

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 20 20

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

C Name of organization ST. AGNES HEALTHCARE, INC.
 Doing business as SEE SCHEDULE O
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
C/O TAX DEPARTMENT, P.O. BOX 45998
 City or town, state or province, country, and ZIP or foreign postal code
ST. LOUIS, MO 63145-5998

D Employer identification number 52-0591657

E Telephone number (314) 733-8000

F Name and address of principal officer: CHRISTOPHER CHECKOURAS
SAME AS C ABOVE

G Gross receipts \$ 452,181,078

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

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

J Website: ▶ HTTPS://WWW.STAGNES.ORG/ABOUT-US/ASCENSION/

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1862

M State of legal domicile: MD

H(c) Group exemption number ▶ 0928

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO IMPROVE THE HEALTH AND WELL-BEING OF ALL PEOPLE IN THE COMMUNITIES WE SERVE.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3,267
	6	Total number of volunteers (estimate if necessary)	6	206
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,282,480
	b	Net unrelated business taxable income from Form 990-T, line 39	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,779,063	26,673,315
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	433,382,927	420,542,562
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,518	(15,486)
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,399,782	4,843,621
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	440,606,290	452,044,012
	14	Benefits paid to or for members (Part IX, column (A), line 4)	799,731	741,060
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	217,436,825	222,633,298
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	209,821,918	221,603,544
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	428,058,474	444,977,902
	19	Revenue less expenses. Subtract line 18 from line 12	12,547,816	7,066,110
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	341,158,421	335,903,077
	22	Net assets or fund balances. Subtract line 21 from line 20	174,766,683	195,885,872
			166,391,738	140,017,205

Part II Signature Block

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

Sign Here

Signature of officer:  Date: 5/13/2021

TONYA MERSHON, VICE PRESIDENT, TAX
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name ▶: _____ Firm's EIN ▶: _____

Firm's address ▶: _____ Phone no.: _____

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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 \$ 317,312,370 including grants of \$ 741,060) (Revenue \$ 421,931,318)
ST. AGNES HEALTHCARE, INC. IS A 274-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING FISCAL YEAR 2020, ST. AGNES HEALTHCARE, INC. TREATED 11,925 ADULTS AND CHILDREN FOR A TOTAL OF 58,952 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 279,044 OUTPATIENT VISITS, WHICH INCLUDED 3,807 OUTPATIENT SURGERIES AND 70,672 EMERGENCY ROOM VISITS. SEE SCHEDULE H FOR A NON-EXHAUSTIVE LIST OF COMMUNITY BENEFIT PROGRAMS AND DESCRIPTIONS.

AS PART OF THE ASCENSION CATHOLIC HEALTH MINISTRY, THE FILING ORGANIZATION SERVED IN SUPPORT OF ASCENSION'S COMMITMENT TO BOTH CARE FOR PATIENTS AND COMMUNITIES AND SUPPORT CAREGIVERS AND OTHER ASSOCIATES THROUGH THE CHALLENGES OF THE COVID-19 GLOBAL PANDEMIC IN FY20.

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

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

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

4e Total program service expenses ▶ 317,312,370

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,267		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► MD
- 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 on Schedule O)
- 19** Describe on 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, 4600 EDMUNDSON ROAD, ST. LOUIS, MO 63134-3806, (314) 733-8000, 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE T GRACE, MD MEDICAL DIRECTOR	50.0 0.0					✓	872,816	0	42,032	
(2) KEITH VANDER KOLK FORMER OFFICER (END 6/2019)	0.0 50.0					✓	0	843,850	8,808	
(3) ANDREW M AVERBACH, MD SURGEON	50.0 0.0					✓	679,150	0	35,743	
(4) CAROLE B MILLER, MD SECRETARY/DIRECTOR, MEDICAL SPECIALTY	50.0 0.0	✓		✓			611,725	0	29,765	
(5) MICHAEL A ZATINA, MD DIRECTOR, MEDICAL SPECIALTY	50.0 0.0					✓	586,567	0	37,287	
(6) MARTIN A ALBORNOZ, MD PHYSICIAN	50.0 0.0					✓	584,187	0	39,445	
(7) HOWARD S HESSAN, MD MEDICAL DIRECTOR	50.0 0.0					✓	582,208	0	35,252	
(8) KENNETH H WILLIAMS, MD DIRECTOR	0.0 50.0	✓					0	492,419	38,606	
(9) SCOTT M FURNISS CFO, MINISTRY MARKET (END 1/2020)	0.0 50.0			✓			0	442,742	40,859	
(10) KALA K DAVIS-MCDONALD, MD DIRECTOR/SECTION CHIEF	50.0 0.0	✓					455,253	0	21,650	
(11) CHRISTOPHER A CHEKOURAS INTERIM PRESIDENT & CEO	50.0 0.0			✓			411,042	0	32,807	
(12) NANCY M HAMMOND, MD CMO	50.0 0.0					✓	395,536	0	35,320	
(13) YOLANDA COPELAND, RN CNO	50.0 0.0					✓	264,031	0	20,174	
(14) MITCHELL G LOMAX DIRECTOR, STRATEGIC OPS./INTERIM CFO (START 1/2020-END 4/2020)/CFO, MINISTRY MKT. (STAR	50.0 0.0			✓			198,717	0	35,861	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) IRENE D KNOTT CHAIR	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(16) JOHN B STANSBURY TREASURER	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(17) JOHN E WHEELER, JR DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) MARGARET HAYES DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) MOHANNAD F JISHI DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) RICHARD J HUNT, JR DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) SISTER MARY LOU STUBBS DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) STEPHEN M SCHAEFER, ESQ DIRECTOR	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(23)										
(24)										
(25)										
1b Subtotal								5,641,232	1,779,011	453,609
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								5,641,232	1,779,011	453,609

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 **▶** 331

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CROWE LLP, 320 E JEFFERSON BLVD, SOUTH BEND, IN 46601-2314	CONSULTING SERVICES	2,137,542
CALIFORNIA EMERGENCY PHYSICIANS MEDICAL, 2100 POWELL STREET 9TH FLOOR, EMERYVILLE, CA 94608	PHYSICIAN SERVICES	1,100,000
DRS HICKEN CRANLEY & TAYLOR PA, 2330 W JOPPA ROAD, STE 100, LUTHERVILLE, MD 21093	MEDICAL SERVICES	912,798
KEVIN DICK, 9508 MORNING DEW DR, HAGERSTOWN, MD 21740-1693	PHYSICIAN SERVICES	907,838
BERKELEY RESEARCH GROUP LLC, 2200 POWELL ST STE 1200, EMERYVILLE, CA 94608	CONSULTING SERVICES	788,992

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 **▶** 33

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 26,620,190					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 53,125					
	g	Noncash contributions included in lines 1a-1f	1g \$					
	h	Total. Add lines 1a-1f ▶		26,673,315				
	Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 621990	394,927,165	391,986,846	2,940,319	
b		SERVICES TO AFFILIATES	561000	18,082,354	18,082,354			
c		INCOME FROM JOINT VENTURES	900099	2,387,951	2,387,951			
d		GOVERNMENT INCENTIVES	900099	1,830,194	1,830,194			
e		LAB SERVICES	621500	1,342,161		1,342,161		
f		All other program service revenue	900099	1,972,737	1,972,737	0		
g		Total. Add lines 2a-2f ▶		420,542,562				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		20,043		20,043		
	4	Income from investment of tax-exempt bond proceeds ▶		0		0		
	5	Royalties ▶		0		0		
	6a	Gross rents	(i) Real	956,778				
			(ii) Personal	0				
			6b	Less: rental expenses				0
			6c	Rental income or (loss)				956,778
	d	Net rental income or (loss) ▶		956,778		956,778		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0				
			(ii) Other	0				
			7b	Less: cost or other basis and sales expenses				35,529
			7c	Gain or (loss)				(35,529)
	d	Net gain or (loss) ▶		(35,529)		(35,529)		
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a 0					
	b	Less: direct expenses	8b 0					
	c	Net income or (loss) from fundraising events . . . ▶		0			0	
9a	Gross income from gaming activities. See Part IV, line 19	9a 0						
b	Less: direct expenses	9b 0						
c	Net income or (loss) from gaming activities . . . ▶		0			0		
10a	Gross sales of inventory, less returns and allowances	10a	159,701					
		b	Less: cost of goods sold				101,537	
		c	Net income or (loss) from sales of inventory . . . ▶				58,164	
Miscellaneous Revenue	11a	CAFETERIA/VENDING REVENUE	Business Code 722514	1,232,226		1,232,226		
	b	ESCHEATMENT REVENUE	900099	975,306		975,306		
	c	EDUCATION REVENUE	611430	870,781	870,781			
	d	All other revenue	446199	750,366	517,975	0		
	e	Total. Add lines 11a-11d ▶		3,828,679				
12	Total revenue. See instructions ▶		452,044,012	417,648,838	4,282,480	3,439,379		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	741,060	741,060		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,511,881	1,118,393	1,393,488	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	184,421,285	170,747,408	13,673,877	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,556,037	6,995,796	560,241	
9	Other employee benefits	15,970,969	14,786,805	1,184,164	
10	Payroll taxes	12,173,126	11,199,107	974,019	
11	Fees for services (nonemployees):				
a	Management	13,998	13,698	300	
b	Legal	23,878		23,878	
c	Accounting	53,898		53,898	
d	Lobbying	9,336		9,336	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	18,405,847	15,544,753	2,861,094	0
12	Advertising and promotion	573,749	200,265	373,484	
13	Office expenses	1,021,813	478,310	543,503	
14	Information technology	898,919	449,048	449,871	
15	Royalties				
16	Occupancy	7,921,688	7,287,843	633,845	
17	Travel	164,735	122,139	42,596	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	299,942	282,275	17,667	
20	Interest	2,658,476		2,658,476	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,623,065	18,972,933	1,650,132	
23	Insurance	9,161,094	41,508	9,119,586	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>MEDICAL SUPPLIES</u>	52,495,050	50,972,150	1,522,900	
b	<u>PURCHASED SERVICES</u>	39,915,963	10,335,453	29,580,510	
c	<u>MANAGEMENT FEE TO AFFILIATE</u>	39,152,172		39,152,172	
d	<u>PHYSICIAN FEES TO AFFILIATE</u>	17,807,956		17,807,956	
e	All other expenses	10,401,965	7,023,426	3,378,539	0
25	Total functional expenses. Add lines 1 through 24e	444,977,902	317,312,370	127,665,532	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	10,038	1	10,438
	2 Savings and temporary cash investments	13,514,012	2	4,275,470
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	56,819,906	4	51,369,459
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	7,405,541	8	7,094,244
	9 Prepaid expenses and deferred charges	1,049,596	9	288,023
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 453,070,997		
	b Less: accumulated depreciation	10b 240,554,683	215,471,077	10c 212,516,314
	11 Investments—publicly traded securities	0	11	579,883
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	31,078,204	13	33,466,155
	14 Intangible assets	2,699,148	14	2,372,286
	15 Other assets. See Part IV, line 11	13,110,899	15	23,930,805
16 Total assets. Add lines 1 through 15 (must equal line 33)	341,158,421	16	335,903,077	
Liabilities	17 Accounts payable and accrued expenses	47,362,598	17	46,306,073
	18 Grants payable	0	18	0
	19 Deferred revenue	640,801	19	560,296
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	126,763,284	25	149,019,503
	26 Total liabilities. Add lines 17 through 25	174,766,683	26	195,885,872
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	163,558,011	27	136,064,462
	28 Net assets with donor restrictions	2,833,727	28	3,952,743
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
32 Total net assets or fund balances	166,391,738	32	140,017,205	
33 Total liabilities and net assets/fund balances	341,158,421	33	335,903,077	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	452,044,012
2	Total expenses (must equal Part IX, column (A), line 25)	2	444,977,902
3	Revenue less expenses. Subtract line 2 from line 1	3	7,066,110
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	166,391,738
5	Net unrealized gains (losses) on investments	5	(22,988)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(33,417,655)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	140,017,205

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input checked="" type="checkbox"/>	
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 on Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization ST. AGNES HEALTHCARE, INC.	Employer identification number 52-0591657
---	---

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)(vii)**. (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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - 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)						
Total						

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	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>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule of Contributors

2019

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization ST. AGNES HEALTHCARE, INC.	Employer identification number 52-0591657
---	---

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 foundation

Check 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 33¹/₃% 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, 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).

Name of organization ST. AGNES HEALTHCARE, INC.	Employer identification number 52-0591657
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 23,125	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. AGNES HEALTHCARE, INC.	Employer identification number 52-0591657
---	---

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

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

Name of organization ST. AGNES HEALTHCARE, INC.	Employer identification number 52-0591657
---	---

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
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization ST. AGNES HEALTHCARE, INC.	Employer identification number 52-0591657
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		9,336
j Total. Add lines 1c through 1i			9,336
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING EXPENSES REPRESENT THE DUES PAID TO STATE HOSPITAL ASSOCIATIONS, A PORTION OF WHICH IS SPECIFICALLY ALLOCABLE TO LOBBYING. ST. AGNES HEALTHCARE, INC. DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: ST. AGNES HEALTHCARE, INC. Employer identification number: 52-0591657

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 7/25/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$, (ii) Assets included in Form 990, Part X \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$, b Assets included in Form 990, Part X \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance	700,190	674,950	658,363	624,222	625,190
b Contributions					
c Net investment earnings, gains, and losses	5,235	25,240	16,587	34,141	(968)
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	705,425	700,190	674,950	658,363	624,222

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 18.00 %
- c** Term endowment 82.00 %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	10,252,790		10,252,790
b Buildings	0	271,663,011	131,040,636	140,622,375
c Leasehold improvements	0	9,609,701	5,497,277	4,112,424
d Equipment	0	126,547,397	95,897,814	30,649,583
e Other	0	34,998,098	8,118,956	26,879,142
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				212,516,314

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN MARYLAND PHYSICIANS CARE	30,558,055	COST
(2) INVESTMENT IN MARYLAND CARE MANAGEMENT	2,908,100	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	33,466,155	

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) OTHER ASSETS	859,445
(2) DUE FROM AFFILIATES	7,111,530
(3) OTHER RECEIVABLES	711,832
(4) SECURITY DEPOSIT	11,161
(5) BENEFICIAL INTEREST IN FOUNDATION	609,818
(6) INTEREST IN INVESTMENTS HELD BY ASCENSION HEALTH ALLIANCE	2,638,987
(7) RIGHT OF USE OPERATING LEASE ASSET	11,988,032
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	23,930,805

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	0
(2) DUE TO AFFILIATES	61,488,591
(3) GENERAL LIABILITY RESERVE ALLOWANCE	3,000,000
(4) RECOVERY TAIL LIABILITY	840,133
(5) DEBT WITH ASCENSION HEALTH ALLIANCE	71,613,657
(6) OTHER MISCELLANEOUS LIABILITIES	2,617
(7) LONG TERM LEASE LIABILITY	12,053,838
(8) ACCRUED SALES USE TAX LIABILITY	5,667
(9) OTHER ACCRUED TAX LIABILITY	15,000
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	149,019,503

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>WHITEFORD ENDOWMENT - 50% TO BE UTILIZED TO ERECT A WING OR ADDITIONAL BUILDING, ADDITIONAL 50% MAY BE USED TO SUPPORT HOSPITAL OPERATIONS.</p> <p>BROWNE ENDOWMENT - ESTABLISHED FOR USE BY CARDIAC UNIT TO AID THE INDIGENT.</p> <p>GITTINGS ENDOWMENT - CREATED TO PROVIDE A BED IN THE CHILDREN'S WARD.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2020.</p>

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization ST. AGNES HEALTHCARE, INC.	Employer identification number 52 0591657
---	---

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	✓	
b If "Yes," was it a written policy?	✓	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	✓	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	✓	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	✓	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		✓
6a Did the organization prepare a community benefit report during the tax year?	✓	
b If "Yes," did the organization make it available to the public?	✓	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			12,437,005	0	12,437,005	2.79
b Medicaid (from Worksheet 3, column a)			21,779,790	7,187,640	14,592,150	3.28
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	0	34,216,795	7,187,640	27,029,155	6.07
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,024,956	40,000	1,984,956	0.45
f Health professions education (from Worksheet 5)			7,129,339		7,129,339	1.60
g Subsidized health services (from Worksheet 6)			30,547,588	13,533,465	17,014,123	3.82
h Research (from Worksheet 7)			447,021	46,578	400,443	0.09
i Cash and in-kind contributions for community benefit (from Worksheet 8)			532,520		532,520	0.12
j Total. Other Benefits	0	0	40,681,424	13,620,043	27,061,381	6.08
k Total. Add lines 7d and 7j	0	0	74,898,219	20,807,683	54,090,536	12.16

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			567,576	13,504	554,072	0.12
2 Economic development					0	0.00
3 Community support			271,409	25,000	246,409	0.06
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	0	838,985	38,504	800,481	0.18

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** Yes No
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** 7,774,725
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. **3** 20,350
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 188,409,202
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 191,141,499
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** (2,732,297)
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year? **9a** Yes No
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** Yes No

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 [St. Agnes Healthcare, Inc.](#)
[900 Caton Avenue, Baltimore, MD 21229](#)
<https://www.stagnes.org/about-us/ascension/>
 STATE LICENSE NO. : 30-059

2											
3											
4											
5											
6											
7											
8											
9											
10											

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓	✓		✓		✓	✓			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group St. Agnes Healthcare, Inc.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		✓
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		✓
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>20 17</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	✓	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	✓	
7	Did the hospital facility make its CHNA report widely available to the public?	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://healthcare.ascension.org/chna</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a	If "Yes," (list url): <u>https://healthcare.ascension.org/chna</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group St. Agnes Healthcare, Inc.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>5</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>4</u> <u>0</u> <u>0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	✓	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	✓	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group St. Agnes Healthcare, Inc.

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	✓	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	✓	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group St. Agnes Healthcare, Inc.

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	✓
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	✓

Supplemental Information. Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>TO BETTER TARGET COMMUNITY RESOURCES ON THE SERVICE AREA'S MOST PRESSING HEALTH NEEDS, THE HOSPITAL PARTICIPATED IN A GROUP DISCUSSION WITH ORGANIZATIONAL DECISION MAKERS AND COMMUNITY LEADERS TO PRIORITIZE THE SIGNIFICANT COMMUNITY HEALTH NEEDS WHILE CONSIDERING SEVERAL CRITERIA: ALIGNMENT WITH ASCENSION HEALTH STRATEGIES OF HEALTHCARE THAT LEAVES NO ONE BEHIND; CARE FOR THE POOR AND VULNERABLE; OPPORTUNITIES FOR PARTNERSHIP; AVAILABILITY OF EXISTING PROGRAMS AND RESOURCES; OPPORTUNITIES FOR PARTNERSHIP; ADDRESSING DISPARITIES OF SUBGROUPS; AVAILABILITY OF EVIDENCE-BASED PRACTICES; AND COMMUNITY INPUT. THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AS IDENTIFIED THROUGH THE CHNA. SEE SCHEDULE H, PART V, LINE 7 FOR THE LINK TO THE CHNA AND SCHEDULE H, PART V, LINE 11 FOR HOW THOSE NEEDS ARE BEING ADDRESSED.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE, INC.</p> <p>DESCRIPTION: THE ASSESSMENT PROCESS INVOLVED BOTH QUANTITATIVE AND QUALITATIVE COMPONENTS. SAINT AGNES ENGAGED THE PARTICIPATION OF THE PUBLIC AS WELL AS KEY INTERNAL AND EXTERNAL STAKEHOLDERS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITIES SERVED BY SAINT AGNES TO REVIEW THE QUANTITATIVE ANALYSIS. THE PUBLIC PROVIDED INPUT THROUGH A STRUCTURED ONLINE SURVEY AND VIA FOCUS GROUPS ACROSS THE ASSESSMENT PROCESS DURING FISCAL YEAR 2018. THE INTERNAL AND EXTERNAL STAKEHOLDERS WERE INDIVIDUALS WITH EXPERTISE IN PROVISION OF HEALTH CARE SERVICES AND PUBLIC HEALTH AND INCLUDED COMMUNITY LEADERS, PHYSICIANS, NURSING, SOCIAL WORK, PASTORAL CARE, CARE MANAGEMENT, EMERGENCY OUTPATIENT AND MANAGEMENT REPRESENTATIVES.</p> <p>A FULL LIST OF INTERNAL AND EXTERNAL STAKEHOLDERS CAN BE FOUND IN APPENDIX 3 OF THE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH IS LOCATED ON THE SAINT AGNES HEALTHCARE WEBSITE USING THE FOLLOWING LINK: HTTPS://HEALTHCARE.ASCENSION.ORG/CHNA</p> <p>KEY EXTERNAL STAKEHOLDERS INCLUDE REPRESENTATIVES FROM THE AMERICAN DIABETES ASSOCIATION, BALTIMORE CITY HEALTH DEPARTMENT, BALTIMORE MEDICAL SYSTEMS, COMPREHENSIVE HOUSING ASSISTANCE, INC., GREEN AND HEALTHY HOMES, MEDSTAR CENTER FOR SUCCESSFUL AGING, MEDSTAR TOTAL ELDER CARE, UNIVERSITY OF MARYLAND GERIATRICS AND GERONTOLOGY EDUCATION AND RESEARCH PROGRAM, UNIVERSITY OF MARYLAND DEPARTMENT OF PARTNERSHIPS, PROFESSIONAL EDUCATION AND PRACTICE, COMMUNITY PUBLIC HEALTH NURSING - JOHNS HOPKINS, CHASE BREXTON HEALTH CARE, JEWISH COMMUNITY SERVICES, AS WELL AS OTHERS NOTED IN APPENDIX 3 OF THE NEEDS ASSESSMENT.</p> <p>TO GAIN INSIGHTS FROM MEMBERS OF THE COMMUNITY, A CONSUMER SURVEY WAS USED TO GAIN A QUANTITATIVE ASSESSMENT ELECTRONICALLY AND ON PAPER TO ESTABLISH BROAD PUBLIC INPUT. A COPY OF THE SURVEY IS INCLUDED IN APPENDIX 2 OF THE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH IS AVAILABLE ON THE HOSPITAL'S WEBSITE.</p> <p>TO FURTHER UNDERSTAND OUR COMMUNITY SERVICE AREA, A QUALITATIVE ASSESSMENT WAS CONDUCTED OF VULNERABLE POPULATION COHORTS IN FACILITATED FOCUS GROUPS. IN SEVEN FOCUS GROUPS, THERE WERE 69 PARTICIPANTS THAT PROVIDED INPUT TO BETTER UNDERSTAND THE HEALTHCARE NEEDS OF THE MEDICALLY UNDERSERVED, LOWINCOME, MINORITY, AND OTHER VULNERABLE POPULATIONS IN THE COMMUNITY. IN THE SCREENING SURVEY, THE FOCUS GROUP PARTICIPANTS IDENTIFIED THEIR TOP THREE HEALTH AND SOCIAL CONCERNS IN THEIR COMMUNITIES SIMILAR TO THE QUESTIONS IN THE ELECTRONIC SURVEY, FOLLOWED BY A FACILITATED DISCUSSION TO UNDERSTAND CASUAL FACTORS.</p> <p>IN ORDER TO GAIN FURTHER INSIGHT ON THE COMMUNITY SAINT AGNES SERVES, CONDUENT HEALTHY COMMUNITIES INSTITUTE WAS ENGAGED TO PROVIDE COMMUNITY HEALTH INDICATOR DATA FOR BALTIMORE CITY AND BALTIMORE COUNTY. THE HEALTHY COMMUNITIES INSTITUTE PROVIDED SOCIONEED INDEX SCORE, HEALTH INDICATORS AND TOPIC DATA SCORES FOR BALTIMORE CITY AND BALTIMORE COUNTY THROUGH A VARIETY OF FEDERAL AND STATE MEASUREMENTS.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE, INC.</p> <p>DESCRIPTION: THE HOSPITAL CONDUCTED ITS CHNA IN CONJUNCTION WITH LIFEBRIDGE HEALTH SYSTEM, JOHNS HOPKINS HEALTH SYSTEM, UNIVERSITY OF MARYLAND MEDICAL SYSTEM, AND MEDSTAR HEALTH.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE, INC.</p> <p>DESCRIPTION: THE HOSPITAL CONDUCTED ITS CHNA IN CONJUNCTION WITH THE BALTIMORE CITY HEALTH DEPARTMENT.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 7D - OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE, INC.</p> <p>DESCRIPTION: ST. AGNES NOW HAS A FORMAL COMMUNITY ADVISORY COUNCIL AND HAS PRESENTED THE RESULTS TO THIS COUNCIL, WHICH HAS REPRESENTATION FROM MOST , IF NOT ALL, OF THE COMMUNITY ASSOCIATIONS AS WELL AS OTHER COMMUNITY LEADERS.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE, INC. - PART 1</p> <p>DESCRIPTION: PART 1: SCHEDULE H, PART V, SECTION B, LINE 11 AFTER USING BOTH PRIMARY AND SECONDARY RESEARCH METHODS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY AND TAKING INTO ACCOUNT THE INPUT RECEIVED FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, SAINT AGNES IDENTIFIED THREE PRIORITIES. THE TOP THREE COMMUNITY HEALTH NEED PRIORITIES THAT SAINT AGNES WILL ADDRESS IN FISCAL YEAR'S 2019 THROUGH 2021, WHICH HAVE BEEN APPROVED BY THE SAINT AGNES EXECUTIVE TEAM INCLUDE:</p> <ul style="list-style-type: none"> - ADDRESS MENTAL HEALTH/SUBSTANCE ABUSE (SHARED PRIORITY WITH ALL BALTIMORE CITY HOSPITALS) - REDUCE OBESITY AND IMPACT OF CHRONIC DISEASES - CREATE PERSONCENTERED HEALTHY NEIGHBORHOODS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH <p>NOTEWORTHY, MANY OF THE TOP COMMUNITY HEALTH CONCERNS REMAIN UNCHANGED FROM THE FY16 COMMUNITY NEEDS ASSESSMENT WITH OBESITY & DIABETES AND CARDIOVASCULAR ISSUES WERE AMONG GREATEST PRIORITIES. SIMILAR TO THE REST OF THE COUNTY WITH THE EXPONENTIAL RISE OF THE OPIOID EPIDEMIC, THIS ASSESSMENT HIGHLIGHTED MUCH GREATER CONCERN REGARDING THE ISSUE OF SUBSTANCE USE DISORDER AND MENTAL HEALTH NEEDS IN THE COMMUNITY. NATIONAL, STATE AND LOCAL HEALTH POLICIES AND OBJECTIVES WERE USED TO VALIDATE AND ALIGN OUR PRIORITIES AND OBJECTIVES. THE IDENTIFIED PRIORITIES ARE HIGHLY ALIGNED WITH LOCAL, STATE AND NATIONAL PRIORITIES AS FOUND IN HEALTHY BALTIMORE 2020, STATE OF MARYLAND STATE HEALTH IMPROVEMENT PLAN (SHIP) VISION AREAS AND HEALTHY PEOPLE 2020, WHICH ARE SUMMARIZED IN TABLE 8 OF THE COMMUNITY HEALTH NEEDS ASSESSMENT LOCATED ON THE HOSPITAL WEBSITE.</p> <p>ST. AGNES IS DEPLOYING A MULTIFACETED APPROACH TO ADDRESS THE PRIORITIZED NEEDS. IN 2018, SAINT AGNES HOSPITAL CREATED THE HEALTH INSTITUTE TO FOCUS ON PARTNERING WITH THE COMMUNITY TO KEEP INDIVIDUALS AT THEIR BEST HEALTH. BY BRINGING TOGETHER COMMUNITY ENGAGEMENT AND ENTERPRISEWIDE CARE MANAGEMENT RESOURCES, SAINT AGNES STRIVES TO BE AS RELEVANT TO OUR COMMUNITY WHEN THEY ARE WELL AS WHEN THEY ARE SICK. THE HEALTH INSTITUTE IS GUIDED BY OUR MISSION TO SERVE ALL PERSONS, PARTICULARLY THOSE THAT ARE MOST VULNERABLE, AND TO PROVIDE HEALTHCARE THAT LEAVES NO ONE BEHIND. WITH GREATER CARE COORDINATION, THE HEALTH INSTITUTE IS CONNECTING COMMUNITY MEMBERS AND PATIENTS TO THE SERVICES, PHYSICIANS, COMMUNITYBASED ORGANIZATIONS AND RESOURCES WHERE AND WHEN THEY NEED IT MOST. THE SAINT AGNES HEALTH INSTITUTE IS FOCUSING ON FOUR PRIMARY AREAS: COMMUNITY ENGAGEMENT, CARE MANAGEMENT, CHRONIC DISEASE MANAGEMENT, AND BEHAVIORAL HEALTH. THE HEALTH INSTITUTE IS CONTINUING TO EVOLVE AS NEW NEEDS ARE IDENTIFIED, AND PARTNERSHIPS ARE FORMED TO MEET THE DEMANDS OF A HEALTHY COMMUNITY.</p> <p>SAINT AGNES WAS FOUNDED ON A MISSION OF SERVICE TO THE COMMUNITY, PARTICULARLY THOSE WHO ARE POOR AND UNDERSERVED, AND OUR COMMUNITY OUTREACH PROGRAMS CONTINUE TO EXPAND THAT MISSION TODAY. BASED ON EVALUATIONS OF THE MOST PRESSING HEALTH NEEDS IN OUR REGION, THE HOSPITAL HAS LAUNCHED A NUMBER OF COMMUNITY INITIATIVES TO FIGHT CARDIOVASCULAR DISEASE AND OBESITY AND IMPROVE ACCESS TO PRIMARY CARE. SAINT AGNES IS FOCUSED ON ACHIEVING CLEAR AND MEASURABLE IMPROVEMENTS IN THESE AREAS THROUGH THE WORK OF A CARDIOVASCULAR PROGRAM, DIABETES PREVENTION PROGRAM, AND ONGOING EFFORTS TO FIGHT METABOLIC DISEASE AND OBESITY THROUGH OUR MARYLAND METABOLIC INSTITUTE, AND THE CONTINUED GROWTH AND DEVELOPMENT OF OUR REGIONAL PRIMARY CARE NETWORK.</p> <p>SAINT AGNES HOSPITAL HAS 274 LICENSEDBEDS (FY19) THAT IS A FULLSERVICE TEACHING HOSPITAL WITH RESIDENCY PROGRAMS IN A NUMBER OF MEDICAL AND SURGICAL SPECIALTIES. IN 2014, SAINT AGNES COMPLETED A \$200+ MILLION EXPANSION THAT EMPHASIZES PATIENT SAFETY IN A HIGH-QUALITY HEALTHCARE ENVIRONMENT. THE EXPANSION INCLUDED A NEW PATIENT TOWER, THE NEW 80,000 SQUARE FOOT ANGELOS MEDICAL PAVILION WHICH IS HOME TO A VARIETY OF SPECIALTIES, INCLUDING AN EXPANDED CANCER INSTITUTE, A NEW PARKING GARAGE, AND THE HACKERMANPATZ HOUSE FOR FAMILIES OF PATIENTS BEING TREATED FOR LONGTERM AILMENTS. WE HAVE DEMONSTRATED THIS COMMITMENT WITH OUR INVESTMENT IN OUR CAMPUS, SAINT AGNES MEDICAL GROUP CATONSVILLE SITE, GIBBONS COMMONS AND INVOLVEMENT IN COMMUNITY PARTNERSHIPS; WHICH INCREASES ACCESS NOT ONLY TO CLINICAL SERVICES, BUT TO JOBS AND OPPORTUNITIES AS WELL.</p> <p>DURING THE FISCAL YEAR 2020, ST. AGNES HOSPITAL FOCUSED ON THE FOLLOWING IN WORKING TOWARD ADDRESSING THE IDENTIFIED NEEDS:</p> <p>ADDRESS MENTAL HEALTH AND SUBSTANCE USE DISORDER</p> <p>THE TARGETED POPULATION ARE THOSE WITH A SUBSTANCE USE DISORDER AND THOSE USING ILLICIT SUBSTANCES WHO PRESENT TO THE SAINT AGNES EMERGENCY DEPARTMENT, OR OTHER HOSPITAL OR PRACTICE ENTRY POINT.</p> <p>THE PRIMARY OBJECTIVE OF THE INITIATIVE IS TO IDENTIFY RISK FACTORS FOR OVERDOSE AND REDUCE OVERDOSE DEATHS.</p> <p>THE INITIATIVE IS DELIVERED IN-PERSON IN THE EMERGENCY DEPT., INPATIENT, PHYSICIAN PRACTICES, ETC. BY PEER RECOVERY COACHES WHO WORK ONE-ON-ONE WITH PATIENTS.</p> <p>THE OUTCOMES OF THE INITIATIVE ARE DETERMINED BY PERCENTAGE OF PATIENTS RECEIVING SCREENINGS AND REFERRALS FOR TREATMENT. IN FY20, 73% OF IDENTIFIED PATIENTS RECEIVED SCREENING (75% TARGET) AND 11% OF PATIENTS WERE REFERRED FOR TREATMENT, MORE THAN DOUBLE THE 5% TARGET.</p> <p>CARDIOVASCULAR DISEASE RISK REDUCTION (REDUCING IMPACT OF CHRONIC DISEASE)</p>

