-FI                                   | ASCENSION HEALTH                                  | ✓   |    |
| (244) ST. VINCENT HEALTH, WELLNESS AND PREVENTIVE CARE INSTITUTE, INC. (46-1227327)<br>8333 NAAB ROAD, STE 301, INDIANAPOLIS, IN 46260 | HEALTH AND WELLNESS SERVICES    | IN  | 501(C)(3)               | 10   | ST. VINCENT HEALTH, INC.                          | ✓   |    |
| (245) ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. (35-0869066)<br>2001 W 86TH STREET, INDIANAPOLIS, IN 46260                     | HOSPITAL                        | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                          | ✓   |    |
| (246) ST. VINCENT HOSPITAL FOUNDATION, INC. (35-6088862)<br>8402 HARCOURT RD, STE 210, INDIANAPOLIS, IN 46260                          | SUPPORTING ORGANIZATION         | IN  | 501(C)(3)               | 12 TYPE I  | ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. | ✓   |    |
| (247) ST. VINCENT JENNINGS HOSPITAL FOUNDATION, INC. (84-1703732)<br>301 HENRY STREET, NORTH VERNON, IN 47265                          | DORMANT                         | IN  | 501(C)(3)               | 1  | ST. VINCENT JENNINGS HOSPITAL, INC.               | ✓   |    |
| (248) ST. VINCENT JENNINGS HOSPITAL, INC. (35-1841606)<br>301 HENRY STREET, NORTH VERNON, IN 47265                                     | CRITICAL ACCESS HOSPITAL        | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                          | ✓   |    |
| (249) ST. VINCENT MADISON COUNTY HEALTH SYSTEM, INC. (35-0876389)<br>1331 SOUTH A STREET, ELWOOD, IN 46036                             | HOSPITAL                        | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                          | ✓   |    |
| (250) ST. VINCENT MEDICAL GROUP, INC. (27-2039417)<br>8425 HARCOURT ROAD, INDIANAPOLIS, IN 46260                                       | PHYSICIAN PROFESSIONAL SERVICES | IN  | 501(C)(3)               | 10   | ST. VINCENT CARMEL HOSPITAL, INC.                 | ✓   |    |
| (251) ST. VINCENT MERCY HOSPITAL FOUNDATION, INC. (31-1066871)<br>1331 SOUTH A STREET, ELWOOD, IN 46036                                | SUPPORTING ORGANIZATION         | IN  | 501(C)(3)               | 12 TYPE I  | ST. VINCENT MADISON COUNTY HEALTH SYSTEM, INC.    | ✓   |    |
| (252) ST. VINCENT RANDOLPH HOSPITAL FOUNDATION, INC. (35-2133006)<br>473 GREENVILLE AVENUE, WINCHESTER, IN 47394                       | SUPPORTING ORGANIZATION         | IN  | 501(C)(3)               | 12 TYPE I  | ST. VINCENT RANDOLPH HOSPITAL, INC.               | ✓   |    |
| (253) ST. VINCENT RANDOLPH HOSPITAL, INC. (35-2103153)<br>473 GREENVILLE AVENUE, WINCHESTER, IN 47394                                  | CRITICAL ACCESS HOSPITAL        | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                          | ✓   |    |
| (254) ST. VINCENT RAS, INC. (47-1289091)<br>10330 N MERIDIAN STREET, STE 400N, INDIANAPOLIS, IN 46290                                  | RETAIL AMBULATORY SERVICES      | IN  | 501(C)(3)               | 10   | ST. VINCENT HEALTH, INC.                          | ✓   |    |
| (255) ST. VINCENT SALEM HOSPITAL, INC. (27-0847538)<br>911 N. SHELBY STREET, SALEM, IN 47167   | CRITICAL ACCESS HOSPITAL        | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                          | ✓   |    |
| (256) ST. VINCENT SETON SPECIALTY HOSPITAL, INC. (35-1712001)<br>8050 TOWNSHIP LINE RD, INDIANAPOLIS, IN 46260                         | LONG TERM CARE HOSPITAL         | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                          | ✓   |    |
| (257) ST. VINCENT WILLIAMSPORT HOSPITAL FOUNDATION, INC. (74-3130159)<br>412 N MONROE STREET, WILLIAMSPORT, IN 47993                   | SUPPORTING ORGANIZATION         | IN  | 501(C)(3)               | 12 TYPE I  | ST. VINCENT WILLIAMSPORT HOSPITAL, INC.           | ✓   |    |
| (258) ST. VINCENT WILLIAMSPORT HOSPITAL, INC. (35-0784551)<br>412 N MONROE STREET, WILLIAMSPORT, IN 47993                              | CRITICAL ACCESS HOSPITAL        | IN  | 501(C)(3)               | 3  | ST. VINCENT HEALTH, INC.                          | ✓   |    |
| (259) ST. VINCENT'S BIRMINGHAM (63-0288864)<br>810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205   | HOSPITAL                        | AL  | 501(C)(3)               | 3  | ST. VINCENT'S HEALTH SYSTEM                       | ✓   |    |

