

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

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

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

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

OMB No. 1545-0047

2023Open to Public
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**SHEPPARD PRATT HEALTH SYSTEM, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

6501 N. CHARLES STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BALTIMORE, MD 21204**F** Name and address of principal officer: **HARSH TRIVEDI, MD, MBA**
SAME AS C ABOVE**D** Employer identification number**52-0591684****E** Telephone number**(410) 938-5401****G** Gross receipts \$ **334,807,265.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.SHEPPARDPRATT.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1938****M** State of legal domicile: **MD****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE INPATIENT BEHAVIORAL HEALTH CARE. PROVIDE RELATED BEHAVIORAL, SPECIAL EDUCATION, AND
	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 19
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 19
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 3241
	6	Total number of volunteers (estimate if necessary) 6 59
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 13,253,463. 4,676,101.
	9	Program service revenue (Part VIII, line 2g) 267,971,017. 288,818,977.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 243,452. 608,910.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,454,477. 25,531,365.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 291,922,409. 319,635,353.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 184,020,039. 203,752,241.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 99,673,557. 105,312,859.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 283,693,596. 309,065,100.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 8,228,813. 10,570,253.
	20	Total assets (Part X, line 16) 401,912,013. 430,519,677.
	21	Total liabilities (Part X, line 26) 214,090,865. 226,662,108.
	22	Net assets or fund balances. Subtract line 21 from line 20 187,821,148. 203,857,569.

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			
	KELLY SAVOCA, SVP & CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LORI S. BURGHAEUSER	LORI S. BURGHAEUSER	05/12/25		P00370694
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	SC&H TAX & ADVISORY SERVICES, LLC 910 RIDGEBROOK ROAD SPARKS, MD 21152	41-2069731	410-403-1500		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

SHEPPARD PRATT, A NOT-FOR-PROFIT BEHAVIORAL HEALTH SYSTEM, IS DEDICATED TO IMPROVING THE QUALITY OF LIFE OF INDIVIDUALS AND FAMILIES BY COMPASSIONATELY SERVING THEIR MENTAL HEALTH, ADDICTION, SPECIAL EDUCATION, AND COMMUNITY SUPPORT NEEDS.

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 \$ **247,126,866.** including grants of \$) (Revenue \$ **292,773,898.**)

SHEPPARD PRATT HEALTH SYSTEM PROVIDES INPATIENT BEHAVIORAL HEALTH CARE, OUTPATIENT/ANCILLARY CARE, RESIDENTIAL SERVICES, SPECIAL EDUCATION TO STUDENTS AND RESIDENCY TRAINING PROGRAMS.

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 **247,126,866.**

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
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>	3	X
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>	4 X	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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>	6	X
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>	7 X	
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>	8 X	
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>	9	X
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>	10	X
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>	11a X	
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>	11b X	
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>	11c	X
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>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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>	11f	X
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>	12a	X
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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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>	14b X	
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>	15	X
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>	16	X
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>	17	X
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>	18	X
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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	207
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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	3241
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
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	X
b If "Yes," enter the name of the foreign country <u>CAYMAN ISLANDS</u> 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	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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	X
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	X
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	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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	X
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 the instructions and file Form 4720, Schedule N.	15	X
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	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	19			
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.				
b Enter the number of voting members included on line 1a, above, who are independent		19		
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?				X
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?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
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?			X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
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.				X

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?	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on 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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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

KELLY SAVOCA - 410-938-5401
6501 N. CHARLES STREET, TOWSON, MD 21204

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) HARSH TRIVEDI, MD, MBA PRESIDENT & CEO	40.00 1.00			X				1,534,067.	0.	52,957.
(2) TODD E. PETERS, MD VP, CMO, AND CMIO	40.00 1.00				X			768,705.	0.	33,560.
(3) JEFFREY W. RICHARDSON VP & COO COMMUNITY BASED PROGRAMS	40.00 1.00				X			658,254.	0.	36,509.
(4) JENNIFER WEISS-WILKERSON SVP & CHIEF STRATEGY OFFICER	40.00 1.00				X			598,223.	0.	59,435.
(5) KELLY SAVOCA SVP, CFO, SECRETARY/TREASURER	40.00 1.00			X				653,385.	0.	2,957.
(6) GREGORY B GATTMAN VP & COO	40.00 1.00				X			549,965.	0.	54,961.
(7) DONNA L. RICHARDSON VP & CDO, FORMER KEY	40.00 1.00					X		406,054.	0.	13,760.
(8) MICHAEL A. YOUNG M.D. MEDICAL DIRECTOR	40.00 1.00					X		386,338.	0.	29,960.
(9) KAREN ROBERTSON-KECK VP OF HR	40.00 1.00				X			382,999.	0.	26,391.
(10) DEBORAH CUNNINGHAM EXECUTIVE DIRECTOR	40.00 1.00					X		398,240.	0.	907.
(11) JONATHAN HERSHFELD LCMFT	40.00 1.00					X		362,380.	0.	36,235.
(12) THOMAS D. HESS CHIEF OF STAFF, FORMER KEY	40.00 0.00					X		318,386.	0.	3,037.
(13) LAURA L. WEBB EXECUTIVE DIRECTOR, FORMER KEY	40.00 0.00						X	247,225.	0.	33,514.
(14) KATHLEEN HILZENDEGER DIRECTOR DIV PROF SERVICE	40.00 1.00						X	220,291.	0.	27,599.
(15) JOSHUA KAKEL CHAIRPERSON	1.00 1.00	X		X				0.	0.	0.
(16) COLLIN MOTHUPI ASSISTANT CHAIR	1.00 1.00	X		X				0.	0.	0.
(17) MARGARET ALLEN TRUSTEE	1.00 1.00	X						0.	0.	0.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) KEVIN BENSON TRUSTEE	1.00 1.00	X						0.	0.	0.
(19) ALAN EVANS TRUSTEE	1.00 1.00	X						0.	0.	0.
(20) SUSAN FENIMORE TRUSTEE	1.00 1.00	X						0.	0.	0.
(21) ALAN GAMSE TRUSTEE	1.00 1.00	X						0.	0.	0.
(22) PHILIP H. GRANTHAM TRUSTEE	1.00 1.00	X						0.	0.	0.
(23) WILLIAM HAUGH TRUSTEE	1.00 1.00	X						0.	0.	0.
(24) BONITA HEARN TRUSTEE	1.00 1.00	X						0.	0.	0.
(25) MARTHA KIRKLAND TRUSTEE	1.00 1.00	X						0.	0.	0.
(26) ALTON KNIGHT TRUSTEE	1.00 1.00	X						0.	0.	0.
1b Subtotal								7,484,512.	0.	411,782.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								7,484,512.	0.	411,782.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

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
QUALIVIS, LLC 1000 CENTER POINT ROAD, COLUMBIA, SC 29210	HEALTHCARE STAFFING	5,372,188.
MAXIM HEALTHCARE SERVICES INC 7227 LEE DEFOREST DR, COLUMBIA, MD 21046	HOME HEALTH SERVICES	3,454,213.
SCHNEIDER ELECTRIC BUILDINGS AMERICAS INC 9 EASTER CT SUITE G, OWINGS MILLS, MD 21117	BUILDING INFRASTRUCTURE	2,978,566.
BENCHMARK CONSTRUCTION CO INC 4121 OREGON PK, BROWNSTOWN, PA 17508	CONSTRUCTION SERVICES	2,764,510.
UNIVERSAL PROTECTION SERVICES, LP, 1 RESEARCH CT, SUITE 450, ROCKVILLE, MD	SECURITY SERVICES	2,338,594.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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

2023.05070 SHEPPARD PRATT HEALTH SYS SPHS 1

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,445,607.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,230,494.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			4,676,101.			
Program Service Revenue	2 a PATIENT SERVICE REVENUE	Business Code	621990	179629864.	179629864.		
	b EDUCATIONAL & RESIDENTIAL REVENUE		611600	99,224,452.	99224452.		
	c SHEPPARD PRATT SOLUTIONS		541610	9,964,661.	9,964,661.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			288818977.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			508,652.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real 171,907.				
b Less: rental expenses ...		6b	0.				
c Rental income or (loss)		6c	171,907.				
d Net rental income or (loss)				171,907.			171,907.
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities 15,262,370.	(ii) Other 9,800.			
b Less: cost or other basis and sales expenses		7b	15,171,912.	0.			
c Gain or (loss)		7c	90,458.	9,800.			
d Net gain or (loss)				100,258.			100,258.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a INTERCORP. REVENUE/SHARED SERVICE	Business Code	621990	24,319,989.	3,601,861.		20718128.
	b OTHER REVENUE-CAFETERIA		900099	567,818.			567,818.
	c SCHOOL REVENUE		900099	353,060.	353,060.		
	d All other revenue		900099	118,591.			118,591.
	e Total. Add lines 11a-11d			25,359,458.			
	12 Total revenue. See instructions			319635353.	292773898.	0.	22185354.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,412,369.	541,237.	4,871,132.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,269,866.	126,987.	1,142,879.	
7 Other salaries and wages	161,763,957.	150,910,920.	10,853,037.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,639,931.	3,869,365.	2,770,566.	
9 Other employee benefits	16,745,489.	13,254,153.	3,491,336.	
10 Payroll taxes	11,920,629.	9,785,184.	2,135,445.	
11 Fees for services (nonemployees):				
a Management				
b Legal	983,730.	74,857.	908,873.	
c Accounting	521,691.		521,691.	
d Lobbying	226,912.		226,912.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	159,798.		159,798.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	28,876,187.	23,502,066.	5,374,121.	
12 Advertising and promotion	4,567,555.	2,575,221.	1,992,334.	
13 Office expenses	6,070,513.	5,134,055.	936,458.	
14 Information technology	8,384,873.	331,362.	8,053,511.	
15 Royalties				
16 Occupancy	11,328,795.	6,396,131.	4,932,664.	
17 Travel	1,054,100.	825,513.	228,587.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,774.	659.	1,115.	
20 Interest	4,928,221.	4,682,555.	245,666.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,283,473.	15,971,762.	4,311,711.	
23 Insurance	4,056,581.	2,850,990.	1,205,591.	
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 REPAIRS AND MAINTENANCE	6,048,402.		6,048,402.	
b FOOD SERVICE EXPENSE	4,190,572.	4,159,909.	30,663.	
c MINOR ART AND EQUIPMENT	1,235,687.	1,017,197.	218,490.	
d CLIENT ASSISTANCE	887,005.	887,005.		
e All other expenses	1,506,990.	229,738.	1,277,252.	
25 Total functional expenses. Add lines 1 through 24e	309,065,100.	247,126,866.	61,938,234.	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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	23,176,245.	1	70,418,899.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,319,528.	3	199,917.
	4 Accounts receivable, net	23,184,920.	4	24,567,775.
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	357,106.	8	362,511.
	9 Prepaid expenses and deferred charges	7,374,555.	9	10,100,678.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 535,042,148.		
	b Less: accumulated depreciation	10b 279,341,645.		
		265,243,876.	10c	255,700,503.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	40,363,393.	12	37,416,899.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	39,892,390.	15	31,752,495.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	401,912,013.	16	430,519,677.	
Liabilities	17 Accounts payable and accrued expenses	29,388,530.	17	41,981,075.
	18 Grants payable		18	
	19 Deferred revenue	3,151,061.	19	7,628,006.
	20 Tax-exempt bond liabilities	156,275,996.	20	151,737,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	27,702.	23	27,702.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25,247,576.	25	25,288,325.
	26 Total liabilities. Add lines 17 through 25	214,090,865.	26	226,662,108.
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	177,397,902.	27	194,299,384.
	28 Net assets with donor restrictions	10,423,246.	28	9,558,185.
	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		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	187,821,148.	32	203,857,569.
	33 Total liabilities and net assets/fund balances	401,912,013.	33	430,519,677.