Return Reference - Identifier	Explanation
	<p>- TARGET POPULATION IS ADULTS WHO HAVE NOT HAD A PRIOR HEART ATTACK OR STROKE, DO NOT HAVE ESRD AND WHO ARE NOT RECEIVING HOSPICE CARE.</p> <p>- SAINT AGNES' PRIMARY OBJECTIVE IS TO STRATIFY 10 YEAR RISK OF HEART ATTACK OR STROKE AND PROVIDE CLINICAL CARE, HEALTH EDUCATION, FITNESS CLASSES TO IMPROVE PARTICIPANT'S HEALTH STATUS AND REDUCE 10 YEAR RISK.</p> <p>- INITIATIVE WAS DELIVERED THROUGH ONE-ON-ONE CLINICAL INTERVENTION AND SMALL GROUP CLASSES PROVIDING A RISK ASSESSMENT, STRATIFICATION AND INTERVENTION PROGRAM FEATURING TEAM-BASED CARE DELIVERY. IT PROVIDES WELLNESS, DISEASE AND CHRONIC CARE MANAGEMENT AND PREVENTIVE CARE, AND PROVIDES HEALTH LITERACY AND LIFESTYLE SELF-MANAGEMENT TOOLS TO INDIVIDUALS WITH OR AT RISK FOR CVD. IT TARGETS INDIVIDUALS IDENTIFIED AS RISING OR AT HIGH RISK FOR CVD, HEART ATTACK, HEART FAILURE OR STROKE, PREDOMINATELY FROM THE WEST BALTIMORE COLLABORATIVE AND HIGH-POVERTY COMMUNITIES SURROUNDING SAINT AGNES HOSPITAL. PATIENTS EXPERIENCING CHEST PAIN, BUT NOT HEART ATTACK, OR WHO HAVE PERSISTENT HIGH BLOOD PRESSURE ARE REFERRED TO THE PROGRAM.</p> <p>- COMMUNITY HEALTH NEEDS ARE ADDRESSED THROUGH IDENTIFICATION AND ASSESSMENT OF UNDERSERVED, LOW-INCOME INDIVIDUALS AT HIGH-RISK FOR CVD AND THE IMPACT OF CVD AS A CHRONIC DISEASE. IT PROVIDES AN EVIDENCE AND TEAM-BASED INTERVENTION PROGRAM INCLUDING CLINICAL CARE, MEDICATION MANAGEMENT, HEALTHY LIFESTYLE AND NUTRITION EDUCATION AND PHYSICAL ACTIVITY TO REDUCE RISK FOR HEART DISEASE AS MEASURED BY CLINICALLY SIGNIFICANT IMPROVEMENTS IN LDL CHOLESTEROL AND BLOOD PRESSURE CONTROL.</p> <p>THE DIABETES PREVENTION PROGRAM (REDUCING THE IMPACT OF CHRONIC DISEASE)</p> <p>- THE TARGET POPULATION FOR THE DIABETES PREVENTION PROGRAM IS INDIVIDUALS WHO ARE: AT LEAST 18 YEARS OLD AND OVERWEIGHT (WITH A BODY MASS INDEX 25; 23 IF ASIAN) AND HAVE NO PREVIOUS DIAGNOSIS OF TYPE 1 OR TYPE 2 DIABETES AND HAVE A BLOOD TEST RESULT IN THE PREDIABETES RANGE WITHIN THE PAST YEAR (HEMOGLOBIN A1C: 5.7%-6.4% OR FASTING PLASMA GLUCOSE: 100-125 MG/DL OR TWO-HOUR PLASMA GLUCOSE (AFTER A 75 GM GLUCOSE LOAD): 140-199 MG/DL) OR WERE PREVIOUSLY DIAGNOSED WITH GESTATIONAL DIABETES.</p> <p>- THE PRIMARY OBJECTIVE IS TO PREVENT OR DELAY THE ONSET OF TYPE 2 DIABETES IN INDIVIDUALS PARTICIPATING IN THE PROGRAM BY PROVIDING AN EVIDENCE-BASED AND HIGH-QUALITY LIFESTYLE CHANGE PROGRAM TO REDUCE THEIR RISK OF TYPE 2 DIABETES AND IMPROVE THEIR OVERALL HEALTH.</p> <p>- INDIVIDUALS COMPLETE A SIX MONTH CORE PROGRAM OF 26 WEEKLY SMALL GROUP SESSIONS UTILIZING THE US CENTERS FOR DISEASE CONTROL'S EVIDENCE BASED CURRICULUM FOLLOWED BY SIX MONTHS OF POST-CORE SESSIONS, EIGHT BI-WEEKLY SESSIONS AND TWO MONTHLY SESSIONS FOR 10 SESSIONS TOTAL. THE SESSIONS ARE TAUGHT BY CERTIFIED DPP LIFESTYLE COACHES AND EACH CLASS CONSISTS OF A HEALTHY LIFESTYLE TOPIC AND A 60 MINUTE GROUP FITNESS CLASS THAT SUPPORTS THE GOAL OF 150 MINUTES OF BRISK PHYSICAL ACTIVITY EACH WEEK. ONE-ON-ONE TELEPHONIC COACHING SESSIONS ARE CONDUCTED FOR PARTICIPANTS WHO MISS A SESSION.</p> <p>- COMMUNITY HEALTH NEEDS ARE ADDRESSED THROUGH IDENTIFICATION AND ASSESSMENT OF UNDERSERVED, LOW-INCOME INDIVIDUALS AT HIGH-RISK FOR DIABETES AND THE IMPACT OF DIABETES AS A CHRONIC DISEASE. EDUCATION ON HEALTHY LIFESTYLE AND NUTRITION EDUCATION AND PHYSICAL ACTIVITY PROVIDE A BASIS FOR REDUCED RISK FOR DIABETES AND FURTHER COMPLICATIONS FROM THIS CHRONIC DISEASE BY ENCOURAGING WEIGHT-LOSS REDUCTION.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE, INC. - PART 2</p> <p>DESCRIPTION: OBESITY PROGRAM (REDUCING THE IMPACT OF CHRONIC DISEASE)</p> <p>- POPULATION IS INDIVIDUALS WITH BMI GREATER THAN OR EQUAL TO 40 OR BMI GREATER THAN OR EQUAL TO 35 WITH TYPE 2 DIABETES, HIGH BLOOD PRESSURE AND SEVERE SLEEP APNEA.</p> <p>- PRIMARY OBJECTIVE IS TO REDUCE MORBID OBESITY AND IMPROVE HEALTH OUTCOMES FOR INDIVIDUALS BY REDUCTION OF BMI BY AT LEAST 20% WITHIN ONE YEAR OF BARIATRIC SURGERY</p> <p>- PARTICIPANTS IN BARIATRIC SEMINARS RECEIVED EDUCATION ON OBESITY AS A DISEASE STATE, HOW TO ACCESS MEDICAL, NUTRITIONAL AND SURGICAL CARE FOR MORBID OBESITY. IN FOLLOWUP TO THE EDUCATIONAL SESSION 37% OF PARTICIPANTS SCHEDULED AND KEPT A CLINICAL APPOINTMENT FOR BARIATRIC CARE.</p> <p>- WITHIN ONE YEAR OF INTERVENTION DECREASE BMI BY 20% FOR PATIENTS ENGAGING IN MEDICAL WEIGHT LOSS TECHNIQUES AND/OR BARIATRIC SURGERY. IMPACT/OUTCOMES: A. 387 BARIATRIC SURGERY PROCEDURES WERE PERFORMED. B. 44% OF BARIATRIC SURGERY PATIENTS LOWERED THEIR BMI BY AT LEAST 20% IN ONE YEAR FROM SURGERY.</p> <p>- PARTICIPANTS IN BARIATRIC SEMINARS RECEIVED EDUCATION ON OBESITY AS A DISEASE STATE, HOW TO ACCESS MEDICAL, NUTRITIONAL AND SURGICAL CARE FOR MORBID OBESITY.</p> <p>CREATING PERSONCENTERED HEALTHY NEIGHBORHOODS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH</p> <p>THE POPULATION THIS INITIATIVE TARGETS IS A THE "THREE GEN" APPROACH BY SERVING A POPULATION THAT REQUIRES ADDITIONAL SUPPORTS IN NON-HEALTHCARE RELATED CHALLENGES</p> <p>PROVIDED NEEDED ESTATE PLANNING SERVICES FOR OLDER ADULTS, 60 AND OVER, WITH FREE DRAFTING OF WILLS, ADVANCE MEDICAL DIRECTIVES AND FINANCIAL POWERS OF ATTORNEY TO ENSURE HEALTH DECISIONS ARE DOCUMENTED AND FUTURE FINANCIAL FOUNDATIONS ARE LAID.</p> <p>SUPPORTED LOCAL TITLE I PUBLIC SCHOOL IN PLAYGROUND BUILD FOR SCHOOL AND COMMUNITY CHILDREN TO PROMOTE ACTIVE PLAY AND EXERCISE FOR SCHOOL-AGED COMMUNITY CHILDREN.</p> <p>PROVIDED FOOD "PRESCRIPTIONS" TO IMPROVE ACCESS TO HEALTHY FOOD AND/OR MEALS FOR PATIENTS LIVING IN FOOD PRIORITY AREAS TO ENSURE PROPER NUTRITION TO AID IN POSITIVE HEALTH OUTCOMES.</p> <p>PROVIDING ACCESS TO LYFT TRANSPORTATION TO ENSURE SAFE TRANSPORT OF PATIENTS TO MEDICAL APPOINTMENTS AND THEIR RETURN HOME TO REDUCE NO-SHOW APPOINTMENTS.</p> <p>OVERALL OUTCOME(S) OF THE INITIATIVES ADDRESSED COMMUNITY HEALTH NEEDS BEYOND HEALTH CARE. IN FY'20, 61% OF PATIENTS RECEIVED SOCIAL DETERMINANTS OF HEALTH SCREENING, FAR EXCEEDING THE TARGET OF 30%.</p> <p>THE FISCAL YEAR 2018 COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED A WIDE VARIETY OF COMMUNITY HEALTH NEEDS INCLUDING CANCER, SMOKING / TOBACCO USE, HIV / AIDS, LUNG DISEASES, ALZHEIMER'S OR DEMENTIA, INFANT DEATH, AND STROKE. HOWEVER, THROUGH PRIORITIZATION EXERCISES WITH COMMUNITY MEMBERS, HEALTH EXPERTISE AND OTHER COMMUNITY STAKEHOLDERS, MENTAL HEALTH / SUBSTANCE ABUSE, OBESITY AND CHRONIC DISEASES, AND HEALTHY NEIGHBORHOODS WERE DETERMINED TO BE THE GREATEST UNMET NEEDS.</p> <p>WHILE SAINT AGNES HOSPITAL WILL FOCUS THE MAJORITY OF OUR EFFORTS ON THE IDENTIFIED STRATEGIC PROGRAMS, WE WILL REVIEW THE COMPLETE SET OF NEEDS IDENTIFIED IN THE CHNA FOR FUTURE COLLABORATION. THESE AREAS, WHILE IMPORTANT TO THE HEALTH OF THE COMMUNITY, WILL BE MET THROUGH EITHER EXISTING CLINICAL PROGRAMS OR THROUGH COLLABORATION WITH OTHER HEALTH CARE ORGANIZATIONS AS NEEDED. THE UNMET NEEDS NOT ADDRESSED SPECIFICALLY BY SAINT AGNES HOSPITAL, WILL CONTINUE TO BE ADDRESSED BY KEY GOVERNMENTAL AGENCIES AND EXISTING COMMUNITYBASED ORGANIZATIONS. THE SAINT AGNES IDENTIFIED CORE PRIORITIES TARGET THE INTERSECTION OF THE IDENTIFIED COMMUNITY NEEDS AND THE ORGANIZATION'S KEY STRENGTHS AND MISSION.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p>https://healthcare.ascension.org/financial-assistance</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p>https://healthcare.ascension.org/financial-assistance</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p>	<p>https://healthcare.ascension.org/financial-assistance</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE, INC.</p> <p>DESCRIPTION: IN ACCORDANCE WITH OUR MISSION AND VALUES, SAINT AGNES HOSPITAL IS COMMITTED TO CARING FOR ALL PEOPLE REGARDLESS OF THEIR ABILITY TO PAY, WITH SPECIAL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE. SAINT AGNES OFFERS FINANCIAL COUNSELING AND ASSISTANCE TO HELP ADDRESS ANY FINANCIAL CONCERNS PATIENTS OR FAMILIES MAY HAVE REGARDING THEIR CARE. OUR FINANCIAL AID POLICIES REFLECT THE HOSPITAL'S DEDICATION TO WORKING TOGETHER WITH OUR PATIENTS IN A COMPASSIONATE AND CARING MANNER TO IDENTIFY OPTIONS FOR RESOLVING THEIR FINANCIAL OBLIGATIONS. COPIES OF OUR FINANCIAL AID POLICES AND REQUESTS FOR ASSISTANCE ARE AVAILABLE BY CONTACTING OUR PATIENT ADVOCACY DEPARTMENT AT 667-234-2140, BY E-MAIL AT KTHOMPS@STAGNES.ORG, OR IN PERSON AT THE PATIENT ADVOCACY DEPARTMENT IN THE HOSPITAL'S MAIN LEVEL.</p>