| (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 |
| (260) ST. VINCENT'S BLOUNT (63-0909073)<br>150 GILBREATH DRIVE, ONEONTA, AL 35121  | HOSPITAL                               | AL  | 501(C)(3)               | 3  | ST. VINCENT'S HEALTH SYSTEM        | ✓   |    |
| (261) ST. VINCENT'S COLLEGE, INC. (06-1331677)<br>2800 MAIN STREET, BRIDGEPORT, CT 06606                                   | COLLEGE OF HEALTH SCIENCE              | CT  | 501(C)(3)               | 2  | ST. VINCENT'S MEDICAL CENTER       | ✓   |    |
| (262) ST. VINCENT'S DEVELOPMENT, INC. (22-2554128)<br>95 MERRITT BOULEVARD, TRUMBULL, CT 06611                             | REAL ESTATE HOLDINGS                   | CT  | 501(C)(25)              |  | ST. VINCENT'S HEALTH SERVICES CORP | ✓   |    |
| (263) ST. VINCENT'S EAST (63-0578923)<br>50 MEDICAL PARK EAST DRIVE, BIRMINGHAM, AL 35235                                  | HOSPITAL                               | AL  | 501(C)(3)               | 3  | ST. VINCENT'S HEALTH SYSTEM        | ✓   |    |
| (264) ST. VINCENT'S FOUNDATION OF ALABAMA, INC. (63-0868066)<br>1 MEDICAL PARK EAST DRIVE, BIRMINGHAM, AL 35235            | FUNDRAISING                            | AL  | 501(C)(3)               | 7  | ST. VINCENT'S HEALTH SYSTEM        | ✓   |    |
| (265) ST. VINCENT'S FOUNDATION, INC. (59-2219923)<br>4205 BELFORT ROAD, SUITE 4020, JACKSONVILLE, FL 32216                 | FUND RAISING                           | FL  | 501(C)(3)               | 7  | ST. VINCENT'S HEALTH SYSTEM, INC.  | ✓   |    |
| (266) ST. VINCENT'S HEALTH SERVICES CORP (22-2558134)<br>2800 MAIN STREET, BRIDGEPORT, CT 06606                            | HOLDING COMPANY                        | CT  | 501(C)(3)               | 12 TYPE I  | ST. VINCENT'S MEDICAL CENTER       | ✓   |    |
| (267) ST. VINCENT'S HEALTH SYSTEM (63-0931008)<br>810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205                            | HEALTH SYSTEM                          | AL  | 501(C)(3)               | 12 TYPE III-FI                                   | ASCENSION HEALTH                   | ✓   |    |
| (268) ST. VINCENT'S HEALTH SYSTEM, INC. (59-3650609)<br>4205 BELFORT ROAD, SUITE 4020, JACKSONVILLE, FL 32216              | PARENT ENTITY                          | FL  | 501(C)(3)               | 12 TYPE II                                       | ASCENSION HEALTH                   | ✓   |    |
| (269) ST. VINCENT'S MEDICAL CENTER (06-0646886)<br>2800 MAIN STREET, BRIDGEPORT, CT 06606                                  | HOSPITAL AND SYSTEM PARENT             | CT  | 501(C)(3)               | 3  | ASCENSION HEALTH                   | ✓   |    |
| (270) ST. VINCENT'S MEDICAL CENTER-CLAY COUNTY, INC. (46-1523194)<br>4205 BELFORT ROAD, SUITE 4020, JACKSONVILLE, FL 32216 | HOSPITAL                               | FL  | 501(C)(3)               | 3  | ST. VINCENT'S HEALTH SYSTEM, INC.  | ✓   |    |
| (271) ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC. (22-2558132)<br>2800 MAIN STREET, BRIDGEPORT, CT 06606                 | FUNDRAISING                            | CT  | 501(C)(3)               | 7  | ST. VINCENT'S HEALTH SERVICES CORP | ✓   |    |
| (272) ST. VINCENT'S MEDICAL CENTER, INC. (59-0624449)<br>4205 BELFORT ROAD, SUITE 4020, JACKSONVILLE, FL 32216             | HOSPITAL                               | FL  | 501(C)(3)               | 3  | ST. VINCENT'S HEALTH SYSTEM, INC.  | ✓   |    |
| (273) ST. VINCENT'S MULTISPECIALTY GROUP, INC. (80-0458769)<br>2800 MAIN STREET, BRIDGEPORT, CT 06606                      | PHYSICIAN PRACTICES                    | CT  | 501(C)(3)               | 12 TYPE I  | ST. VINCENT'S MEDICAL CENTER       | ✓   |    |
| (274) ST. VINCENT'S SPECIAL NEEDS CENTER, INC. (06-0702617)<br>95 MERRITT BOULEVARD, TRUMBULL, CT 06611                    | PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS | CT  | 501(C)(3)               | 10   | ST. VINCENT'S HEALTH SERVICES CORP | ✓   |    |
| (275) SVH REAL ESTATE, INC. (20-5002285)<br>10330 N MERIDIAN STREET, STE 430N, INDIANAPOLIS, IN 46290                      | REAL ESTATE HOLDING COMPANY            | IN  | 501(C)(3)               | 12 TYPE III-FI                                   | ST. VINCENT HEALTH, INC.           | ✓   |    |
| (276) THE CENTURIONS (85-4088322)<br>2202 N. FORBES BLVD., TUCSON, AZ 85745  | FOUNDATION                             | AZ  | 501(C)(3)               | 12 TYPE I  | CARONDELET FOUNDATION, INC.        | ✓   |    |
| (277) THE HEALTH SOURCE GROUP (38-2427678)<br>5455 ALI DR., DEPT #200, GRAND BLANC, MI 48439-5195                          | PRG RELATED INVESTMENTS                | MI  | 501(C)(3)               | 12 TYPE I  | GENESYS HEALTH SYSTEM              | ✓   |    |
| (278) THE HOWARD YOUNG MEDICAL CENTER, INC. (39-0873606)<br>240 MAPLE STREET, WOODRUFF, WI 54568                           | HOSPITAL                               | WI  | 501(C)(3)               | 3  | MINISTRY HEALTH CARE, INC.         | ✓   |    |
| (279) THE SETON COVE, INC. (74-2727509)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723   | SPIRITUALITY CENTER                    | TX  | 501(C)(3)               | 12 TYPE I  | ASCENSION TEXAS                    | ✓   |    |