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck 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	319,635,353.
2	Total expenses (must equal Part IX, column (A), line 25)	2	309,065,100.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,570,253.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	187,821,148.
5	Net unrealized gains (losses) on investments	5	1,172,161.
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	4,294,007.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	203,857,569.

Part XII Financial Statements and ReportingCheck 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<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"/>	

Form 990 (2023)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number	
--------------------------------	--

52-0591684

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention, or association 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).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on 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). _____

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		
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 5 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 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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 lines 5b and 5c 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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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 line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on line 2, above, 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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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 0.015 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 0.035.	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 0.85 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) 2023

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI**Supplemental Information.**

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

Public Disclosure Copy

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number

52-0591684

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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
SHEPPARD PRATT HEALTH SYSTEM, INC.	52-0591684

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
<u>1</u>		\$ <u>1,702,160.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>682,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>562,456.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>523,448.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>256,165.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SHEPPARD PRATT HEALTH SYSTEM, INC.	52-0591684

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
7		\$ 216,048.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 151,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 139,452.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 36,358.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 11,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SHEPPARD PRATT HEALTH SYSTEM, INC.**52-0591684****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 info. once.) \$ _____

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number

52-0591684

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

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

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-.

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

Schedule C (Form 990) 2023

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.			
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) 2020	(b) 2021	(c) 2022	(d) 2023	(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					

Schedule C (Form 990) 2023

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		210,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		293,707.
j Total. Add lines 1c through 1i			503,707.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
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 expenditures 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

SHEPPARD PRATT RETAINED THE LAW FIRM OF MCALLISTER AND QUINN AS

REGISTERED LOBBYISTS TO KEEP THE ORGANIZATION INFORMED AS TO ANY NEW

LEGISLATION THAT MAY IMPACT THE OPERATIONS OF THE HOSPITAL (TOTAL

EXPENSE IN FY24: \$210,000). SHEPPARD PRATT EMPLOYS A CHIEF OF

GOVERNMENT RELATIONS WHOSE SALARY IS INCLUDED IN LOBBYING ACTIVITY

Part IV Supplemental Information *(continued)*

(TOTAL SALARY AND BENEFITS \$276,795). SHEPPARD PRATT ALSO PAYS DUES TO AMERICAN HOSPITAL ASSOCIATION, MARYLAND HOSPITAL ASSOCIATION, NATIONAL ASSOCIATION OF BEHAVIORAL HEALTHCARE, MARYLAND HEALTH ASSOCIATION, MARYLAND BEHAVIORAL HEALTHCOALITION, NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS AND OTHER MENTAL HEALTH ORGANIZATIONS. A PORTION OF THE DUES PAID ARE USED TO FUND LOBBYING ACTIVITIES (FY24: \$16,912).

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

2023

Open to Public
Inspection

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number

52-0591684

Part I

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

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

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input checked="" type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	1
b Total acreage restricted by conservation easements	0.00
c Number of conservation easements on a certified historic structure included on line 2a	1
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located 1

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 1

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 0.

8 Does each conservation easement reported on line 2d 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.

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	\$	775,137.

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	\$	

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

Schedule D (Form 990) 2023

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☒ Preservation for future generations

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 in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

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

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

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,527,252.		15,527,252.
b Buildings		385,303,235.	198,544,543.	186,758,692.
c Leasehold improvements		80,401,837.	61,632,047.	18,769,790.
d Equipment		4,077,742.	3,064,190.	1,013,552.
e Other		49,732,082.	16,100,865.	33,631,217.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				255,700,503.

Schedule D (Form 990) 2023

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) INVESTMENTS LIMITED OR		
(B) RESTRICTED AS TO USE	24,954,876.	END-OF-YEAR MARKET VALUE
(C) INTEREST IN NET ASSETS OF		
(D) FOUNDATION	9,558,185.	END-OF-YEAR MARKET VALUE
(E) INVESTMENT IN SHEPPARD		
(F) PRATT ASSURANCE COMPANY,		
(G) LLC	2,903,838.	COST
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	37,416,899.	

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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) DUE FROM AFFILIATES	18,822,089.
(2) OTHER ASSETS	570,777.
(3) THIRD PARTY PAYOR SETTLEMENT RECEIVABLE	5,234,719.
(4) RIGHT OF USE ASSETS - OPERATING	7,124,910.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	31,752,495.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SELF-INSURANCE LIABILITY	9,479,300.
(3) CAPITAL LEASE OBLIGATIONS	5,523,222.
(4) DUE TO AFFILIATES	2,639,758.
(5) DEFERRED FINANCING COSTS	-403,249.
(6) RIGHT OF USE LIABILITY - OPERATING	8,049,294.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	25,288,325.

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 ... ☐

Schedule D (Form 990) 2023

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART II, LINE 9:

CONSERVATION EASEMENTS ARE REPORTED ON THE BALANCE SHEET AND ARE INCLUDED IN PROPERTY AND EQUIPMENT ON THE AUDITED FINANCIAL STATEMENTS.

PART III, LINE 4:

THE ART COLLECTION OF SHEPPARD PRATT EXEMPLIFIES THE HEALING ASPECTS OF ART, BOTH FOR THE CREATOR AND THE OBSERVER. THIS UNIQUELY THEMED COLLECTION CELEBRATES THE CAPACITY FOR ARTISTIC ENDEAVOR TO TRANSCEND AND TRIUMPH OVER MENTAL ILLNESS AND ADDICTION.

Part XIII Supplemental Information *(continued)*

Public Disclosure Copy

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Employer identification number

SHEPPARD PRATT HEALTH SYSTEM, INC.

52-0591684

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENT		100,000.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	1	0	INVESTMENT EXPENDITURES		2671618.
3 a Subtotal	0	0			2771618.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			2771618.

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

Schedule F (Form 990) 2023

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2023

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number

52-0591684

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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</i> care? 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>300</u> %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? 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 type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

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)			5522916.		5522916.	1.79%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			5522916.		5522916.	1.79%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1290926.		1290926.	.42%
f Health professions education (from Worksheet 5)			689,799.	141,075.	548,724.	.18%
g Subsidized health services (from Worksheet 6)			4036552.	660,321.	3376231.	1.09%
h Research (from Worksheet 7)			355,943.		355,943.	.12%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			81,181.		81,181.	.03%
j Total. Other Benefits			6454401.	801,396.	5653005.	1.84%
k Total. Add lines 7d and 7j			11977317.	801,396.	11175921.	3.63%

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? 2

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 SHEPPARD PRATT HOSPITAL
 6501 N CHARLES STREET
 TOWSON, MD 21204
 WWW.SHEPPARDPRATT.ORG
 03-039

Licensed hospital
 Gen. medical & surgical
 Children's hospital
 Teaching hospital
 Critical access hospital
 Research facility
 ER-24 hours
 ER-other

Other (describe)

Facility reporting group

X

X

SEE NARRATIVE

2 SHEPPARD PRATT AT BALTIMORE WASHINGTON
 7220 DISCOVERY DRIVE
 ELKRIDGE, MD 21075
 WWW.SHEPPARDPRATT.ORG
 13-002

X

SEE NARRATIVE

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: SHEPPARD PRATT HOSPITAL

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?	<u>1</u>	<u>X</u>
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	<u>2</u>	<u>X</u>
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	<u>3</u>	<u>X</u>
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 checked="" 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: 20 <u>21</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	<u>5</u>	<u>X</u>
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	<u>6a</u>	<u>X</u>
b 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	<u>6b</u>	<u>X</u>
7 Did the hospital facility make its CHNA report widely available to the public?	<u>7</u>	<u>X</u>
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://WWW.SHEPPARDPRATT.ORG/ABOUT/CHNA</u>		
b <input type="checkbox"/> Other website (list url):		
c <input 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	<u>8</u>	<u>X</u>
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	<u>10</u>	<u>X</u>
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	<u>10b</u>	
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)?	<u>12a</u>	<u>X</u>
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	<u>12b</u>	
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: SHEPPARD PRATT HOSPITAL

	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?	13 X	
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>300</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" 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 type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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 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?	16 X	
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 PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</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)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: SHEPPARD PRATT HOSPITAL

	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?	17	X	
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?	19		X
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?	21	X	
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)			

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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: SHEPPARD PRATT HOSPITAL**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ 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** ☐ 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** ☒ 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.

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.

	Yes	No
23		X
24		X

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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: SHEPPARD PRATT AT BALTIMORE WASHINGTON CLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	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?	1	X
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	2	X
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	3	X
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 checked="" 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: 20 <u>21</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	5	X
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	6a	X
b 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	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
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://WWW.SHEPPARDPRATT.ORG/ABOUT/CHNA</u>		
b <input type="checkbox"/> Other website (list url):		
c <input 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	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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: SHEPPARD PRATT AT BALTIMORE WASHINGTON C

	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?	13 X	
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>300</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" 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 type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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 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?	16 X	
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 PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</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)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: SHEPPARD PRATT AT BALTIMORE WASHINGTON C

	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?	17	X	
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?	19		X
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?	21	X	
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)			

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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: SHEPPARD PRATT AT BALTIMORE WASHINGTON C**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ 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** ☐ 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** ☒ 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.

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.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)

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.

SHEPPARD PRATT HOSPITAL:

PART V, SECTION B, LINE 5: SHEPPARD PRATT ENGAGED THE SERVICES OF CRESCENDO CONSULTING GROUP, A RECOGNIZED FIRM WITH EXPERTISE IN CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENTS, TO DEVELOP ITS F/Y 2022 CHNAS. A MULTI-MODAL APPROACH WAS USED TO CONDUCT THE RESEARCH FOR THE F/Y 2022 CHNAS, WHICH INCLUDED THE FOLLOWING:

- DEMOGRAPHIC AND OTHER SECONDARY RESEARCH
- FOCUS GROUP DISCUSSIONS WITH KEY STAKEHOLDERS REPRESENTING PUBLIC HEALTH, MEDICAL SERVICES, NON-PROFIT AND SOCIAL ORGANIZATIONS, AND CHILDREN AND YOUTH AGENCIES
- ONE-ON-ONE TELEPHONE INTERVIEWS WITH KEY STAKEHOLDERS
- DISCUSSIONS WITH HOSPITAL LEADERS
- NEEDS PRIORITIZATION ACTIVITIES

KEY STAKEHOLDERS FOR BOTH CHNAS INCLUDED THE FOLLOWING:

SANDRA O'NEILL, MS, LCPC, ANNE ARUNDEL DEPARTMENT OF HEALTH
DR. MAURA ROSSMAN, HOWARD COUNTY DEPARTMENT OF HEALTH
LEE P. OHNMACHT, MSS, LCSW-C, BALTIMORE COUNTY DEPARTMENT OF HEALTH,
BUREAU OF BEHAVIORAL HEALTH
CATHY FORBES, HOWARD COUNTY
CARL DELORENZO, HOWARD COUNTY
ROE RODGERS-BONACCORSY, HOWARD COUNTY MENTAL HEALTH AUTHORITY
LINDA RAINES, MENTAL HEALTH ASSOCIATION OF MARYLAND
KATE FARINHOLT, NAMI MARYLAND

Part V Facility Information (continued)

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.