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 SETON IMAGING CENTER 3449 WILKINS AVENUE BALTIMORE, MD 21229	DIAGNOSTIC IMAGING
2 PLASTIC AND RECONSTRUCTIVE SURGERY 300 FREDERICK ROAD, SUITE 200 CATONSVILLE, MD 21228	PLASTIC SURGERY
3 MARYLAND SURGEONS SURGERY CENTER OF COLUMBIA 11055 LITTLE PATUXENT PARKWAY, SUITE L6 COLUMBIA, MD 21044	OUTPATIENT SURGICAL CENTER
4 ANGELOS MEDICAL PAVILION 3407 WILKENS AVENUE, SUITE 420 BALTIMORE, MD 21229	BLOOD DRAWING STATION
5 ST. AGNES MEDICAL CENTER 6501-D BALTIMORE NATIONAL PIKE BALTIMORE, MD 21228	BLOOD DRAWING STATION AND DIAGNOSTIC IMAGING
6 WOMEN'S CENTER IN COLUMBIA 8945 GUILFORD ROAD, SUITE 100 COLUMBIA, MD 21046	BLOOD DRAWING STATION
7 PINE HEIGHTS PROFESSIONAL BUILDING 1001 PINE HEIGHTS AVENUE, SUITE 2020 BALTIMORE, MD 21229	BLOOD DRAWING STATION
8	
9	
10	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART I, LINE 3C - OTHER CRITERIA FOR DETERMINING FREE OR DISCOUNTED CARE</p>	<p>THE ORGANIZATION WILL PROVIDE REDUCED-COST, MEDICALLY NECESSARY CARE TO PATIENTS WITH FAMILY INCOME BELOW 500% OF THE FPL AND MEDICAL DEBT THAT EXCEEDS 25% OF THE FAMILY INCOME. ELIGIBLE PATIENTS SHALL REMAIN ELIGIBLE FOR REDUCED COST, MEDICALLY NECESSARY CARE DURING THE 12-MONTH PERIOD BEGINNING ON THE DATE ON WHICH THE REDUCED-COST, MEDICALLY NECESSARY CARE WAS INITIALLY RECEIVED. THE PATIENT AND ANY IMMEDIATE FAMILY MEMBER OF THE PATIENT LIVING IN THE SAME HOUSEHOLD MAY BE ELIGIBLE.</p> <p>ELIGIBILITY FOR FINANCIAL ASSISTANCE MAY BE DETERMINED AT ANY POINT IN THE REVENUE CYCLE AND MAY INCLUDE THE USE OF PRESUMPTIVE SCORING TO DETERMINE ELIGIBILITY NOTWITHSTANDING AN APPLICANT'S FAILURE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION ("FAP APPLICATION").</p> <p>UNLESS OTHERWISE ELIGIBLE FOR MEDICAID OR CHIP, PATIENTS WHO ARE BENEFICIARIES/RECIPIENTS OF THE FOLLOWING MEANS-TESTED SOCIAL SERVICE PROGRAMS ARE DEEMED ELIGIBLE FOR CHARITY CARE, PROVIDED THAT THE PATIENT SUBMITS PROOF OR ENROLLMENT WITHIN 30 DAYS UNLESS THE PATIENT OR THE PATIENT'S REPRESENTATIVE REQUESTS AN ADDITIONAL 30 DAYS:</p> <p>A. HOUSEHOLDS WITH CHILDREN IN THE FREE OR REDUCED LUNCH PROGRAM; B. SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP); C. LOW-INCOME HOUSEHOLD ENERGY ASSISTANCE PROGRAM; D. WOMEN, INFANTS AND CHILDREN (WIC); E. OTHER MEANS-TESTED SOCIAL SERVICES PROGRAM DEEMED ELIGIBLE FOR HOSPITAL FREE CARE BY THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND THE HSCRC.</p>
<p>SCHEDULE H, PART I, LINE 6A - COMMUNITY BENEFIT REPORT DISCLOSURE</p>	<p>SUMMARY COMMUNITY BENEFIT INFORMATION IS INCLUDED IN THE SAINT AGNES HOSPITAL ANNUAL REPORT WHICH IS POSTED ON THE HOSPITAL WEBSITE.</p>
<p>SCHEDULE H, PART I, LINE 7 - FINANCIAL ASSISTANCE AT COST & HEALTH PROFESSIONS EDUCATION</p>	<p>MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.</p>
<p>SCHEDULE H, PART I, LINE 7B - STATE WIDE DISCLOSURE FOR MARYLAND HOSPITALS</p>	<p>MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYOR'S RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAK OUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO; MEDICAID RECOGNIZES FULL REIMBURSEMENT. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.</p> <p>THE AMOUNTS REPORTED IN PART I, LINE 7B REPRESENT UNREIMBURSED MEDICAID COSTS FOR UNREGULATED HEALTH CARE ACTIVITIES AND THE MEDICAID ASSESSMENT.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY</p>	<p>GIBBONS COMMONS IS A VIBRANT, 32-ACRE, MIXED-USE COMMUNITY, BEING DEVELOPED AND DESIGNED BY SAINT AGNES HEALTHCARE- IN COLLABORATION WITH MAJOR COMMUNITY PARTNERS -IN ORDER TO PROVIDE SOUTHWEST BALTIMORE RESIDENTS WITH A SAFE AND HEALTHY PLACE TO LIVE, WORK, PLAY AND LEARN. SINCE PURCHASING THE PROPERTY, SAINT AGNES HAS WORKED CLOSELY WITH COMMUNITY PARTNERS, NEIGHBORS, THE CITY AND DEVELOPERS TO ENSURE WE ARE CREATING A COMMUNITY ASSET THAT WILL IMPROVE THE QUALITY OF LIFE OF THOSE WE HAVE SERVED FOR OVER 150 YEARS. OUR VISION IS TO PROVIDE GREEN SPACE, COMMUNITY SERVICES, RECREATIONAL FACILITIES AND COMMUNITY HOUSING.</p> <p>SAINT AGNES HAS BEEN FORTUNATE IN PARTNERING AND COLLABORATING WITH LIKE-MINDED ORGANIZATIONS, BRINGING TO THE COMMUNITY:</p> <p>* HOUSING- BON SECOURS GIBBONS APARTMENTS, BUILT AND MANAGED BY BON SECOURS BALTIMORE HEALTH SYSTEM AND ENTERPRISE HOMES. OFFERS COMMUNITY HOUSING ON THE PROPERTY. THIS FOUR-STORY FACILITY OFFERS 80 ONE-, TWO- AND THREE-BEDROOM APARTMENTS; COMMUNITY AND RECREATIONAL SPACE; AND UNDERGROUND PARKING FOR ALL RESIDENTS.</p> <p>* BABE RUTH FIELD-PROVIDING MUCH NEEDED GREEN AND RECREATION SPACE FOR THE COMMUNITY WHILE HONORING THE PROPERTIES RICH HISTORY, MOST NOTABLY BABE RUTH. BUILT BY THE CAL RIPKEN, SR. FOUNDATION AND MANAGED BY THE Y OF CENTRAL MARYLAND, THIS NEW TURF FIELD IS POSITIONED ON THE EXACT SITE WHERE RUTH PLAYED IN THE EARLY 1900'S AND PROVIDES SPACE FOR COMMUNITY RESIDENTS TO PLAY BASEBALL, FOOTBALL AND LACROSSE.</p> <p>* THE AMOUNTS REPORTED FOR COMMUNITY SUPPORT RELATE TO THE FEDERAL HOSPITAL PREPAREDNESS PROGRAM AND THE PUBLIC HEALTH EMERGENCY PREPAREDNESS ALIGNED COOPERATIVE AGREEMENTS.</p>
<p>SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT</p>	<p>AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2020 WAS \$10,090,674 AT CHARGES, (\$7,774,725 AT COST).</p>
<p>SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY</p>	<p>THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL EXPERIENCE, ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>THE ORGANIZATION IS PART OF THE ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT (IMPLICIT PRICE CONCESSIONS) EXPENSE IS LOCATED IN FOOTNOTE #2, PAGES 16-18.</p>
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT. ASCENSION HEALTH AND ITS RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT.</p>
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>ST. AGNES HEALTHCARE, INC. FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE. A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE. ONCE QUALIFYING DOCUMENTATION IS RECEIVED THE PATIENT'S ACCOUNT IS ADJUSTED. PATIENT ACCOUNTS FOR THE QUALIFYING PATIENT IN THE PREVIOUS SIX MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE. ONCE A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED.</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>THE ASSESSMENT PROCESS INVOLVED QUANTITATIVE AND QUALITATIVE COMPONENTS. ST. AGNES ENGAGED THE PARTICIPATION OF THE GENERAL PUBLIC AS WELL AS KEY INTERNAL AND EXTERNAL STAKEHOLDERS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITIES SERVED BY ST. AGNES TO REVIEW THE QUANTITATIVE ANALYSIS. THE PUBLIC PROVIDED INPUT THROUGH A STRUCTURED ONLINE SURVEY AND VIA FOCUS GROUPS ACROSS THE ASSESSMENT PROCESS DURING FISCAL YEAR 2016. THE INTERNAL AND EXTERNAL STAKEHOLDERS WERE INDIVIDUALS WITH EXPERTISE IN PROVISION OF HEALTH CARE SERVICES AND PUBLIC HEALTH AND INCLUDED COMMUNITY LEADERS, PHYSICIANS, NURSING, SOCIAL WORK, PASTORAL CARE, EMERGENCY OUTPATIENT AND MANAGEMENT REPRESENTATIVES AND A BROAD RANGE OF COMMUNITY ORGANIZATIONS.</p> <p>A QUANTITATIVE ASSESSMENT WAS CONDUCTED USING A SURVEY ADMINISTERED ELECTRONICALLY AND ON PAPER TO GAIN BROAD PUBLIC INPUT. A COPY OF THE SURVEY IS INCLUDED AS APPENDIX 2 OF THE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH IS AVAILABLE ON THE HOSPITAL'S WEBSITE. A QUALITATIVE ASSESSMENT WAS CONDUCTED USING FOCUS GROUPS FACILITATED BY OBSERVATION BALTIMORE; A DIVISION OF THE RESEARCH GROUP/FAMILY RESEARCH CENTER. SIX FOCUS GROUPS WERE CONDUCTED FOR SAINT AGNES HOSPITAL TO BETTER UNDERSTAND THE HEALTHCARE NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN THE MOST VULNERABLE COMMUNITIES IDENTIFIED IN THE FY13 ASSESSMENT. THE COMPOSITION OF THE FOCUS GROUPS WAS RECRUITED TO MATCH THE DEMOGRAPHIC COMPOSITION OF THE COMMUNITY'S SURVEY. PARTICIPANTS WERE ALSO INCLUDED BY EITHER A PERSONAL HISTORY OR FAMILY HISTORY OF CHRONIC DISEASE WITH A CONSIDERATION OF ENVIRONMENTAL RISKS (SPECIFICALLY SMOKING TOBACCO, DRINKING ALCOHOL DAILY OR OCCASIONALLY, AND USE OF NON-PRESCRIPTION DRUGS). THE HISPANIC POPULATION WAS ALSO TARGETED TO ENSURE INPUT FROM ALL ETHNICITIES.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>ST. AGNES HEALTHCARE DISPLAYS SIGNAGE, IN BOTH ENGLISH AND SPANISH IN ALL REGISTRATION AREAS THAT INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE PROGRAMS AND CONTACT INFORMATION. THE SIGNAGE IS ACCOMPANIED BY BROCHURES THAT EXPLAIN THE VARIOUS FINANCIAL ASSISTANCE PROGRAMS THAT ARE AVAILABLE. THE MARYLAND STATE FINANCIAL ASSISTANCE APPLICATION IS ALSO AVAILABLE. REGISTRATION AREAS ARE ROUTINELY CHECKED TO INSURE THESE MATERIALS ARE PROMINENTLY DISPLAYED. ST. AGNES HEALTHCARE HAS EMPLOYEES WHO ARE RESPONSIBLE FOR SCREENING ADMISSIONS TO IDENTIFY PATIENTS WHO MAY BE ELIGIBLE FOR CHARITY, MEDICAID, OR OTHER STATE PROGRAMS. ONCE THESE PATIENTS ARE IDENTIFIED, ST. AGNES HEALTHCARE EMPLOYEES ASSIST THEM WITH COMPLETING THE ELIGIBILITY PROCESS.</p> <p>ALL INPATIENTS ARE PROVIDED THE PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET AT THE TIME OF ADMISSION. IT IS ALSO MAILED TO THE PATIENT WITH THE SUMMARY BILL THAT IS SENT AFTER DISCHARGE. THE INFORMATION SHEET IS PROVIDED IN BOTH ENGLISH AND SPANISH AND PROVIDES THE PATIENT WITH INFORMATION REGARDING ST. AGNES HEALTHCARE'S FINANCIAL ASSISTANCE POLICY, HOW TO APPLY FOR FINANCIAL ASSISTANCE AND MEDICAL ASSISTANCE AND THE PATIENT'S RIGHTS AND OBLIGATIONS. A PUBLIC NOTICE IS ALSO PUBLISHED ANNUALLY IN THE BALTIMORE SUN NEWSPAPER NOTIFYING THE PUBLIC OF THE AVAILABILITY OF UNCOMPENSATED CARE AT ST. AGNES HEALTHCARE.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>WITH THE FY18 COMMUNITY NEEDS ASSESSMENT, OUR COMMUNITY BENEFIT SERVICE AREA (CBSA) HAS REDEFINED. FIRST, DUE TO MULTIPLE INTERNAL AND EXTERNAL CHANGES OVER THE LAST TWO DECADES, THE ZIP CODES THAT COMPRISE THE SAINT AGNES HOSPITAL SERVICE AREA HAVE SHIFTED EAST AND THE PRIMARY SERVICE AREA (TOP 60% OF LIVES SERVED) HAS ORIENTED TO INCLUDE A GREATER SHARE OF WEST BALTIMORE CITY COMMUNITIES. SECOND, ANTICIPATING PHASE 2 WAIVER THE CBSA WAS REDEFINED TO BETTER ALIGN WITH PHASE 2 TOTAL COST OF CARE PATIENT ATTRIBUTION GEOGRAPHY. AND FINALLY, THE CBSA WAS ALIGNED TO THOSE ZIPS CODES WHERE SAINT AGNES HAS THE GREATEST ABILITY TO DEMONSTRATE MEANINGFUL IMPACT ON COMMUNITY HEALTH OUTCOMES.</p> <p>THE WIDE VARIETY OF NEEDS THAT EXIST THROUGHOUT THE SERVICE AREA CAN BE ADDRESSED MOST EFFECTIVELY WITH AN ACUTE FOCUS ON THOSE CRUCIAL NEEDS UPON WHICH SAINT AGNES HOSPITAL CAN HAVE THE GREATEST IMPACT. IT IS THIS FOCUS THAT WILL GUIDE THE ALLOCATION OF RESOURCES, AND DEVELOPMENT OF HEALTH CARE PROGRAMS, WHICH WILL MOST SIGNIFICANTLY IMPROVE COMMUNITY HEALTH. DUE TO ITS LOCATION IN THE SOUTHWEST SEGMENT OF THE BALTIMORE METROPOLITAN AREA, SAINT AGNES SERVES A DIVERSE PATIENT POPULATION. SAINT AGNES' CBSA (BALTIMORE CITY AND BALTIMORE COUNTY) HAS A POPULATION OF APPROXIMATELY 400,514 (ALL POPULATION DATA WAS TAKEN FROM SG2 DATA FOR 2018).</p> <p>THE SERVICE AREA FOR STUDY IN THE COMMUNITY HEALTH NEEDS ASSESSMENT REPRESENTS THE ZIP CODES THAT COMPRISE 70% OF SAINT AGNES HOSPITAL DISCHARGES. A MAP OF THE COMMUNITIES SAINT AGNES SERVES CAN BE SEEN IN THE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH IS LOCATED ON THE HOSPITAL WEBSITE. WITHIN THE CBSA, SAINT AGNES HAS DEFINED EIGHT DIFFERENT COMMUNITIES. THE COMMUNITIES ARE GROUPINGS OF ZIP CODES IN THE DEFINED CBSA BASED ON SIMILAR DEMOGRAPHIC CHARACTERISTICS AND GEOGRAPHIC BOUNDARIES. DETAILS ABOUT EACH OF THE INDIVIDUAL COMMUNITIES FOLLOWS:</p> <p>ARBUTUS (ZIP CODE 21227): ARBUTUS IS AN OLDER SUBURBAN COMMUNITY, LOCATED SOUTH OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 34,139. THE TRADITIONALLY BLUE-COLLAR COMMUNITY IS PART OF THE BALTIMORE COUNTY HEALTH JURISDICTION. SAINT AGNES HOSPITAL IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>BROOKLYNLINTHICUM (ZIP CODE 21225): BROOKLYNLINTHICUM IS AN OLDER URBAN/SUBURBAN COMMUNITY, LOCATED SOUTHEAST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 33,550. THE INDUSTRIAL AND BLUE-COLLAR COMMUNITY HAS SEEN AN INCREASE IN THE UNINSURED POPULATION AND IS PART OF BOTH THE BALTIMORE CITY AND BALTIMORE COUNTY HEALTH JURISDICTIONS. HARBOR HOSPITAL IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>CATONSVILLE (ZIP CODE 21228): CATONSVILLE IS AN OLDER SUBURBAN COMMUNITY, LOCATED WEST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 49,758, WITH A GROWING PROPORTION OF SENIORS. THE TRADITIONALLY WHITE-COLLAR COMMUNITY IS PART OF THE BALTIMORE COUNTY HEALTH JURISDICTION. SAINT AGNES HOSPITAL IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>CURTIS BAY (ZIP CODE 21226) CURTIS BAY IS A RESIDENTIAL / COMMERCIAL / INDUSTRIAL NEIGHBORHOOD IN THE SOUTHERN PORTION OF THE CITY OF BALTIMORE, WHICH HAS A POPULATION OF 7,929. THE NEIGHBORHOOD IS ON STEEP SLOPING HEIGHTS, ABOUT FOUR CITY BLOCKS WIDE (WEST TO EAST) AND FIFTEEN BLOCKS LONG (NORTH TO SOUTH) AND ABOVE AND SURROUNDED ON THREE SIDES (NORTHEAST EAST SOUTHEAST) IN A HIGHLY INDUSTRIALIZED WATERFRONT AREA IN THE SOUTHERN PART OF THE CITY.</p> <p>SOUTHWEST BALTIMORE CITY (ZIP CODE 21229): SOUTHWEST BALTIMORE CITY IS AN OLDER URBAN COMMUNITY, LOCATED AT CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 44,537. SIMILAR TO OTHER URBAN AREAS, SOUTHWEST BALTIMORE IS PROJECTED TO EXPERIENCE POPULATION DECLINES. SOUTHWEST BALTIMORE CITY IS PART OF THE BALTIMORE CITY HEALTH JURISDICTION. SAINT AGNES HOSPITAL IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>WEST BALTIMORE CITY (ZIP CODE 21215, 21216, 21217): WEST BALTIMORE CITY IS AN OLDER URBAN COMMUNITY, LOCATED NORTH OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 123,222. SIMILAR TO OTHER URBAN AREAS, WEST BALTIMORE IS PROJECTED TO EXPERIENCE POPULATION DECLINES. WEST BALTIMORE CITY IS PART OF THE BALTIMORE CITY HEALTH JURISDICTION. SINAI HOSPITAL, UNIVERSITY OF MARYLAND AND BON SECOURS HOSPITAL ARE THE PRIMARY HOSPITAL PROVIDERS BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>SOUTH BALTIMORE CITY (ZIP CODE 21223, 21230): SOUTH BALTIMORE CITY IS AN OLDER URBAN COMMUNITY, LOCATED EAST/SOUTHEAST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 59,923. THE URBAN COMMUNITY IS PROJECTED TO EXPERIENCE POPULATION DECLINES. SOUTH BALTIMORE CITY IS PART OF THE BALTIMORE CITY HEALTH JURISDICTION. BALTIMORE WASHINGTON MEDICAL CENTER AND MEDSTAR HARBOR HOSPITAL ARE THE PRIMARY HOSPITALS PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>WOODLAWN (ZIP CODE 21207): WOODLAWN IS A SUBURBAN COMMUNITY, LOCATED NORTHWEST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 47,456, WITH A GROWING PROPORTION OF SENIORS. WOODLAWN IS PART OF THE BALTIMORE COUNTY HEALTH JURISDICTION. NORTHWEST HOSPITAL IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>ST. AGNES HEALTHCARE FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY IN VARIOUS WAYS. A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY RESIDES IN ST. AGNES HEALTHCARE'S SERVICE AREA AND IS NEITHER COMPOSED OF EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION. ADDITIONALLY, ST. AGNES HEALTHCARE HAS AN OPEN MEDICAL STAFF AND CREDENTIALS ALL QUALIFIED MEDICAL STAFF, INCLUDING COMMUNITY BASED PROVIDERS. ST. AGNES HEALTHCARE APPLIES SURPLUS FUNDS TO IMPROVE PATIENT CARE IN VARIOUS WAYS. FOR INSTANCE, SURPLUS FUNDS ARE USED TO REINVEST IN THE LATEST EQUIPMENT AND TECHNOLOGIES TO IMPROVE PATIENT SAFETY, COMFORT, AND OUTCOMES. SURPLUS FUNDS ARE ALSO USED TO RENOVATE EXISTING FACILITIES AND CONSTRUCT NEW FACILITIES IN ORDER TO IMPROVE THE HEALTHCARE ENVIRONMENT. AS A MEMBER OF A NATIONAL HEALTH SYSTEM, ASCENSION HEALTH, SURPLUS FUNDS GENERATED BY ST. AGNES HEALTHCARE MAY ALSO BE DIRECTED TO ASCENSION HEALTH TO APPLY TOWARDS STRATEGIC INITIATIVES OR TO BE RE-DISTRIBUTED TO OTHER MEMBER HEALTHCARE PROVIDERS WITHIN ASCENSION HEALTH. THIS ALLOWS ST. AGNES TO NOT ONLY SERVICE THE SURROUNDING COMMUNITY, BUT ALSO HELP FUND THE CARE FOR THE UNDERPRIVILEGED THROUGHOUT MANY PARTS OF THE UNITED STATES.</p>
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>ST. AGNES HEALTHCARE, INC. IS A MEMBER OF ASCENSION. ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011. ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 20 STATES AND THE DISTRICT OF COLUMBIA.</p> <p>ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON. THE PARTICIPATING ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, ST. LOUISE PROVINCE; THE CONGREGATION OF ST. JOSEPH; THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET; THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC. - AMERICAN PROVINCE; AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE.</p> <p>SETON MEDICAL GROUP INC. PROVIDES PRIMARY CARE, GYNECOLOGY AND OBSTETRICS CARE FOR PATIENTS IN THE SAINT AGNES HEALTHCARE'S SERVICE AREA. SAINT AGNES HEALTHCARE IS THE SOLE CORPORATE MEMBER OF SAINT AGNES FOUNDATION, THE PHILANTHROPIC ARM OF SAINT AGNES HEALTHCARE.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>SAINT AGNES HEALTHCARE FILES A COMMUNITY BENEFITS REPORT WITH THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), THE REGULATORY AGENCY IN THE STATE OF MARYLAND. THE REPORT IS THEN MADE PUBLIC BY THE HSCRC. ADDITIONALLY, COMMUNITY BENEFIT INFORMATION IS AVAILABLE IN THE SAINT AGNES HEALTHCARE ANNUAL REPORT AND THE SAINT AGNES HEALTHCARE FACT SHEET. BOTH DOCUMENTS ARE AVAILABLE ON THE HOSPITAL WEBSITE.</p>

**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 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

ST. AGNES HEALTHCARE, INC.

Employer identification number

52-0591657

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) BALTIMORE MEDICAL SYSTEM INC PO BOX 1593, MERRIFIELD, VA 22116	52-1358241	501(C)(3)	719,766				GENERAL SUPPORT
(2) (SEE STATEMENT)	34-6562544	501(C)(3)		16,294	FMV	MEDICAL SUPPLIES	GENERAL SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Cat. No. 50055P

Schedule I (Form 990) (2019)

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.	DISCRETIONARY GRANTS OR ASSISTANCE TO OTHER ORGANIZATIONS ARE APPROVED BY EITHER THE CHIEF EXECUTIVE OFFICER OR THE CHIEF FINANCIAL OFFICER.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BROTHER'S BROTHER FOUNDATION 1200 GALVESTON AVE, PITTSBURGH, PA 15233-1604

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. AGNES HEALTHCARE, INC.

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

52-0591657

Part I Questions Regarding Compensation

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

Part 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				
(SEE STATEMENT)	(i)							
1	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part II

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

(a) Name	(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 reported in prior Form 990 or Form 990-EZ	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
(1) GEORGE T GRACE, MD MEDICAL DIRECTOR	(i)	796,022	69,270	7,524	16,800	25,232	914,848	0
	(ii)	0	0	0	0	0	0	0
(2) KEITH VANDER KOLK FORMER OFFICER (END 6/2019)	(i)	0	0	0	0	0	0	0
	(ii)	284,668	269,430	289,752	7,654	1,154	852,658	0
(3) ANDREW M AVERBACH, MD SURGEON	(i)	623,527	48,099	7,524	16,800	18,943	714,893	0
	(ii)	0	0	0	0	0	0	0
(4) CAROLE B MILLER, MD SECRETARY/DIRECTOR, MEDICAL SPECIALTY	(i)	561,673	42,528	7,524	18,200	11,565	641,490	0
	(ii)	0	0	0	0	0	0	0
(5) MICHAEL A ZATINA, MD DIRECTOR, MEDICAL SPECIALTY	(i)	572,089	0	14,478	18,200	19,087	623,854	0
	(ii)	0	0	0	0	0	0	0
(6) MARTIN A ALBORNOZ, MD PHYSICIAN	(i)	545,551	31,112	7,524	15,400	24,045	623,632	0
	(ii)	0	0	0	0	0	0	0
(7) HOWARD S HESSAN, MD MEDICAL DIRECTOR	(i)	561,400	13,284	7,524	16,800	18,452	617,460	0
	(ii)	0	0	0	0	0	0	0
(8) KENNETH H WILLIAMS, MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	392,243	94,168	6,008	16,800	21,806	531,025	0
(9) SCOTT M FURNISS CFO, MINISTRY MARKET (END 1/2020)	(i)	0	0	0	0	0	0	0
	(ii)	313,482	104,260	25,000	16,872	23,987	483,601	0
(10) KALA K DAVIS-MCDONALD, MD DIRECTOR/SECTION CHIEF	(i)	357,247	96,800	1,206	12,864	8,786	476,903	0
	(ii)	0	0	0	0	0	0	0
(11) CHRISTOPHER A CHEKOURAS INTERIM PRESIDENT & CEO	(i)	374,621	0	36,421	14,000	18,807	443,849	0
	(ii)	0	0	0	0	0	0	0
(12) NANCY M HAMMOND, MD CMO	(i)	359,615	0	35,921	18,200	17,120	430,856	0
	(ii)	0	0	0	0	0	0	0
(13) YOLANDA COPELAND, RN CNO	(i)	250,831	0	13,200	16,347	3,827	284,205	0
	(ii)	0	0	0	0	0	0	0
(14) MITCHELL G LOMAX DIRECTOR, STRATEGIC OPS./INTERIM CFO (START 1/2020-END 4/2020)/CFO, MINISTRY MKT. (START 4/2020)	(i)	198,276	0	441	12,509	23,352	234,578	0
	(ii)	0	0	0	0	0	0	0

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
<p>SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION</p>	<p>A RELATED ORGANIZATION OF THE FILING ORGANIZATION, USES ONE OR MORE OF THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL:</p> <ul style="list-style-type: none"> - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE <p>PLEASE REFER TO THE FORM 990, PART VI, LINE 15A DISCLOSURE IN SCHEDULE O FOR ADDITIONAL DETAILS ON HOW COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS ESTABLISHED.</p>
<p>SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT</p>	<p>THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS FROM THE ORGANIZATION OR A RELATED ORGANIZATION DURING THE CALENDAR YEAR 2019:</p> <p>KEITH VANDER KOLK - \$242,308</p>
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<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>NO INDIVIDUALS RECEIVED PAYMENT FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE CURRENT YEAR.</p>

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

ST. AGNES HEALTHCARE, INC.

Employer identification number

52-0591657

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV**Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SHEILA M. HUNT	WIFE OF RICHARD J. HUNT, JR., DIRECTOR	\$73,035	EMPLOYEE COMPENSATION		✓

**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 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the Organization
ST. AGNES HEALTHCARE, INC.

Employer Identification Number
52-0591657

Return Reference - Identifier	Explanation
- PAGE 1, BOX C - DOING BUSINESS AS	* ASCENSION SAINT AGNES COMMUNITY HEALTH PARTNERS * MARYLAND INSTITUTE OF PLASTIC SURGERY * SAINT AGNES HEALTHCARE
FORM 990, PAGE 1 - PHYSICAL ADDRESS	THE PHYSICAL ADDRESS FOR THIS ENTITY IS 900 CATON AVENUE, BALTIMORE, MD 21229. THE ADDRESS ON PAGE 1 IS FOR MAILING PURPOSES ONLY.
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 IV, LINE 20B - AUDITED FINANCIAL STATEMENTS	THE ACTIVITY OF ST. AGNES HEALTHCARE IS REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE. NO INDIVIDUAL AUDIT OF ST. AGNES HEALTHCARE IS COMPLETED. THEREFORE, THE ATTACHED AUDITED FINANCIAL STATEMENTS ARE OF ASCENSION HEALTH ALLIANCE AND AFFILIATES, WHICH INCLUDE THE ACTIVITY OF ST. AGNES HEALTHCARE.
FORM 990, PART IV, LINE 24A - TAX EXEMPT BOND ISSUANCE	ST. AGNES HEALTHCARE, INC. IS A HEALTH FACILITY THAT IS PART OF THE ASCENSION HEALTH SYSTEM. ASCENSION HEALTH ALLIANCE IS THE BORROWER FOR TAX EXEMPT HOSPITAL REVENUE BONDS. PROVIDENCE HOSPITAL HOLDS AN INTERCOMPANY NOTE PAYABLE WITH ASCENSION HEALTH ALLIANCE, AND THIS INFORMATION IS REPORTED IN THE BALANCE SHEET.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	ST. AGNES HEALTHCARE HAS A SOLE CORPORATE MEMBER, ASCENSION HEALTH.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	ST. AGNES HEALTHCARE HAS A SOLE CORPORATE MEMBER, ASCENSION HEALTH, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF ST. AGNES HEALTHCARE.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	ASCENSION HEALTH HAS DESIGNED A SYSTEM AUTHORITY MATRIX WHICH ASSIGNS AUTHORITY FOR KEY DECISIONS THAT ARE NECESSARY IN THE OPERATION OF THE SYSTEM. SPECIFIC AREAS THAT ARE IDENTIFIED IN THE AUTHORITY MATRIX ARE: NEW ORGANIZATIONS & MAJOR TRANSACTIONS; GOVERNING DOCUMENTS; APPOINTMENTS/REMOVALS; EVALUATION; DEBT LIMITS; STRATEGIC & FINANCIAL PLANS; ASSETS; SYSTEM POLICIES & PROCEDURES. THESE AREAS ARE SUBJECT TO CERTAIN LEVELS OF APPROVAL BY ASCENSION PER THE SYSTEM AUTHORITY MATRIX.
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 ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE.
FORM 990, PART VI, LINE 15A - PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, AS WELL AS THAT OF ANY OTHER OFFICERS OR SENIOR EXECUTIVES (IF ANY), IS DIRECTED BY A RELATED ORGANIZATION. THE RELATED ORGANIZATION'S BOARD COMMITTEE RESPONSIBLE FOR COMPENSATION OVERSEES THE PROCESS, UTILIZING INDEPENDENT DELEGATES WITHIN THE ORGANIZATION AS APPROPRIATE, DEPENDING ON THE ROLE. IN SOME CASES, THE PROCESS MAY UTILIZE COMPARABILITY DATA AND ANALYSIS FROM A NATIONAL THIRD-PARTY COMPENSATION FIRM; OR, IF MORE APPROPRIATE FOR THE ROLE, IT MAY INSTEAD UTILIZE OTHER APPLICABLE SOURCES OF MARKET COMPARABILITY DATA AS NEEDED TO VERIFY REASONABLENESS. THE PROCESS ALSO INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE ANALYSIS AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. COMPENSATION IS REVIEWED AT LEAST ANNUALLY AND THE PROCESS IS ADMINISTERED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS.

Return Reference - Identifier	Explanation								
FORM 990, PART VI, LINE 15B - PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, AS WELL AS THAT OF ANY OTHER OFFICERS OR SENIOR EXECUTIVES (IF ANY), IS DIRECTED BY A RELATED ORGANIZATION. THE RELATED ORGANIZATION'S BOARD COMMITTEE RESPONSIBLE FOR COMPENSATION OVERSEES THE PROCESS, UTILIZING INDEPENDENT DELEGATES WITHIN THE ORGANIZATION AS APPROPRIATE, DEPENDING ON THE ROLE. IN SOME CASES, THE PROCESS MAY UTILIZE COMPARABILITY DATA AND ANALYSIS FROM A NATIONAL THIRD-PARTY COMPENSATION FIRM; OR, IF MORE APPROPRIATE FOR THE ROLE, IT MAY INSTEAD UTILIZE OTHER APPLICABLE SOURCES OF MARKET COMPARABILITY DATA AS NEEDED TO VERIFY REASONABLENESS. THE PROCESS ALSO INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE ANALYSIS AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. COMPENSATION IS REVIEWED AT LEAST ANNUALLY AND THE PROCESS IS ADMINISTERED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS.								
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON WRITTEN 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.								
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 730 1304 758">(a) Description</th> <th data-bbox="1312 730 1513 758">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 768 1304 795">REFUND OF CONTRIBUTIONS PREVIOUSLY PAID</td> <td data-bbox="1312 768 1513 795">144,995</td> </tr> <tr> <td data-bbox="467 806 1304 833">TRANSFERS WITH AFFILIATES</td> <td data-bbox="1312 806 1513 833">- 33,520,208</td> </tr> <tr> <td data-bbox="467 844 1304 871">CHANGE IN INTEREST IN ST. AGNES FOUNDATION</td> <td data-bbox="1312 844 1513 871">- 42,442</td> </tr> </tbody> </table>	(a) Description	(b) Amount	REFUND OF CONTRIBUTIONS PREVIOUSLY PAID	144,995	TRANSFERS WITH AFFILIATES	- 33,520,208	CHANGE IN INTEREST IN ST. AGNES FOUNDATION	- 42,442
(a) Description	(b) Amount								
REFUND OF CONTRIBUTIONS PREVIOUSLY PAID	144,995								
TRANSFERS WITH AFFILIATES	- 33,520,208								
CHANGE IN INTEREST IN ST. AGNES FOUNDATION	- 42,442								
FORM 990, PART XII, LINE 2C - AUDIT COMMITTEE	ST. AGNES HEALTHCARE, 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

ST. AGNES HEALTHCARE, INC.

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
52-0591657

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GIBBONS COMMONS, LLC (52-0591657) 900 CATON AVENUE, BALTIMORE, MD 21229	REAL PROPERTY TO SUPPORT COMMUNITY ACTIVITIES	MD	33,171	16,912,947	ST. AGNES HEALTHCARE, INC.
(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) 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) (SEE STATEMENT)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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) (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) 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) (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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)	✓	
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)	✓	
s Other transfer of cash or property from related organization(s)	✓	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST	P	7,604,679	FAIR MARKET VALUE
(1) ASCENSION HEALTH IS, INC.	P	186,651	FAIR MARKET VALUE
(2) SETON MEDICAL GROUP, INC.	Q	6,565,974	FAIR MARKET VALUE
(3) SETON MEDICAL GROUP, INC.	R	73,631	FAIR MARKET VALUE
(4) ST. AGNES FOUNDATION	P	1,885,768	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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM	IL	501(C)(3)	12 TYPE II	MINISTRY HEALTH CARE, INC.	✓	
(2) ALABAMA PROVIDENCE HEALTHCARE SERVICES (46-2847744) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	10	GULF COAST HEALTH SYSTEM	✓	
(3) ALEXIAN BROTHERS AMBULATORY GROUP (36-4336931) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN SERVICES	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(4) ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL (36-4251848) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	BEHAVIORAL HEALTH HOSPITAL	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(5) ALEXIAN BROTHERS BONAVENTURE HOUSE (36-3527899) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOUSING AND SUPPORTIVE CARE SERVICES FOR PERSONS WITH HIV/AIDS	IL	501(C)(3)	10	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(6) ALEXIAN BROTHERS CENTER FOR MENTAL HEALTH (36-3045007) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	OUTPATIENT COMMUNITY MENTAL HEALTH SERVICES	IL	501(C)(3)	10	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(7) ALEXIAN BROTHERS COMMUNITY SERVICES (36-4344423) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PACE-COMPREHENSIVE & COORDINATED COMMUNITY BASED SERVICES	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(8) ALEXIAN BROTHERS HEALTH SYSTEM (36-3260495) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	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	✓	
(9) ALEXIAN BROTHERS HOSPITAL NETWORK (36-3276552) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTS THE PROVISION OF HEALTHCARE SERVICES FOR RELATED CORPORATIONS	IL	501(C)(3)	12 TYPE III-FI	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(10) ALEXIAN BROTHERS LANSDOWNE VILLAGE (43-1470362) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(11) ALEXIAN BROTHERS MEDICAL CARE GROUP, NFP (47-1930457) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN SERVICES	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(12) ALEXIAN BROTHERS MEDICAL CENTER (36-2596381) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ACUTE CARE HOSPITAL	IL	501(C)(3)	3	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
(13) ALEXIAN BROTHERS MEDICAL GROUP SPECIALTY CARE (81-1110738) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(14) ALEXIAN BROTHERS OF SAN JOSE, INC. (94-1530037) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ACUTE CARE HOSPITAL (SOLD IN 1998)	TX	501(C)(3)	12 TYPE I	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(15) ALEXIAN BROTHERS SENIOR MINISTRIES (36-4484290) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTS THE PROVISION OF HEALTHCARE FOR RELATED CORPORATIONS	IL	501(C)(3)	12 TYPE II	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(16) ALEXIAN BROTHERS SERVICES, INC. (43-1295333) 3040 W SALT CREEK LN, ARLINGTON HEIGHTS, IL 60005	HUD HOUSING	MO	501(C)(3)	10	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(17) ALEXIAN BROTHERS SHERBROOKE VILLAGE (43-1592502) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(18) ALEXIAN BROTHERS SPECIALTY GROUP (80-0710751) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(19) ALEXIAN VILLAGE OF MILWAUKEE, INC. (39-1351584) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CONTINUING CARE RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(20) ALEXIAN VILLAGE OF TENNESSEE (62-1136742) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CONTINUING CARE RETIREMENT COMMUNITY	TN	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(21) ALVERNO PROVENA HOSPITAL LABORATORIES, INC. (20-3238867) 2434 INTERSTATE PLAZA DRIVE, HAMMOND, IN 46234	HEALTH CARE	IN	501(C)(3)	3	PRESENCE CENTRAL & SUBURBAN HOSPITALS NETWORK AND PRESENCE CHICAGO HOSPITALS NETWORK	✓	
(22) AMERICAN SPORTS MEDICINE INSTITUTE (63-0952490) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SPORTS MEDICINE	AL	501(C)(3)	7	ST. VINCENT'S BIRMINGHAM	✓	
(23) ARTHUR MERKLE - CLARA KNIPPRATH NURSING HOME (36-2841358) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	IL	501(C)(3)	10	PRESENCE LIFE CONNECTIONS	✓	
(24) ASCENSION ALL SAINTS HOSPITAL FOUNDATION, INC. (39-1570877) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	7	ASCENSION ALL SAINTS HOSPITAL, INC.	✓	
(25) ASCENSION ALL SAINTS HOSPITAL, INC. (39-1264986) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(26) ASCENSION ALLEGAN FOUNDATION (38-2802463) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION ALLEGAN HOSPITAL	✓	