| (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 |
| (280) TRI-COUNTY CLINICAL (26-4562712)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723   | DELIVERY OF HEALTH CARE SERVICES | TX  | 501(C)(3)               | 10   | SETON CLINICAL ENTERPRISE CORPORATION                               | ✓   |    |
| (281) TWENTY-SIX DOORS, INC. (74-2855201)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723  | TO HOLD TITLE TO REAL PROPERTY   | TX  | 501(C)(25)              |  | SETON FUND OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, INC. | ✓   |    |
| (282) UNIVERSAL HEALTH SERVICES (63-0932323)<br>810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205   | PHYSICIAN GROUP                  | AL  | 501(C)(3)               | 12 TYPE II                                       | ST. VINCENT'S HEALTH SYSTEM   | ✓   |    |
| (283) VIA CHRISTI HEALTHCARE OUTREACH PROGRAM FOR ELDERLY, INC. (48-1236589)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127               | PACE (SNF)                       | KS  | 501(C)(3)               | 10   | VIA CHRISTI VILLAGES, INC.  | ✓   |    |
| (284) VIA CHRISTI VILLAGE GEORGETOWN, INC (48-1129325)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127                                     | RETIREMENT COMMUNITY             | KS  | 501(C)(3)               | 10   | VIA CHRISTI VILLAGES, INC.  | ✓   |    |
| (285) VIA CHRISTI VILLAGE HAYS, INC. (20-2828680)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127  | RETIREMENT COMMUNITY             | KS  | 501(C)(3)               | 10   | VIA CHRISTI VILLAGES, INC.  | ✓   |    |
| (286) VIA CHRISTI VILLAGE MANHATTAN, INC. (48-1078862)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127                                     | RETIREMENT COMMUNITY             | KS  | 501(C)(3)               | 10   | VIA CHRISTI VILLAGES, INC.  | ✓   |    |
| (287) VIA CHRISTI VILLAGE MCLEAN, INC. (48-1247723)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127  | RETIREMENT COMMUNITY             | KS  | 501(C)(3)               | 10   | VIA CHRISTI VILLAGES, INC.  | ✓   |    |
| (288) VIA CHRISTI VILLAGE PITTSBURG, INC. (74-3070971)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127                                     | RETIREMENT COMMUNITY             | KS  | 501(C)(3)               | 10   | VIA CHRISTI VILLAGES, INC.  | ✓   |    |
| (289) VIA CHRISTI VILLAGE PONCA CITY, INC. (73-1153337)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127                                    | RETIREMENT COMMUNITY             | OK  | 501(C)(3)               | 10   | VIA CHRISTI VILLAGES, INC.  | ✓   |    |
| (290) VIA CHRISTI VILLAGES, INC. (48-0559086)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127  | MANAGEMENT COMPANY               | KS  | 501(C)(3)               | 12 TYPE III-FI                                   | ASCENSION HEALTH SENIOR CARE  | ✓   |    |
| (291) VOLUNTEERS IN PARTNERSHIP WITH WHEATON FRANCISCAN HEALTHCARE-ALL SAINTS, INC. (93-0838390)<br>3807 SPRING STREET, RACINE, WI 53405        | FOUNDATION                       | WI  | 501(C)(3)               | 10   | ASCENSION ALL SAINTS HOSPITAL, INC.                                 | ✓   |    |
| (292) WAMEGO HOSPITAL ASSOCIATION, INC. (72-1526400)<br>711 GENN DRIVE, WAMEGO, KS 66547  | HOSPITAL                         | KS  | 501(C)(3)               | 3  | ASCENSION VIA CHRISTI HOSPITAL MANHATTAN, INC.                      | ✓   |    |
| (293) WHEATON FRANCISCAN - ELMBROOK MEMORIAL FOUNDATION, INC. (39-2028808)<br>3237 SOUTH 16TH STREET, MILWAUKEE, WI 53215                       | FOUNDATION                       | WI  | 501(C)(3)               | 12 TYPE I  | ASCENSION SE WISCONSIN HOSPITAL, INC.                               | ✓   |    |
| (294) WHEATON FRANCISCAN - ST. JOSEPH FOUNDATION, INC. (39-1636804)<br>5000 WEST CHAMBERS STREET, MILWAUKEE, WI 53210                           | FOUNDATION                       | WI  | 501(C)(3)               | 12 TYPE I  | ASCENSION SE WISCONSIN HOSPITAL, INC.                               | ✓   |    |
| (295) WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS FOUNDATION, INC. (39-1570877)<br>3805B SPRING STREET, RACINE, WI 53405                         | FOUNDATION                       | WI  | 501(C)(3)               | 7  | ASCENSION ALL SAINTS HOSPITAL, INC.                                 | ✓   |    |
| (296) WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL AUXILIARY (39-6068950)<br>19333 WEST NORTH AVENUE, BROOKFIELD, WI 53045                 | AUXILIARY                        | WI  | 501(C)(3)               | 12 TYPE III-FI                                   | ASCENSION SE WISCONSIN HOSPITAL, INC.                               | ✓   |    |
| (297) WHEATON FRANCISCAN HEALTHCARE - FOUNDATION FOR ST. FRANCIS AND FRANKLIN, INC. (32-0135258)<br>3237 SOUTH 16TH STREET, MILWAUKEE, WI 53215 | FOUNDATION                       | WI  | 501(C)(3)               | 12 TYPE I  | ASCENSION ST. FRANCIS HOSPITAL, INC.                                | ✓   |    |

| (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 |
| (298) WHEATON FRANCISCAN HEALTHCARE - TERRACE AT ST. FRANCIS, INC. (39-1486775)<br>12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127      | RETIREMENT COMMUNITY | WI  | 501(C)(3)               | 10   | ASCENSION HEALTH SENIOR CARE       | ✓   |    |
| (299) WHEATON FRANCISCAN HEALTHCARE-CIRCLE OF LIFE FOUNDATION, INC. (56-2426294)<br>4300 BROWN DEER ROAD, SUITE 250, BROWN DEER, WI 53223 | FOUNDATION           | WI  | 501(C)(3)               | 12 TYPE I  | ASCENSION WISCONSIN PHARMACY, INC. | ✓   |    |
| (300) WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC. (39-1568865)<br>400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212            | PARENT CORPORATION   | IL  | 501(C)(3)               | 12 TYPE III-FI                                   | ASCENSION HEALTH                   | ✓   |    |