REBBECA RIENZI, FAMILY NETWORK / PATHFINDERS FOR AUTISM

JANE GEHRING CHILD ADVOCACY CENTER

SAM SALERNO, LCSW-C, SHEPPARD PRATT

LAURA WINSTEAD, LCSW-C, SHEPPARD PRATT

LAURA ESKANDER, MD, SHEPPARD PRATT

EHSAN SYED, MD, SHEPPARD PRATT

ROBERT WISNER-CARLSON, MD, SHEPPARD PRATT

VERANDA HODZIC, MD, SHEPPARD PRATT

JESSIE STEPHEN, MD, SHEPPARD PRATT

DEVI BHUYAN, PSYD. SHEPPARD PRATT

CARRIE ETHERIDGE, LCSW-C, SHEPPARD PRATT

MONICA RETTENMIER, MD, SHEPPARD PRATT

SCOTT AARONSON, MD, SHEPPARD PRATT

WERONIKA GONDEK, MD, FAPA, SHEPPARD PRATT

SHEPPARD PRATT AT BALTIMORE WASHINGTON CAMPUS:

PART V, SECTION B, LINE 5: SHEPPARD PRATT ENGAGED THE SERVICES OF

CRESCENDO CONSULTING GROUP, A RECOGNIZED FIRM WITH EXPERTISE IN CONDUCTING

COMMUNITY HEALTH NEEDS ASSESSMENTS, TO DEVELOP ITS F/Y 2022 CHNAS. A

MULTI-MODAL APPROACH WAS USED TO CONDUCT THE RESEARCH FOR THE F/Y 2022

CHNAS, WHICH INCLUDED THE FOLLOWING:

-DEMOGRAPHIC AND OTHER SECONDARY RESEARCH

-FOCUS GROUP DISCUSSIONS WITH KEY STAKEHOLDERS REPRESENTING PUBLIC HEALTH,

MEDICAL SERVICES, NON-PROFIT AND SOCIAL ORGANIZATIONS, AND CHILDREN AND

YOUTH AGENCIES

-ONE-ON-ONE TELEPHONE INTERVIEWS WITH KEY STAKEHOLDERS

Part V Facility Information (continued)

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.

-DISCUSSIONS WITH HOSPITAL LEADERS

-NEEDS PRIORITIZATION ACTIVITIES

KEY STAKEHOLDERS FOR BOTH CHNAS INCLUDED THE FOLLOWING:

SANDRA O'NEILL, MS, LCPC, ANNE ARUNDEL DEPARTMENT OF HEALTH

DR. MAURA ROSSMAN, HOWARD COUNTY DEPARTMENT OF HEALTH

LEE P. OHNMACHT, MSS, LCSW-C, BALTIMORE COUNTY DEPARTMENT OF HEALTH,
BUREAU OF BEHAVIORAL HEALTH

CATHY FORBES, DELEGATE

CARL DELORENZO, HOWARD COUNTY

ROE RODGERS-BONACCORSY, HOWARD COUNTY MENTAL HEALTH AUTHORITY

LINDA RAINES, MENTAL HEALTH ASSOCIATION OF MARYLAND

KATE FARINHOLT, NAMI MARYLAND

REBBECA RIENZI, FAMILY NETWORK / PATHFINDERS FOR AUTISM

JANE GEHRING CHILD ADVOCACY CENTER

SAM SALERNO, LCSW-C, SHEPPARD PRATT

LAURA WINSTEAD, LCSW-C, SHEPPARD PRATT

LAURA ESKANDER, MD, SHEPPARD PRATT

EHSAN SYED, MD, SHEPPARD PRATT

ROBERT WISNER-CARLSON, MD, SHEPPARD PRATT

VERANDA HODZIC, MD, SHEPPARD PRATT

JESSIE STEPHEN, MD, SHEPPARD PRATT

DEVI BHUYAN, PSYD. SHEPPARD PRATT

CARRIE ETHERIDGE, LCSW-C, SHEPPARD PRATT

MONICA RETTENMIER, MD, SHEPPARD PRATT

SCOTT AARONSON, MD, SHEPPARD PRATT

Part V Facility Information (continued)

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.

WERONIKA GONDEK, MD, FAPA, SHEPPARD PRATT

SHEPPARD PRATT HOSPITAL:

PART V, SECTION B, LINE 6A: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS A COLLABORATION LED BY SHEPPARD PRATT HEALTH SYSTEM, INC., WITH THE ASSISTANCE OF CRESCENDO CONSULTING GROUP, A CONSULTING FIRM WITH EXPERTISE IN CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENTS. THE ASSESSMENT INCLUDED RELATED HOSPITAL FACILITIES, SHEPPARD PRATT HOSPITAL AND SHEPPARD PRATT AT THE BALTIMORE WASHINGTON CAMPUS.

SHEPPARD PRATT AT BALTIMORE WASHINGTON CAMPUS:

PART V, SECTION B, LINE 6A: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS A COLLABORATION LED BY SHEPPARD PRATT HEALTH SYSTEM, INC., WITH THE ASSISTANCE OF CRESCENDO CONSULTING GROUP, A CONSULTING FIRM WITH EXPERTISE IN CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENTS. THE ASSESSMENT INCLUDED RELATED HOSPITAL FACILITIES, SHEPPARD PRATT HOSPITAL AND SHEPPARD PRATT AT THE BALTIMORE WASHINGTON CAMPUS.

SHEPPARD PRATT HOSPITAL:

PART V, SECTION B, LINE 7A: [HTTPS://WWW.SHEPPARDPRATT.ORG/ABOUT/CHNA](https://www.sheppardpratt.org/about/chna)

SHEPPARD PRATT AT BALTIMORE WASHINGTON CAMPUS:

PART V, SECTION B, LINE 7A: [HTTPS://WWW.SHEPPARDPRATT.ORG/ABOUT/CHNA](https://www.sheppardpratt.org/about/chna)

SHEPPARD PRATT HOSPITAL:

Part V Facility Information (continued)

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.

PART V, SECTION B, LINE 11: EACH HOSPITAL IS REQUIRED TO CONDUCT AND PUBLISH ITS OWN CHNA AND IMPLEMENTATION PLAN, YET HOSPITALS ARE ENCOURAGED TO COLLABORATE ON THE CHNAS ESPECIALLY WHERE SERVICE LINES AND/OR SERVICE AREAS OVERLAP. FOR EACH SHEPPARD PRATT HOSPITAL, CHNA AND IMPLEMENTATION PLAN ACTIVITIES WERE JOINTLY CONDUCTED TO MAXIMIZE THE EFFICIENCY OF THE RESEARCH AND THE EFFECTIVENESS OF EMERGING STRATEGIES. THE STRATEGIC APPROACH ESTABLISHES THE BASIS FOR SHARED OPERATIONAL PLANS TO ADDRESS NEEDS. DURING THE JOINT CHNA RESEARCH FOR THE TWO HOSPITALS, PARTICULAR ATTENTION WAS GIVEN TO IDENTIFY DIFFERENCES THAT MAY OR MAY NOT EXIST BETWEEN THE TWO OVERLAPPING SERVICE AREAS. THE RESULTS OF THE CHNAS IDENTIFIED AN IDENTICAL SET OF APPROXIMATELY 22 COMMUNITY NEEDS WITH VERY LITTLE VARIATION IN THE RANKED PRIORITY BASED ON LOCATION. AS A RESULT, EACH HOSPITAL HAS ITS OWN CHNA AND IMPLEMENTATION PLAN; HOWEVER, THEY ARE IDENTICAL FOR BOTH HOSPITALS. THIS METHODOLOGY EFFECTIVELY SUPPORTS OPERATIONAL PLANS TO ADDRESS IDENTIFIED NEEDS IN EACH MARKET AND EVEN THE ADMINISTRATION OF SERVICES, IN SOME CASES THAT WILL BE CENTRALLY MANAGED, MAXIMIZE PATIENT CARE, IMPROVE OPERATIONAL EFFICIENCY, AND BETTER FOCUS SHEPPARD PRATT'S EFFORTS TO MEET THE HIGHEST PRIORITY SERVICE AREA NEEDS. OF THE 22 COMMUNITY NEEDS IDENTIFIED FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT, EXISTING PROGRAMS AND ACTIVITIES ALREADY ADDRESS 100% TO SOME EXTENT.

- THE HOSPITAL WILL FOCUS CURRENT AND NEW INITIATIVES ON THE HIGHEST PRIORITY ISSUES AS IDENTIFIED IN THE CHNA, AS WELL AS THOSE FOR WHICH IT HAS EXISTING PROGRAMS AND ACTIVITIES.

- FOR SOME OF THE PROGRAMS AND ACTIVITIES, SPHS IS A FACILITATOR OR PARTNER WITH A COMMUNITY SERVICE ORGANIZATION WHILE FOR OTHERS, IT TAKES MORE OF A LEADERSHIP ROLE.

Part V Facility Information (continued)

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.

- FOR MOST OF THESE NEEDS, SHPS PROGRAMS AND ACTIVITIES WILL REMAIN
LARGELY UNCHANGED. HOWEVER, SPHS MAY MODIFY EXISTING PROGRAMS, AS NEEDED
OR AS ADDITIONAL OPPORTUNITIES PRESENT THEMSELVES. THE LONG-TERM IMPACT
OF THE COVID-19 PANDEMIC IS YET TO FULLY UNFOLD, BUT SHEPPARD PRATT IS
DEDICATED TO RESPONDING TO EMERGING OPPORTUNITIES TO SUPPORT AND IMPROVE
BEHAVIORAL HEALTH.

TOP TWO FOCUS AREAS AND NEEDS BY TIME FRAME

WITHIN ONE-YEAR IMPACT EXPECTATION - FOCUS AREAS INCLUDE:

- CRISIS CARE PROGRAMS FOR BEHAVIORAL HEALTH (INCLUDING SUBSTANCE USE
DISORDERS)
- SUPPORT SERVICES FOR FAMILIES OF PEOPLE STRUGGLING WITH MENTAL HEALTH OR
SUBSTANCE ISSUES

TWO-THREE YEAR IMPACT EXPECTATION - FOCUS AREAS INCLUDE:

- COMMERCIAL INSURANCE COVERAGE OF BEHAVIORAL HEALTH SERVICES
- MENTAL HEALTH STIGMA REDUCTION

FOUR YEARS OR LONGER EXPECTATION (NOT FOCUSING ON DURING THE CURRENT CHNA
PERIOD)

- STAFF SHORTAGES
- MULTIPLICITY IN BEHAVIORAL HEALTH PROVIDERS

SHEPPARD PRATT AT BALTIMORE WASHINGTON CAMPUS:

PART V, SECTION B, LINE 11: EACH HOSPITAL IS REQUIRED TO CONDUCT AND
PUBLISH ITS OWN CHNA AND IMPLEMENTATION PLAN, YET HOSPITALS ARE ENCOURAGED

Part V Facility Information (continued)

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.