(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
(27) ASCENSION ALLEGAN HOSPITAL (38-1359180) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(28) ASCENSION ALLEGAN PROFESSIONAL HEALTH SERVICES, INC. (20-5800012) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(29) ASCENSION ARIZONA (86-0455920) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AZ	501(C)(3)	3	ASCENSION HEALTH	✓	
(30) ASCENSION BORGESS FOUNDATION (23-7222558) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION BORGESS HOSPITAL	✓	
(31) ASCENSION BORGESS HOSPITAL (38-1360526) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE SERVICES	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(32) ASCENSION BORGESS LEE FOUNDATION (38-2860459) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE III-FI	ASCENSION BORGESS-LEE HOSPITAL	✓	
(33) ASCENSION BORGESS-LEE HOSPITAL (38-1490190) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE SERVICES	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(34) ASCENSION BRIGHTON CENTER FOR RECOVERY (38-1576680) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(35) ASCENSION CALUMET HOSPITAL, INC. (39-0905385) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(36) ASCENSION CARE MANAGEMENT INSURANCE HOLDINGS (46-1121862) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MO	501(C)(3)	12 TYPE I	ASCENSION CARE MANAGEMENT LLC	✓	
(37) ASCENSION DEPAUL HOLDINGS OF EL PASO (74-2734755) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(38) ASCENSION EAGLE RIVER HOSPITAL, INC. (39-0985690) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(39) ASCENSION EASTWOOD BEHAVIORAL HEALTH (38-1958763) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ST. JOHN PROVIDENCE	✓	
(40) ASCENSION GENESYS FOUNDATION (38-3591148) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(41) ASCENSION GENESYS HOSPITAL (38-2377821) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(42) ASCENSION GOOD SAMARITAN HOSPITAL FOUNDATION, INC. (39-1627755) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE II	ASCENSION GOOD SAMARITAN HOSPITAL, INC.	✓	
(43) ASCENSION GOOD SAMARITAN HOSPITAL, INC. (39-0808503) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(44) ASCENSION HEALTH (31-1662309) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE		✓
(45) ASCENSION HEALTH - IS INC (65-1257719) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(46) ASCENSION HEALTH ALLIANCE (45-3358926) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	12 TYPE I	N/A		✓

(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
(47) ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST (36-7046706) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(48) ASCENSION HEALTH GLOBAL MISSION (65-1205990) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(49) ASCENSION HEALTH SENIOR CARE (43-1227406) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT COMPANY	MO	501(C)(3)	12 TYPE II	ASCENSION HEALTH	✓	
(50) ASCENSION LIVING - LAKESHORE AT SIENA, INC. (82-4710412) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(51) ASCENSION MACOMB OAKLAND HOSPITAL (38-3322109) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(52) ASCENSION MEDICAL GROUP GENESYS (83-1617112) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(53) ASCENSION MEDICAL GROUP MICHIGAN (38-3494637) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(54) ASCENSION MEDICAL GROUP PROMED (38-3193801) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE SERVICES	MI	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(55) ASCENSION MEDICAL GROUP-FOX VALLEY WISCONSIN, INC. (39-1127163) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CLINICAL HEALTHCARE SERVICES	WI	501(C)(3)	3	AFFINITY HEALTH SYSTEM	✓	
(56) ASCENSION MEDICAL GROUP-NORTHERN WISCONSIN, INC. (39-1965593) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL GROUP	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(57) ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN, INC. (39-1791586) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL GROUP	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(58) ASCENSION MICHIGAN (38-2631907) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ASCENSION HEALTH	✓	
(59) ASCENSION MICHIGAN CMG (38-2601348) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ST. JOHN PROVIDENCE	✓	
(60) ASCENSION MINISTRY AND MISSION FUND (27-3174701) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(61) ASCENSION NE WISCONSIN, INC. (39-0816818) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(62) ASCENSION OUR LADY OF VICTORY HOSPITAL, INC. (39-0807065) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(63) ASCENSION PROVIDENCE (74-1109636) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE SERVICES	TX	501(C)(3)	3	ASCENSION TEXAS	✓	
(64) ASCENSION PROVIDENCE FOUNDATION (38-3526629) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	7	ST. JOHN PROVIDENCE	✓	
(65) ASCENSION PROVIDENCE HOSPITAL (38-1358212) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	

(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
(66) ASCENSION PROVIDENCE ROCHESTER FOUNDATION (38-2627336) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING	MI	501(C)(3)	12 TYPE I	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	✓	
(67) ASCENSION PROVIDENCE ROCHESTER HOSPITAL (38-1359247) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	GENERAL HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(68) ASCENSION RIVER DISTRICT HOSPITAL (38-3160564) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(69) ASCENSION SACRED HEART-ST. MARY'S HOSPITALS, INC. (39-1390638) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(70) ASCENSION SE WISCONSIN HOSPITAL, INC. (39-0816857) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(71) ASCENSION SETON (74-1109643) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	3	ASCENSION TEXAS	✓	
(72) ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH (38-2262856) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	3	ST. JOHN PROVIDENCE	✓	
(73) ASCENSION ST. CLARE'S HOSPITAL, INC. (72-1531917) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(74) ASCENSION ST. ELIZABETH FOUNDATION, INC. (39-1256677) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	7	AFFINITY HEALTH SYSTEM	✓	
(75) ASCENSION ST. FRANCIS HOSPITAL, INC. (39-0907740) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(76) ASCENSION ST. JOHN FOUNDATION (20-2961579) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	7	ST. JOHN PROVIDENCE	✓	
(77) ASCENSION ST. JOHN HOSPITAL (38-1359063) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(78) ASCENSION ST. JOSEPH FOUNDATION (01-0790428) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION ST. JOSEPH'S HOSPITAL	✓	
(79) ASCENSION ST. JOSEPH HOSPITAL (38-1443395) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(80) ASCENSION ST. MARY'S FOUNDATION (38-2246366) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE III-FI	ASCENSION ST. MARY'S HOSPITAL	✓	
(81) ASCENSION ST. MARY'S HOSPITAL (38-0997730) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(82) ASCENSION ST. MICHAEL'S HOSPITAL FOUNDATION, INC. (39-1657410) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION ST. MICHAEL'S HOSPITAL, INC.	✓	
(83) ASCENSION ST. MICHAEL'S HOSPITAL, INC. (39-0808443) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, 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
(84) ASCENSION STANDISH HOSPITAL (38-1671120) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(85) ASCENSION TEXAS (45-4364243) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(86) ASCENSION VIA CHRISTI HEALTH PARTNERS, INC. (48-0958974) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MANAGEMENT COMPANY	KS	501(C)(3)	10	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(87) ASCENSION VIA CHRISTI HEALTH, INC. (48-1172107) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	KS	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(88) ASCENSION VIA CHRISTI HOSPITAL MANHATTAN, INC. (48-1186704) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(89) ASCENSION VIA CHRISTI HOSPITAL PITTSBURG, INC. (48-0543778) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(90) ASCENSION VIA CHRISTI HOSPITAL WICHITA ST. TERESA, INC. (27-1965272) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(91) ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC. (48-1172106) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(92) ASCENSION VIA CHRISTI PROPERTY SERVICES, INC. (48-0948571) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PROPERTY MANAGEMENT	KS	501(C)(4)		ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC.	✓	
(93) ASCENSION VIA CHRISTI REHABILITATION HOSPITAL, INC. (48-1158274) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REHABILITATION HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC.	✓	
(94) ASCENSION WELFARE BENEFITS TRUST (43-1601369) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	VEBA	MO	501(C)(9)		ASCENSION HEALTH ALLIANCE	✓	
(95) ASCENSION WISCONSIN FOUNDATION, INC. (39-1494981) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	7	COLUMBIA ST. MARY'S, INC.	✓	
(96) ASCENSION WISCONSIN LABORATORIES, INC. (39-1701402) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	LABORATORY	WI	501(C)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(97) ASCENSION WISCONSIN PHARMACY, INC. (39-1613624) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHARMACY	WI	501(C)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(98) BAPTIST HEALTH CARE AFFILIATES, INC. (58-1509251) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	COMMUNITY HEALTH PROMOTION	TN	501(C)(3)	12 TYPE I	SAINT THOMAS NETWORK	✓	
(99) BAPTIST HOSPITAL FOUNDATION OF NASHVILLE, INC. (58-1861378) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	INACTIVE	TN	501(C)(3)	12 TYPE I	SAINT THOMAS MIDTOWN HOSPITAL	✓	

(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
(100) BLUE LADIES MINERALS, INC. (74-2971975) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	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.	✓	
(101) BORGESS AMBULATORY CARE CORPORATION (38-2468823) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY	MI	501(C)(3)	3	BORGESS HEALTH ALLIANCE, INC.	✓	
(102) BORGESS HEALTH ALLIANCE, INC. (38-2335286) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	MI	501(C)(3)	12 TYPE III-FI	ASCENSION MICHIGAN	✓	
(103) BORGESS NURSING HOME INC. (38-2555589) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MI	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(104) CARONDELET FOUNDATION, INC. (86-0749574) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	AZ	501(C)(3)	12 TYPE I	ASCENSION ARIZONA	✓	
(105) CARONDELET HEALTH (43-1276738) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(106) CARONDELET LONG-TERM CARE FACILITIES, INC. (74-2505427) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(107) CARONDELET REGIONAL MEDICAL, P.C. (81-4769136) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL GROUP	NY	501(C)(3)	3	ST. MARY'S HEALTHCARE	✓	
(108) CARROLL MANOR (83-2068871) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	DC	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(109) CATALPA HEALTH, INC. (45-4681563) N4642 COUNTY N, APPLETON, WI 54914	BEHAVIORAL HEALTH SERVICES	WI	501(C)(3)	3	AFFINITY HEALTH SYSTEM	✓	
(110) CENTER FOR GERONTOLOGY (38-2514708) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ADULT DAY CARE	MI	501(C)(3)	12 TYPE II	ASCENSION HEALTH SENIOR CARE	✓	
(111) CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. (35-1869951) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FREESTANDING OUTPATIENT CENTER	IN	501(C)(3)	12 TYPE III-FI	ST. VINCENT HEALTH, INC.	✓	
(112) CMC FOUNDATION OF CENTRAL TEXAS (20-0468031) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(113) COLUMBIA COLLEGE OF NURSING, INC. (39-1596986) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	COLLEGE	WI	501(C)(3)	2	COLUMBIA ST. MARY'S HOSPITAL MILWAUKEE, INC.	✓	
(114) COLUMBIA ST. MARY'S HOSPITAL MILWAUKEE, INC. (39-0806315) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	COLUMBIA ST. MARY'S, INC.	✓	
(115) COLUMBIA ST. MARY'S HOSPITAL OZAUKEE, INC. (39-0807063) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	COLUMBIA ST. MARY'S, INC.	✓	
(116) COLUMBIA ST. MARY'S, INC. (39-1834639) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM	WI	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(117) CORNERSTONE ASSISTED LIVING, INC. (48-1241079) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(118) DELL CHILDREN'S MEDICAL GROUP (74-2800601) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	

(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
(119) DR. KATE NEWCOMB CONVALESCENT CENTER, INC. (39-1357365) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	NURSING/ASSISTED LIVING SERVICES	WI	501(C)(3)	10	HOWARD YOUNG HEALTH CARE, INC.	✓	
(120) FIELD NEUROSCIENCES INSTITUTE (38-2790703) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL RESEARCH ORGANIZATION	MI	501(C)(3)	10	ASCENSION ST. MARY'S HOSPITAL	✓	
(121) FOUNDATION OF SAINT CLARE'S HOSPITAL OF WESTON, INC. (75-3193633) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION ST. CLARE'S HOSPITAL, INC.	✓	
(122) FOUNDATION OF SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC. (39-1684957) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE II	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC.	✓	
(123) GENESYS AMBULATORY HEALTH SERVICES (38-2371754) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(124) GENESYS CONVALESCENT CENTER (38-2317364) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CONVALESCENT CENTER	MI	501(C)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	✓	
(125) GENESYS HEALTH SYSTEM (38-3339703) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	MI	501(C)(3)	12 TYPE II	ASCENSION MICHIGAN	✓	
(126) GULF COAST HEALTH SYSTEM (63-0934712) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM	AL	501(C)(3)	12 TYPE III-FI	ST. VINCENT'S HEALTH SYSTEM	✓	
(127) HAVEN OF OUR LADY OF PEACE, INC. (59-3620346) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	NURSING HOME	FL	501(C)(3)	10	SACRED HEART HEALTH SYSTEM	✓	
(128) HEALTHCARE COLLABORATIVE (27-3220767) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(129) HOWARD YOUNG HEALTH CARE, INC. (39-1499115) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOME OFFICE	WI	501(C)(3)	12 TYPE II	MINISTRY HEALTH CARE, INC.	✓	
(130) JANE PHILLIPS MEMORIAL MEDICAL CENTER (73-0606129) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(131) JANE PHILLIPS NOWATA HOSPITAL, INC. (73-1440267) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(132) LAVERNA TERRACE HOUSING CORPORATION (36-3438977) 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	✓	
(133) LOURDES FOUNDATION (91-1528577) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	WA	501(C)(3)	12 TYPE I	OUR LADY OF LOURDES HOSPITAL AT PASCO	✓	
(134) LOURDES REALTY COMPANY, INC. (22-2873637) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RENTAL OF HEALTH CARE FACILITIES	NY	501(C)(2)		OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC.	✓	
(135) MEDICAL SERVICES ENHANCEMENT, INC. (14-1776546) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL OFFICE BUILDING	NY	501(C)(25)		ST. MARY'S 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
(136) MEDICARE VALUE PARTNERS (36-3495969) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE HEALTH PARTNERS SERVICES	✓	
(137) MERCY HEALTH FOUNDATION, INC. (23-7140261) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	10	AFFINITY HEALTH SYSTEM	✓	
(138) METRO PHYSICIANS, INC. (94-3436893) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL GROUP	WI	501(C)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN, INC.	✓	
(139) MINISTRY HEALTH CARE, INC. (39-1490371) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT CORPORATION	WI	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(140) OUR LADY OF LOURDES HOSPITAL AT PASCO (91-0349750) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE	WA	501(C)(3)	3	ASCENSION HEALTH	✓	
(141) OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC (15-0532221) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	NY	501(C)(3)	3	ASCENSION HEALTH	✓	
(142) OUR LADY OF PEACE, INC. (16-1608735) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	NY	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(143) OWASSO MEDICAL FACILITY, INC. (20-3700131) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(144) PRESENCE AMBULATORY SERVICES (36-4286236) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(145) PRESENCE BEHAVIORAL HEALTH (36-2709982) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(146) PRESENCE CARE @ HOME (46-0483587) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(147) PRESENCE CARE TRANSFORMATION CORPORATION (36-3366652) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MGMT SUPPORT	IL	501(C)(3)	12 TYPE III-FI	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(148) PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK (36-4195126) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(149) PRESENCE CHICAGO HOSPITALS NETWORK (36-2235165) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(150) PRESENCE HEALTH PARTNERS SERVICES (36-2644178) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	12 TYPE II	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
(151) PRESENCE HEALTHCARE SERVICES (36-3330928) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(152) PRESENCE HOME CARE (46-0483581) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(153) PRESENCE LIFE CONNECTIONS (37-1127787) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(154) PRESENCE SENIOR SERVICES CHICAGOLAND (23-7061646) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(155) PRIMARY PHYSICIAN NETWORK, LLC (20-8775914) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DORMANT	IN	501(C)(3)	10	ST. MARY'S HEALTH, INC.	✓	
(156) PROVIDENCE BUILDING CORPORATION (63-0914564) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(2)		GULF COAST HEALTH SYSTEM	✓	
(157) PROVIDENCE FOUNDATION (63-0915493) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	7	GULF COAST HEALTH SYSTEM	✓	
(158) PROVIDENCE FOUNDATION, INC. (74-2683112) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE	TX	501(C)(3)	12 TYPE I	ASCENSION PROVIDENCE	✓	
(159) PROVIDENCE HEALTH ALLIANCE (74-2696970) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PRACTICES	TX	501(C)(3)	3	ASCENSION PROVIDENCE	✓	
(160) PROVIDENCE HEALTH FOUNDATION, INC. (52-1275583) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING ORGANIZATION	DC	501(C)(3)	12 TYPE I	PROVIDENCE HOSPITAL	✓	
(161) PROVIDENCE HEALTH SERVICES, INC. (52-1275587) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PRACTICES	DC	501(C)(3)	12 TYPE I	PROVIDENCE HOSPITAL	✓	
(162) PROVIDENCE HOSPITAL (63-0288861) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	GULF COAST HEALTH SYSTEM	✓	
(163) PROVIDENCE HOSPITAL (53-0196636) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	DC	501(C)(3)	3	ASCENSION HEALTH	✓	
(164) PROVIDENCE PARK, INC. (61-1759304) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	TX	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(165) RAINBOW HOSPICE AND PALLIATIVE CARE (36-3296367) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(166) SACRED HEART FOUNDATION, INC. (59-2436597) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	FL	501(C)(3)	7	SACRED HEART HEALTH SYSTEM	✓	
(167) SACRED HEART HEALTH SYSTEM, INC. (59-0634434) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	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
(168) SACRED HEART HEALTH VENTURES, INC. (57-1183283) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	INVESTMENT	FL	501(C)(3)	12 TYPE I	SACRED HEART HEALTH SYSTEM	✓	
(169) SACRED HEART REHABILITATION INSTITUTE, INC. (39-0902199) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REHAB SERVICES	WI	501(C)(3)	3	COLUMBIA ST. MARY'S, INC.	✓	
(170) SAINT ELIZABETH'S HOSPITAL OF WABASHA, INC. (41-0693877) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MN	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(171) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC. (39-0847631) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(172) SAINT THOMAS HEALTH (58-1716804) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SYSTEM PARENT	TN	501(C)(3)	12 TYPE II	ASCENSION HEALTH	✓	
(173) SAINT THOMAS HEALTH FOUNDATIONS (58-1663055) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	OPERATES FOUNDATION	TN	501(C)(3)	7	SAINT THOMAS NETWORK	✓	
(174) SAINT THOMAS HICKMAN HOSPITAL (58-1737573) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	TN	501(C)(3)	3	BAPTIST HEALTH CARE AFFILIATES, INC.	✓	
(175) SAINT THOMAS HOME HEALTH (62-1836937) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOME HEALTH CARE	TN	501(C)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	✓	
(176) SAINT THOMAS MEDICAL PARTNERS (62-1529858) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE PROVIDER	TN	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(177) SAINT THOMAS MIDTOWN HOSPITAL (62-1869474) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ACUTE CARE HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(178) SAINT THOMAS NETWORK (62-1284994) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH INVESTMENT ENTITY	TN	501(C)(3)	10	SAINT THOMAS HEALTH	✓	
(179) SAINT THOMAS REGIONAL HOSPITALS (47-4063046) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITALS	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(180) SAINT THOMAS RUTHERFORD FOUNDATION (62-1167917) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	TN	501(C)(3)	12 TYPE I	SAINT THOMAS RUTHERFORD HOSPITAL	✓	
(181) SAINT THOMAS RUTHERFORD HOSPITAL (62-0475842) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(182) SAINT THOMAS WEST HOSPITAL (62-0347580) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(183) SALINA REGIONAL HOME MEDICAL SERVICES, LLC (43-1948057) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL EQUIPMENT	KS	501(C)(3)	10	ASCENSION VIA CHRISTI HEALTH PARTNERS, INC.	✓	
(184) SAVELLI PROPERTIES, INC. (36-3308965) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	OWNS OR LEASES PROPERTIES WHERE HEALTHCARE SERVICES ARE DELIVERED	IL	501(C)(2)		ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(185) SETON CLINICAL ENTERPRISE CORPORATION (45-4364681) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE I	ASCENSION TEXAS	✓	
(186) SETON FAMILY OF DOCTORS (26-4562522) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	