**Part III**
**Identification of Related Organizations Taxable as a Partnership** (continued)

| (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 |                          |
| (1) ALEXIAN REHABILITATION SERVICES, LLC (30-0221481)<br>935 BEISNER, ELK GROVE VILLAGE, IL 60007               | REHABILITATION HOSPITAL              | IL  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (2) ALVERNO CLINICAL LABORATORIES, LLC (20-3240648)<br>2434 INTERSTATE PLAZA DRIVE, HAMMOND, IN 46324           | MEDICAL SERVICE                      | IN  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (3) AMBROSE PARKWOOD WEST II, LLC (27-0532924)<br>55 MONUMENTAL CIRCLE, STE 450, INDIANAPOLIS, IN 46204         | LAND HOLDINGS                        | IN  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (4) AMBULATORY SURGERY CENTER, L.P. (48-1114690)<br>818 N EMPORIA, STE 108, WICHITA, KS 67214                   | SURGERY CENTER                       | KS  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (5) ASCENSION ALPHA FUND LLC (90-0786464)<br>101 SOUTH HANLEY ROAD, SUITE 200, ST LOUIS, MO 63105               | INVESTMENTS                          | MO  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (6) ASCENSION VIA CHRISTI IMAGING MANHATTAN, LLC (48-1251984)<br>1823 COLLEGE AVENUE, MANHATTAN, KS 66502       | RADIOLOGY SERVICES                   | KS  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (7) ASCENSION WISCONSIN EMERUS JV, LLC (38-4118568)<br>8040 EXCELSOIR DRIVE, SUITE 400, MADISON, WI 53717       | ACUTE CARE HOSPITALS                 | WI  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (8) BAPTIST WOMENS HEALTH CENTER, LLC (62-1772195)<br>1900 CHURCH STREET, SUITE 300, NASHVILLE, TN 37203        | OWNS AND OPERATES SPECIALTY HOSPITAL | TN  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (9) BELMONT/HARLEM SURGERY CENTER, LLC (41-2237162)<br>3101 NORTH HARLEM, CHICAGO, IL 60634                     | MEDICAL SERVICE                      | IL  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (10) BONAVENTURE MEDICAL FOUNDATION, LLC (36-3978153)<br>2601 NAVISTAR DRIVE, LISLE, IL 60532                   | MANAGES MANAGED CARE CONTRACTS       | DE  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (11) BORGESS HEALTH PARTNERS, LLC (38-2648846)<br>28000 DEQUINDRE, WARREN, MI 48092                             | MANAGED CARE                         | MI  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (12) CARMEL AMBULATORY SURGERY CENTER, LLC (32-0014795)<br>13421 OLD MERIDIAN STREET, STE 150, CARMEL, IN 46032 | AMBULATORY SURGERY CENTER            | IN  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (13) CENTRAL TEXAS LAUNDRY, LLC (74-2613749)<br>4255 PROFIT STREET, SAN ANTONIO, TX 78219                       | LAUNDRY SERVICES                     | TX  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (14) CHV III LP (45-4486925)<br>101 SOUTH HANLEY ROAD, ST LOUIS, MO 63105                                       | INVESTMENTS                          | MO  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |



| (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 |                          |
| (15) CHV IV LP (81-3953953)<br>101 SOUTH HANLEY ROAD, ST LOUIS, MO 63105   | INVESTMENTS                | DE  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (16) ENDOSCOPY CENTER, LLC (32-0029881)<br>13421 OLD MERIDIAN STREET, STE 150, CARMEL, IN 46032                          | ENDOSCOPY CENTER           | IN  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (17) ENDOSCOPY GROUP, LLC (59-3519881)<br>4810 NORTH DAVIS HIGHWAY, PENSACOLA, FL 32503                                  | MEDICAL SERVICES           | FL  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (18) HOSPITAL CONSOLIDATED LABORATORIES, LLC (38-3318428)<br>39595 W. 10 MILE RD., NOVI, MI 48375                        | LAB SERVICES               | MI  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (19) INTERVENTIONAL REHABILITATION CENTER, LLC (59-3673361)<br>1549 AIRPORT BOULEVARD, STE 420, PENSACOLA, FL 32503      | MEDICAL SERVICES           | FL  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (20) KANSAS SURGERY AND RECOVERY CENTER, LLC (48-1148580)<br>2770 NORTH WEBB ROAD, WICHITA, KS 67226                     | SURGERY CENTER             | KS  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (21) KENOSHA DIGESTIVE HEALTH CENTER (84-2167873)<br>1033 N MAYFAIR ROAD, SUITE 101, WAUWATUSA, WI 53226                 | DIGESTIVE HEALTH           | WI  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (22) LOURDES HEALTH SUPPORT, LLC (16-1611707)<br>333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214                        | MEDICAL EQUIPMENT PROVIDER | NY  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (23) MIDDLE TENNESSEE IMAGING, LLC (01-0570490)<br>400 N. HIGHLAND AVENUE, MURFREESBORO, TN 37219                        | DIAGNOSTIC IMAGING CENTER  | TN  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (24) MURFREESBORO DIAGNOSTIC IMAGING, LLC (20-0291952)<br>400 N. HIGHLAND AVENUE, MURFREESBORO, TN 37219                 | DIAGNOSTIC IMAGING CENTER  | TN  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (25) NAAB ROAD SURGERY CENTER, LLC (35-1991390)<br>8260 NAAB ROAD, STE 100, INDIANAPOLIS, IN 46260                       | AMBULATORY SURGERY CENTER  | IN  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (26) OKLAHOMA CANCER SPECIALISTS REAL ESTATE COMPANY, LLC (61-1774455)<br>12697 E 51ST ST SOUTH, TULSA, OK 74146         | REAL ESTATE HOLDING        | OK  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (27) OPEN MRI OF MICHIGAN (38-3544539)<br>411 W. 13 MILE ROAD, MADISON HEIGHTS, MI 48071                                 | MRI CENTER                 | MI  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (28) ORTHOPEDIC SURGERY CENTER OF THE FOX VALLEY LLC (84-2016212)<br>2223 LIME KILN ROAD, SUITE 101, GREEN BAY, WI 54311 | SURGERY CENTER             | WI  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (29) PET, LLC (59-3788701)<br>5149 NORTH 9TH AVENUE SUITE 124, PENSACOLA, FL 32504                                       | MEDICAL SERVICES           | FL  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |

| (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 |                          |
| (30) PREMIER RADIOLOGY WISCONSIN LLC (83-3180104)<br>500 W BROWN DEER ROAD, SUITE 202, BAYSIDE, WI 53217             | RADIOLOGY                                       | WI  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (31) PRESENCE LAKESHORE GASTROENTEROLOGY, LLC (81-1750563)<br>150 N. RIVER ROAD, SUITE 210, DES PLAINES, IL 60016    | MEDICAL SERVICE                                 | IL  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (32) PROFESSIONAL CLINICAL LABORATORIES, LLC (30-0711211)<br>113 E 4TH ST., MICHIGAN CITY, IN 46360                  | MEDICAL SERVICES                                | IN  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (33) RADS OF AMERICA, LLC (20-0597581)<br>P.O. BOX 249, GOODLETTSVILLE, TN 37070-0249                                | AMBULATORY SURGERY CENTER                       | TN  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (34) SAINT THOMAS HOME RECOVERY CARE, LLC (84-2100096)<br>49 MUSIC SQUARE WEST, SUITE 401, NASHVILLE, TN 37203       | MEDICAL AND REHABILITATION SERVICES             | TN  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (35) SOUTH COAST REAL ESTATE VENTURE, LLC (45-5599047)<br>5907 HIGHWAY 90, MOSS POINT, MS 39563                      | OWN REAL ESTATE FOR A PHYSICIAN OFFICE BUILDING | MS  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (36) ST. VINCENT'S OUTPATIENT SURGERY SERVICES, LLC (20-0708162)<br>810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205    | OUTPATIENT SURGERY                              | AL  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (37) ST. VINCENT'S SLEEP DISORDER CENTER (63-1282288)<br>810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205               | SLEEP DISORDER CENTER                           | AL  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (38) ST. VINCENT HEART CENTER OF INDIANA, LLC (36-4492612)<br>10580 N MERIDIAN STREET, INDIANAPOLIS, IN 46290        | HEART HOSPITAL                                  | IN  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (39) STHS SLEEP CENTER, LLC (20-3664894)<br>102 WOODMONT BOULEVARD, SUITE 800, NASHVILLE, TN 37205                   | OPERATES A SLEEP CENTER                         | TN  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (40) THE MICHIGAN INSTITUTE FOR ADVANCED SURGERY, LLC (03-0444972)<br>1375 S. LAPEER RD., #109, LAKE ORION, MI 48360 | OUTPATIENT SERVICES                             | MI  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (41) TOWNE CENTRE SURGERY CENTER, LLC (20-4943843)<br>4599 TOWNE CENTRE, SAGINAW, MI 48604                           | OUTPATIENT SERVICES                             | MI  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (42) TRI-STATE COMMUNITY CLINICS, LLC (27-0885968)<br>8601 N KENTUCKY AVENUE, STE J, EVANSVILLE, IN 47711            | PRIMARY CARE PHYSICIAN PRACTICES                | IN  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |
| (43) VIA CHRISTI MERCY CLINIC, LLC (81-2927645)<br>1 MT CARMEL PLACE, PITTSBURG, KS 66762                            | MEDICAL SERVICES                                | KS  | N/A                           | N/A   | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |

**Part IV**
**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

| (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 |
| (1) ADVANTAGE HEALTHCO, INC. (74-2698151)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723  | HEALTH SERVICES               | TX  | N/A  | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (2) ADVENT, INC. (38-2971743)<br>28000 DEQUINDRE, WARREN, MI 48092  | RENTAL REAL ESTATE            | MI  | N/A  | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (3) AFFILIATED HEALTH SERVICES, INC. (38-2292922)<br>28000 DEQUINDRE, WARREN, MI 48092  | MEDICAL SERVICES              | MI  | N/A  | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (4) AFFILIATED MEDICAL SERVICES LABORATORY, INC (48-1239522)<br>2916 E. CENTRAL, WICHITA, KS 67214                              | MEDICAL LABORATORY            | KS  | N/A  | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (5) AH INCUBATIONS ACCELERATOR, INC. (45-5078523)<br>101 SOUTH HANLEY ROAD, SUITE 450, ST. LOUIS, MO 63105                      | MEDICAL SERVICE               | MO  | N/A  | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (6) ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT, LLC (94-3465394)<br>3900 SOUTH GRAND, ST. LOUIS, MO 63118                  | HOUSING                       | MO  | N/A  | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (7) ALEXIAN BROTHERS HEALTH PROVIDERS ASSOCIATION, INC. (36-3853286)<br>2601 NAVISTAR DRIVE, LISLE, IL 60532                    | MESSENGER MODEL IPA           | IL  | N/A  | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (8) ALEXIAN VILLAGE OF ELK GROVE (35-2211303)<br>3040 W. SALT CREEK, ARLINGTON HEIGHTS, IL 60005                                | TAX CREDIT FINANCED HOUSING   | IL  | N/A  | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (9) AMITA HEALTH CLINICALLY INTEGRATED NETWORK, LLC (80-0967178)<br>2601 NAVISTAR DRIVE, LISLE, IL 60532                        | MANAGED CARE                  | IL  | N/A  | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (10) ASCENSION CAPITAL UK, LIMITED<br>FOUNTAIN HOUSE, 130 FENCHURCH STREET, LONDON, ENGLAND, EC3M 5DJ, UK                       | INSURANCE                     | UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES) | N/A  | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (11) ASCENSION CARE MANAGEMENT HEALTH PARTNERS TENNESSEE (45-2958482)<br>102 WOODMONT BOULEVARD, SUITE 700, NASHVILLE, TN 37205 | ACCOUNTABLE CARE ORGANIZATION | TN  | N/A  | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (12) ASCENSION CARE MANAGEMENT HEALTH PARTNERS, INC. (45-4413419)<br>101 SOUTH HANLEY ROAD, SUITE 200, CLAYTON, MO 63105        | MEDICAL SERVICE               | MO  | ASCENSION HEALTH ALLIANCE                    | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (13) ASCENSION CARE MANAGEMENT HOLDINGS, LTD. AND SUBSIDIARIES (38-3269272)<br>8220 IRVING, STERLING HEIGHTS, MI 48312          | INSURANCE AND TPA             | MI  | ASCENSION CARE MANAGEMENT INSURANCE HOLDINGS | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (14) ASCENSION HEALTH INSURANCE LIMITED<br>P.O. BOX 1159, GRAND CAYMAN, BAHAMAS, KY1-1102, CJ                                   | INSURANCE                     | CAYMAN ISLANDS  | N/A  | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (15) ASCENSION HEALTH MASTER PENSION TRUST (36-6891022)<br>11775 BORMAN DRIVE, SUITE 200, ST LOUIS, MO 63146                    | TRUST                         | MO  | N/A  | TRUST  | N/A                       | N/A                             | N/A                      | ✓   |    |

| (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 |
| (16) ASCENSION HEALTH RISK PURCHASING GROUP (27-4176480)<br>101 SOUTH HANLEY ROAD, SUITE 450, ST. LOUIS, MO 63105                    | SUPPORTING ORGANIZATION             | MO  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (17) ASCENSION MEDICAL GROUP VIA CHRISTI, P.A. (48-0993446)<br>3311 EAST MURDOCK, WICHITA, KS 67208                                  | PROFESSIONAL ASSOCIATION            | KS  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (18) ASCENSION VENTURES CORPORATION (63-1217059)<br>810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205                                    | MISC HEALTHCARE SERVICES            | AL  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (19) BAPTIST HEALTH CARE VENTURES, INC (62-0469214)<br>2000 CHURCH STREET, NASHVILLE, TN 37236                                       | HOLDING COMPANY                     | TN  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (20) BAYLEY CONDOMINIUM ASSOCIATION (63-1209915)<br>2121 HIGHLAND AVENUE SOUTH, BIRMINGHAM, AL 35205                                 | CONDOMINIUM ASSOCIATION             | AL  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (21) BEECHER BALLENGER SERVICES (38-2497922)<br>ONE GENESYS PARKWAY, GRAND BLANC, MI 48439-8065                                      | HOLDING COMPANY                     | MI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (22) CARONDELET MEDICAL GROUP, INC. (86-0836126)<br>2202 N. FORBES BLVD., TUCSON, AZ 85745   | MEDICAL GROUP                       | AZ  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (23) CARONDELET SPECIALIST GROUP, INC. (28-1558773)<br>2202 N. FORBES BLVD., TUCSON, AZ 85745  | PHYSICIAN PRACTICE                  | AZ  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (24) CLINICAL HOLDINGS CORP (45-3802297)<br>101 SOUTH HANLEY ROAD, SUITE 200, CLAYTON, MO 63105                                      | HOLDING COMPANY                     | MO  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (25) CONSOLIDATED PHARMACY SERVICES, INC. AND SUBSIDIARIES (59-3398033)<br>4205 BELFORT ROAD, SUITE 4030, JACKSONVILLE, FL 32216     | RETAIL PHARMACY & PATIENT TRANSPORT | FL  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (26) CORBETT CORPORATION (16-1268267)<br>169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905   | PROPERTY MANAGEMENT                 | NY  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (27) CRITTENTON DEVELOPMENT CORPORATION (38-2594115)<br>2251 N. SQUIRREL RD, STE 310, AUBURN HILLS, MI 48326                         | REAL ESTATE                         | MI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (28) CRITTENTON MEDICAL PHARMACY, INC. (20-3773341)<br>1135 WEST UNIVERSITY DR. #105, ROCHESTER, MI 48307                            | PHARMACY SERVICES                   | MI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (29) DELL CHILDREN'S HEALTH ALLIANCE (27-1311909)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723   | HEALTH SERVICES                     | TX  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (30) EASTSIDE VENTURES (63-0846221)<br>810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205   | MISC HEALTHCARE SERVICES            | AL  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (31) FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION, INC. (26-1983355)<br>1 SHIRCLIFF WAY, JACKSONVILLE, FL 32204                    | CONDOMINIUM ASSOCIATION             | FL  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (32) FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC. (34-1983857)<br>400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212 | CONDO ASSOCIATION                   | WI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (33) GENESYS PRACTICE PARTNERS (03-0516871)<br>5445 ALI DRIVE, DEPT #200, GRAND BLANC, MI 48439                                      | EMPLOYED PHY PRACTICE               | MI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (34) GULF COAST DIVERSIFIED, INC. (59-2432798)<br>5154 NORTH 9TH AVENUE, PENSACOLA, FL 32507   | INVESTMENT                          | FL  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |

| (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 |
| (35) HEALTHNET OF ALABAMA, INC. (63-1027511)<br>P.O. BOX 830605, BIRMINGHAM, AL 35283-0605                                | PREFERRED PROVIDER ORGANIZATION | AL  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (36) HOWARD YOUNG CLINICS, INC. (39-1969706)<br>240 MAPLE STREET, WOODRUFF, WI 54568                                      | HEALTHCARE                      | WI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (37) INDIAN CREEK CENTER, INC. (48-0956627)<br>101 S HANLEY, STE 200, ST. LOUIS, MO 63105                                 | MANAGEMENT                      | MO  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (38) INTEGRATED HEALTHCARE SYSTEMS, INC (48-0941549)<br>3311 EAST MURDOCK, WICHITA, KS 67208                              | CLINIC SERVICES                 | KS  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (39) MADISON MEDICAL AFFILIATES, INC. (39-1855720)<br>4425 N. PORT WASHINGTON RD., GLENDALE, WI 53212                     | HEALTHCARE                      | WI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (40) MID-STATE PROPERTIES, INC. (62-1232018)<br>2000 CHURCH STREET, NASHVILLE, TN 37236                                   | INACTIVE                        | TN  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (41) MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES, INC. (46-1130426)<br>6801 AIRPORT BLVD., MOBILE, AL 36608                | HEALTHCARE SERVICES             | MS  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (42) OMNI MEDICAL GROUP, INC. (73-1335536)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                                    | MEDICAL SERVICES                | OK  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (43) PHYSICIAN SUPPORT SERVICES, INC. (73-1437252)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                            | MEDICAL SERVICES                | OK  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (44) PHYSICIANS OF PASCO CONDOMINIUMS ASSOC. (45-3691641)<br>520 NORTH 4TH AVENUE, PASCO, WA 99301                        | PROPERTY MANAGEMENT             | WA  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (45) PRESENCE PROPERTIES INC (36-3520630)<br>100 NORTH RIVER ROAD, DES PLAINES, IL 60016                                  | MEDICAL                         | IL  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (46) PRESENCE SERVICE CORPORATION (36-4314354)<br>2380 E DEMPSTER STREET, DES PLAINES, IL 60016                           | MEDICAL                         | IL  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (47) PRESENCE VENTURES INC (37-1168085)<br>100 NORTH RIVER ROAD, DES PLAINES, IL 60016                                    | MEDICAL                         | IL  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (48) PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION, INC. (20-8042108)<br>4425 N PORT WASHINGTON RD, GLENDALE, WI 53212 | CONDO ASSOCIATION               | WI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (49) PROVIDENCE PARK, INC. (63-0886846)<br>P.O. BOX 850429, MOBILE, AL 36685  | REAL ESTATE                     | AL  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (50) REGIONAL MEDICAL LABORATORIES, INC. (73-1131608)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                         | MEDICAL SERVICES                | OK  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (51) RESOURCE PHARMACIES, INC. (52-1410076)<br>1150 VARNUM STREET, N.E., WASHINGTON, DC 20017                             | RETAIL PHARMACY                 | DC  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (52) SETON INSURANCE COMPANY (47-5395483)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723                                      | HEALTH SERVICES                 | TX  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (53) SETON ACCOUNTABLE CARE ORGANIZATION, INC. (74-2677756)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723                    | HEALTH SERVICES                 | TX  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (54) SETON HEALTH ALLIANCE (45-3047469)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723  | HEALTH SERVICES                 | TX  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (55) SETON HEALTH PLAN, INC. (74-2725348)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723                                      | HMO                             | TX  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (56) SETON MSO, INC. (74-2870455)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723  | HEALTH SERVICES                 | TX  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |

| (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 |
| (57) SETON PHARMACY, INC. (59-3001427)<br>4205 BELFORT ROAD, SUITE 4030, JACKSONVILLE, FL 32216                   | RETAIL PHARMACY                              | FL  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (58) SETON PHYSICIAN HOSPITAL NETWORK (74-2643825)<br>1345 PHILOMENA STREET, AUSTIN, TX 78723                     | HEALTH SERVICES                              | TX  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (59) SOVA, INC. (26-1319638)<br>102 WOODMONT BOULEVARD, SUITE 700, NASHVILLE, TN 37205                            | HEALTH SERVICES                              | TN  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (60) ST. AGNES HEALTH VENTURES, INC. (52-1733632)<br>900 CATON AVENUE, BALTIMORE, MD 21229                        | HOLDING COMPANY                              | MD  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (61) ST. JOHN ANESTHESIA SERVICES, INC. (20-3690446)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                  | MEDICAL SERVICES                             | OK  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (62) ST. JOHN PHYSICIANS, INC. (73-1321032)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                           | MEDICAL SERVICES                             | OK  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (63) ST. JOHN URGENT CARE CLINICS, INC. (20-4990275)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                  | MEDICAL SERVICES                             | OK  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (64) ST. JOSEPH HEALTH ENTERPRISES (38-2686747)<br>200 HEMLOCK ROAD, TAWAS CITY, MI 48764                         | OTHER MEDICAL                                | MI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (65) ST. MARY'S HEALTH (38-3477017)<br>800 S. WASHINGTON AVENUE, SAGINAW, MI 48601                                | DORMANT                                      | MI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (66) ST. MARY'S MEDICAL GROUP, INC (35-2076827)<br>3700 WASHINGTON AVE, EVANSVILLE, IN 47750                      | INVESTMENT                                   | IN  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (67) ST. VINCENT'S STRATEGIC VENTURES, INC. (59-3133073)<br>4205 BELFORT ROAD, SUITE 4030, JACKSONVILLE, FL 33213 | LEASING                                      | FL  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (68) SUNFLOWER ASSURANCE, LTD<br>P.O. BOX 1085, GRAND CAYMAN, BAHAMAS, KY1-1102, C/J                              | INSURANCE                                    | CAYMAN ISLANDS                                | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (69) TEXTILE SYSTEMS, INC. (38-2705047)<br>817 WALBRIDGE, KALAMAZOO, MI 49007                                     | LAUNDRY SERVICES                             | MI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (70) THELEN CORPORATION (36-3266316)<br>3040 SALT CREEK LANE, ARLINGTON HEIGHTS, IL 60005                         | OWNS/ LEASES PROPERTY; JOINT VENTURE PARTNER | IL  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (71) TRAVEL SERVICES CORPORATION (26-3764978)<br>P.O. BOX 45998, ST. LOUIS, MO 63145-5998                         | TRAVEL SERVICES                              | MO  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (72) US HEALTH HOLDINGS LTD AND SUBSIDIARIES (38-3269272)<br>8220 IRVING, STERLING HEIGHTS, MI 48312              | INSURANCE AND TPA                            | MI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (73) UTICA SERVICES, INC. (73-1057650)<br>1923 SOUTH UTICA AVENUE, TULSA, OK 74104                                | MEDICAL SERVICES                             | OK  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (74) VCH IOWA, P.C. (27-3983977)<br>8200 E. THORN DRIVE, WICHITA, KS 67226  | PROFESSIONAL ASSOCIATION                     | IA  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (75) VCH IOWA, P.C. TRUST (27-6937322)<br>8200 E. THORN DRIVE, WICHITA, KS 67226                                  | BENEFICIARY TRUST                            | IA  | N/A                           | TRUST  | N/A                       | N/A                             | N/A                      | ✓   |    |
| (76) VIA CHRISTI CLINIC SERVICES, INC (27-3984287)<br>8200 E. THORN DRIVE, WICHITA, KS 67226                      | CLINIC SERVICES                              | KS  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (77) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE, INC. (48-2872857)<br>8200 E. THORN DRIVE, WICHITA, KS 67226 | ACO  | KS  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |



| (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 |
| (78) VINCENTIAN VENTURES OF NORTH ALABAMA, INC (63-0965456)<br>810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205          | MISC HEALTHCARE SERVICES | AL  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (79) VINCENTURES, INC. (06-1211417)<br>95 MERRITT BOULEVARD, TRUMBULL, CT 06611                                       | INACTIVE                 | CT  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (80) WHEATON FRANCISCAN ENTERPRISES, INC. (39-1985204)<br>400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212            | HOLDING CO               | WI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (81) WHEATON FRANCISCAN HOLDINGS, INC. (39-1836357)<br>400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212               | HOLDING CO               | WI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (82) WHEATON FRANCISCAN MEDICAL GROUP - SUSSEX, INC. (39-1361100)<br>400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212 | HEALTHCARE               | WI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (83) WHEATON FRANCISCAN PROVIDER NETWORK, INC. (39-1952140)<br>400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212       | PROVIDER CONTRACT        | WI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (84) WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION, INC. (30-0659830)<br>10101 SOUTH 27TH STREET, FRANKLIN, WI 53123     | CONDO ASSOCIATION        | WI  | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |
| (85) L. GILBRAITH INSURANCE SPC LTD.<br>P.O. BOX 1159, GRAND CAYMAN, KY1-1102, CJ                                     | INSURANCE                | CAYMAN ISLANDS                                | N/A                           | C CORPORATION                                | N/A                       | N/A                             | N/A                      | ✓   |    |

**Part V****Transactions with Related Organizations** (continued)

| (a) Name of other organization        | (b) Transaction type (a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---------------------------------------|----------------------------|---------------------|---|
| (6) SAINT THOMAS NETWORK              | P                          | 116,120             | FAIR MARKET VALUE                         |
| (7) SAINT THOMAS RUTHERFORD HOSPITAL  | P                          | 69,817              | FAIR MARKET VALUE                         |
| (8) SAINT THOMAS WEST HOSPITAL        | P                          | 55,772              | FAIR MARKET VALUE                         |
| (9) SAINT THOMAS WEST HOSPITAL        | B                          | 252,721             | FAIR MARKET VALUE                         |
| (10) ASCENSION HEALTH ALPHA FUND, LLC | R                          | 3,266,398           | FAIR MARKET VALUE                         |
| (11) SAINT THOMAS HEALTH              | B                          | 69,276              | FAIR MARKET VALUE                         |



**Exempt Organization Declaration and Signature for  
Electronic Filing**For calendar year 2018, or tax year beginning 07/01, 2018, and ending 06/30, 20 19**2018**Department of the Treasury  
Internal Revenue Service**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**

Name of exempt organization

SAINT THOMAS HEALTH FOUNDATIONS

Employer identification number

58-1663055**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|           |   |          |  |           |                  |
|-----------|---|----------|--|-----------|------------------|
| <b>1a</b> | Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b</b> | Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . | <b>1b</b> | <u>7,213,543</u> |
| <b>2a</b> | Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b</b> | Total revenue, if any (Form 990-EZ, line 9) . . . . .                  | <b>2b</b> |                  |
| <b>3a</b> | Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b</b> | Total tax (Form 1120-POL, line 22). . . . .                            | <b>3b</b> |                  |
| <b>4a</b> | Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b</b> | Tax based on investment income (Form 990-PF, Part VI, line 5)          | <b>4b</b> |                  |
| <b>5a</b> | Form 8868 check here ▶ <input type="checkbox"/>           | <b>b</b> | Balance due (Form 8868, line 3c) . . . . .                             | <b>5b</b> |                  |

**Part II Declaration of Officer**

- 6** ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund.

**Sign  
Here**

Signature of officer

05/13/2020

Date

TAX OFFICER

Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's  
Use  
Only**ERO's  
signature ▶

Date

Check if  
also paid  
preparer ☐Check if  
self-  
employed ☐

ERO's SSN or PTIN

Firm's name (or  
yours if self-employed),  
address, and ZIP code ▶

EIN

Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check if  
self-  
employed ☐

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.