TO COLLABORATE ON THE CHNAS ESPECIALLY WHERE SERVICE LINES AND/OR SERVICE AREAS OVERLAP. FOR EACH SHEPPARD PRATT HOSPITAL, CHNA AND IMPLEMENTATION PLAN ACTIVITIES WERE JOINTLY CONDUCTED TO MAXIMIZE THE EFFICIENCY OF THE RESEARCH AND THE EFFECTIVENESS OF EMERGING STRATEGIES. THE STRATEGIC APPROACH ESTABLISHES THE BASIS FOR SHARED OPERATIONAL PLANS TO ADDRESS NEEDS. DURING THE JOINT CHNA RESEARCH FOR THE TWO HOSPITALS, PARTICULAR ATTENTION WAS GIVEN TO IDENTIFY DIFFERENCES THAT MAY OR MAY NOT EXIST BETWEEN THE TWO OVERLAPPING SERVICE AREAS. THE RESULTS OF THE CHNAS IDENTIFIED AN IDENTICAL SET OF APPROXIMATELY 22 COMMUNITY NEEDS WITH VERY LITTLE VARIATION IN THE RANKED PRIORITY BASED ON LOCATION. AS A RESULT, EACH HOSPITAL HAS ITS OWN CHNA AND IMPLEMENTATION PLAN; HOWEVER, THEY ARE IDENTICAL FOR BOTH HOSPITALS. THIS METHODOLOGY EFFECTIVELY SUPPORTS OPERATIONAL PLANS TO ADDRESS IDENTIFIED NEEDS IN EACH MARKET AND EVEN THE ADMINISTRATION OF SERVICES, IN SOME CASES THAT WILL BE CENTRALLY MANAGED, MAXIMIZE PATIENT CARE, IMPROVE OPERATIONAL EFFICIENCY, AND BETTER FOCUS SHEPPARD PRATT'S EFFORTS TO MEET THE HIGHEST PRIORITY SERVICE AREA NEEDS. OF THE 22 COMMUNITY NEEDS IDENTIFIED FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT, EXISTING PROGRAMS AND ACTIVITIES ALREADY ADDRESS 100% TO SOME EXTENT.

- THE HOSPITAL WILL FOCUS CURRENT AND NEW INITIATIVES ON THE HIGHEST PRIORITY ISSUES AS IDENTIFIED IN THE CHNA, AS WELL AS THOSE FOR WHICH IT HAS EXISTING PROGRAMS AND ACTIVITIES.

- FOR SOME OF THE PROGRAMS AND ACTIVITIES, SPHS IS A FACILITATOR OR PARTNER WITH A COMMUNITY SERVICE ORGANIZATION WHILE FOR OTHERS, IT TAKES MORE OF A LEADERSHIP ROLE.

- FOR MOST OF THESE NEEDS, SHPS PROGRAMS AND ACTIVITIES WILL REMAIN LARGELY UNCHANGED. HOWEVER, SPHS MAY MODIFY EXISTING PROGRAMS, AS NEEDED

Part V Facility Information (continued)

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.

OR AS ADDITIONAL OPPORTUNITIES PRESENT THEMSELVES. THE LONG-TERM IMPACT OF THE COVID-19 PANDEMIC IS YET TO FULLY UNFOLD, BUT SHEPPARD PRATT IS DEDICATED TO RESPONDING TO EMERGING OPPORTUNITIES TO SUPPORT AND IMPROVE BEHAVIORAL HEALTH.

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TWO-THREE YEAR IMPACT EXPECTATION - FOCUS AREAS INCLUDE:

- COMMERCIAL INSURANCE COVERAGE OF BEHAVIORAL HEALTH SERVICES
- MENTAL HEALTH STIGMA REDUCTION

FOUR YEARS OR LONGER EXPECTATION (NOT FOCUSING ON DURING THE CURRENT CHNA PERIOD)

- STAFF SHORTAGES
- MULTIPLICITY IN BEHAVIORAL HEALTH PROVIDERS

SHEPPARD PRATT HOSPITAL:

PART V, SECTION B, LINE 16J: FINANCIAL CASE MANAGERS ALSO PROVIDE INFORMATION ON FINANCIAL ASSISTANCE TO PATIENTS AND THEIR FAMILIES WHOM THEY BELIEVE MAY BENEFIT FROM ASSISTANCE.

Part V Facility Information (continued)

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.

SHEPPARD PRATT AT BALTIMORE WASHINGTON CAMPUS:

PART V, SECTION B, LINE 16J: FINANCIAL CASE MANAGERS ALSO PROVIDE
INFORMATION ON FINANCIAL ASSISTANCE TO PATIENTS AND THEIR FAMILIES WHOM
THEY BELIEVE MAY BENEFIT FROM ASSISTANCE.

SHEPPARD PRATT HOSPITAL

PART V, LINE 8, IMPLEMENTATION STRATEGY:

[HTTPS://WWW.SHEPPARDPRATT.ORG/ABOUT/CHNA](https://www.sheppardpratt.org/about/chna)

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.SHEPPARDPRATT.ORG/FOR-PATIENTS-SUPPORTS/FINANCIAL-SUPPORT-AN
D-BILLING-INFORMATION/](https://www.sheppardpratt.org/for-patients-supports/financial-support-and-billing-information/)

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.SHEPPARDPRATT.ORG/FILES/RESOURCES/SHEPPARD-PRATT-FINANCIAL-A
SSISTANCE-APPLICATION.PDF](https://www.sheppardpratt.org/files/resources/sheppard-pratt-financial-assistance-application.pdf)

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.SHEPPARDPRATT.ORG/FILES/RESOURCES/PLAIN-LANGUAGE-SUMMARY.PDF](https://www.sheppardpratt.org/files/resources/plain-language-summary.pdf)

SHEPPARD PRATT AT BALTIMORE WASHINGTON CAMPUS

PART V, LINE 8, IMPLEMENTATION STRATEGY:

[HTTPS://WWW.SHEPPARDPRATT.ORG/ABOUT/CHNA](https://www.sheppardpratt.org/about/chna)

PART V, LINE 16A, FAP WEBSITE:

Part V Facility Information *(continued)*

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.

[HTTPS://WWW.SHEPPARDPRATT.ORG/FOR-PATIENTS-SUPPORTS/FINANCIAL-SUPPORT-AND-BILLING-INFORMATION/](https://www.sheppardpratt.org/for-patients-supports/financial-support-and-billing-information/)

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.SHEPPARDPRATT.ORG/FILES/RESOURCES/SHEPPARD-PRATT-FINANCIAL-ASSISTANCE-APPLICATION.PDF](https://www.sheppardpratt.org/files/resources/sheppard-pratt-financial-assistance-application.pdf)

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.SHEPPARDPRATT.ORG/FILES/RESOURCES/PLAIN-LANGUAGE-SUMMARY.PDF](https://www.sheppardpratt.org/files/resources/plain-language-summary.pdf)

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? 14

Name and address	Type of facility (describe)
1 SHEPPARD PRATT SCHOOL - TOWSON 6501 NORTH CHARLES STREET BALTIMORE, MD 21204	LICENSED RESIDENTIAL TREATMENT CENTER/SP. ED. SCHOOL
2 THE RETREAT AT SHEPPARD PRATT 6501 NORTH CHARLES STREET BALTIMORE, MD 21204	16-BED LIMITED PRIVATE INPATIENT FACILITY
3 SHEPPARD PRATT SCHOOL - GLYNDON 407 CENTRAL AVENUE REISTERSTOWN, MD 21136	12-MTH SPECIAL ED. DAY SCH FOR STUDENTS WITH BEHAVIORAL & EMOTIONAL DISABILI
4 SHEPPARD PRATT SCHOOL - REISTERSTOWN 12039 REISTERSTOWN ROAD BALTIMORE, MD 21136	12-MTH SPECIAL ED. DAY SCHOOL FOR STUDENT WITH BEHAVIORAL & EMOTIONAL DISABI
5 SHEPPARD PRATT SCHOOL - ROCKVILLE 4915 ASPEN HILL ROAD ROCKVILLE, MD 20853	12-MTH SPECIAL ED. DAY SCHOOL FOR STUDENT WITH BEHAVIORAL & EMOTIONAL DISABI
6 SHEPPARD PRATT SCHOOL - HUNT VALLEY 11201 PEPPER ROAD HUNT VALLEY, MD 21031	12-MONTH SPECIAL EDUCATION DAY SCHOOL FOR STUDENTS WITH AUTISM
7 SHEPPARD PRATT SCHOOL - LANHAM 4819 WALDEN LANE LANHAM, MD 20706	12-MONTH SPECIAL EDUCATION DAY SCHOOL FOR STUDENTS WITH AUTISM
8 SHEPPARD PRATT SCHOOL - CUMBERLAND 10100 COUNTRY CLUB ROAD SOUTHEAST CUMBERLAND, MD 21502	12-MTH SPECIAL ED. DAY SCH FOR STUDENTS WITH BEHAVIORAL & EMOTIONAL DISABILI
9 SHEPPARD PRATT SCHOOL - GAITHERSBURG 610 EAST DIAMOND AVENUE GAITHERSBURG, MD 20877	12-MONTH SPECIAL EDUCATION DAY SCHOOL FOR STUDENTS WITH AUTISM
10 RUXTON HOUSE 1506 LABELLE AVENUE BALTIMORE, MD 21204	8-BED LICENSED GROUP HOME

Schedule H (Form 990) 2023

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and 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 CHNAs 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 (for example, 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.

PART I, LINE 3C:

SHEPPARD PRATT HEALTH SYSTEM USES AN ASSET TEST IN CONJUNCTION WITH THE 300% FPG FACTOR TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE. INDIVIDUALS WITH ASSETS LESS THAN \$10,000, AND FAMILIES WITH ASSETS LESS THAN \$25,000 ARE ELIGIBLE FOR FREE OR DISCOUNTED CARE. THE EQUITY VALUE OF AN APPLICANT'S PRINCIPAL RESIDENCE IS UP TO \$150,000 EXCLUDED FROM THE ASSET TEST.

PART I, LINE 7:

RATIO OF COST TO CHARGES, AS CALCULATED FROM THE FILED MEDICARE COST REPORT, WAS THE METHODOLOGY USED IN CALCULATING ITEMS LISTED IN PART I, LINE 7.

PART I, LINE 7A COL(D):

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 PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME

Part VI Supplemental Information (Continuation)

HOSPITAL, EXCEPT FOR THE GOVERNMENTAL CARVEOUT FOR PSYCHIATRIC HOSPITALS. 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.