(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
(187) SETON FAMILY OF PEDIATRIC SURGEONS (27-1311790) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(188) SETON FUND OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, INC. (74-2212968) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(189) SETON HAYS FOUNDATION (26-2842608) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(190) SETON HEALTH CORPORATION OF SOUTHEAST MICHIGAN (38-2820107) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ST. JOHN PROVIDENCE	✓	
(191) SETON HOSPITALIST SERVICE (45-2498998) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	ASCENSION SETON	✓	
(192) SETON INSURANCE SERVICES CORPORATION (45-4364813) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(193) SETON MANOR, INC. (23-2960726) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	PA	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(194) SETON MEDICAL GROUP, INC. (39-2064992) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(195) SETON MEDICAL MANAGEMENT (63-0937704) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	12 TYPE II	GULF COAST HEALTH SYSTEM	✓	
(196) SETON ORAL & MAXILLOFACIAL SURGERY (42-1670843) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(197) SETON PROPERTY CORPORATION OF NORTH ALABAMA (23-7326976) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REAL ESTATE	AL	501(C)(2)		ST. VINCENT'S HEALTH SYSTEM	✓	
(198) SETON WILLIAMSON FOUNDATION (20-5330986) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(199) SETON/UT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP (74-2869762) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(200) SJRMC, INC. (82-0204264) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	ID	501(C)(3)	3	ASCENSION HEALTH	✓	
(201) SOUTHERN TIER MEDICAL CARE - NY PC (82-1103087) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE	NY	501(C)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC.	✓	
(202) ST. AGNES FOUNDATION (52-1415083) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MD	501(C)(3)	12 TYPE I	ST. AGNES HEALTHCARE, INC.	✓	
(203) ST. ALEXIUS MEDICAL CENTER (36-4251846) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ACUTE CARE HOSPITAL	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(204) ST. CATHERINE LABOURE MANOR, INC. (59-1878316) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	FL	501(C)(3)	3	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
(205) ST. JOHN AUXILIARY, INC. (73-0999759) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	10	ST. JOHN HEALTH SYSTEM, INC.	✓	
(206) ST. JOHN BROKEN ARROW, INC. (38-3833117) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(207) ST. JOHN BUILDING CORPORATION (61-1659782) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REAL ESTATE	OK	501(C)(2)		ST. JOHN HEALTH SYSTEM, INC.	✓	
(208) ST. JOHN HEALTH SYSTEM FOUNDATION, INC. (73-1133139) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	OK	501(C)(3)	7	ST. JOHN HEALTH SYSTEM, INC.	✓	
(209) ST. JOHN HEALTH SYSTEM, INC. (73-1215174) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SYSTEM PARENT	OK	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(210) ST. JOHN MEDICAL CENTER, INC. (73-0579286) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(211) ST. JOHN PROVIDENCE (38-2244034) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT	MI	501(C)(3)	12 TYPE II	ASCENSION MICHIGAN	✓	
(212) ST. JOHN SAPULPA, INC. (73-0662663) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(213) ST. JOHN VILLAS, INC. (73-1077367) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	NURSING HOME	OK	501(C)(3)	10	ST. JOHN HEALTH SYSTEM, INC.	✓	
(214) ST. JOSEPH FOUNDATION OF KOKOMO, INDIANA, INC. (23-7313206) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. JOSEPH HOSPITAL & HEALTH CENTER, INC.	✓	
(215) ST. JOSEPH HOSPITAL & HEALTH CENTER, INC. (35-0992717) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(216) ST. JOSEPH MEDICAL CENTER FOUNDATION (43-1388461) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MO	501(C)(3)	12 TYPE I	CARONDELET HEALTH	✓	
(217) ST. JOSEPH REGIONAL MEDICAL CENTER FOUNDATION, INC. (51-0168321) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	ID	501(C)(3)	12 TYPE I	SJRM, INC.	✓	
(218) ST. JOSEPH'S MINISTRIES, INC. (52-1835288) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MD	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(219) ST. LUKE'S-ST. VINCENT'S HEALTHCARE, INC. (26-0479484) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(220) ST. MARY'S AT HOME, INC. (35-1899560) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DME/HOME CARE	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, INC.	✓	
(221) ST. MARY'S BUILDING CORPORATION (23-7248362) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REAL ESTATE HOLDING COMPANY	IN	501(C)(2)		ST. MARY'S HEALTH, INC.	✓	
(222) ST. MARY'S HEALTH FOUNDATION, INC. (23-7045370) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, INC.	✓	
(223) ST. MARY'S HEALTH SERVICES, INC. (35-1679526) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	INVESTMENT SERVICES	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, 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
(224) ST. MARY'S HEALTH, INC. (35-0869065) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(225) ST. MARY'S HEALTHCARE (14-1347719) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	NY	501(C)(3)	3	ASCENSION HEALTH	✓	
(226) ST. MARY'S MEDICAL CENTER FOUNDATION (43-1918107) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MO	501(C)(3)	12 TYPE I	CARONDELET HEALTH	✓	
(227) ST. MARY'S MEDICAL GROUP, LLC (26-1356310) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PROFESSIONAL SERVICES	IN	501(C)(3)	10	ST. VINCENT MEDICAL GROUP, INC.	✓	
(228) ST. MARY'S OHIO VALLEY HEARTCARE, LLC (27-3474697) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DORMANT	IN	501(C)(3)	12 TYPE I	ST. MARY'S MEDICAL GROUP, LLC	✓	
(229) ST. MARY'S WARRICK EMERGENCY MEDICAL SERVICES, INC. (20-5342518) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	AMBULANCE SERVICES	IN	501(C)(4)		ST. MARY'S HEALTH SERVICES, INC.	✓	
(230) ST. MARY'S WARRICK HOSPITAL, INC. (35-1343019) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(231) ST. VINCENT ANDERSON REGIONAL HOSPITAL FOUNDATION, INC. (35-2053693) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC.	✓	
(232) ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC. (46-0877261) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(233) ST. VINCENT CARMEL HOSPITAL, INC. (74-3107055) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(234) ST. VINCENT CLAY HOSPITAL, INC. (35-2112529) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(235) ST. VINCENT DUNN HOSPITAL, INC. (27-2192831) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(236) ST. VINCENT FISHERS HOSPITAL, INC. (45-4243702) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(237) ST. VINCENT FRANKFORT HOSPITAL FOUNDATION, INC. (35-1531734) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT FRANKFORT HOSPITAL, INC.	✓	
(238) ST. VINCENT FRANKFORT HOSPITAL, INC. (35-2099320) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(239) ST. VINCENT HEALTH, INC. (35-2052591) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT COMPANY	IN	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(240) ST. VINCENT HEALTH, WELLNESS AND PREVENTIVE CARE INSTITUTE, INC. (46-1227327) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH AND WELLNESS SERVICES	IN	501(C)(3)	10	ST. VINCENT HEALTH, INC.	✓	
(241) ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. (35-0869066) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(242) ST. VINCENT HOSPITAL FOUNDATION, INC. (35-6088862) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, 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
(243) ST. VINCENT JENNINGS HOSPITAL FOUNDATION, INC. (84-1703732) 301 HENRY STREET, NORTH VERNON, IN 47265	DORMANT	IN	501(C)(3)	1	ST. VINCENT JENNINGS HOSPITAL, INC.	✓	
(244) ST. VINCENT JENNINGS HOSPITAL, INC. (35-1841606) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(245) ST. VINCENT MADISON COUNTY HEALTH SYSTEM, INC. (35-0876389) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(246) ST. VINCENT MEDICAL GROUP, INC. (27-2039417) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PROFESSIONAL SERVICES	IN	501(C)(3)	10	ST. VINCENT CARMEL HOSPITAL, INC.	✓	
(247) ST. VINCENT MERCY HOSPITAL FOUNDATION, INC. (31-1066871) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT MADISON COUNTY HEALTH SYSTEM, INC.	✓	
(248) ST. VINCENT RANDOLPH HOSPITAL FOUNDATION, INC. (35-2133006) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT RANDOLPH HOSPITAL, INC.	✓	
(249) ST. VINCENT RANDOLPH HOSPITAL, INC. (35-2103153) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(250) ST. VINCENT RAS, INC. (47-1289091) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETAIL AMBULATORY SERVICES	IN	501(C)(3)	10	ST. VINCENT HEALTH, INC.	✓	
(251) ST. VINCENT SALEM HOSPITAL, INC. (27-0847538) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(252) ST. VINCENT SETON SPECIALTY HOSPITAL, INC. (35-1712001) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	LONG TERM CARE HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(253) ST. VINCENT WILLIAMSPORT HOSPITAL FOUNDATION, INC. (74-3130159) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT WILLIAMSPORT HOSPITAL, INC.	✓	
(254) ST. VINCENT WILLIAMSPORT HOSPITAL, INC. (35-0784551) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(255) ST. VINCENT'S AMBULATORY CARE, INC. (59-2292041) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PRACTICE	FL	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(256) ST. VINCENT'S BIRMINGHAM (63-0288864) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM	✓	
(257) ST. VINCENT'S BLOUNT (63-0909073) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM	✓	
(258) ST. VINCENT'S COLLEGE, INC. (06-1331677) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	INACTIVE	CT	501(C)(3)	10	ST. VINCENT'S MEDICAL CENTER	✓	
(259) ST. VINCENT'S DEVELOPMENT, INC. (22-2554128) 95 MERRITT BOULEVARD, TRUMBULL, CT 06611	REAL ESTATE HOLDINGS	CT	501(C)(25)		ST. VINCENT'S HEALTH SERVICES CORP	✓	
(260) ST. VINCENT'S EAST (63-0578923) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM	✓	
(261) ST. VINCENT'S FOUNDATION OF ALABAMA, INC. (63-0868066) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	AL	501(C)(3)	7	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
(262) ST. VINCENT'S FOUNDATION, INC. (59-2219923) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUND RAISING	FL	501(C)(3)	7	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(263) ST. VINCENT'S HEALTH SERVICES CORP (22-2558134) 2800 MAIN STREET, BRIDGEPORT, CT 06606	HOLDING COMPANY	CT	501(C)(3)	12 TYPE I	ST. VINCENT'S MEDICAL CENTER	✓	
(264) ST. VINCENT'S HEALTH SYSTEM (63-0931008) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM	AL	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(265) ST. VINCENT'S HEALTH SYSTEM, INC. (59-3650609) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT ENTITY	FL	501(C)(3)	12 TYPE II	ASCENSION HEALTH	✓	
(266) ST. VINCENT'S MEDICAL CENTER (06-0646886) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL AND SYSTEM PARENT	CT	501(C)(3)	3	ASCENSION HEALTH	✓	
(267) ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC. (22-2558132) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	CT	501(C)(3)	7	ST. VINCENT'S MEDICAL CENTER	✓	
(268) ST. VINCENT'S MEDICAL CENTER, INC. (59-0624449) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(269) ST. VINCENT'S MEDICAL CENTER-CLAY COUNTY, INC. (46-1523194) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(270) ST. VINCENT'S MULTISPECIALTY GROUP, INC. (80-0458769) 2800 MAIN STREET, BRIDGEPORT, CT 06606	PHYSICIAN PRACTICES	CT	501(C)(3)	12 TYPE I	ST. VINCENT'S MEDICAL CENTER	✓	
(271) ST. VINCENT'S SPECIAL NEEDS CENTER, INC. (06-0702617) 95 MERRITT BOULEVARD, TRUMBULL, CT 06611	PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS	CT	501(C)(3)	10	ST. VINCENT'S HEALTH SERVICES CORP	✓	
(272) SVH REAL ESTATE, INC. (20-5002285) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REAL ESTATE HOLDING COMPANY	IN	501(C)(3)	12 TYPE III-FI	ST. VINCENT HEALTH, INC.	✓	
(273) THE HEALTH SOURCE GROUP (38-2427678) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PRG RELATED INVESTMENTS	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(274) THE HOWARD YOUNG MEDICAL CENTER, INC. (39-0873606) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(275) THE SETON COVE, INC. (74-2727509) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SPIRITUALITY CENTER	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(276) TRI-COUNTY CLINICAL (26-4562712) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(277) TWENTY-SIX DOORS, INC. (74-2855201) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	TO HOLD TITLE TO REAL PROPERTY	TX	501(C)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, INC.	✓	
(278) UNIVERSAL HEALTH SERVICES (63-0932323) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN GROUP	AL	501(C)(3)	12 TYPE II	ST. VINCENT'S HEALTH SYSTEM	✓	
(279) VIA CHRISTI FOUNDATION, INC. (36-4943550) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	KS	501(C)(3)	7	ASCENSION VIA CHRISTI HEALTH, 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
(280) VIA CHRISTI HEALTHCARE OUTREACH PROGRAM FOR ELDER, INC. (48-1236589) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PACE (SNF)	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(281) VIA CHRISTI VILLAGE GEORGETOWN, INC (48-1129325) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(282) VIA CHRISTI VILLAGE HAYS, INC. (20-2828680) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(283) VIA CHRISTI VILLAGE MANHATTAN, INC. (48-1078862) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(284) VIA CHRISTI VILLAGE MCLEAN, INC. (48-1247723) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(285) VIA CHRISTI VILLAGE PITTSBURG, INC. (74-3070971) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(286) VIA CHRISTI VILLAGE PONCA CITY, INC. (73-1153337) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	OK	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(287) VIA CHRISTI VILLAGES, INC. (48-0559086) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MANAGEMENT COMPANY	KS	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH SENIOR CARE	✓	
(288) VOLUNTEERS IN PARTNERSHIP WITH WHEATON FRANCISCAN HEALTHCARE-ALL SAINTS, INC. (93-0838390) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	10	ASCENSION ALL SAINTS HOSPITAL, INC.	✓	
(289) WAMEGO HOSPITAL ASSOCIATION, INC. (72-1526400) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN, INC.	✓	
(290) WHEATON FRANCISCAN - ELMBROOK MEMORIAL FOUNDATION, INC. (39-2028808) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION SE WISCONSIN HOSPITAL, INC.	✓	
(291) WHEATON FRANCISCAN - ST. JOSEPH FOUNDATION, INC. (39-1636804) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION SE WISCONSIN HOSPITAL, INC.	✓	
(292) WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL AUXILIARY (39-6068950) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	AUXILIARY	WI	501(C)(3)	12 TYPE III-FI	ASCENSION SE WISCONSIN HOSPITAL, INC.	✓	
(293) WHEATON FRANCISCAN HEALTHCARE - FOUNDATION FOR ST. FRANCIS AND FRANKLIN, INC. (32-0135258) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION ST. FRANCIS HOSPITAL, INC.	✓	
(294) WHEATON FRANCISCAN HEALTHCARE - TERRACE AT ST. FRANCIS, INC. (39-1486775) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(295) WHEATON FRANCISCAN HEALTHCARE-CIRCLE OF LIFE FOUNDATION, INC. (56-2426294) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION WISCONSIN PHARMACY, INC.	✓	
(296) WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC. (39-1568865) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT CORPORATION	IL	501(C)(3)	12 TYPE I	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) 935 BEISNER, ELK GROVE VILLAGE, IL 60007	REHABILITATION HOSPITAL	IL	N/A	N/A	N/A	N/A			N/A			N/A
(2) ALLEGAN GENERAL HOSPITAL PAIN ADMINISTRATION SERVICES, LLC (47-3706652) 555 LINN STREET, ALLEGAN, MI 49010	PAIN MANAGEMENT	MI	N/A	N/A	N/A	N/A			N/A			N/A
(3) ALVERNO CLINICAL LABORATORIES, LLC (20-3240648) 2434 INTERSTATE PLAZA DRIVE, HAMMOND, IN 46324	MEDICAL SERVICE	IN	N/A	N/A	N/A	N/A			N/A			N/A
(4) AMBULATORY SURGERY CENTER, L.P. (48-1114690) 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) 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 ATHO CARRY, L.P (84-4224833) 101 SOUTH HANLEY ROAD, ST LOUIS, MO 63105	INVESTMENTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(7) ASCENSION HEALTH AT HOME, LLC (47-1704527) 1A BURTON HILLS BOULEVARD, NASHVILLE, TN 37215	INVESTMENTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(8) ASCENSION TOWERBROOK HEALTHCARE OPPORTUNITIES, L.P. (98-1500387) 65 EAST 55TH STREET, 19TH FLOOR, NEW YORK, NY 10022	INVESTMENTS	NY	N/A	N/A	N/A	N/A			N/A			N/A
(9) ASCENSION VIA CHRISTI IMAGING MANHATTAN, LLC (48-1251984) 1823 COLLEGE AVENUE, MANHATTAN, KS 66502	RADIOLOGY SERVICES	KS	N/A	N/A	N/A	N/A			N/A			N/A
(10) ASCENSION WISCONSIN EMERUS JV, LLC (38-4118568) 8040 EXCELSIOR DRIVE, SUITE 400, MADISON, WI 53717	ACUTE CARE HOSPITALS	WI	N/A	N/A	N/A	N/A			N/A			N/A
(11) BAPTIST WOMENS HEALTH CENTER, LLC (62-1772195) 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
(12) BELMONT/HARLEM SURGERY CENTER, LLC (41-2237162) 3101 NORTH HARLEM, CHICAGO, IL 60634	MEDICAL SERVICE	IL	N/A	N/A	N/A	N/A			N/A			N/A
(13) BONAVENTURE MEDICAL FOUNDATION, LLC (36-3978153) 2601 NAVISTAR DRIVE, LISLE, IL 60532	MANAGES MANAGED CARE CONTRACTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(14) BORGESS HEALTH PARTNERS, LLC (38-2648846) 28000 DEQUINDRE, WARREN, MI 48092	MANAGED CARE	MI	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) CARMEL AMBULATORY SURGERY CENTER, LLC (32-0014795) 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
(16) CB-AH PARALLEL FUND II, L.P. (04-3585156) 200 CLARENDON STREET, 17TH FLOOR, BOSTON, MA 02116	INVESTMENTS	MA	N/A	N/A	N/A	N/A			N/A			N/A
(17) CENTRAL TEXAS LAUNDRY, LLC (36-4778018) 4255 PROFIT STREET, SAN ANTONIO, TX 78219	LAUNDRY SERVICES	TX	N/A	N/A	N/A	N/A			N/A			N/A
(18) CHV II, LP (26-0534243) 101 SOUTH HANLEY ROAD, , CLAYTON, MO 63105	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			NA
(19) CHV III LP (45-4486925) 101 SOUTH HANLEY ROAD, ST LOUIS, MO 63105	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			N/A
(20) CHV IV LP (81-3953953) 101 SOUTH HANLEY ROAD, ST LOUIS, MO 63105	INVESTMENTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(21) COLLABORATIVE HEALTH VENTURES V, L.P. (84-4668723) 101 SOUTH HANLEY ROAD, , CLAYTON, MO 63105	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			NA
(22) CUMBERLAND BEHAVIORAL HEALTH, LLC (32-0530876) 6100 TOWER CIRCLE, SUITE 1000, FRANKLIN, TN 37067	BEHAVIORAL CLINIC OPERATIONS	TN	N/A	N/A	N/A	N/A			N/A			N/A
(23) ENDOSCOPY CENTER, LLC (32-0029881) 13421 OLD MERIDIAN STREET, STE 150, CARMEL, IN 46032	ENDOSCOPY CENTER	IN	N/A	N/A	N/A	N/A			N/A			N/A
(24) ENDOSCOPY GROUP, LLC (59-3519881) 4810 NORTH DAVIS HIGHWAY, PENSACOLA, FL 32503	MEDICAL SERVICES	FL	N/A	N/A	N/A	N/A			N/A			N/A
(25) HAYS JV PARTNERS, LLC (85-2037257) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	TX	N/A	N/A	N/A	N/A			N/A			N/A
(26) HOSPITAL CONSOLIDATED LABORATORIES, LLC (38-3318428) 39595 W. 10 MILE RD., NOVI, MI 48375	LAB SERVICES	MI	N/A	N/A	N/A	N/A			N/A			N/A
(27) INTERVENTIONAL REHABILITATION CENTER, LLC (59-3673361) 1549 AIRPORT BOULEVARD, STE 420, PENSACOLA, FL 32503	MEDICAL SERVICES	FL	N/A	N/A	N/A	N/A			N/A			N/A
(28) KANSAS SURGERY AND RECOVERY CENTER, LLC (48-1148580) 2770 NORTH WEBB ROAD, WICHITA, KS 67226	SURGERY CENTER	KS	N/A	N/A	N/A	N/A			N/A			N/A
(29) KENOSHA DIGESTIVE HEALTH CENTER (84-2167873) 1033 N MAYFAIR ROAD, SUITE 101, WAUWATOSA, WI 53226	DIGESTIVE HEALTH	WI	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) LOURDES HEALTH SUPPORT, LLC (16-1611707) 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	MEDICAL EQUIPMENT PROVIDER	NY	N/A	N/A	N/A	N/A			N/A			N/A
(31) MIDDLE TENNESSEE IMAGING, LLC (01-0570490) 400 N. HIGHLAND AVENUE, MURFREESBORO, TN 37219	DIAGNOSTIC IMAGING CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(32) MURFREESBORO DIAGNOSTIC IMAGING, LLC (20-0291952) 400 N. HIGHLAND AVENUE, MURFREESBORO, TN 37219	DIAGNOSTIC IMAGING CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(33) MY HEALTH ASCENSION MANAGEMENT, LLC (85-1304904) 28000 DEQUINDRE ROAD, WARREN, MI 48092	URGENT CARE CENTER	MI	N/A	N/A	N/A	N/A			N/A			N/A
(34) NAAB ROAD SURGERY CENTER, LLC (35-1991390) 8260 NAAB ROAD, STE 100, INDIANAPOLIS, IN 46260	AMBULATORY SURGERY CENTER	IN	N/A	N/A	N/A	N/A			N/A			N/A
(35) OKLAHOMA CANCER SPECIALISTS REAL ESTATE COMPANY, LLC (61-1774455) 12697 E 51ST ST SOUTH, TULSA, OK 74146	REAL ESTATE HOLDING	OK	N/A	N/A	N/A	N/A			N/A			N/A
(36) OPEN MRI OF MICHIGAN (38-3544539) 411 W. 13 MILE ROAD, MADISON HEIGHTS, MI 48071	MRI CENTER	MI	N/A	N/A	N/A	N/A			N/A			N/A
(37) ORTHOPEDIC SURGERY CENTER OF THE FOX VALLEY LLC (84-2016212) 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
(38) PCAC GI JV, LLC (85-0878312) 2601 NAVISTAR DRIVE, LISLE, IL 60532	AMBULATORY SURGERY CENTER	IL	N/A	N/A	N/A	N/A			N/A			N/A
(39) PET, LLC (59-3788701) 5149 NORTH 9TH AVENUE SUITE 124, PENSACOLA, FL 32504	MEDICAL SERVICES	FL	N/A	N/A	N/A	N/A			N/A			N/A
(40) PREMIER RADIOLOGY WISCONSIN LLC (83-3180104) 500 W BROWN DEER ROAD, SUITE 202, BAYSIDE, WI 53217	RADIOLOGY	WI	N/A	N/A	N/A	N/A			N/A			N/A
(41) PRESENCE LAKESHORE GASTROENTEROLOGY, LLC (81-1750563) 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
(42) PROFESSIONAL CLINICAL LABORATORIES, LLC (30-0711211) 2434 INTERSTATE PLAZA DR. , HAMMOND, IN 46324	MEDICAL SERVICES	IN	N/A	N/A	N/A	N/A			N/A			N/A
(43) RACINE DIGESTIVE HEALTH CENTER, LLC (84-4211105) 1033 N MAYFAIR ROAD, SUITE 101, WAUWATOSA, WI 53226	DIGESTIVE HEALTH	WI	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	
(44) RADS OF AMERICA, LLC (20-0597581) P.O. BOX 249, GOODLETTSVILLE, TN 37070-0249	AMBULATORY SURGERY CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(45) SAINT THOMAS HOME RECOVERY CARE, LLC (84-2100096) 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
(46) SAINT THOMAS REHABILITATION HOSPITAL, LLC (81-4303298) 680 S. 4TH STREET, LOUISVILLE, KY 40202	REHABILITATION HOSPITAL	KY	N/A	N/A	N/A	N/A			N/A			N/A
(47) SOUTH COAST REAL ESTATE VENTURE, LLC (45-5599047) 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
(48) ST. VINCENT HEART CENTER OF INDIANA, LLC (36-4492612) 10580 N MERIDIAN STREET, INDIANAPOLIS, IN 46290	HEART HOSPITAL	IN	N/A	N/A	N/A	N/A			N/A			N/A
(49) ST. VINCENT'S OUTPATIENT SURGERY SERVICES, LLC (20-0708162) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	OUTPATIENT SURGERY	AL	N/A	N/A	N/A	N/A			N/A			N/A
(50) ST. VINCENT'S SLEEP DISORDER CENTER (63-1282288) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	SLEEP DISORDER CENTER	AL	N/A	N/A	N/A	N/A			N/A			N/A
(51) STHS SLEEP CENTER, LLC (20-3664894) 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
(52) STONEGATE JV PARTNERS, LLC (85-2023852) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	TX	N/A	N/A	N/A	N/A			N/A			N/A
(53) THP - ST. VINCENT VENTURE, LLC (81-3184703) 1415 LOUISIANA STREET, 27TH FLOOR, HOUSTON, TX 77002	FREESTANDING ED'S	TX	N/A	N/A	N/A	N/A			N/A			N/A
(54) TOWNE CENTRE SURGERY CENTER, LLC (20-4943843) 4599 TOWNÉ CENTRE, SAGINAW, MI 48604	OUTPATIENT SERVICES	MI	N/A	N/A	N/A	N/A			N/A			N/A
(55) VIA CHRISTI MERCY CLINIC, LLC (81-2927645) 1 MT CARMEL PLACE, PITTSBURG, KS 66762	MEDICAL SERVICES	KS	N/A	N/A	N/A	N/A			N/A			N/A
(56) PROVIDENCE VENTURES, LLC (16-1704029) 26750 PROVIDENCE PKWY, SUITE 100, NOVI, MI 48374	INVESTMENT	MI	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) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(2) AFFILIATED HEALTH SERVICES, INC. (38-2292922) 28000 DEQUINDRE, WARREN, MI 48092	MEDICAL SERVICES	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(3) AFFILIATED MEDICAL SERVICES LABORATORY, INC (48-1239522) 2916 E. CENTRAL, WICHITA, KS 67214	MEDICAL LABORATORY	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(4) AH INCUBATIONS ACCELERATOR, INC. (45-5078523) 101 SOUTH HANLEY ROAD, SUITE 450, ST. LOUIS, MO 63105	MEDICAL SERVICE	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(5) ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT, LLC (94-3465394) 3900 SOUTH GRAND, ST. LOUIS, MO 63118	HOUSING	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(6) ALEXIAN BROTHERS HEALTH PROVIDERS ASSOCIATION, INC. (36-3853286) 2601 NAVISTAR DRIVE, LISLE, IL 60532	MESSENGER MODEL IPA	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(7) ALEXIAN VILLAGE OF ELK GROVE (35-2211303) 3040 W. SALT CREEK LN, ARLINGTON HEIGHTS, IL 60005	TAX CREDIT FINANCED HOUSING	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(8) AMITA HEALTH CLINICALLY INTEGRATED NETWORK, LLC (80-0967178) 2601 NAVISTAR DRIVE, LISLE, IL 60532	MANAGED CARE	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(9) ASCENSION CAPITAL UK, LIMITED 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	✓	
(10) ASCENSION CARE MANAGEMENT HEALTH PARTNERS TENNESSEE (45-2958482) 102 WOODMONT BOULEVARD, SUITE 700, NASHVILLE, TN 37205	ACCOUNTABLE CARE ORGANIZATION	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(11) ASCENSION CARE MANAGEMENT HEALTH PARTNERS, INC. (45-4413419) 101 SOUTH HANLEY ROAD, SUITE 200, CLAYTON, MO 63105	MEDICAL SERVICE	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(12) ASCENSION CARE MANAGEMENT HOLDINGS, LTD. AND SUBSIDIARIES (38-3269272) 8220 IRVING, STERLING HEIGHTS, MI 48312	INSURANCE AND TPA	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(13) ASCENSION HEALTH INSURANCE LIMITED P.O. BOX 1159, GRAND CAYMAN, BAHAMAS, KY1-1102, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(14) ASCENSION HEALTH RISK PURCHASING GROUP (27-4176480) 101 SOUTH HANLEY ROAD, SUITE 450, ST. LOUIS, MO 63105	SUPPORTING ORGANIZATION	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(15) ASCENSION MEDICAL GROUP VIA CHRISTI, P.A. (48-0993446) 3311 EAST MURDOCK, WICHITA, KS 67208	PROFESSIONAL ASSOCIATION	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
(16) ASCENSION VENTURES CORPORATION (63-1217059) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	MISC HEALTHCARE SERVICES	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(17) BAPTIST HEALTH CARE VENTURES, INC (62-0469214) 2000 CHURCH STREET, NASHVILLE, TN 37236	HOLDING COMPANY	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(18) BAYLEY CONDOMINIUM ASSOCIATION (63-1209915) 2121 HIGHLAND AVENUE SOUTH, BIRMINGHAM, AL 35205	CONDOMINIUM ASSOCIATION	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(19) BEECHER BALLENGER SERVICES, INC. AND SUBSIDIARIES (38-2497922) ONE GENESYS PARKWAY, GRAND BLANC, MI 48439-8065	HOLDING COMPANY	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(20) CARONDELET MEDICAL GROUP, INC. (86-0836126) 101 SOUTH HANLEY ROAD, ST. LOUIS, MO 63105	MEDICAL GROUP	AZ	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(21) CARONDELET SPECIALIST GROUP, INC. (26-1558773) 101 SOUTH HANLEY ROAD, ST. LOUIS, MO 63105	PHYSICIAN PRACTICE	AZ	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(22) CLINICAL HOLDINGS CORP (45-3802297) 101 SOUTH HANLEY ROAD, SUITE 200, CLAYTON, MO 63105	HOLDING COMPANY	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(23) CONSOLIDATED PHARMACY SERVICES, INC. AND SUBSIDIARIES (59-3398033) 4205 BELFORT ROAD, SUITE 4030, JACKSONVILLE, FL 32216	RETAIL PHARMACY & PATIENT TRANSPORT	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(24) CORBETT CORPORATION (16-1268267) 169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905	PROPERTY MANAGEMENT	NY	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(25) CRITTENTON DEVELOPMENT CORPORATION AND SUBSIDIARIES (38-2594115) 2251 N. SQUIRREL RD, STE 310, AUBURN HILLS, MI 48326	REAL ESTATE	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(26) DELL CHILDREN'S HEALTH ALLIANCE (27-1311909) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(27) FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION, INC. (26-1983355) 1 SHIRCLIFF WAY, JACKSONVILLE, FL 32204	CONDOMINIUM ASSOCIATION	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(28) FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC. (34-1983857) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	CONDO ASSOCIATION	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(29) GULF COAST DIVERSIFIED, INC. (59-2432798) 5154 NORTH 9TH AVENUE, PENSACOLA, FL 32507	INVESTMENT	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(30) INDIAN CREEK CENTER, INC. (48-0956627) 101 SOUTH HANLEY ROAD, ST. LOUIS, MO 63105	MANAGEMENT	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(31) INTEGRATED HEALTHCARE SYSTEMS, INC (48-0941549) 3311 EAST MURDOCK, WICHITA, KS 67208	CLINIC SERVICES	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(32) L. GILBRAITH INSURANCE SPC LTD. C/O STRATEGIC RISK SOLUTIONS, P.O. BOX 1159, GRAND CAYMAN, KY1-1102, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(33) MADISON MEDICAL AFFILIATES, INC. (39-1855720) 4425 N. PORT WASHINGTON RD., GLENDALE, WI 53212	HEALTHCARE	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(34) MID-STATE PROPERTIES, INC. (62-1232018) 2000 CHURCH STREET, NASHVILLE, TN 37236	INACTIVE	TN	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) MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES, INC. (46-1130426) 6801 AIRPORT BLVD., MOBILE, AL 36608	HEALTHCARE SERVICES	MS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(36) PRESENCE SERVICE CORPORATION (36-4314354) 2380 E DEMPSTER STREET, DES PLAINES, IL 60016	MEDICAL	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(37) PRESENCE VENTURES, INC. AND SUBSIDIARY (37-1168085) 100 NORTH RIVER ROAD, DES PLAINES, IL 60016	MEDICAL	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(38) PROVIDENCE PARK, INC. (63-0886846) P.O. BOX 850429, MOBILE, AL 36685	REAL ESTATE	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(39) RESOURCE PHARMACIES, INC. (52-1410076) 1150 VARNUM STREET, N.E., WASHINGTON, DC 20017	RETAIL PHARMACY	DC	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(40) SETON INSURANCE COMPANY (47-5395483) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(41) SETON HEALTH ALLIANCE (45-3047469) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(42) SETON HEALTH PLAN, INC. (74-2725348) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HMO	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(43) SETON MSO, INC. (74-2870455) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(44) SETON PHYSICIAN HOSPITAL NETWORK AND SUBSIDIARIES (74-2643825) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(45) SOVA, INC. (26-1319638) 102 WOODMONT BOULEVARD, SUITE 700, NASHVILLE, TN 37205	HEALTH SERVICES	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(46) ST. AGNES HEALTH VENTURES, INC. (52-1733632) 900 CATON AVENUE, BALTIMORE, MD 21229	HOLDING COMPANY	MD	ST. AGNES HEALTHCARE, INC.	C CORPORATION	11,609	1,249,913	100%	✓	
(47) ST. JOSEPH HEALTH ENTERPRISES (38-2686747) 200 HEMLOCK ROAD, TAWAS CITY, MI 48764	OTHER MEDICAL	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(48) ST. MARY'S HEALTH (38-3477017) 800 S. WASHINGTON AVENUE, SAGINAW, MI 48601	DORMANT	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(49) ST. MARY'S MEDICAL GROUP, INC (35-2076827) 3700 WASHINGTON AVE, EVANSVILLE, IN 47750	INVESTMENT	IN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(50) SUNFLOWER ASSURANCE, LTD P.O. BOX 1085, GRAND CAYMAN, BAHAMAS, KY1-1102, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(51) TEXTILE SYSTEMS, INC. (38-2705047) 817 WALBRIDGE, KALAMAZOO, MI 49007	LAUNDRY SERVICES	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(52) THE PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION, INC. (20-8042108) 4425 N. PORT WASHINGTON RD., GLENDALE, WI 53212	CONDO ASSOCIATION	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(53) THELEN CORPORATION (36-3266316) 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	✓	
(54) TRAVEL SERVICES CORPORATION (26-3764978) P.O. BOX 45998, ST. LOUIS, MO 63145-5998	TRAVEL SERVICES	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(55) UTICA SERVICES, INC. AND SUBSIDIARIES (73-1057650) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	MEDICAL SERVICES	OK	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
(56) VCH IOWA, P.C. (27-3983977) 8200 E. THORN DRIVE, WICHITA, KS 67226	PROFESSIONAL ASSOCIATION	IA	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(57) VCH IOWA, P.C. TRUST (27-6937322) 8200 E. THORN DRIVE, WICHITA, KS 67226	BENEFICIARY TRUST	IA	N/A	TRUST	N/A	N/A	N/A	✓	
(58) VIA CHRISTI CLINIC SERVICES, INC (27-3984287) 8200 E. THORN DRIVE, WICHITA, KS 67226	CLINIC SERVICES	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(59) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE, INC. (46-2872857) 8200 E. THORN DRIVE, WICHITA, KS 67226	ACO	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(60) VINCENIAN VENTURES OF NORTH ALABAMA, INC. AND SUBSIDIARIES (63-0965456) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	MISC HEALTHCARE SERVICES	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(61) VINCENTURES, INC. (06-1211417) 95 MERRITT BOULEVARD, TRUMBULL, CT 06611	INACTIVE	CT	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(62) WHEATON FRANCISCAN HOLDINGS, INC. AND SUBSIDIARIES (39-1836357) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	HOLDING CO	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(63) WHEATON FRANCISCAN PROVIDER NETWORK, INC. (39-1952140) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	PROVIDER CONTRACT	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(64) WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION, INC. (30-0659830) 10101 SOUTH 27TH STREET, FRANKLIN, WI 53212	CONDO ASSOCIATION	WI	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) ST. AGNES FOUNDATION	Q	820,777	FAIR MARKET VALUE
(7) OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC	P	97,375	FAIR MARKET VALUE
(8) ST. VINCENT'S MEDICAL CENTER	P	238,052	FAIR MARKET VALUE
(9) PROVIDENCE HOSPITAL	P	54,729	FAIR MARKET VALUE
(10) PROVIDENCE HOSPITAL	Q	96,281	FAIR MARKET VALUE
(11) PROVIDENCE HOSPITAL	O	214,667	FAIR MARKET VALUE

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2020)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ST. AGNES HEALTHCARE, INC.	Taxpayer identification number (TIN) 52-0591657
	Number, street, and room or suite no. If a P.O. box, see instructions. 900 CATON AVENUE, 040	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21229	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► **SARA O'BRIEN**

Telephone No. ► **(314) 733-8070** Fax No. ► **(314) 733-8888**

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year 20 ____ or
 ► tax year beginning 07/01, 20 19, and ending 06/30, 20 20.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

ASCENSION

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY
INFORMATION

Years Ended June 30, 2020 and 2019
With Reports of Independent Auditors

Ascension

Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2020 and 2019

Contents

Report of Independent Auditors	1
Consolidated Financial Statements	
Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	5
Consolidated Statements of Cash Flows	7
Notes to Consolidated Financial Statements	9
Supplementary Information	
Report of Independent Auditors on Supplementary Information	57
Schedule of Net Cost of Providing Care of Persons Living in Poverty and Other Community Benefit Programs	58



Ernst & Young LLP
The Plaza in Clayton
Suite 1300
190 Carondelet Plaza
St. Louis, MO 63105-3434

Tel: +1 314 290 1000
Fax: +1 314 290 1882
ey.com

Report of Independent Auditors

The Board of Directors
Ascension Health Alliance d/b/a Ascension

We have audited the accompanying consolidated financial statements of Ascension Health Alliance d/b/a Ascension, which comprise the consolidated balance sheets as of June 30, 2020 and 2019, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Ascension Health Alliance d/b/a Ascension at June 30, 2020 and 2019, and the consolidated results of its operations and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Adoption of ASU No. 2016-02, “Leases (Topic 842)”

As discussed in Notes 2 and 11 (lease FN) to the consolidated financial statements, Ascension changed its method for recognizing the rights and obligations arising from lease contracts, including existing and new arrangements as a result of the adoption of Accounting Standards Update 2016-02, *Leases (Topic 842)* effective July 1, 2019. Our opinion is not modified with respect to this matter.