PART I, LINE 7G:

IN THE AREA OF SUBSIDIZED HEALTH SERVICES, SHEPPARD PRATT PROVIDED 5,560 FREE DISCHARGE MEDICATIONS TO ITS CLIENTS. SHEPPARD PRATT ALSO AIDS WITH ENTITLEMENT ENROLLMENTS AND STAFF ASSISTED WITH THE SUBMISSION OF 133 ENROLLMENT APPLICATIONS. SHEPPARD PRATT ALSO PROVIDES EXTENSIVE THERAPY REFERRAL SERVICES TO ASSIST CLIENTS WITH FINDING THE RIGHT THERAPISTS. IN FY24, STAFF ASSISTED WITH 38,003 CALLS AND APPOINTMENTS MADE THROUGH OUR THERAPY REFERRAL SERVICE INITIATIVE.

PART II, COMMUNITY BUILDING ACTIVITIES:

SHEPPARD PRATT STRIVES TO MEET THE MENTAL HEALTH NEEDS OF A DIVERSE COMMUNITY THROUGH THE FLEXIBILITY OF TRADITIONAL TREATMENT MODALITIES COMBINED WITH COMMUNITY BENEFIT PROGRAMMING SO THAT THE MOST VULNERABLE OF OUR SOCIETY HAVE ACCESS TO INFORMATION, ACTIVITIES AND/OR TREATMENT. DUE TO THE SENSITIVITY OF THE SUBJECT MATTER, AND WITH AN UNDERSTANDING OF THE BURDEN SOME PEOPLE LABOR UNDER IN ASKING FOR INFORMATION, SHEPPARD PRATT HAS WORKED DILIGENTLY TO PROVIDE ACCESS THROUGH MANY LEVELS FROM FREELY AVAILABLE INFORMATION ON THE INTERNET, TO PUBLIC MEETINGS AND PROFESSIONAL SERVICES.

SHEPPARD PRATT HEALTH SYSTEM ATTENDS LOCAL, REGIONAL AND NATIONAL CONFERENCES IN ORDER TO REACH A BROAD SPECTRUM OF THE COMMUNITY WITH

Part VI Supplemental Information (Continuation)

GENERAL PSYCHIATRIC EDUCATION LITERATURE. IN FY24, SHEPPARD PRATT HOSTED EIGHT COMMUNITY TALKS. TOPICS PRESENTED INCLUDE: GAMBLING ADDICTION, SUICIDE PREVENTION, MINORITIES & MENTAL HEALTH, AND MEN'S MENTAL HEALTH.

TRANSPORTATION SERVICES WERE PROVIDED TO 1,440 PERSONS WHO REQUIRED TRANSPORTATION TO GET TO DOCTOR APPOINTMENTS OR OTHER MEDICAL SERVICES, AND TO RECEIVE CARE AT SHEPPARD PRATT. THIS TOTAL INCLUDES PATIENTS TRANSPORTED TO AND FROM OUR DAY HOSPITAL PROGRAMS, PATIENTS WHO WERE PROVIDED AMBULANCE TRANSPORTATION, AS WELL AS PATIENTS TRANSPORTED TO APPOINTMENTS FOR VARIOUS MEDICAL SERVICES OUTSIDE OF THE HOSPITAL. THE FY24 COST FOR THESE SERVICES WAS \$508,582.

SHEPPARD PRATT ALSO ADDRESSES THE HEALTH OF THE COMMUNITY BY ATTENDING PUBLIC EVENTS AND DISTRIBUTING FREE INFORMATION ON WELLNESS, GOOD NUTRITION, BODY IMAGE, AS WELL AS MEDIA LITERACY AS IT IMPACTS THE DIET AND HEALTH OF TODAY'S YOUTH.

IN FY24, SHEPPARD PRATT'S WEB SITE RESOURCE PAGE RECEIVED 39,392 PAGE VIEWS TO ACCESS INFORMATION ON PARENTING AND CHANGING YOUR CHILD'S BEHAVIOR, MINORITIES AND MENTAL HEALTH, LINKS TO MENTAL HEALTH RESOURCES, INFORMATIVE BLOGS, AND OTHER USEFUL TREATMENT INFORMATION.

PART III, LINE 2:

SHEPPARD PRATT HEALTH SYSTEM'S POLICY IS TO WRITE OFF ALL ACCOUNTS THAT HAVE BEEN IDENTIFIED AS UNCOLLECTIBLE. AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLE IS RECORDED FOR ACCOUNTS NOT YET WRITTEN OFF THAT ARE ANTICIPATED TO BECOME UNCOLLECTIBLE IN FUTURE PERIODS. INSURANCE COVERAGE AND CREDIT INFORMATION ARE OBTAINED FROM PATIENTS WHEN AVAILABLE. NO

Part VI Supplemental Information (Continuation)

COLLATERAL IS OBTAINED FOR ACCOUNTS RECEIVABLE. A COST-TO-CHARGE RATIO IS USED BASED ON FILED MEDICARE COST REPORTS TO DETERMINE AMOUNTS REPORTED AS BAD DEBT EXPENSE.

PART III, LINE 3:

PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY ALLOWANCES FOR BAD DEBTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, HEALTH SYSTEM ANALYZES HISTORICAL COLLECTIONS AND WRITE OFFS AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR BAD DEBTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS. MANAGEMENT REGULARLY REVIEWS ITS ESTIMATE AND EVALUATES THE SUFFICIENCY OF THE ALLOWANCE FOR BAD DEBTS. FOR PATIENT ACCOUNTS RECEIVABLE ASSOCIATED WITH SELF-PAY PATIENTS, WHICH INCLUDES THOSE PATIENTS WITHOUT EXISTING INSURANCE COVERAGE FOR A PORTION OF THE BILL, THE HEALTH SYSTEM RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS FOR PATIENTS THAT ARE UNABLE OR UNWILLING TO PAY FOR THE PORTION OF THE BILL REPRESENTING THEIR FINANCIAL RESPONSIBILITY. ACCOUNT BALANCES ARE CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AFTER ALL MEANS OF COLLECTION HAVE BEEN EXHAUSTED.

PART III, LINE 4:

SEE FOOTNOTE #1(K) OF AUDITED FINANCIAL STATEMENTS - PAGES 11 AND 12

PART III, LINE 8:

UNLIKE ACUTE CARE HOSPITALS, SHEPPARD PRATT AS AN INSTITUTION FOR MENTAL DISEASE (IMD) IS REIMBURSED UNDER THE MEDICARE PROSPECTIVE PAYMENT SYSTEM. MEDICARE PAYS SHEPPARD PRATT LESS THAN ITS COSTS AS SUPPORTED BY THE FINAL FILED FISCAL YEAR 2024 COST REPORT FILED WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. SHEPPARD PRATT TREATS ALL MEDICALLY APPROPRIATE

Part VI Supplemental Information (Continuation)

MEDICARE PATIENTS AS REQUIRED BY THE CONDITIONS OF PARTICIPATION AND
EMTALA.

PART III, LINE 9B:

SHEPPARD PRATT HEALTH SYSTEM'S BAD DEBT AND CHARITABLE WRITE OFF POLICY
OUTLINES THE PROCESS BY WHICH THE SYSTEM COLLECTS AND ACTS UPON PATIENT'S
FINANCIAL HARDSHIP INFORMATION INCLUDING ACCESS TO SHEPPARD PRATT'S
FINANCIAL AID PROCESS. THE HEALTH SYSTEM DOES NOT CHARGE INTEREST, LATE
FEES, OR PENALTIES ON ANY ACCOUNTS AND DOES NOT PERMIT COLLECTION AGENCIES
TO REPORT ACCOUNTS TO CREDIT REPORTING AGENCIES.

PART VI, LINE 2:

IN ADDITION TO THE COMPLETION OF OUR CHNA, SHEPPARD PRATT ALSO COLLECTS
AND UTILIZES SERVICE GAP INFORMATION GATHERED THROUGH PATIENT AND FAMILY
REQUESTS FOR SERVICE AS RECEIVED THROUGH ITS WEB SITE, CRISIS WALK IN
CLINIC, AND THE CARE NAVIGATION LINE.

PART VI, LINE 3:

EACH PATIENT IS PROVIDED WITH A PATIENT HANDBOOK UPON ADMISSION. THE
PATIENT HANDBOOK OUTLINES POLICIES, RULES, AND BASIC INFORMATION ABOUT THE
HOSPITAL INCLUDING INSTRUCTIONS ON HOW TO ACCESS FINANCIAL
ASSISTANCE/CHARITY CARE. SIGNAGE IS POSTED IN THE ADMISSION SUITE IN BOTH
PATIENT AND FAMILY WAITING AREAS INFORMING INTERESTED PARTIES THAT
FINANCIAL ASSISTANCE IS AVAILABLE. BECAUSE NO TWO PATIENTS HAVE IDENTICAL
TREATMENT NEEDS, ALL PATIENTS ARE URGED TO SPEAK WITH THEIR THERAPIST OR
OTHER HOSPITAL STAFF TO LEARN MORE ABOUT THE HOSPITAL'S FINANCIAL
ASSISTANCE PROGRAM. ADDITIONALLY, AS PART OF THE PAYMENT POLICY AND ACTION
ON PAST DUE ACCOUNTS, SHEPPARD PRATT'S FINANCIAL OFFICE PERSONNEL ACT AS

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

PATIENT FINANCIAL ADVOCATES AND MAY FORWARD THE FINANCIAL ASSISTANCE PAPERWORK FOR COMPLETION BY ALL RESPONSIBLE PARTIES. FINANCIAL ASSISTANCE INFORMATION IS ALSO INCLUDED IN THE PATIENT'S BILLING STATEMENT. FINALLY, PRIOR TO TRANSFER TO A COLLECTION AGENCY, ACCOUNTS ARE REVIEWED AGAIN FOR POSSIBLE FINANCIAL ASSISTANCE.

PART VI, LINE 4:

SHEPPARD PRATT'S SERVICE COMMUNITY CONSISTS OF ANNE ARUNDEL, BALTIMORE, HARFORD, AND HOWARD COUNTIES AND BALTIMORE CITY.

THE TOWSON SERVICE AREA IS DIVERSE IN RESPECT TO RACE, INCOME, LIFESTYLE FACTORS, AND OTHERS. THE OVERALL POPULATION OF THE SERVICE AREA IS STABLE, YET THE BALTIMORE CITY POPULATION IS CONTRACTING WHILE BALTIMORE COUNTY AND HARFORD COUNTY IS INCREASING. HOWEVER, THE CHALLENGING CHARACTERISTICS OF BALTIMORE CITY ARE REFLECTED IN COMMUNITY NEEDS. THE ELLICOTT CITY SERVICE AREA IS CHARACTERIZED BY INCREASING POPULATION, HIGHER INCOME AND EDUCATIONAL ATTAINMENT, AND HEALTHIER LIFESTYLES COMPARED TO THE TOWSON SERVICE AREA.

THERE ARE OVER 1.44 MILLION PEOPLE IN BALTIMORE COUNTY AND BALTIMORE CITY AND APPROXIMATELY 1.7 MILLION PEOPLE IN THE PRIMARY SHEPPARD PRATT SERVICE AREA.

FROM 2017 TO 2019, THERE WAS A SHIFT IN POPULATION OUT OF THE MOST URBAN AREA (BALTIMORE CITY) TO OTHER AREAS. POPULATION GROWTH WAS ESPECIALLY STRONG IN BALTIMORE, HOWARD, MONTGOMERY, AND FREDERICK COUNTIES. THE POPULATION IN EACH FACILITY'S SERVICE AREA INCLUDES SLIGHTLY MORE FEMALES THAN MALES. HOWEVER, FOR THE TOWSON LOCATION SERVICE AREA, THE DIFFERENCE

Part VI Supplemental Information (Continuation)

IS MORE PRONOUNCED. MEN AND WOMEN MAY HAVE DIFFERENT DISEASE PREVALENCE AND HEALTHCARE NEEDS. THE POPULATION IN BALTIMORE COUNTY AND BALTIMORE CITY IS NEARLY 53% FEMALE. THE HOWARD COUNTY SERVICE AREA AND HARFORD COUNTY SPLIT IS MORE EVEN 51% FEMALE: 49% MALE. ANNE ARUNDEL COUNTY HAS THE HIGHEST PERCENTAGE OF MALES.

THE TOWSON SERVICE AREA IS HIGHLY DIVERSE. NEARLY TWO OF THREE (61.80%) BALTIMORE CITY RESIDENTS ARE AFRICAN AMERICAN WHILE ABOUT THREE OF TEN (27.5%) ARE WHITE, YET BALTIMORE COUNTY HAS THE OPPOSITE RACIAL MAKEUP.

THE HOWARD COUNTY SERVICE AREA IS LARGELY WHITE. HOWEVER, MORE THAN ONE IN FIVE (25.4%) HOWARD COUNTY RESIDENTS SPEAK A PRIMARY LANGUAGE OTHER THAN ENGLISH. (AMERICAN COMMUNITY SURVEY 2010).

HARFORD COUNTY IS THE LEAST RACIALLY DIVERSE, WITH APPROXIMATELY 76.1% OF THE POPULATION IDENTIFYING AS WHITE.

BALTIMORE COUNTY, ANNE ARUNDEL COUNTY, AND HOWARD COUNTY EACH HAVE A MEDIAN AGE SIMILAR TO THE MARYLAND AVERAGE WHILE THE MEDIAN AGE IS LOWER (35.4 YEARS) IN BALTIMORE CITY. HARFORD COUNTY HAS THE OLDEST MEDIAN AGE AT 40.9 YEARS. ABOUT ONE IN THREE PEOPLE IN BOTH SERVICE AREAS ARE AGE 25 OR YOUNGER. BALTIMORE COUNTY (16.8%) AND HARFORD COUNTY (12.4%) HAVE THE HIGHEST PERCENTAGE OF INDIVIDUALS 65 YEARS AND OLD. SENIORS OFTEN HAVE DIFFERENT NEEDS THAN CHILDREN AND YOUNGER ADULTS.

THE HIGH SCHOOL GRADUATION RATES ARE SIMILAR IN EACH FACILITY'S SERVICE AREA. HOWEVER, THE PERCENTAGE OF THOSE WITH COLLEGE DEGREES IS SUBSTANTIALLY HIGHER IN THE ELLICOTT CITY SERVICE AREA. NEARLY TWO OF FIVE

Part VI Supplemental Information (Continuation)

(39.92%) BALTIMORE CITY ADULTS HAVE ONLY A HIGH SCHOOL DIPLOMA (24.54%) OR LESS (15.38%). ABOUT FIVE OF SEVEN PEOPLE (68%) IN THE ELLICOTT CITY SERVICE AREA HAVE AT LEAST SOME COLLEGE (INCLUDING THOSE WITH A DEGREE). HOWARD COUNTY IS THE MOST EDUCATED COUNTY WITH OVER 62% OF THE POPULATION HAVING AT LEAST A BACHELOR'S DEGREE. APPROXIMATELY 50% OF THE POPULATION IN BALTIMORE CITY HAS AT LEAST SOME COLLEGE OR A DEGREE WHILE OVER 57% OF THE POPULATION IN HARFORD COUNTY HAS AT LEAST SOME COLLEGE OR A DEGREE.

THE ELLICOTT CITY SERVICE AREA HAS A SUBSTANTIALLY HIGHER HOUSEHOLD INCOME THAN THE TOWSON LOCATION AND IS HIGHER THAN THE STATE MEDIAN. IN THE RESPECTIVE SERVICE AREAS, THERE IS ALSO A DRAMATIC DIFFERENCE IN THE PERCENTAGE OF CHILDREN AGED 0-17 WHO ARE LIVING IN HOUSEHOLDS WITH INCOME BELOW THE FEDERAL POVERTY LEVEL (FPL). NEARLY ONE-THIRD (32.90%) OF CHILDREN IN BALTIMORE CITY LIVE UNDER 100% OF THE FPL. MORE THAN 34% OF BALTIMORE COUNTY HOUSEHOLDS EARN ANNUAL INCOME OF OVER \$100,000 NEARLY DOUBLE THE RATE OF BALTIMORE CITY. OVER 40% OF HARFORD COUNTY RESIDENTS EARN A HOUSEHOLD INCOME OVER \$100,000, WHICH IS THE HIGHEST IN THE TOWSON SERVICE AREA AND OVER TWICE THE RATE OF BALTIMORE CITY. MORE THAN HALF (58%) OF HARFORD, MONTGOMERY, AND ANNE ARUNDEL COUNTY HOUSEHOLDS EARN OVER \$100,000.

DATA ON HEALTH CARE PROVIDERS PER 100,000 POPULATION SHOW THAT THE RATIOS IN HARFORD COUNTY AND ANNE ARUNDEL COUNTY ARE LOWER (WORSE) THAN THE STATE AVERAGE. BALTIMORE CITY HAS THE HIGHEST RATIO OF MENTAL HEALTH PROVIDERS PER 100,000 POPULATION IN THE COMBINED SERVICE AREAS, MEANING THERE ARE AN ABOVE AVERAGE NUMBER OF MENTAL HEALTH PROVIDERS IN THE CITY. BALTIMORE CITY HAS MORE MENTAL HEALTH PROVIDERS THAN BOTH THE STATE AND NATIONAL AVERAGE. HARFORD COUNTY HAS THE LOWEST RATIO OF PRIMARY CARE, MENTAL

Part VI Supplemental Information (Continuation)

HEALTH, AND DENTAL PROVIDERS THAN ANY OF THE OTHER COUNTIES IN BOTH SERVICE AREAS. HARFORD COUNTY HAS NEARLY HALF THE PRIMARY CARE PROVIDERS THAN THE STATE AVERAGE. ANNE ARUNDEL COUNTY HAS SLIGHTLY MORE PROVIDERS THAN HARFORD COUNTY BUT HAS THE LOWEST RATIO OF PROVIDERS IN THE ELLICOTT CITY SERVICE AREA. BOTH ANNE ARUNDEL AND HARFORD COUNTIES ARE GEOGRAPHICALLY MORE RURAL, AND THE UNITED STATES IS CURRENTLY FACING A PHYSICIAN SHORTAGE IN RURAL AREAS.

ACCORDING TO THE 2015 MARYLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, THERE IS A GREATER CONCENTRATION OF ADULT (AGES 18+) RESIDENTS IN BALTIMORE COUNTY DIAGNOSED WITH DEPRESSIVE DISORDERS THAN IN BALTIMORE CITY, ANNE ARUNDEL COUNTY, HOWARD COUNTY, OR MARYLAND AS A WHOLE. AT 16.7% EACH, BALTIMORE COUNTY AND HOWARD COUNTY HAVE THE HIGHEST PREVALENCE OF ANXIETY DISORDER WITHIN THE HOSPITAL'S COMBINED SERVICE AREAS. BOTH ARE ALSO HIGHER THAN THE STATEWIDE PREVALENCE RATE OF 13.5 PERCENT.

THERE ARE NO OTHER MENTAL HEALTH HOSPITALS IN THIS GEOGRAPHIC REGION TO SERVE THE AFOREMENTIONED DEMOGRAPHICS.

PART VI, LINE 5:

SHEPPARD PRATT HAS EVOLVED SERVICES BEYOND THE TRADITIONAL INPATIENT OR OUTPATIENT BOUNDARIES AS IT CONTINUES ITS COMMITMENT TO THE FOUNDERS' CHARTER TO "CARRY FORWARD, IMPROVE, THE AMELIORATED SYSTEM OF TREATMENT OF THE INSANE WITH THOUGHTFUL, PROACTIVE SERVICES". THE SYSTEM PROVIDES A POSITIVE IMPACT ON THOUSANDS OF INDIVIDUALS, THEIR FAMILIES, AND COMMUNITIES BY PROVIDING ACCESS TO A CREATIVE MIX OF COMMUNITY BENEFIT-DRIVEN BEHAVIORAL HEALTH SERVICES WHEN, WHERE AND IN WHATEVER FORM IS BEST SUITED TO THOSE IN NEED. IN FY 2021, SHEPPARD PRATT WAS AGAIN

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

RECOGNIZED BY U.S. NEWS AND WORLD REPORT AS ONE OF THE NATION'S TOP TEN HOSPITALS FOR PSYCHIATRIC CARE.

IN FY24, SHEPPARD PRATT PROVIDED SERVICE FOR 7,890 INPATIENT ADMISSIONS RESULTING IN SERVICE TO 111,298 INPATIENT DAYS; 66,021 OUTPATIENT AND DAY HOSPITAL VISITS; 13,296 RESIDENTIAL TREATMENT CENTER DAYS; AND 111,308 STUDENT DAYS. MORE THAN HALF OF THE INPATIENT SERVICES WERE PROVIDED TO MEDICARE OR MEDICAID RECIPIENTS. SHEPPARD PRATT'S PSYCHIATRIC URGENT CARE (PUC) CONTINUES TO RESPOND TO THE NEED FOR WALK-IN PSYCHIATRIC ASSESSMENTS. PUC PROVIDES AN EVALUATION OUTSIDE THE RIGORS OF A MEDICAL EMERGENCY ROOM SETTING. THE PROGRAM OPERATES MONDAYS THROUGH FRIDAYS FROM 10:00 AM TO 9:00 PM; AND SATURDAY 11:00 A.M. TO 3:00 P.M. PUC PROVIDES A PSYCHIATRIST TO EVALUATE COMMUNITY MEMBERS IN NEED OF CRISIS ASSESSMENT AND TRIAGE. IN FY24, 8,032 COMMUNITY MEMBERS PRESENTED TO THE CLINIC FOR EVALUATION.