Ernst + Young LLP

September 16, 2020

Ascension

Consolidated Balance Sheets (Dollars in Thousands)

	June 30, 2020	June 30, 2019
Assets		
Current assets:		
Cash and cash equivalents	\$ 625,814	\$ 896,262
Short-term investments	103,264	92,072
Accounts receivable	2,761,239	3,172,747
Inventories	502,601	409,129
Due from brokers <i>(see Notes 5 and 6)</i>	108,575	324,977
Estimated third-party payor settlements	124,999	178,556
Other <i>(see Notes 5 and 6)</i>	790,693	959,477
Total current assets	5,017,185	6,033,220
Long-term investments <i>(see Notes 5 and 6)</i>	21,272,811	19,786,061
Property and equipment, net	11,351,194	10,851,422
Other assets:		
Right-of-use assets - leases	1,262,380	-
Investment in unconsolidated entities	1,258,472	1,233,209
Capitalized software costs, net	597,005	641,533
Other <i>(see Notes 5 and 6)</i>	1,129,247	1,173,051
Total other assets	4,247,104	3,047,793
Total assets	\$41,888,294	\$ 39,718,496

Continued on next page.

Ascension

Consolidated Balance Sheets (Dollars in Thousands)

	June 30, 2020	June 30, 2019
Liabilities and net assets		
Current liabilities:		
Current portion of long-term debt	\$ 96,537	\$ 125,577
Long-term debt subject to short-term remarketing arrangements*	842,010	1,043,150
Current portion of lease obligations	236,569	-
Accounts payable and accrued liabilities (see Notes 5 and 6)	3,139,198	2,951,322
Estimated third-party payor settlements	650,543	599,959
Due to brokers (see Notes 5 and 6)	59,881	369,213
Current portion of self-insurance liabilities	237,548	269,561
Medicare advanced payments	1,994,958	-
Other	682,316	465,499
Total current liabilities	7,939,560	5,824,281
Noncurrent liabilities:		
Long-term debt (senior and subordinated)	6,773,381	6,760,464
Lease obligations, less current portion	1,037,883	-
Self-insurance liabilities	739,674	675,860
Pension and other postretirement liabilities	2,237,185	1,580,867
Other (see Notes 5 and 6)	1,573,363	1,352,740
Total noncurrent liabilities	12,361,486	10,369,931
Total liabilities	20,301,046	16,194,212
Net assets:		
Without donor restrictions:		
Controlling interest	18,838,776	20,776,747
Noncontrolling interests	1,963,884	1,988,121
Total net assets without donor restrictions	20,802,660	22,764,868
Net assets with donor restrictions	784,588	759,416
Total net assets	21,587,248	23,524,284
Total liabilities and net assets	\$41,888,294	\$ 39,718,496

*Consists of variable rate demand bonds with put options that may be exercised at the option of the bondholders, with stated repayment installments through 2047, as well as certain serial mode bonds with scheduled remarketing/mandatory tender dates occurring prior to June 30, 2021. In the event that bonds are not remarketed upon the exercise of put options or the scheduled mandatory tenders, management would utilize other sources to access the necessary liquidity. Potential sources include a drawdown on the \$1 billion line of credit, issuing commercial paper, and liquidating investments. The commercial paper program is supported by \$300 million of the \$1 billion line of credit.

The accompanying notes are an integral part of the consolidated financial statements.

Ascension

Consolidated Statements of Operations And Changes in Net Assets *(Dollars in Thousands)*

	The years ended June 30,	
	2020	2019
Operating revenue:		
Net patient service revenue	\$ 22,778,729	\$ 23,706,590
Other revenue	2,482,785	1,616,217
Total operating revenue	25,261,514	25,322,807
Operating expenses:		
Salaries and wages	10,436,710	10,133,885
Employee benefits	2,250,752	2,248,330
Purchased services	2,935,873	2,730,431
Professional fees	1,319,701	1,306,585
Supplies	3,662,249	3,721,362
Insurance	323,539	288,598
Interest	251,667	268,338
Provider tax	637,475	629,983
Depreciation and amortization	1,261,680	1,212,908
Other	2,632,988	2,499,163
Total operating expenses before impairment, restructuring and nonrecurring losses, net	25,712,634	25,039,583
(Loss) income from operations before self-insurance trust fund investment return and impairment, restructuring and nonrecurring losses, net	(451,120)	283,224
Self-insurance trust fund investment return	(14,150)	24,555
(Loss) income from recurring operations	(465,270)	307,779
Impairment, restructuring and nonrecurring losses, net	(174,126)	(177,157)
(Loss) income from operations	(639,396)	130,622
Nonoperating gains (losses):		
Investment return, net	(410,225)	1,108,597
Other	83,476	165,137
Total nonoperating (losses) gains, net	(326,749)	1,273,734
(Deficit) excess of revenues and gains over expenses and losses	(966,145)	1,404,356
Less noncontrolling interests	73,711	177,741
(Deficit) excess of revenues and gains over expenses and losses attributable to controlling interest	(1,039,856)	1,226,615

Continued on next page.

Ascension

Consolidated Statements of Operations And Changes in Net Assets (continued) *(Dollars in Thousands)*

	The years ended June 30,	
	2020	2019
Net assets without donor restrictions, controlling interest:		
(Deficit) excess of revenues and gains over expenses and losses	\$ (1,039,856)	\$ 1,226,615
Transfers to sponsors and other affiliates, net	(13,445)	(4,958)
Net assets released from restrictions for property acquisitions	34,026	69,958
Pension and other postretirement liability adjustments	(917,197)	(956,059)
Change in unconsolidated entities' net assets	(904)	4,242
Membership interest changes, net	(687)	(18,603)
Other	(1,199)	6,314
(Decrease) increase in net assets without donor restrictions, controlling interest	(1,939,262)	327,509
Gain from discontinued operations	1,291	3,173
(Decrease) increase in net assets without donor restrictions, controlling interest	(1,937,971)	330,682
Net assets without donor restrictions, noncontrolling interest:		
Excess of revenues and gains over expenses and losses	73,711	177,741
Net distributions of capital	(96,749)	(133,501)
Membership interest changes, net	(1,200)	18,603
Other	1	(5,188)
(Decrease) increase in net assets without donor restrictions, noncontrolling interests	(24,237)	57,655
Net assets with donor restrictions:		
Contributions and grants	105,674	120,536
Investment return	5,680	19,595
Net assets released from restrictions	(78,538)	(118,869)
Other	(7,644)	(3,072)
Increase in net assets with donor restrictions	25,172	18,190
(Decrease) increase in net assets	(1,937,036)	406,527
Net assets, beginning of year	23,524,284	23,117,757
Net assets, end of year	\$ 21,587,248	\$ 23,524,284

The accompanying notes are an integral part of the consolidated financial statements.

Ascension

Consolidated Statements of Cash Flows (continued) (Dollars in Thousands)

	The years ended June 30,	
	2020	2019
Operating activities		
(Decrease) increase in net assets	\$ (1,937,036)	\$ 406,527
Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,261,680	1,212,909
Amortization of bond premiums, discounts, and debt issuance costs	(27,143)	(23,882)
Loss on extinguishment of debt	2,853	100
Pension and other postretirement liability adjustments	917,197	956,059
Unrealized (gains) losses on unrestricted investments, net	885,828	(489,636)
Change in fair value of interest rate swaps	34,692	29,947
Change in equity of unconsolidated entities	(166,980)	(204,337)
Gain on sale of assets, net	(551)	(35,262)
Impairment and nonrecurring expenses	66,256	30,532
Transfers to sponsor and other affiliates, net	13,445	4,958
Donor restricted contributions, investment return and other	(62,009)	(89,598)
Distributions of noncontrolling interest, net	96,749	133,501
Other	26,125	(17,032)
(Increase) decrease in:		
Short-term investments	(11,192)	(8,906)
Accounts receivable	422,705	(49,101)
Inventories and other current assets	(100,798)	46,665
Due from brokers	216,402	(233,058)
Investments classified as trading	(2,388,952)	106,732
Other assets	11,771	(85,941)
Increase (decrease) in:		
Accounts payable and accrued liabilities	24,360	68,556
Estimated third-party payor settlements, net	96,741	(129,989)
Due to brokers	(309,332)	115,949
Medicare advanced payments	1,994,958	-
Other current liabilities	240,123	38,125
Self-insurance liabilities	31,801	(99,582)
Other noncurrent liabilities	(60,611)	(186,043)
Net cash provided by continuing operating activities	1,279,082	1,498,193
Net cash provided by discontinued operations	13,389	14,278
Net cash provided by operating activities	1,292,471	1,512,471

Continued on next page.

Ascension

Consolidated Statements of Cash Flows (continued) (Dollars in Thousands)

	The years ended June 30,	
	2020	2019
Investing activities		
Property, equipment, and capitalized software additions, net	\$ (1,764,833)	\$ (1,457,242)
Proceeds from sale of property and equipment	12,167	44,076
Distributions from unconsolidated entities, net	95,253	99,148
Net proceeds from sale/acquisition of other assets	236,250	-
Net cash used in investing activities	(1,421,163)	(1,314,018)
Financing activities		
Issuance of debt	1,966,408	225,236
Repayment of debt, including financing lease obligations	(2,076,335)	(312,402)
(Increase) decrease in assets under bond indenture agreements	(53)	2,596
Transfers to sponsors and other affiliates, net	(13,445)	(4,958)
Donor restricted contributions, investment return, and other	62,009	89,598
Distributions of noncontrolling interest, net	(96,749)	(133,501)
Net cash used in financing activities	(158,165)	(133,431)
Net (decrease) increase in cash, cash equivalents, and restricted cash	(286,857)	65,022
Cash, cash equivalents, and restricted cash at beginning of year	1,004,073	939,051
Cash, cash equivalents, and restricted cash at end of year	\$ 717,216	\$ 1,004,073
Cash and cash equivalents	\$ 625,814	\$ 896,262
Restricted cash, included in long-term investments	91,402	107,811
Cash, cash equivalents, and restricted cash at end of year	\$ 717,216	\$ 1,004,073

The accompanying notes are an integral part of the consolidated financial statements.

Ascension

Notes to Consolidated Financial Statements (Dollars in Thousands)

1. Organization and Mission

Organizational Structure

Ascension Health Alliance, d/b/a Ascension (Ascension), is a Missouri nonprofit corporation formed on September 13, 2011. Ascension is a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Ministry Markets, located in 20 states and the District of Columbia. Ascension also serves as the member or shareholder of various subsidiaries including, but not limited to:

- Ascension Care Management
- AscensionConnect
- Ascension Global Mission
- Ascension Holdings
- Ascension Leadership Academy
- Ascension Ministry Service Center
- Ascension Technologies
- Ascension Capital
 - Ascension Investment Management (AIM)
 - AV Holding Company
 - Ascension Ventures (AV)
- The Resource Group
- Smart Health Solutions

Ascension is also the majority investor in Ascension Alpha Fund, LLC (Alpha Fund) as discussed in the Pooled Investment Fund note. Ascension and its member organizations are hereafter referred to collectively as the System.

Sponsorship

Ascension is sponsored by Ascension Sponsor, a Public Juridic Person. The Participating Entities of Ascension Sponsor are the Daughters of Charity of St. Vincent de Paul, St. Louise Province; the Congregation of St. Joseph; the Congregation of the Sisters of St. Joseph of Carondelet; the Congregation of Alexian Brothers of the Immaculate Conception Province, Inc. – American Province; and the Sisters of the Sorrowful Mother of the Third Order of St. Francis of Assisi – US/Caribbean Province.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Mission (continued)

Mission

The System directs its governance and management activities toward strong, vibrant, Catholic Ministries united in service and healing, and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. In accordance with the System's mission of service to those persons living in poverty and other vulnerable persons, each Ministry Market accepts patients regardless of their ability to pay. The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs:

- Traditional charity care includes the cost of services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured.
- Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons.
- Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome.
- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research.

Discounts are provided to all uninsured and underinsured patients, including those with the means to pay. Discounts provided to those patients who did not qualify for financial assistance are not included in the cost of providing care of persons living in poverty and other community benefit programs. The cost of providing care to persons living in poverty and other community benefit programs is estimated by reducing charges forgone by a factor derived from the ratio of each entity's total operating expenses to the entity's billed charges for patient care. Certain costs such as graduate medical education and certain other activities are excluded from total operating expenses for purposes of this computation.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Mission (continued)

The amount of traditional charity care provided, determined on the basis of cost, was \$664,994 and \$605,855 for the years ended June 30, 2020 and 2019, respectively. The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost is reported in the accompanying supplementary information.

2. Significant Accounting Policies

Principles of Consolidation

All corporations and other entities for which operating control is exercised by the System or one of its member corporations are consolidated, and all significant inter-entity transactions have been eliminated in consolidation. Investments in entities where the System does not have operating control are recorded under the equity or cost method of accounting. Income from unconsolidated entities is included in consolidated (deficit) excess of revenues and gains over expenses and losses in the Consolidated Statements of Operations and Changes in Net Assets as follows:

	The years ended June 30,	
	2020	2019
Other revenue	\$ 168,127	\$ 181,427
Nonoperating gains, net	163	8,019

Use of Estimates

Management has made estimates and assumptions that affect the reported amounts of certain assets, liabilities, revenues, and expenses. Actual results could differ from those estimates.

Fair Value of Financial Instruments

Carrying values of financial instruments classified as current assets and current liabilities approximate fair value. The fair values of financial instruments measured at fair value are disclosed in the Fair Value Measurements note.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

New Accounting Standards Adopted

The System adopted Financial Accounting Standards Board (FASB) Accounting Standard Update (ASU) No. 2016-02, *Leases (Topic 842)* on July 1, 2019. See the Leases note for additional information.

Effective July 1, 2019, the System adopted the FASB ASU 2017-07, *Compensation – Retirement Benefits (Topic 715)* using the full retrospective method of application, and accounting policies related to the cost of benefits were revised. The most significant impact of adopting the new standard is to the presentation of the System's Consolidated Statement of Operations and Changes in Net Assets for employers that sponsor defined-benefit pension and post-retirement benefit plans, where the service cost component of net periodic benefit cost related to these plans is now reported in the same financial statement line as other compensation costs arising from services rendered during the period. The other components of net periodic benefit cost are required to be presented separately from service cost and outside of operating income. The Consolidated Financial Statements for the year ending June 30, 2019 were restated for the retrospective adoption of ASU 2017-07, reducing income from operations by approximately \$252,000, while increasing nonoperating income by the same amount.

Effective July 1, 2019, the system adopted the FASB ASU 2016-18, *Statement of Cash Flows – Restricted Cash*, using the full retrospective method of application. The most significant impact of adopting the new standard is to the presentation of the System's Consolidated Statements of Cash Flows. The System will present the changes in cash, cash equivalents, and restricted cash and cash equivalents within the Consolidated Statements of Cash Flows. The prior period Consolidated Statements of Cash Flows presented were adjusted accordingly.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and interest-bearing deposits with original maturities of three months or less.

Short-Term Investments

Short-term investments consist of investments with original maturities exceeding three months and up to one year.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Inventories

Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost or market value using first-in, first-out (FIFO) or a methodology that closely approximates FIFO.

Long-Term Investments and Investment Return

Investments, excluding investments in unconsolidated entities, are measured at fair value, are classified as trading securities, and include pooled short-term investment funds; U.S. government, state, municipal and agency obligations; corporate and foreign fixed income securities; asset-backed securities; and equity securities. Investments also include alternative investments and other investments which are valued based on the net asset value of the investments, as further discussed in the Fair Value Measurements note. Investments also include derivatives held by the Alpha Fund, also measured at fair value, as discussed in the Pooled Investment Fund note.

Long-term investments include assets limited as to use of \$1,376,581 and \$1,343,062 at June 30, 2020 and 2019, respectively, comprised primarily of investments placed in trust and held by captive insurance companies for the payment of self-insured claims. Long-term investments also include donor restricted cash and cash equivalents.

Purchases and sales of investments are accounted for on a trade-date basis. Investment returns consist of dividends, interest, and gains and losses. The cost of substantially all securities sold is based on the FIFO method. Investment returns, excluding returns of self-insurance trust funds, are reported as nonoperating gains (losses) in the Consolidated Statements of Operations and Changes in Net Assets, unless the return is restricted by donor or law. Investment returns of self-insurance trust funds are reported as a separate component of income from operations in the Consolidated Statements of Operations and Changes in Net Assets.

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair market value at the date of the gift. Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets. The range of estimated useful lives used in computing depreciation is as follows: buildings and leasehold improvements, 2 to 40 years; and equipment, 2 to 20 years. Depreciation expense for the years ended June 30, 2020 and 2019 was approximately \$1,037,000 and \$986,000, respectively.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

A summary of property and equipment is as follows:

	June 30, 2020	June 30, 2019
Land and improvements	\$ 1,345,273	\$ 1,256,944
Buildings and equipment	20,343,912	19,309,205
	21,689,185	20,566,149
Less accumulated depreciation	11,512,931	10,605,708
	10,176,254	9,960,441
Construction in progress	1,174,940	890,981
Total property and equipment, net	\$ 11,351,194	\$ 10,851,422

Several capital projects have remaining construction and related equipment purchase commitments of approximately \$533,000 as of June 30, 2020.

Intangible Assets

Intangible assets primarily consist of goodwill and capitalized computer software costs, including internally developed software. Costs incurred in the development and installation of internal use software are expensed or capitalized depending on whether they are incurred in the preliminary project stage, application development stage, or post-implementation stage, and the nature of the costs. Intangible assets are included in the Consolidated Balance Sheets as presented in the table that follows.

Capitalized software costs in the following table include software in progress of \$101,763 and \$96,717 at June 30, 2020 and 2019, respectively:

	June 30, 2020	June 30, 2019
Capitalized software costs	\$ 2,531,331	\$ 2,342,789
Less accumulated amortization	1,934,326	1,701,256
Capitalized software costs, net	597,005	641,533
Goodwill	265,853	255,581
Other, net	39,871	44,319
Intangible assets included in other assets	305,724	299,900
Total intangible assets, net	\$ 902,729	\$ 941,433

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Intangible assets whose lives are indefinite, primarily goodwill, are not amortized and are evaluated for impairment at least annually or when circumstances indicate a possible impairment may exist, while intangible assets with definite lives, primarily capitalized computer software costs, are amortized over their expected useful lives. Amortization expense for these intangible assets for the years ended June 30, 2020 and 2019 was approximately \$225,000 and \$227,000, respectively.

Estimated future amortization of intangible assets with definite lives, excluding software in progress, as of June 30, 2020 is as follows:

The years ending June 30:

2021	\$ 193,524
2022	151,022
2023	85,265
2024	39,033
2025	26,789
Thereafter	<u>30,326</u>
Total	<u>\$ 525,959</u>

Noncontrolling Interests

The Consolidated Financial Statements include all assets, liabilities, revenues, and expenses of entities that are controlled by the System and therefore consolidated. Noncontrolling interests in the Consolidated Balance Sheets represent the portion of net assets owned by entities outside the System, for those entities in which the System's ownership interest is less than 100%.

Net Assets

Net Assets Without Donor Restrictions

Net assets without donor restrictions are those whose use by the System has not been limited by donors and are available for general operating use.

Net Assets With Donor Restrictions

Net assets with donor restrictions include those whose use by the System has been limited by donors for a specific time period or purpose, primarily for patient care, operations, and property and equipment.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

This category also includes net assets restricted by donors to be maintained in perpetuity. The income from these funds is primarily used to purchase equipment and to provide charity care and other health and educational services. Contributions with donor-imposed restrictions that are met in the same reporting period are reported as net assets without donor restrictions. Net assets with donor restrictions consist solely of controlling interests of the System.

Performance Indicator

The performance indicator is the (deficit) excess of revenues and gains over expenses and losses. Pension and other postretirement liability adjustments, transfers to or from sponsors and other affiliates, net assets released from restrictions for property acquisitions, and changes in unconsolidated entities' net assets are not included in the performance indicator.

Operating and Nonoperating Activities

The System's primary mission is to meet the healthcare needs in its market areas through a broad range of general and specialized healthcare services, including inpatient acute care, outpatient services, long-term care, and other healthcare services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to the System's primary mission are considered to be nonoperating.

Net Patient Service Revenue and Accounts Receivable

Net patient service revenue relates to contracts with patients and in most cases, involve a third-party payor (Medicare, Medicaid, commercial and other managed care insurance companies) in which the System's performance obligations are to provide health care services. Net patient service revenues are recorded at expected collectible amounts over the time in which obligations to provide health care services are satisfied. Revenue is accrued to estimate the amount of revenue earned to date for patients who have not been discharged and whose care services are not complete as of the reporting period. Substantially all the System's performance obligations are satisfied in one year.

The transaction price is determined based on gross charges for services provided, reduced by contractual adjustments provided to third-party payers, discounts provided to uninsured patients in accordance with the System's charity care policy, and implicit price concessions provided primarily to uninsured patients. Patients who have health care insurance may also have discounts applied related to their copayment or deductible. Implicit price concessions are recorded as a direct reduction to net patient service revenue and are based primarily on historical collection experience.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Estimates of contractual adjustments and discounts are determined by major payor classes for inpatient and outpatient revenues based on contractual agreements, discount policies and historical experience. Management continually reviews the contractual estimation process to consider and incorporate updates to laws and regulations and frequent changes in commercial and managed care contractual terms resulting from contract renegotiations and renewals.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue related to prior periods increased net patient service revenue by \$106,355 and \$127,562 for the years ended June 30, 2020 and 2019, respectively.

Settlements with third-party payers for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. Such estimates are determined through either a probability-weighted estimate or an estimate of the most likely amount, depending on the circumstances related to a given estimated settlement item.

These settlements are estimated based on the terms of the payment agreement with the payer, correspondence from the payer and historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to such audits, reviews and investigations.

Net patient service revenue earned for the years ended June 30, 2020 and 2019, is as follows:

	The years ended June 30,	
	2020	2019
Inpatient care	\$ 10,954,561	\$ 11,483,963
Ambulatory care	8,716,511	9,067,023
Physician practices	2,596,214	2,677,659
Long-term care	511,443	477,945
Total net patient service revenue	<u>\$ 22,778,729</u>	<u>\$ 23,706,590</u>

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

The System grants credit without collateral to its patients. Net patient service revenues earned by payor and significant concentrations of accounts receivable are as follows:

	Net Patient Service Revenue		Accounts Receivable	
	The years ended June 30, 2020	2019	June 30, 2020	June 30, 2019
Medicare - traditional and managed	37.1 %	35.6 %	30.5 %	28.2 %
Medicaid - traditional and managed	13.1	13.9	10.6	11.1
Other commercial and managed care	43.1	43.9	42.2	41.0
Self-Pay and other	6.7	6.6	16.7	19.7
	100.0 %	100.0 %	100.0 %	100.0 %

Deductibles, copayments, and coinsurance under third-party payment programs which are the patient's responsibility are included within the primary payor category in the preceding table.

The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient deductibles and copayments remain outstanding.

Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts. Accounts are written off when all reasonable internal and external collection efforts have been performed.

The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical write-offs and collections of revenues and accounts receivable as a primary source of information in estimating the collectability of accounts receivable. Management updates the hindsight analysis at least quarterly, using primarily a rolling twelve-month collection history and write-off data. These routine, quarterly changes in estimates have not resulted in material adjustments to the valuations of accounts receivable or period-to-period comparisons of results of operations.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Other Operating Revenue

Other operating revenues are recorded at amounts the System expects to collect in exchange for providing goods or services not directly associated with patient care and recorded over the time in which obligations to provide goods or services are satisfied.

The amounts recognized reflect consideration due from customers, third party payors, and others. Components of other operating revenue are included in the following table for the years ended June 30, 2020 and 2019:

	The years ended June 30,	
	2020	2019
Cafeteria and vending	\$ 73,812	\$ 84,226
CARES Act Relief Funding (see Note 3)	883,216	-
Contracted services	219,667	180,971
Donations and grants	114,590	146,508
Gains on sales of property and equipment	8,808	49,251
Insurance plans	77,040	79,368
Joint venture income	168,127	181,427
Lab services	76,048	81,789
Lease and rental income	88,632	98,210
Retail pharmacy	403,305	317,805
Supplemental care programs	203,274	204,197
Other	166,266	192,465
Total other revenue	<u>\$ 2,482,785</u>	<u>\$ 1,616,217</u>

Supplemental care is revenue related to expansion and improvement of care through programs including accountable care organizations, shared savings, and other similar arrangements. Contracted services primarily include revenue from services provided under third party arrangements.

Impairment, Restructuring, and Nonrecurring Losses

Long-lived assets are reviewed for impairment whenever events or business conditions indicate the carrying amount of such assets may not be fully recoverable. Initial assessments of recoverability are based on estimates of undiscounted future net cash flows associated with an asset or group of assets.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Where impairment is indicated, the carrying amount of these long-lived assets is reduced to fair value based on future discounted net cash flows or other estimates of fair value.

During the year ended June 30, 2020, the System recorded total impairment, restructuring, and nonrecurring losses, net of \$174,126. This amount was comprised primarily of one-time termination benefits and other restructuring expenses of \$106,191, asset impairment of \$62,988, and other nonrecurring expenses of \$4,947.

During the year ended June 30, 2019, the System recorded total impairment, restructuring, and nonrecurring losses, net of \$177,157. This amount was comprised primarily of one-time termination benefits and other restructuring expenses of \$93,979, asset impairment of \$23,651, and other nonrecurring expenses of \$59,527.

Amortization

Bond issuance costs, discounts, and premiums are amortized over the term of the bonds using a method approximating the effective interest method.

Capitalized software, including internally developed software, is amortized on a straight-line basis over the expected useful life of the software.

Income Taxes

The member healthcare entities of the System are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or Section 501(c)(2), and their related income is exempt from federal income tax under Section 501(a). The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2020.

In compliance with the Tax Cuts and Jobs Act of 2017 (The Act), enacted December 22, 2017, the federal components of both the deferred tax assets and the valuation allowance were revalued from 35% to 21%.

The System had deferred tax assets of approximately \$426,000 and \$399,000 for federal and state income tax purposes primarily related to net operating loss carryforwards for the years ended June 30, 2020 and 2019, respectively.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Net operating losses incurred prior to July 1, 2018 have expiration dates through 2038, while net operating losses incurred during the current fiscal year and in any future periods can be carried forward indefinitely, under The Act. A valuation allowance of approximately \$424,000 and \$394,000 was recorded due to the uncertainty regarding use of the deferred tax assets for the years ended June 30, 2020 and 2019, respectively.

Regulatory Compliance

Ascension periodically undergoes investigations or audits by federal, state and local agencies involving compliance with a variety of laws and regulations. These investigations seek to determine compliance with, among other things, laws and regulations relating to Medicare and Medicaid reimbursement, including billing practice for certain services. While no assurance can be given concerning the outcome of any current investigation, management believes that adequate reserves have been established, when available information indicates that a loss is probable and the range of loss can be reasonably estimated, and the outcome of any current investigations will not have a material effect on the Consolidated Financial Statements of the System.

Reclassifications

Certain reclassifications were made to the June 30, 2019 Consolidated Financial Statements to conform to the June 30, 2020 presentation.