SHEPPARD PRATT'S FLAGSHIP CAMPUS IS LOCATED AT 6501 NORTH CHARLES STREET, BALTIMORE, MD AND IS THE FOUNDING LOCATION OF THE SYSTEM WITH MOST SERVICES PROVIDED FROM THIS CAMPUS. SERVICES INCLUDE INPATIENT, PARTIAL DAY HOSPITALIZATION, INTENSIVE OUTPATIENT, ELECTRO-CONVULSIVE THERAPY (ECT), CRISIS EVALUATION, TELEPSYCHIATRY, RESIDENTIAL TREATMENT, AND PHYSICIAN OUTPATIENT APPOINTMENTS. AT THE END OF JUNE 2021, SHEPPARD PRATT TRANSFERRED OPERATIONS FROM THE ELLICOTT CITY LOCATION TO A NEW CAMPUS LOCATED AT 6500 KANE WAY, ELKRIDGE, MARYLAND. THE NEW CAMPUS PROVIDES A SIMILAR SUITE OF SERVICES AS THE ONE IT REPLACED, INCLUDING INPATIENT AND DAY TREATMENT. THE TWO INPATIENT HOSPITAL PROGRAMS ARE LICENSED TO OPERATE A TOTAL OF 414 LICENSED BEDS. INPATIENT SERVICES PROVIDE A WIDE ARRAY OF PSYCHIATRY DIAGNOSTIC CATEGORIES INCLUDING UNITS SPECIFICALLY DESIGNED FOR

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

CHILDREN, ADOLESCENTS, YOUNGSTERS WITH CO-OCCURRING MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES, YOUNG ADULTS, GERIATRICS, ADULTS, AS WELL AS SUBSPECIALTY ADULT PROGRAMS FOR CO-OCCURRING SUBSTANCE ABUSE AND MENTAL ILLNESS, PSYCHOTIC DISORDERS, DEVELOPMENTAL DISORDERS, TRAUMA DISORDERS AND EATING DISORDERS (FOR ADULTS AND ADOLESCENTS).

CARE NAVIGATION LINE IS A FREE, CONFIDENTIAL TELEPHONE SERVICE THAT PROVIDES THE PUBLIC WITH REFERRALS TO MENTAL HEALTH RESOURCES FOR THE BALTIMORE METROPOLITAN AREA INCLUDING SHEPPARD PRATT PROGRAMS. IN FY24, THIS PROGRAM ANSWERED 38,003 CALLS. ADDITIONAL SHEPPARD PRATT PROGRAMMING ACCESSED THROUGH THIS SERVICE INCLUDE URGENT ASSESSMENTS FOR INDIVIDUALS WHO NEED TO BE EVALUATED ON A CRITICAL BASIS WITHIN 48 HRS.; AND THE SCHEDULED CRISIS INTERVENTION PROGRAM WHICH PROVIDES APPOINTMENTS SCHEDULED WITHIN THE SAME DAY AS THE CALL IS RECEIVED.

PART VI, LINE 6:

THE SHEPPARD PRATT HEALTH SYSTEM ALSO INCLUDES SEVERAL HEALTH AND SOCIAL SERVICES AGENCIES THAT FOCUS THEIR SERVICES AT THE COMMUNITY LEVEL. THEIR COLLECTIVE PRIMARY MISSION IS TO PROVIDE REHABILITATIVE TREATMENT, HOUSING, AND VOCATIONAL SUPPORT TO INDIVIDUALS WITH CHRONIC MENTAL ILLNESS. COLLECTIVELY THEY PROVIDE SERVICES IN BALTIMORE, CARROLL, HOWARD, FREDERICK, MONTGOMERY, PRINCE GEORGE'S AND WASHINGTON COUNTIES AS WELL AS BALTIMORE CITY. THEY WORK COLLABORATIVELY IN SPECIAL PROJECTS DESIGNED TO ENHANCE EMPLOYMENT OPPORTUNITIES FOR RETURNING VETERANS. IN ADDITION TO THE TRADITIONAL MENTAL HEALTH SERVICES, THEY PROVIDE SUBSTANCE ABUSE TREATMENT, CASE MANAGEMENT, SCREENING FOR DEPARTMENTS OF SOCIAL SERVICES, EARLY HEAD START AND DAY CARE.

Part VI Supplemental Information (Continuation)

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD

Public Disclosure Copy

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" 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

2023

Open to Public
Inspection

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number

52-0591684

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <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) |

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

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HARSH TRIVEDI, MD, MBA PRESIDENT & CEO	(i)	1,184,905.	322,245.	26,917.	52,900.	57.	1,587,024.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TODD E. PETERS, MD VP, CMO, AND CMIO	(i)	596,557.	117,180.	54,968.	2,900.	30,660.	802,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY W. RICHARDSON VP & COO COMMUNITY BASED PROGRAMS	(i)	482,251.	93,744.	82,259.	2,900.	33,609.	694,763.	50,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER WEISS-WILKERSON SVP & CHIEF STRATEGY OFFICER	(i)	477,562.	93,744.	26,917.	27,900.	31,535.	657,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KELLY SAVOCA SVP, CFO, SECRETARY/TREASURER	(i)	498,679.	99,603.	55,103.	2,900.	57.	656,342.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GREGORY B GATTMAN VP & COO	(i)	434,639.	85,932.	29,394.	27,900.	27,061.	604,926.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DONNA L. RICHARDSON VP & CDO, FORMER KEY	(i)	277,723.	33,592.	94,739.	2,900.	10,860.	419,814.	40,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHAEL A. YOUNG M.D. MEDICAL DIRECTOR	(i)	382,762.	0.	3,576.	2,900.	27,060.	416,298.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KAREN ROBERTSON-KECK VP OF HR	(i)	239,438.	31,248.	112,313.	2,900.	23,491.	409,390.	50,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DEBORAH CUNNINGHAM EXECUTIVE DIRECTOR	(i)	383,932.	0.	14,308.	0.	907.	399,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JONATHAN HERSHFIELD LCMFT	(i)	359,366.	0.	3,014.	2,900.	33,335.	398,615.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) THOMAS D. HESS CHIEF OF STAFF, FORMER KEY	(i)	313,907.	0.	4,479.	2,585.	452.	321,423.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LAURA L. WEBB EXECUTIVE DIRECTOR, FORMER KEY	(i)	244,477.	0.	2,748.	2,855.	30,659.	280,739.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) KATHLEEN HILZENDEGER DIRECTOR DIV PROF SERVICE	(i)	210,994.	0.	9,297.	1,915.	25,684.	247,890.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4B:

DURING CALENDAR YEAR 2023, THE FOLLOWING PARTICIPATED IN SHEPPARD PRATT'S
SUPPLEMENTAL EXECUTIVE DEFERRED COMPENSATION PLAN ("SERP"):

HARSH TRIVEDI, MD, MBA \$ 50,000

KELLY SAVOCA \$ 25,000

TODD PETERS, MD \$ 25,000

GREGORY B GATTMAN \$ 25,000

JENNIFER W. WILKERSON \$ 25,000

KAREN ROBERTSON-KECK \$ 25,000

JEFFREY RICHARDSON \$ 25,000

DONNA RICHARDSON \$ 20,000

DURING THE CALENDAR YEAR, THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS AS
PART OF THEIR PARTICIPATION IN SHEPPARD PRATT'S SERP PLAN:

TODD PETERS, MD \$ 28,321

KELLY SAVOCA \$ 28,321

GREGORY B GATTMAN \$ 73,282

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.

JEFFREY RICHARDSON \$75,709

DONNA RICHARDSON \$60,684

KAREN ROBERTSON-KECK \$74,869

PART I, LINE 7:

TOP MANAGEMENT COMPENSATION INCLUDES AN ANNUAL INCENTIVE PLAN THAT PROVIDES
ADDITIONAL COMPENSATION BASED ON THE ACHIEVEMENT OF ORGANIZATION GOALS AND
METRICS INCLUDING FINANCIAL AND NON-FINANCIAL MEASURES. THE PLAN IS
APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public
Inspection

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number
52-0591684

Part I	SEE PART VI FOR COLUMN (F) CONTINUATIONS											
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	MD HEALTH & HIGHER EDUCATIONAL FACILITIES	52-0936091	NONE	12/20/17	100000127.	CONSTRUCT HOSPITAL, OTHER C		X		X		X
B	MD HEALTH & HIGHER EDUCATIONAL FACILITIES	52-0936091	NONE	12/20/17	78747872.	CURRENT REFUND 2012A/2012B BONDS		X		X		X
C												
D												

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired	12,572,464.		9,900,536.						
2 Amount of bonds legally defeased									
3 Total proceeds of issue	104,561,797.		78,747,872.						
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds	5,446,871.								
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds									
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds	99,114,926.								
11 Other spent proceeds			78,747,872.						
12 Other unspent proceeds									
13 Year of substantial completion	2021		2010						
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X					
16 Has the final allocation of proceeds been made?	X		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X						

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

Schedule K (Form 990) 2023

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X	X					
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c Are there any research agreements that may result in private business use of bond-financed property?		X	X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...			X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: MD HEALTH & HIGHER EDUCATIONAL FACILITIES

(F) DESCRIPTION OF PURPOSE: CONSTRUCT HOSPITAL, OTHER CAPITAL PROJECTS

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: MD HEALTH & HIGHER EDUCATIONAL FACILITIES

DATE THE REBATE COMPUTATION WAS PERFORMED: 12/20/2022

(A) ISSUER NAME: MD HEALTH & HIGHER EDUCATIONAL FACILITIES

DATE THE REBATE COMPUTATION WAS PERFORMED: 12/20/2022

PART I, LINE A

E BONDS DESCRIBED IN LINES A AND B WERE ISSUED AS A SINGLE ISSUE (THE "BONDS"). PURSUANT TO REGULATION SECTIONS 1.141-13(D), 1.148-9(H) AND 1.150-1(C)(3) OF THE INCOME TAX REGULATIONS, THE ISSUER ELECTED TO TREAT THE BONDS AS TWO SEPARATE ISSUES. ONE OF THE MULTIPURPOSE ISSUES, REFLECTING THE PORTION OF THE BONDS USED TO FINANCE A NEW PSYCHIATRIC HOSPITAL, CERTAIN CAPITAL EXPENDITURES, AND RENOVATIONS TO THE ORGANIZATION'S HEALTHCARE FACILITIES, CORRELATES TO COLUMN A THROUGHOUT THIS SCHEDULE K. THE OTHER MULTIPURPOSE ISSUE, REFLECTING THE PORTION

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*

OF THE BONDS USED FOR THE CURRENT REFUNDING OF THE ISSUER'S REVENUE
BONDS SHEPPARD PRATT ISSUE SERIES 2012A AND SERIES 2012B (THE "2012
BONDS"), CORRELATES TO COLUMN B THROUGHOUT THIS SCHEDULE K.

PART I, LINE A, COLUMN (F):
OTHER CAPITAL PROJECTS

PART I, LINE B, COLUMN (F):
SERIES 2012A AND 2012B BONDS- 3/1/2012

PART II, COLUMN A, LINE 3:
PROCEEDS OF \$104,561,797 INCLUDE CUMULATIVE EARNINGS OF \$4,561,589.