Subsequent Events

The System evaluates the impact of subsequent events, which are events that occur after the Consolidated Balance Sheet date, but before the Consolidated Financial Statements are issued, for potential recognition or disclosure in the Consolidated Financial Statements as of the Consolidated Balance Sheet date. For the year ended June 30, 2020, the System evaluated subsequent events through September 16, 2020, representing the date on which the Consolidated Financial Statements were issued.

During this period, there were no subsequent events requiring recognition in the Consolidated Financial Statements and no unrecognized subsequent events requiring disclosure.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. COVID-19 Pandemic and CARES Act Funding

On March 11, 2020, the World Health Organization designated the COVID-19 outbreak as a global pandemic. Federal, state and local government policies resulted in a substantial portion of the population to remain at home and forced the closure of certain businesses, which had an impact on the System's volumes and revenues for most services. Starting in mid-March, Ascension deferred all nonessential medical and surgical procedures and suspended elective procedures, which resumed at different dates across the System during the final quarter of the fiscal year.

In response to COVID-19, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed into law on March 27, 2020. The CARES Act authorizes funding to hospitals and other healthcare providers to be distributed through the Public Health and Social Services Emergency Fund (Relief Fund). Payments from the Relief Fund are to be used to prevent, prepare for, and respond to coronavirus, and shall reimburse the recipient for health care related expenses or lost revenues attributable to coronavirus and are not required to be repaid, provided the recipients attest to and comply with the terms and conditions.

The U.S. Department of Health and Human Services' distributions from the Relief Fund include general distribution and targeted distributions to support hospitals in high impact areas and rural providers. Additionally, funds are available to reimburse providers for COVID-19 related treatment of uninsured patients. Through June 2020, the System received approximately \$1,100,000 in funding and recognized revenue of \$883,216, which is included in other operating revenue for the year ended June 30, 2020. The unrecognized amount of the Relief Fund distributions is recorded in other current liabilities in the System's Consolidated Balance Sheets. Management will continue to monitor compliance with the terms and conditions of the Relief Fund and the impact of the pandemic on the System's revenues and expenses. If unable to attest to or comply with current or future terms and conditions, the System's ability to retain some or all of the distributions received may be impacted.

In April 2020, the System requested Medicare advanced payments under the Centers for Medicare and Medicaid Services' Accelerated and Advanced Payment Program designed to increase cash flow to Medicare providers and suppliers impacted by COVID-19. The Medicare advanced payment program allows eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. The System received approximately \$2,000,000 of advanced payments with repayment to occur based upon the terms and conditions of the program, which are included in current liabilities as of June 30, 2020.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Organizational Changes

Business Combination

Bay County Health System, LLC – Florida

Effective March 14, 2019, Sacred Heart Health System, Inc. (Sacred Heart), a subsidiary of Ascension, acquired the remaining interest in a joint venture previously owned by LHP Bay County, LLC and Sacred Heart.

Divestitures

During the years ended June 30, 2020 and 2019, Ascension, including certain of its wholly owned subsidiaries, completed the sale of, or undertook actions to sell or transfer ownership of, certain assets and liabilities.

Assets Held for Sale

On October 1, 2019, Ascension completed the sale of certain assets and liabilities and substantially all related operations of St. Vincent's Medical Center, an Ascension subsidiary located in Bridgeport, Connecticut, to Hartford HealthCare Corporation. Assets and liabilities held for sale at June 30, 2019 were \$265,816 and \$39,938, respectively, and are included in other current assets and other current liabilities in the Consolidated Balance Sheets.

On February 18, 2020, Ascension entered into an asset sale agreement and separate membership interest purchase agreements to sell certain assets and liabilities and substantially all related operations of Ascension St. Clare's Hospital, Inc. (St. Clare's), an Ascension Wisconsin subsidiary, as well as interests in two related joint ventures to MCHS Hospitals, Inc. (MCHS), a subsidiary of Marshfield Clinic, Inc. Assets and liabilities held for sale at June 30, 2020 were \$91,057 and \$2,023, respectively, and are included in other current assets and other current liabilities in the Consolidated Balance Sheets. The transaction closed on August 1, 2020.

Discontinued Operations

On September 1, 2018, Ascension completed the sale of substantially all assets and certain liabilities of Our Lady of Lourdes Hospital at Pasco in Pasco, Washington, d/b/a Lourdes Health Network, to RCCH HealthCare Partners.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Organizational Changes (continued)

Membership Contributions

On April 18, 2020, St. Mary's Healthcare (St. Mary's), a wholly owned subsidiary of Ascension located in Amsterdam, New York, and Ascension signed a separation agreement to separate St. Mary's from Ascension. The transaction closed on September 1, 2020.

5. Pooled Investment Fund

At June 30, 2020 and 2019, respectively, a significant portion of the System's investments consists of its interest in the Alpha Fund, a limited liability company organized in the state of Delaware. Certain System investments, including some held by the Ministry Markets and their consolidated foundations, are managed outside of the Alpha Fund.

The Alpha Fund includes the investment interests of the System and other Alpha Fund members. AIM, a wholly owned subsidiary of the System, serves as the manager and primary investment advisor of the Alpha Fund, overseeing the investment strategies offered to the Alpha Fund's members.

AIM provides expertise in the areas of asset allocation, selection and monitoring of outside investment managers, and risk management. The Alpha Fund is consolidated in the System's Consolidated Financial Statements.

Ascension and the Alpha Fund invest in certain alternative investment funds which include contractual commitments to provide capital contributions during the investment period, which is typically five years and can extend to the end of the fund term. During these contractual periods, investment managers may require investment in accordance with the terms of the agreement.

Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2020, contractual agreements expire between July 2020 and November 2025.

The remaining unfunded capital commitments total approximately \$1,801,000 for 232 individual funds as of June 30, 2020. Due to the uncertainty surrounding whether the contractual commitments will require funding during the contractual period, future minimum payments to meet these commitments cannot be reasonably estimated. These committed amounts are expected to be primarily satisfied by the liquidation of existing investments in the Alpha Fund.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Pooled Investment Fund (continued)

In the normal course of business, the Alpha Fund enters into derivative contracts (derivatives) for trading purposes following Alpha Fund guidelines. Derivatives in which the Alpha Fund may invest include options, futures contracts, swaps, forward settling mortgage-backed securities, and index-based instruments. Advisers selected by AIM to manage the Alpha Fund's assets may actively trade futures contracts, options, and foreign currency forward contracts. AIM may direct these advisers to execute derivative transactions. These transactions are used to hedge against changes in the interest rates, security prices, currency fluctuations, and other market developments to manage risk or for the purposes of earning additional income. Derivatives are either exchange-traded or over the counter contracts. Exchange-traded derivatives are standard contracts traded on a regulated exchange. Over the counter contracts are private contracts negotiated with counterparties.

See the Fair Value Measurements note for a discussion of how fair value for the Alpha Fund's derivatives is determined. At June 30, 2020 and 2019, the gross notional value of Alpha Fund derivatives outstanding was approximately \$9,948,000 and \$9,347,000, respectively.

The fair value of Alpha Fund derivatives in an asset position was \$45,395 and \$75,647 at June 30, 2020 and 2019, respectively, while the fair value of Alpha Fund derivatives in a liability position was \$97,298 and \$57,771 at June 30, 2020 and 2019, respectively. These derivatives are included in long-term investments in the Consolidated Balance Sheets.

During the years ended June 30, 2020 and 2019, the Alpha Fund participated in a securities lending program, whereby a portion of the Alpha Fund's investments were loaned to selected established brokerage firms in return for securities from the brokers as collateral for the investments loaned, usually on a short-term basis. The fair value of collateral held by the Alpha Fund associated with such lending agreements was approximately \$391,000 at June 30, 2019. Participation in the securities lending program ceased during the year ended June 30, 2020, and as such, did not have any outstanding loans as of June 30, 2020.

Due from brokers and due to brokers on the Consolidated Balance Sheets represent the Alpha Fund's positions and amounts due from or to various brokers, primarily for security transactions not yet settled, and cash held by brokers for securities sold, not yet purchased.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Cash and Investments

The System's cash and investments are reported in the Consolidated Balance Sheets as presented in the table that follows. Total cash and investments, net, includes both the System's membership interest in the Alpha Fund and the noncontrolling interests held by other Alpha Fund members. System unrestricted cash and investments, net, represent the System's cash and investments excluding the noncontrolling interests held by other Alpha Fund members and assets limited as to use.

	June 30, 2020	June 30, 2019
Cash and cash equivalents	\$ 625,814	\$ 896,262
Short-term investments	103,264	92,072
Long-term investments	21,272,811	19,786,061
Subtotal	<u>22,001,889</u>	<u>20,774,395</u>
Other Alpha Fund assets and liabilities:		
In other current assets	38,600	41,461
In accounts payable and other accrued liabilities	(10,413)	(11,542)
In other noncurrent liabilities	(525)	(20)
Due (to) from brokers, net	48,693	(44,236)
Total cash and investments, net	<u>22,078,244</u>	<u>20,760,058</u>
Less noncontrolling interests of Alpha Fund	<u>1,707,465</u>	<u>1,755,068</u>
System cash and investments, including assets limited as to use	<u>20,370,779</u>	<u>19,004,990</u>
Less assets limited as to use:		
Under bond indenture agreement	1,092	1,039
Self-insurance trust funds	632,222	639,006
With donor restrictions	743,268	703,017
Total assets limited as to use	<u>1,376,582</u>	<u>1,343,062</u>
System unrestricted cash and investments, net	<u>\$ 18,994,197</u>	<u>\$ 17,661,928</u>

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Cash and Investments (continued)

The composition of cash and cash equivalents, short-term investments and long-term investments, which include certain assets limited as to use, is summarized as follows.

	June 30, 2020	June 30, 2019
Cash and cash equivalents and short-term investments	\$ 914,967	\$ 1,086,485
Pooled short-term investment funds	835,156	728,104
U.S. government, state, municipal and agency obligations	3,944,488	2,741,689
Corporate and foreign fixed income securities	2,038,195	1,678,389
Asset-backed securities	2,701,379	3,078,928
Equity securities	5,436,613	5,358,824
Alternative investments and other investments:		
Private equity and real estate funds	3,423,494	2,769,071
Hedge funds	1,356,772	1,839,334
Commodities funds and other investments	1,350,825	1,493,571
Total alternative investments and other investments	<u>6,131,091</u>	<u>6,101,976</u>
Total cash and cash equivalents, short-term investments, and long-term investments	<u>\$ 22,001,889</u>	<u>\$ 20,774,395</u>

Investment return recognized by the System for the years ended June 30, 2020 and 2019, is summarized in the following table. Total investment return includes the System's return on certain investments held and managed outside the Alpha Fund and the investment return of the Alpha Fund. System investment return represents the System's total investment return, net of the investment return earned by the noncontrolling interests of other Alpha Fund members.

	The years ended June 30,	
	2020	2019
Interest and dividends	\$ 411,105	\$ 441,983
Net (losses) gains on investments reported at fair value	(835,480)	691,169
Restricted investment return and unrealized gains, net	5,680	19,595
Total investment return	<u>(418,695)</u>	<u>1,152,747</u>
Less return earned by noncontrolling interests of Alpha Fund	(15,592)	80,592
System investment return	<u>\$ (403,103)</u>	<u>\$ 1,072,155</u>

Investment return is reduced by external and direct internal investment expenses.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Financial Assets and Liquidity Resources

As of June 30, 2020, and 2019, respectively, financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, principal payments on debt, and capital expenditures not financed with debt, are as follows:

	June 30, 2020	June 30, 2019
Financial assets:		
Cash and cash equivalents	\$ 625,814	\$ 896,262
Short-term investments	103,264	92,072
Accounts receivable	2,761,239	3,172,747
Due from brokers	108,575	324,977
Other current assets	790,693	959,477
Long-term investments	<u>21,272,811</u>	<u>19,786,061</u>
Total financial assets	25,662,396	25,231,596
Less:		
Assets limited as to use and other restricted funds	(1,476,023)	(1,456,257)
Noncontrolling interests of Alpha Fund	(1,707,465)	(1,755,068)
Investments with liquidity more than one year	(4,044,787)	(3,516,214)
Total financial assets available within one year	18,434,121	18,504,057
Liquidity resources:		
Unused lines of credit	1,000,000	1,000,000
Total financial assets and liquidity resources available within one year	\$ 19,434,121	\$ 19,504,057

As part of the System's investment policy, highly liquid investments are held to enhance the System's ability to satisfy liquidity. The System also maintains lines of credit as discussed in the Long-Term Debt note.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Fair Value Measurements

The System measures the fair value of assets and liabilities in accordance with FASB ASC 820, *Fair Value Measurement*. Under ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability at the measurement date. Assets and liabilities reported at fair value are classified and disclosed in one of the following four categories:

Level 1 – Quoted prices (unadjusted) that are readily available in active markets/exchanges for identical assets or liabilities.

Level 2 – Pricing inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 pricing inputs include prices quoted for similar assets and liabilities in active markets/exchanges or prices quoted for identical or similar assets and liabilities in markets that are not active. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Significant pricing inputs that are unobservable for the asset or liability, including assets or liabilities for which there is little, if any, market activity for such asset or liability. Inputs to determine the fair value of Level 3 assets and liabilities require management judgment and estimation.

Net Asset Value – Values are based on the calculated net asset value. The calculated net asset values for underlying investments are fair value estimates determined by an external fund manager and other sources based on quoted market prices, operating results, balance sheet stability, growth, and other business and market sector factors.

The System categorizes, for disclosure purposes, assets and liabilities measured at fair value in the Consolidated Financial Statements based upon whether the inputs used to determine their fair values are observable or unobservable. Observable inputs are inputs that are based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about pricing the asset or liability based on the best information available in the circumstances.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an asset's or liability's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement of the asset or liability. The System's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Fair Value Measurements (continued)

There were no significant transfers between Levels 1 and 2 during the years ended June 30, 2020 and 2019.

As of June 30, 2020, and 2019, the assets and liabilities listed in the fair value hierarchy tables below use the following valuation techniques and inputs:

Cash and Cash Equivalents and Short-Term Investments

Cash and cash equivalents and certain short-term investments include certificates of deposit, whose fair value is based on cost plus accrued interest. Significant observable inputs include security cost, maturity, and relevant short-term interest rates. Other short-term investments designated as Level 2 investments primarily consist of commercial paper, whose fair value is based on the income approach. Significant observable inputs include security cost, maturity, credit rating, interest rate, and par value.

Pooled Short-Term Investment Fund

The pooled short-term investment fund is a short-term exchange traded money market fund primarily invested in treasury securities.

U. S. Government, State, Municipal, and Agency Obligations

The fair value of investments in U.S. government, state, municipal, and agency obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, and issuer spreads.

Corporate and Foreign Fixed Income Securities

The fair value of investments in U.S. and international corporate bonds and foreign government bonds is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, issuer spreads, and security-specific characteristics (e.g., such as early redemption options).

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Fair Value Measurements (continued)

Asset-backed Securities

The fair value of U.S. agency, mortgage, and other asset-backed securities is primarily determined using techniques that are consistent with the income approach. Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and observable broker/dealer quotes.

Equity Securities

The fair value of investments in U.S. and international equity securities is primarily determined using techniques that are consistent with the market and income approaches. The values for underlying investments are based on readily available quoted market prices or represent fair value estimates determined by an external fund manager based on market prices, operating results, balance sheet stability, growth, dividend, dividend yield, and other business and market sector fundamentals.

Alternative Investments and Other Investments

Alternative investments consist of private equity, hedge funds, private equity funds, commodity funds, and real estate partnerships. The fair value of private equity is primarily determined using techniques consistent with both the market and income approaches, based on the System's estimates and assumptions in the absence of observable market data. The market approach considers comparable company, comparable transaction, and company-specific information, including but not limited to restrictions on disposition, subsequent purchases of the same or similar securities by other investors, pending mergers or acquisitions, and current financial position and operating results. The income approach considers the projected operating performance of the portfolio company.

The fair value of hedge funds, private equity funds, commodity funds, and real estate partnerships is primarily determined using net asset values, which approximate fair value, as determined by an external fund manager based on quoted market prices, operating results, balance sheet stability, growth, and other business and market sector fundamentals.

Other investments include derivative assets and derivative liabilities of the Alpha Fund, whose fair value is primarily determined using techniques consistent with the market approach. Significant observable inputs to valuation models include the time value of money, counterparty credit risk, interest rates, Treasury yields, volatilities, credit spreads, maturity date, recovery rates, and the current market and contractual prices of the underlying financial instruments.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Fair Value Measurements (continued)

Benefit Plan Assets

The fair value of benefit plan assets is based on original investment into a guaranteed fund, plus guaranteed, annuity contract-based interest rates. Significant unobservable inputs to the guaranteed rate include the fair value and average duration of the portfolio of investments underlying annuity contract, the contract value, and the annualized weighted-average yield to maturity of the underlying investment portfolio.

Interest Rate Swap Assets and Liabilities

The fair value of interest rate swaps is primarily determined using techniques consistent with the income method. Under the income method, fair values are calculated based on present value of expected future cash flows using discount rates appropriate with risks involved.

Significant observable inputs to valuation models include interest rates, Treasury yields, volatilities, credit spreads, maturity, and recovery rates.

Investments Sold, Not Yet Purchased

The fair value of investments sold, not yet purchased is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark, constant maturity curves, and spreads.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2020, for all financial assets and liabilities measured at fair value on a recurring basis in the System's Consolidated Financial Statements:

	Level 1	Level 2	Level 3	Total
June 30, 2020				
Cash equivalents	\$ 34,959	\$ 440	\$ -	\$ 35,399
Short-term investments	65,862	125,331	-	191,193
Pooled short-term investment funds	835,156	-	-	835,156
U.S. government, state, municipal and agency obligations	-	3,944,488	-	3,944,488
Corporate and foreign fixed income securities	-	2,030,706	7,489	2,038,195
Asset-backed securities	-	1,966,868	734,511	2,701,379
Equity securities	4,322,277	54,056	20,921	4,397,254
Alternative investments and other investments:				
Private equity and real estate funds	3,474	2,500	351,731	357,705
Commodities funds and other investments	29,076	(57,778)	3,817	(24,885)
Assets at net asset value:				
Corporate and foreign fixed income securities				-
Equity securities				1,039,359
Private equity and real estate funds				3,065,326
Hedge funds				1,356,772
Commodities funds and other investments				1,280,404
Cash and other investments not at fair value				784,144
Cash and investments				<u>\$ 22,001,889</u>
Benefit plan assets, in other noncurrent assets	\$ 495,956	\$ 15,901	\$ 59,435	\$ 571,292
Interest rate swaps, in other noncurrent assets	-	2,785	-	2,785
Investments sold, not yet purchased, in other noncurrent liabilities	28	496	-	524
Interest rate swaps, included in other noncurrent liabilities	-	171,787	-	171,787

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Fair Value Measurements (continued)

For the year ended June 30, 2020, the changes in the fair value of the assets and liabilities measured using significant unobservable inputs (Level 3) consisted of the following:

	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities	Private Equity and Real Estate Funds	Commodities Funds and Other Investments	Benefit Plan Assets
The Year Ended June 30, 2020						
Beginning balance	\$ 3,655	\$ 203,694	\$ 8,386	\$ 333,434	\$ 1,247	\$ 50,078
Realized and unrealized gains (losses):						
Included in nonoperating gains (losses)	(7,416)	(91,434)	5,817	51,497	(179)	-
Included in changes in net assets	-	-	-	6	(273)	-
Purchases	14,192	381,948	12,826	66,562	3,082	6,000
Issuances	-	-	-	185	-	-
Sales	(2,951)	(140,969)	(5,797)	(25,653)	(60)	(7,926)
Transfers into Level 3	9	385,548	21	-	-	13,533
Transfers out of Level 3	-	(4,276)	(332)	(74,300)	-	(2,250)
Ending balance	<u>\$ 7,489</u>	<u>\$ 734,511</u>	<u>\$ 20,921</u>	<u>\$ 351,731</u>	<u>\$ 3,817</u>	<u>\$ 59,435</u>
 The amount of total gains or losses for the period included in nonoperating gains (losses) attributable to the changes in unrealized gains or losses relating to assets still held at June 30, 2020	 <u>\$ (1,798)</u>	 <u>\$ (65,062)</u>	 <u>\$ 1,217</u>	 <u>\$ -</u>	 <u>\$ (1,612)</u>	 <u>\$ -</u>

The basis for recognizing and valuing transfers into or out of Level 3, in the Level 3 rollforward, is as of the beginning of the period in which the transfers occur.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2019, for all financial assets and liabilities measured at fair value on a recurring basis in the System's Consolidated Financial Statements:

	Level 1	Level 2	Level 3	Total
June 30, 2019				
Cash equivalents	\$ 51,440	\$ 702	\$ -	\$ 52,142
Short-term investments	52,989	20,206	-	73,195
Pooled short-term investment funds	728,104	-	-	728,104
U.S. government, state, municipal and agency obligations	-	2,741,689	-	2,741,689
Corporate and foreign fixed income securities	-	1,622,233	3,655	1,625,888
Asset-backed securities	-	2,875,234	203,694	3,078,928
Equity securities	4,212,135	64,892	8,386	4,285,413
Alternative investments and other investments:				
Private equity and real estate funds	2,868	2,500	333,434	338,802
Commodities funds and other investments	23,150	24,507	1,247	48,904
Assets at net asset value:				
Corporate and foreign fixed income securities				49,986
Equity securities				1,073,411
Private equity and real estate funds				2,429,803
Hedge funds				1,839,334
Commodities funds and other investments				1,363,501
Cash and other investments not at fair value				1,045,295
				<u>\$ 20,774,395</u>
Cash and investments				
Benefit plan assets, in other noncurrent assets	\$ 461,534	\$ -	\$ 50,078	\$ 511,612
Interest rate swaps, in other noncurrent assets	-	3,174	-	3,174
Investments sold, not yet purchased, in other noncurrent liabilities	-	20	-	20
Interest rate swaps, included in other noncurrent liabilities	-	137,484	-	137,484

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Fair Value Measurements (continued)

For the year ended June 30, 2019, the changes in the fair value of the assets and liabilities measured using significant unobservable inputs (Level 3) consisted of the following:

	Short-term investments	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities	Private Equity and Real Estate Funds	Commodities Funds and Other Investments	Benefit Plan Assets
The Year Ended							
June 30, 2019							
Beginning balance	\$ 1,130	\$ 11,956	\$ 305,278	\$ 29,239	\$ 295,109	\$ 1,121	\$ 47,827
Realized and unrealized gains (losses):							
Included in nonoperating gains (losses)	-	(233)	(4,101)	(12,700)	118,049	17,631	-
Included in changes in net assets	-	-	-	-	-	44	-
Purchases	-	1,128	144,734	18,942	61,215	(1,197)	4,185
Issuances	-	-	-	-	615	-	-
Sales	-	(11,273)	(124,160)	(5,919)	(141,295)	(14,537)	(9,686)
Transfers into Level 3	-	5,189	4,642	128	44	-	9,907
Transfers out of Level 3	(1,130)	(3,112)	(122,699)	(21,304)	(303)	(1,815)	(2,155)
Ending balance	<u>\$ -</u>	<u>\$ 3,655</u>	<u>\$ 203,694</u>	<u>\$ 8,386</u>	<u>\$ 333,434</u>	<u>\$ 1,247</u>	<u>\$ 50,078</u>

The amount of total gains or losses for the period included in nonoperating gains (losses) attributable to the changes in unrealized gains or losses relating to assets still held at June 30, 2019

\$ -	\$ (604)	\$ (4,904)	\$ (10,038)	\$ -	\$ 317	\$ -
------	----------	------------	-------------	------	--------	------

The basis for recognizing and valuing transfers into or out of Level 3, in the Level 3 rollforward, is as of the beginning of the period in which the transfers occur.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Long-Term Debt

Long-term debt at June 30, 2020 and 2019 is comprised of the following and is presented in accordance with the specific master trust indenture to which the debt relates.

	June 30, 2020	June 30, 2019
Tax-exempt hospital revenue bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture:		
Variable rate demand bonds, subject to a seven-day put provision, payable through November 2047; interest (0.10% to 0.13% at June 30, 2020) set at prevailing market rates	\$ 500,090	\$ 532,815
Fixed rate serial, term and mode bonds fixed to maturity payable in installments through November 2051; interest at 3.00% to 5.00%	3,141,475	3,892,290
Fixed rate serial mode bonds payable through 2047 with purchase dates ranging from August 2020 through March 2026; interest at 1.55% to 5.00% through the purchase dates	889,180	1,104,500
Tax-exempt hospital revenue bonds – unsecured under Ascension Health Alliance Subordinate Master Trust Indenture:		
Variable rate demand bonds, subject to a seven-day put provision, payable through November 2025; interest (0.12% at June 30, 2020) set at prevailing market rates	26,635	30,915
Fixed rate serial mode bonds with maturity payable installments through November 2027; interest at 4.00% to 5.00%	129,475	50,575
Fixed rate serial mode bonds payable through 2027 with purchase dates as of August 2020; interest at 1.35%	48,010	269,520
Taxable bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture:		
Taxable fixed rate term bonds payable as of November 2053; interest at 4.847%	425,000	425,000
Taxable fixed rate term bonds payable as of November 2046; interest at 3.945%	1,170,000	1,170,000
Taxable fixed rate term bonds payable through November 2039; interest at 2.532% to 3.106%	1,010,600	-
Total hospital revenue bonds under Senior Master Trust Indenture and Subordinate Master Trust Indenture	7,340,465	7,475,615
Tax-exempt hospital revenue bonds – secured under Mercy Regional Health Center, Inc. Master Trust Indenture:		
Fixed rate serial and term bonds payable in installments through November 2029; interest at 5.00%	17,100	18,385
Total hospital revenue bonds – all Master Trust Indentures	\$ 7,357,565	\$ 7,494,000

Ascension

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

9. Long-Term Debt (continued)

	June 30, 2020	June 30, 2019
Total hospital revenue bonds – all Master Trust Indentures	\$ 7,357,565	\$ 7,494,000
Other debt:		
Obligations under capital leases	-	100,253
Other	36,535	31,025
	7,394,100	7,625,278
Unamortized premium, net	354,807	341,179
Less debt issuance cost, net	(36,979)	(37,266)
Less current portion	(96,537)	(125,577)
Less long-term debt subject to short-term remarketing arrangements	(842,010)	(1,043,150)
Long-term debt, less current portion and long-term debt subject to short-term remarketing arrangements	\$ 6,773,381	\$ 6,760,464

	June 30, 2020	June 30, 2019
Ascension Health Alliance Senior Master Trust Indenture long-term debt obligations, including unamortized premium and cost of issuance, net	\$ 6,595,160	\$ 6,528,206
Ascension Health Alliance Subordinate Master Trust Indenture long-term debt obligations, including unamortized premium and cost of issuance, net	126,442	95,761
Mercy Regional Health Center, Inc. Master Trust Indenture long-term debt obligations, including unamortized premium, net	16,581	18,141
Other	35,198	118,356
Long-term debt, less current portion, and long-term debt subject to short-term remarketing arrangements	\$ 6,773,381	\$ 6,760,464

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Long-Term Debt (continued)

Scheduled principal repayments of long-term debt, considering obligations subject to short-term remarketing as due according to their long-term amortization schedule, as of June 30, 2020, are as follows:

Year Ending June 30:	Ascension Health	Mercy Regional Health	Other Debt	Total
	Alliance MTIs	Center, Inc. MTI		
2021	\$ 93,850	\$ 1,350	\$ 1,337	\$ 96,537
2022	103,045	1,420	9,570	114,035
2023	109,440	1,495	5,449	116,384
2024	115,415	1,570	7,444	124,429
2025	122,535	1,650	4,482	128,667
Thereafter	6,796,180	9,615	8,253	6,814,048
Total	\$ 7,340,465	\$ 17,100	\$ 36,535	\$ 7,394,100

The carrying values of fixed rate bonds were \$6,830,840 and \$6,930,270 at June 30, 2020 and 2019, respectively. The fair values of these fixed rate bonds were \$7,858,587 and \$7,567,480 at June 30, 2020 and 2019, respectively, representing Level 2 measurements obtained from an independent third-party valuation service. The carrying amounts of variable rate bonds and other notes payable approximate fair value.

During the years ended June 30, 2020 and 2019, interest paid was approximately \$288,000 and \$299,000, respectively. Capitalized interest was approximately \$5,200 and \$3,500 for the years ended June 30, 2020 and 2019, respectively.

Certain members of the System formed the Ascension Health Alliance Credit Group (Senior Credit Group). Each Senior Credit Group member is identified as either a senior obligated group member, a senior designated affiliate, or a senior limited designated affiliate. Senior obligated group members are jointly and severally liable under a Senior Master Trust Indenture (Senior MTI) to make all payments required with respect to obligations under the Senior MTI and may be entities not controlled directly or indirectly by the System.

Senior designated affiliates and senior limited designated affiliates are not obligated to make debt service payments on the obligations under the Senior MTI. The System may cause each senior designated affiliate to transfer such amounts as are necessary to enable the obligated group to comply with the terms of the Senior MTI, including payment of the outstanding obligations.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Long-Term Debt (continued)

Additionally, each senior limited designated affiliate has an independent limited designated affiliate agreement and promissory note with the System with stipulated repayment terms and conditions, each subject to the governing law of the senior limited designated affiliate's state of incorporation.

Pursuant to a Supplemental Master Indenture dated February 1, 2005, senior obligated group members, which are operating entities, have pledged and assigned to the Master Trustee a security interest in all of their rights, title, and interest in their pledged revenues and proceeds thereof.

A Subordinate Credit Group, which is comprised of subordinate obligated group members, subordinate designed affiliates, and subordinate limited designated affiliates, was created under the Subordinate Master Trust Indenture (Subordinate MTI). The subordinate obligated group members are jointly and severally liable under the Subordinate MTI to make all payments required with respect to obligations under the Subordinate MTI and may be entities not controlled directly or indirectly by the System. Subordinate designated affiliates and subordinate limited designated affiliates are not obligated to make debt service payments on the obligations under the Subordinate MTI.

The System may cause each subordinate designated affiliate to transfer such amounts as are necessary to enable the obligated group members to comply with the terms of the Subordinate MTI, including payment of the outstanding obligations. Additionally, each subordinate limited designated affiliate has an independent subordinate limited designated affiliate agreement and promissory note with the System, which stipulated repayment terms and conditions, each subject to the governing law of the subordinate limited designated affiliate's state of incorporation.

The unsecured variable rate demand bonds of both the Senior and Subordinate Credit Groups, while subject to long-term amortization periods, may be put to the System at the option of the bondholders in connection with certain remarketing dates. To the extent that bondholders may, under the terms of the debt, put their bonds within 12 months after June 30, 2020, the principal amount of such bonds has been classified as a current liability in the Consolidated Balance Sheets. Management believes the likelihood of a material amount of bonds being put to the System to be remote. However, to address this possibility, management has taken steps to provide various sources of liquidity in the event any bonds would be put, including the line of credit, commercial paper program, and maintaining unrestricted assets as a source of self-liquidity.

In October 2019, the Senior Credit Group issued \$138,580 tax exempt bonds and taxable bonds of \$710,600. The debt was issued primarily to refund certain Series 2010 and Series 2012 bonds.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Long-Term Debt (continued)

In April 2020, The Senior Credit Group issued \$300,000 of taxable bonds, as a reopening of the October 2019 taxable issuance. The debt was issued primarily to provide funding for the redemption of five series of bonds secured under the Senior and Subordinate Master Trust Indentures, upon their respective mandatory tender dates ranging from May through November 2020. As of June 30, 2020, \$183,410 of the bonds have been retired.

Due to aggregate financing activity during the fiscal years ended June 30, 2020 and 2019, losses on extinguishment of debt of \$2,853 and \$100, respectively, were recorded, which are included in nonoperating gains (losses) in the Consolidated Statements of Operations and Changes in Net Assets.

As of June 30, 2020, the Senior Credit Group had two lines of credit totaling \$1,000,000. The first line of credit totals \$300,000 which may be used as a source of funding for unremarketed variable debt (including commercial paper) or for general corporate purposes. The second line of credit totals \$700,000 which may be used for general corporate purposes. Both lines are committed to December 4, 2020 and as of June 30, 2020 and 2019, there were no outstanding borrowings under either line of credit.

As of June 30, 2020, the Senior Credit Group had a \$100,000 revolving line of credit related to its letters of credit program toward which a bank commitment of \$100,000 extends to November 12, 2020. The revolving line of credit may be accessed solely in the form of Letters of Credit issued by the bank for the benefit of the members of the Credit Groups. Of this \$100,000 revolving line of credit, letters of credit totaling \$75,500 have been issued as of June 30, 2020. No borrowings were outstanding under the letters of credit as of June 30, 2020 and 2019.

10. Derivative Instruments

The System uses interest rate swap agreements to manage interest rate risk associated with its outstanding debt. Interest rate swaps with varying characteristics are outstanding under the Master Trust Indenture of the System. These swaps have historically been used to effectively convert interest rates on variable rate bonds to fixed rates and rates on fixed rate bonds to variable rates. At June 30, 2020 and 2019, the notional values of outstanding interest rate swaps were \$953,750 and \$1,020,775, respectively.

The System recognizes the fair value of its interest rate swaps in the Consolidated Balance Sheets as assets, recorded in other noncurrent assets, or liabilities, recorded in other noncurrent liabilities, as appropriate.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Derivative Instruments (continued)

The fair value of interest rate swaps in an asset position was \$2,785 and \$3,174 at June 30, 2020 and 2019, respectively. The fair value of interest rate swaps in a liability position was \$171,787 and \$137,484 at June 30, 2020 and 2019, respectively.

The System's interest rate swap agreements include collateral requirements for each counterparty under such agreements, based upon specific contractual criteria, subject to master netting arrangements. Collateral requirements are calculated based on the System's credit ratings. The applicable credit rating is the Senior Credit Group long-term debt credit ratings (Senior Debt Credit Ratings), as obtained from each of two major credit rating agencies. Credit rating and the net liability position of total interest rate swap agreements outstanding with each counterparty determine the amount of collateral to be posted. No collateral was posted as of June 30, 2020 and 2019.

The System does not account for any of its interest rate swaps as hedges, and accordingly, all changes in the fair value of interest rate swaps are recognized in nonoperating gains (losses) in the Consolidated Statements of Operations and Changes in Net Assets. The System does not offset fair value amounts recognized for derivative instruments.

11. Leases

On July 1, 2019, the System adopted FASB's ASU 2016-02, *Leases*, electing to apply the optional transition method, which allows entities to forego comparative reporting requirements. For leases that commenced before the effective date of ASU 2016-02, the System elected the package of transition provisions available that allowed carryforward of the historical assessment of (1) whether contracts are or contain leases, (2) lease classification for any expired leases and (3) initial direct costs. In addition, the System does not separate lease and non-lease components.

The System is a party to primarily real estate and medical and information technology equipment leases as a lessee and real estate leases as a lessor. Many leases include rental escalation clauses or renewal options which are factored into the determination of lease payments when appropriate. As most of the System's operating leases do not provide an implicit rate, the System uses its incremental borrowing rate based upon information available at the lease commencement date in determining the present value of lease payments. Ascension recorded right-of-use assets and obligations for operating leases of approximately \$1,400,000 in the Consolidated Balance Sheets on July 1, 2019, representing the present value of remaining lease payments for operating leases.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

11. Leases (continued)

All components of total lease cost are recognized in other operating expenses, excluding interest on finance lease liabilities, which is recognized in interest. Total lease cost included in the Consolidated Statement of Operations and Changes in Net Assets was as follows:

	The year ended June 30, 2020
Operating lease cost	\$ 341,550
Finance lease cost:	
Interest on lease liabilities	1,786
Amortization of right-of-use-asset	3,178
Variable lease cost	78,671
Total lease cost	\$ 425,185

Rental expense for operating leases was \$417,362 for the year ended June 30, 2019.

The weighted average remaining lease terms and the weighted average discount rates at June 30, 2020 were as follows:

	Operating Leases	Finance Leases
Weighted-average remaining lease term	8.2 years	29.5 years
Weighted-average discount rate	2.6%	3.3%

Cash paid for amounts included in the measurement of lease obligations was \$335,604 for operating leases and \$3,378 for finance leases for the year ended June 30, 2020.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

11. Leases (continued)

The following table reconciles undiscounted future operating and finance lease obligations for each of the next five years and thereafter, as of June 30, 2020, to lease obligations recorded on the Consolidated Balance Sheets at June 30, 2020.

The years ending June 30:	Operating Leases	Finance Leases	Total
2021	\$ 253,942	\$ 5,578	\$ 259,520
2022	219,714	4,143	223,857
2023	189,040	3,945	192,985
2024	149,236	4,014	153,250
2025	102,543	4,083	106,626
Thereafter	390,336	119,544	509,880
Total future undiscounted lease obligations	1,304,811	141,307	1,446,118
Less: amount of lease payments representing interest	(116,863)	(54,803)	(171,666)
Present value of future lease obligations	1,187,948	86,504	1,274,452
Less: current portion of lease obligations	(234,349)	(2,220)	(236,569)
Long-term lease obligations	<u>\$ 953,599</u>	<u>\$ 84,284</u>	<u>\$ 1,037,883</u>

For leases where the System is a lessor, future minimum noncancelable receipts on operating leases for each of the next five years and thereafter, as of June 30, 2020, are as follows:

The years ending June 30:	Operating Leases
2021	\$ 59,618
2022	46,399
2023	35,498
2024	25,910
2025	17,993
Thereafter	270,701
Total	<u>\$ 456,119</u>

For the year ended June 30, 2020, lease income was approximately \$84,000.

12. Retirement Plans

Certain System entities participate in defined-benefit pension plans (the System Plans), which are noncontributory, defined-benefit pension plans. Benefits are based on each participant's years of service and compensation. Primarily all of the System Plans' assets are invested in the Master Pension Trust (the Trust).

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

12. Retirement Plans (continued)

The System Plans' assets primarily consist of short-term investments, equity, fixed income, and alternative investments, consisting of various hedge funds, real estate funds, private equity funds, commodity funds, private credit funds, and certain other private funds.

Contributions to the System Plans are based on actuarially determined amounts sufficient to meet the benefits to be paid to participants. As of December 31, 2019, all System Plans are frozen.

The assets of the System Plans are available to pay the benefits of eligible employees and retirees of all participating entities. In the event entities participating in the System Plans are unable to fulfill their financial obligations under the System Plans, the other participating entities are obligated to do so.

The following table sets forth the combined benefit obligations and assets of the System Plans at June 30, 2020 and 2019, components of net periodic benefit costs for the years then ended, and a reconciliation of the amounts recognized in the Consolidated Financial Statements.

	The years ended June 30,	
	2020	2019
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$ 10,011,648	\$ 9,441,554
Service cost	173	682
Interest cost	339,693	389,386
Assumption change	526,658	711,560
Actuarial loss	123,866	40,486
Curtailment	(527)	-
Benefits paid	<u>(582,158)</u>	<u>(572,020)</u>
Projected benefit obligation at end of year	10,419,353	10,011,648
Change in plan assets:		
Fair value of plan assets at beginning of year	8,503,103	8,602,710
Actual return on plan assets	327,966	468,256
Employer contributions	781	4,157
Benefits paid	<u>(582,158)</u>	<u>(572,020)</u>
Fair value of plan assets at end of year	<u>8,249,692</u>	<u>8,503,103</u>
Net amount recognized at end of year and funded status	\$ (2,169,661)	\$ (1,508,545)
Accumulated benefit obligation at end of year	\$ 10,419,353	\$ 10,010,998

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

12. Retirement Plans (continued)

The System Plans' funded status as a percentage of both the projected and accumulated benefit obligations was 79.2% and 84.9% at June 30, 2020 and 2019, respectively.

Included in net assets without donor restrictions at June 30, 2020 and 2019, are the following amounts that have not yet been recognized in net periodic pension cost for the System Plans:

	The years ended June 30,	
	2020	2019
Unrecognized prior service credit	\$ 633	\$ 8
Unrecognized actuarial loss	3,413,728	2,506,799
	\$ 3,414,361	\$ 2,506,807

Changes in plan assets and benefit obligations recognized in net assets without donor restrictions for System Plans during 2020 and 2019 include:

	The years ended June 30,	
	2020	2019
Current year actuarial loss	\$ 1,026,604	\$ 1,001,500
Amortization of actuarial loss	(119,675)	(71,671)
Amortization of prior service credit	625	2,518
	\$ 907,554	\$ 932,347

	The years ended June 30,	
	2020	2019
Components of net periodic benefit cost:		
Service cost	\$ 173	\$ 682
Interest cost	339,693	389,386
Expected return on plan assets	(704,576)	(717,710)
Amortization of prior service credit	(625)	(2,518)
Amortization of actuarial loss	110,818	65,952
Settlement loss	8,857	5,719
Net periodic benefit cost	\$ (245,660)	\$ (258,489)

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

12. Retirement Plans (continued)

The prior service cost and actuarial loss included in net assets without donor restrictions that are expected to be recognized in net periodic pension cost during the year ending June 30, 2021, are \$256 and \$163,876, respectively.

The assumptions used to determine the benefit obligation and net periodic benefit cost for the System Plans are set forth below:

	The years ended June 30,	
	2020	2019
To determine benefit obligations:		
Discount rate	3.03%	3.55%
To determine net periodic benefit cost:		
Discount rate	3.55%	4.30%
Expected return on plan assets	8.30%	8.37%

The expected long-term rate of return on the System Plans' assets is based on historical and projected rates of return for current and planned asset categories in the investment portfolio. Assumed projected rates of return for each asset category were selected after analyzing historical experience and future expectations of the returns and volatility for assets of that category using benchmark rates.

Based on the target asset allocation among the asset categories, the overall expected rate of return for the portfolio was developed and adjusted for historical and expected experience of active portfolio management results compared to benchmark returns and for the effect of expenses paid from plan assets.

The System Plans' assets invested in the Trust are invested in a portfolio designed to protect principal and obtain competitive investment returns and long-term investment growth, consistent with actuarial assumptions, with a reasonable and prudent level of risk. Diversification is achieved by allocating to funds and managers that correlate to one of three economic strategies: growth, deflation, and inflation. Growth strategies include U.S. equity, emerging market equity, global equity, international equity, directional hedge funds, private equity, high yield, and private credit. Deflation strategies include core fixed income, absolute return hedge funds, and cash. Inflation strategies include inflation-linked bonds, commodity-related investments, and real assets. The System Plans use multiple investment managers with complementary styles, philosophies, and approaches. In accordance with the System Plans' objectives, derivatives may also be used to gain market exposure in an efficient and timely manner.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

12. Retirement Plans (continued)

In accordance with the System Plans' asset diversification targets, as presented in the table that follows, the Trust holds certain alternative investments, consisting of various hedge funds, real asset funds, private equity funds, commodity funds, private credit funds, and certain other private funds, private equity funds, commodity funds, private credit funds, and certain other private funds. These investments do not have observable market values. As such, each of these investments is valued at net asset value (NAV) as determined by each fund's investment manager, which approximates fair value. Management elected to use the NAV per share, or equivalent, for fair value. Collectively, these funds have liquidity terms ranging from daily to annual with notice periods ranging from 1 to 180 days. Due to redemption restrictions, investments of certain private funds, whose fair value was approximately \$1,226,000 at June 30, 2020, cannot currently be redeemed. However, the potential for the System Plans to sell their interest in real asset funds and private equity funds in a secondary market prior to the end of the fund term does exist.

The investments in these alternative investment funds may also include contractual commitments to provide capital contributions during the investment period, which is typically five years, and may extend to the end of the fund term. During these contractual periods, investment managers may require the System Plans to invest in accordance with the terms of the agreement. Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2020, investment periods expire between September 2020 and November 2025. The remaining unfunded capital commitments of the Trust total approximately \$720,892 for 156 individual contracts as of June 30, 2020.

The weighted-average asset allocation for the System Plans in the Trust at the end of fiscal 2020 and 2019 and the target allocation for fiscal 2021, by asset category, are as follows:

Asset Category:	Target Allocation	Percentage of Plan Assets at June 30,	
	2021	2020	2019
Growth	55%	53%	57%
Deflation	32%	36%	31%
Inflation	13%	11%	12%
Total	100%	100%	100%

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

12. Retirement Plans (continued)

The following tables summarize fair value measurements at June 30, 2020 and 2019, by asset class and by level, for the System Plans' assets and liabilities. As also discussed in the Fair Value Measurements note, the System follows the three-level fair value hierarchy to categorize plan assets and liabilities recognized at fair value, which prioritize the inputs used to measure such fair values. The inputs and valuation techniques discussed in the Fair Value Measurements note also apply to the System Plans' assets and liabilities as presented in the following tables.

	Level 1	Level 2	Level 3	Total
June 30, 2020				
Short-term investments	\$ 1,142,692	\$ -	\$ -	\$ 1,142,692
Derivatives receivable	472	515,660	-	516,132
U.S. government, state, municipal and agency obligations	-	1,310,661	-	1,310,661
Corporate and foreign fixed income securities	-	564,483	3,916	568,399
Asset-backed securities	-	1,262,240	12,122	1,274,362
Equity securities	1,812,980	860	3,385	1,817,225
Assets at net asset value:				
Corporate and foreign government fixed maturities				17,885
Equity securities				158,361
Private equity and real estate funds				1,448,733
Hedge funds				606,159
Commodities funds and other investments				121
Other receivables				132,583
Total				<u>8,993,313</u>
Derivatives payable	-	407,459	-	407,459
Other payables				336,162
Total				<u>743,621</u>
Fair value of plan assets				<u>\$ 8,249,692</u>

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

12. Retirement Plans (continued)

	Level 1	Level 2	Level 3	Total
June 30, 2019				
Short-term investments	\$ 614,483	\$ 12,993	\$ -	\$ 627,476
Derivatives receivable	2,123	144,629	1,590	148,342
U.S. government, state, municipal and agency obligations	-	1,594,359	-	1,594,359
Corporate and foreign fixed income securities	-	539,310	1,057	540,367
Asset-backed securities	-	1,353,768	18,134	1,371,902
Equity securities	1,959,773	4,434	14	1,964,221
Assets at net asset value:				
Corporate and foreign government fixed maturities				13,097
Equity securities				138,360
Private equity and real estate funds				1,314,431
Hedge funds				900,388
Commodities funds and other investments				32,396
Other receivables				187,571
Total				<u>8,832,910</u>
Derivatives payable	2,841	210,938	641	214,420
Liabilities not at fair value				115,387
Total				<u>329,807</u>
Fair value of plan assets				<u>\$ 8,503,103</u>

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

12. Retirement Plans (continued)

For the years ended June 30, 2020 and 2019, the changes in the fair value of the System Plans' assets measured using significant unobservable inputs (Level 3) consisted of the following:

	Net Derivatives	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities
June 30, 2020				
Beginning balance	\$ 949	\$ 1,057	\$ 18,134	\$ 14
Total actual return on assets	(5,636)	(1,181)	(1,917)	(754)
Purchases, issuances, and settlements	4,687	3,824	(1,930)	4,061
Transfers (out of) into Level 3	-	216	(2,165)	64
Ending balance	<u>\$ -</u>	<u>\$ 3,916</u>	<u>\$ 12,122</u>	<u>\$ 3,385</u>

Actual return on plan assets relating to plan assets still held at June 30, 2020	\$ -	\$ (44)	\$ (2,467)	\$ (572)
---	------	---------	------------	----------

	Net Derivatives	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities
June 30, 2019				
Beginning balance	\$ (391)	\$ 1,034	\$ 6,078	\$ 1,778
Total actual return on assets	1,447	1,040	(84)	(2,023)
Purchases, issuances, and settlements	(107)	(1,017)	14,101	475
Transfers (out of) into Level 3	-	-	(1,961)	(216)
Ending balance	<u>\$ 949</u>	<u>\$ 1,057</u>	<u>\$ 18,134</u>	<u>\$ 14</u>

Actual return on plan assets relating to plan assets still held at June 30, 2019	\$ 1,590	\$ -	\$ (236)	\$ (1,917)
---	----------	------	----------	------------

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

12. Retirement Plans (continued)

The Trust has entered into a series of swap agreements with a net notional amount of approximately \$3,216,200. The combined targeted duration of these swaps and the Trust's fixed income investments approximates the duration of the liabilities of the Trust. Currently, 50% of the dollar duration of the liability is subject to this economic hedge. The purpose of this strategy is to economically hedge the change in the net funded status for a significant portion of the liability that can occur due to changes in interest rates.

Information about the expected cash flows for the System Plans follows:

Expected employer contributions 2021	\$	9,180
Expected benefit payments:		
2021		922,945
2022		687,700
2023		696,100
2024		682,660
2025		671,400
2026-2030		3,094,100

The contribution amount above includes expected amounts paid to Trust. The benefit payment amounts above reflect the total benefits expected to be paid from Trust.

Defined-Contribution Plans

System entities participate in contributory and noncontributory defined-contribution plans covering all eligible associates. Employer automatic contributions, employee contributions, and employer matching contributions are the primary types of contributions to the plans. Benefits for employer automatic contributions are determined as a percentage of a participant's salary and, for certain entities, increases over specified periods of employee service. These benefits are funded annually, and participants become fully vested over a period of time. Benefits for employer matching contributions are determined as a percentage of an eligible participant's contributions each payroll period. These benefits are funded each payroll period, and participants become fully vested in these employer contributions over time. Expenses for the defined-contribution plans were \$416,612 and \$382,456 for the years ended June 30, 2020 and 2019, respectively, and are included in employee benefits in the Consolidated Statements of Operations and Changes in Net Assets.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

13. Self-Insurance Programs

Certain System hospitals and other entities participate in pooled risk programs to insure professional and general liability risks and workers' compensation risks to the extent of certain self-insured limits. Within these pooled risk programs, various insurance policies have been purchased to provide coverage in excess of the self-insured limits. The System provides this self-insurance through various trust funds and captive insurance companies. Actuarially determined amounts, discounted at 5.5%, are contributed to the trust funds and the captive insurance companies to provide for the estimated cost of claims. The associated loss reserves recorded for estimated self-insured professional, general liability, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported, which were discounted at 5.5% in 2020 and 2019.

Entities acquired in the Presence business combination did not participate in the Ascension pooled risk program prior to July 1, 2018. At June 30, 2020, the loss reserves for estimated self-insured professional, general liability, and workers' compensation claims reported prior to July 1, 2018 for Presence entities were actuarially determined and recorded on an undiscounted basis. The self-insured professional and general liabilities for these claims are retained up to \$20,000 per occurrence with no aggregate and subject to reinsurance by commercial carriers up to \$170,000.

Professional and General Liability Programs

Professional and general liability coverage is primarily provided on a claims-made basis through a wholly owned onshore trust and through Ascension Health Insurance, Ltd. (AHIL), a direct subsidiary of Ascension Risk Services LLC.

The wholly owned onshore revocable trust has a self-insured retention up to \$10,000 per occurrence with no aggregate. Excess coverage is provided through AHIL with limits up to \$250,000. AHIL retains 100% of the first \$10,000 per incident and in the aggregate for professional liability. The excess coverage is reinsured by commercial carriers.

Employed physicians and certain entities in the states of Indiana, Kansas, and Wisconsin are provided coverage by ProAssurance Corporation (ProAssurance) on a fronted basis and are reinsured through AHIL. These entities and physicians are provided professional liability coverage with limits in compliance with participation in the Patient Compensation Funds. The Patient Compensation Funds apply to claims in excess of the primary self-insured limit, except the Fund in Kansas, which only covers claims up to the first \$1,000 and then the trust and AHIL cover amounts above \$1,000.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

13. Self-Insurance Programs (continued)

Effective July 1, 2014, the reinsurance of Ascension's independent physician professional liability program with ProAssurance, the System's partner insurance company, was transferred from AHIL to Sunflower Assurance, Ltd. (Sunflower), a wholly owned subsidiary of Ascension Risk Services LLC.

Beginning July 1, 2014, Sunflower offered physician professional liability coverage through insurance or reinsurance arrangements to non-employed physicians practicing at the System's various facilities, primarily in Michigan, Indiana, Texas, Florida, Illinois, and Alabama. Coverage is offered to physicians with limits ranging from \$100 per claim to \$1,000 per claim with various aggregate limits. Beginning July 1, 2014, AHIL offered similar coverage to employed physicians in the states of Indiana, Kansas, and Wisconsin.

Included in operating expenses in the Consolidated Statements of Operations and Changes in Net Assets is professional and general liability claim and insurance expense of \$274,342 and \$258,473 for the years ended June 30, 2020 and 2019, respectively. Included in current and long-term self-insurance liabilities on the Consolidated Balance Sheets are professional and general liability loss reserves of \$817,921 and \$785,021 at June 30, 2020 and 2019, respectively.

Workers' Compensation

Workers' compensation coverage is primarily provided on an occurrence basis through a grantor trust. The self-insured trust provides coverage up to \$1,500 per occurrence with no aggregate. The trust provides a mechanism for funding the workers' compensation obligations of its members.

Included in employee benefits in the Consolidated Statements of Operations and Changes in Net Assets is workers' compensation claim and insurance expense of \$60,806 and \$60,092 for the years ended June 30, 2020 and 2019, respectively. Included in current and long-term self-insurance liabilities on the Consolidated Balance Sheets are workers' compensation loss reserves of \$148,994 and \$135,809 at June 30, 2020 and 2019, respectively.

14. Related Parties

The System has agreements with related parties for revenue cycle management services and clinical engineering services. The System expensed approximately \$1,185,000 and \$1,076,000 for these services during the years ended June 30, 2020 and 2019.

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

15. Contingencies and Commitments

The System is involved in litigation and regulatory investigations arising in the ordinary course of business. In the opinion of management, after consultation with legal counsel, these matters are expected to be resolved without material adverse effect on the System's Consolidated Balance Sheets.

The System enters into agreements with non-employed physicians that include minimum revenue guarantees. The terms of the guarantees vary. The maximum amount of future payments that the System could be required to make under these guarantees is approximately \$4,000.

The System entered into Master Service Agreements for information technology services provided by third parties. The maximum amount of future payments that the System could be required to make under these agreements is approximately \$235,400.

Guarantees and other commitments represent contingent commitments issued by Ascension Health Alliance Senior and Subordinate Credit Groups, generally to guarantee the performance of an affiliate to a third party in borrowing arrangements such as commercial paper issuances, bond financing, and other transactions. The terms of guarantees are equal to the terms of the related debt, which can be as long as 19 years. The following represents the remaining guarantees and other commitments of the Senior and Subordinate Credit Groups at June 30, 2020:

Hospital de la Concepción 2017 Series A debt guarantee	\$	21,735
St. Vincent de Paul Series 2000 A debt guarantee		28,300
Other guarantees and commitments		58,699

Ascension

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

16. Functional Expenses

Ascension provides healthcare services, including inpatient, outpatient, ambulatory, long-term care and community-based services. Management support services include administration, finance and accounting, revenue cycle, information technology, public relations, human resources, legal, supply chain, risk management, compliance and other functions. Expenses are allocated to healthcare services and management support services based on the functional department for which they are incurred. Departmental expenses may include various allocations of costs based on direct assignment, expenses or other methods.

Expenses by functional classification for the year ended June 30, 2020 consist of the following:

	Health care services	Management support services	Total
Salaries, wages, and employee benefits	\$ 11,881,634	\$ 805,828	\$ 12,687,462
Purchased services and professional fees	3,089,833	1,165,741	4,255,574
Supplies	3,658,037	4,212	3,662,249
Other	4,576,380	530,969	5,107,349
Total operating expenses	\$ 23,205,884	\$ 2,506,750	\$ 25,712,634

Expenses by functional classification for the year ended June 30, 2019 consist of the following:

	Health care services	Management support services	Total
Salaries, wages, and employee benefits	\$ 11,528,723	\$ 853,492	\$ 12,382,215
Purchased services and professional fees	2,925,958	1,111,058	4,037,016
Supplies	3,719,849	1,513	3,721,362
Other	4,401,576	497,414	4,898,990
Total operating expenses	\$ 22,576,106	\$ 2,463,477	\$ 25,039,583

Supplementary Information



Ernst & Young LLP
The Plaza in Clayton
Suite 1300
190 Carondelet Plaza
St. Louis, MO 63105-3434

Tel: +1 314 290 1000
Fax: +1 314 290 1882
ey.com

Report of Independent Auditors on Supplementary Information

The Board of Directors
Ascension Health Alliance d/b/a Ascension

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying Schedule of Net Cost of Providing Care of Persons Living in Poverty and Other Community Benefit Programs is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Ernst & Young LLP

September 16, 2020

Ascension

Schedule of Net Cost of Providing Care of Persons
Living in Poverty and Other Community Benefit Programs
(Dollars in Thousands)

Years ended June 30, 2020 and 2019

The net cost of providing care to persons living in poverty and other community benefit programs is as follows:

	The years ended June 30,	
	2020	2019*
Traditional charity care provided	\$ 664,944	\$ 605,855
Unpaid cost of public programs for persons living in poverty	1,299,739	903,974
Other programs for persons living in poverty and other vulnerable persons	100,490	154,552
Community benefit programs	365,251	343,486
Care of persons living in poverty and other community benefit programs	<u>\$2,430,424</u>	<u>\$ 2,007,867</u>

* Restated