PART III, COLUMN B, LINES 4 & 5:
THE BONDS DESCRIBED IN LINE B REFUNDED THE 2012 BONDS. THE 2012 BONDS
REFUNDED OTHER PRIOR BONDS, SOME OF WHICH FINANCED CAPITAL PROJECTS AND
OTHERS OF WHICH WERE THEMSELVES REFUNDING BONDS. NO PRIVATE USE EXISTS
OF ANY PROPERTY FIRST FINANCED BY BONDS ISSUED AFTER JANUARY 1, 2003.
ANY PRIVATE USE OF PROPERTY FIRST FINANCED PRIOR TO JANUARY 1, 2003, IS
WITHIN PERMITTED LIMITS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number

52-0591684

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESIDENTIAL CARE FOR CHILDREN/ADOLESCENTS. SPONSOR RESIDENCY TRAINING
PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 6:

SHEPPARD & ENOCH PRATT FOUNDATION, INC. IS THE SOLE MEMBER OF THE
ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

SHEPPARD & ENOCH PRATT FOUNDATION HOLDS RESERVED RIGHTS WHICH INCLUDE THE
POWERS TO APPOINT BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B:

SHEPPARD & ENOCH PRATT FOUNDATION HOLDS RESERVED RIGHTS WHICH INCLUDE THE
POWERS TO APPOINT AND REMOVE BOARD MEMBERS. THE FOUNDATION ALSO HOLDS THE
RIGHT TO APPROVE CERTAIN SELECT TRANSACTIONS OF ITS SUBSIDIARIES.

FORM 990, PART VI, SECTION B, LINE 10A:

THE POLICIES DESCRIBED IN PART VI, SECTION B, LINES 10A-16B APPLY TO
SHEPPARD PRATT HEALTH SYSTEM, INC. AND ITS SUBSIDIARY AS LISTED BELOW:

SHEPPARD PRATT NON-CONTRACTED SERVICES, LLC

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES OF SHEPPARD AND ENOCH PRATT
FOUNDATION, INC. REVIEWS THE FORM 990 AT THE APRIL MEETING. FOLLOWING

FINANCE COMMITTEE REVIEW OF THE FORM 990, THE FORM 990 IS POSTED TO THE

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number

52-0591684

SHEPPARD PRATT WEBSITE PORTAL FOR THE BOARD OF DIRECTORS REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES ALL TRUSTEES AND KEY EXECUTIVE PERSONNEL TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE CFO WHO SUMMARIZES THE REPORTED CONFLICTS. THIS INFORMATION IS THEN PRESENTED TO THE CEO AND THE CHAIRMAN OF THE BOARD FOR REVIEW. IF IN THE NORMAL COURSE OF CONDUCTING A BOARD MEETING, AN AGENDA TOPIC IS DETERMINED TO PRESENT A CONFLICT OF INTEREST, THE INTERESTED BOARD MEMBER IS REQUIRED TO DISQUALIFY HIM OR HERSELF FROM ANY FURTHER DISCUSSION ON THE MATTER. THE CHAIRPERSON WILL SELECT A DISINTERESTED PERSON TO INVESTIGATE ALTERNATIVES TO THE TRANSACTION THAT POSES THE POTENTIAL CONFLICT. IF AFTER EXERCISING DUE DILIGENCE THE BOARD DETERMINES THAT ITS UNABLE TO SECURE A MORE ADVANTAGEOUS TRANSACTION WITH AN ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD WILL DETERMINE WHETHER OR NOT TO ENTER INTO THE TRANSACTION, IF IT IS IN THE BEST INTEREST OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15:

SALARIES OF THE CEO AND TOP MANAGEMENT ARE REVIEWED BY THE EMPLOYEE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF SHEPPARD AND ENOCH PRATT FOUNDATION, INC. THIS COMMITTEE IS COMPRISED OF INDEPENDENT TRUSTEES. THE TRUSTEES REVIEW COMPENSATION FOR REASONABLENESS. THEY USE COMPARATIVE INDUSTRY DATA AND FORM 990S OF OTHER ORGANIZATIONS IN THEIR REVIEW PROCESS. THE PROCESS FOR EMPLOYEE COMPENSATION INCLUDES DEVELOPMENT OF COMPENSATION RECOMMENDATIONS BASED ON MARKET SURVEYS AND OTHER COMPARATIVE INDUSTRY DATA AS WELL AS WRITTEN EMPLOYMENT CONTRACTS. THE SALARY INFORMATION FOR THIS

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number

52-0591684

GROUP IS OBTAINED BY A CONSULTANT THAT IS ENGAGED BY THE EXECUTIVE COMPENSATION COMMITTEE. THIS CONSULTANT USES CURRENT MARKET COMPENSATION SURVEYS AND OTHER COMPARATIVE INDUSTRY DATA TO MAKE RECOMMENDATIONS. THE RECOMMENDATIONS ARE THEN PRESENTED TO THE EXECUTIVE COMPENSATION COMMITTEE FOR APPROVAL. THE EXECUTIVE COMPENSATION COMMITTEE REPORTS THAT COMPENSATION WAS APPROVED TO THE FULL BOARD. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING FOR DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND OTHER POLICIES INCLUDING THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER FROM SHEPPARD PRATT INVESTMENT, INC., NET	5,333,196.
TRANSFER FROM SHEPPARD PRATT FOUNDATION, NET	758,805.
UNREALIZED LOSS IN NET ASSETS OF SHEPPARD PRATT FOUNDATION	-856,390.
TRANSFER TO SHEPPARD PRATT ASSURANCE COMPANY, NET	161,339.
GRANT WRITEDOWN	-1,102,943.
TOTAL TO FORM 990, PART XI, LINE 9	4,294,007.

FORM 990, PART XII, 2C

THE PARENT ENTITY, SHEPPARD AND ENOCH PRATT FOUNDATION, INC., HAS A FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number
52-0591684

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
SHEPPARD PRATT NON-CONTRACTED SERVICES, LLC - 85-0669566, 6501 N. CHARLES STREET, BALTIMORE, MD 21204	PSYCHIATRIC SERVICES	MARYLAND	89160514.	29653258.	SHEPPARD PRATT HEALTH SYSTEM, INC.

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
SHEPPARD & ENOCH PRATT FOUNDATION - 52-1357109, 6501 N. CHARLES STREET, BALTIMORE, MD 21204	CONDUCT FUNDRAISING ACTIVITIES TO SUPPORT AFFILIATED ORGANIZATIONS	MARYLAND	501(C)(3)	7	N/A		X
SHEPPARD PRATT PHYSICIANS PA - 52-1392214 6501 N. CHARLES STREET BALTIMORE, MD 21204	PROVIDE HEALTHCARE TO PATIENTS & RESIDENCY TRAINING TO MEDICAL PROF.	MARYLAND	501(C)(3)	10	SHEPPARD & ENOCH PRATT FOUNDATION	X	
SHEPPARD PRATT INVESTMENT, INC. - 52-1388935 6501 N. CHARLES STREET BALTIMORE, MD 21204	HOLD AND MANAGE ENDOWMENT FUNDS OF RELATED NONPROFIT ENTITIES	MARYLAND	501(C)(3)	12A	SHEPPARD & ENOCH PRATT FOUNDATION	X	
MOSAIC COMMUNITY SERVICES, INC. - 52-1388141 6501 N. CHARLES STREET BALTIMORE, MD 21204	PROVIDES THERAPEUTIC RESIDENTIAL REHAB & SUPPORT SERVICES	MARYLAND	501(C)(3)	7	SHEPPARD & ENOCH PRATT FOUNDATION	X	

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

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations[illegible]

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	

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
SHEPPARD PRATT PREFERRED RESOURCES, INC. - 52-1757742, 6501 N. CHARLES STREET, BALTIMORE, MD 21204	INACTIVE	MD	N/A	C CORP	N/A	N/A	N/A		X
SHEPPARD PRATT ASSURANCE COMPANY, LLC - 98-1668282, CARIBBEAN PLAZA, 2ND FLOOR, NORTH BUILDING, 878 WEST BAY ROAD, GEORGE OMNI HOUSE INC - 52-1226449 6501 N. CHARLES STREET BALTIMORE, MD 21204	INSURANCE RENTAL FACILITIES FOR MENTAL HEALTH	CAYMAN ISLANDS MD	SHEPPARD PRATT HEALTH SYSTEM, INC. N/A	C CORP C CORP	-87,370. N/A	7206624. N/A	100% N/A	X N/A	 X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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
(1) SHEPPARD PRATT PHYSICIANS PA	O	671,536.	FMV
(2) FAMILY SERVICES, INC.	O	2,186,058.	FMV
(3) FAMILY SERVICES, INC.	J	773,162.	FMV
(4) FAMILY SERVICES, INC.	Q	1,491,547.	FMV
(5) MOSAIC COMMUNITY SERVICES, INC.	O	2,475,591.	FMV
(6) MOSAIC COMMUNITY SERVICES, INC.	J	875,564.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) MOSAIC COMMUNITY SERVICES, INC.	Q	1,689,095.	FMV
(8) SHEPPARD PRATT PHYSICIANS PA	J	237,508.	FMV
(9) SHEPPARD PRATT PHYSICIANS PA	Q	458,189.	FMV
(10) ALLIANCE, INC.	O	1,715,975.	FMV
(11) ALLIANCE, INC.	J	606,904.	FMV
(12) ALLIANCE, INC.	Q	1,170,810.	FMV
(13) BEHAVIORAL HEALTH PARTNERS OF FREDERICK, INC.	O	500,343.	FMV
(14) BEHAVIORAL HEALTH PARTNERS OF FREDERICK, INC.	J	176,961.	FMV
(15) BEHAVIORAL HEALTH PARTNERS OF FREDERICK, INC.	Q	341,384.	FMV
(16) WAY STATION, INC.	O	2,841,673.	FMV
(17) WAY STATION, INC.	J	1,005,040.	FMV
(18) WAY STATION, INC.	Q	1,938,873.	FMV
(19) MOSAIC COMMUNITY SERVICES, INC.	J	208,105.	FMV
(20) SHEPPARD PRATT INVESTMENT, INC.	S	5,333,196.	FMV
(21) SHEPPARD & ENOCH PRATT FOUNDATION	S	758,805.	FMV
(22) SHEPPARD PRATT ASSURANCE COMPANY, LLC	R	2,671,618.	FMV
(23)			
(24)			

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.

[illegible]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

SHEPPARD PRATT ASSURANCE COMPANY, LLC

EIN: 98-1668282

CARIBBEAN PLAZA, 2ND FLOOR, NORTH BUILDING, 878 WEST BAY ROAD

GEORGE TOWN, CAYMAN ISLANDS KYL-1102

SCHEDULE R, PART II:

WAY STATION, INC., MOSAIC COMMUNITY SERVICES, INC. AND FAMILY SERVICES, INC. WORK WITH NUMEROUS HUD ENTITIES TO CARRY OUT THEIR EXEMPT PURPOSES. WHILE THERE IS BOARD OVERLAP THE ULTIMATE CONTROL RESIDES WITH HUD. AS SUCH THE HUD ENTITIES ARE NOT LISTED ON SHEPPARD PRATT HEALTH SYSTEM, INC.'S SCHEDULE R. HUD ENTITIES ARE REFLECTED ON THE SCHEDULE R OF WAY STATION, INC., MOSAIC COMMUNITY SERVICES, INC. AND FAMILY SERVICES, INC.

CARRYOVER DATA TO 2024

<u>FEDERAL POST-2017 NET OPERATING LOSS - RENTAL OF PERSONAL PR</u>	<u>2,125.</u>
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Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury
Internal Revenue ServiceDo not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

SHEPPARD PRATT HEALTH SYSTEM, INC.

EIN or SSN

52-0591684

Name and title of officer or person subject to tax KELLY SAVOCA
SVP & CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 0.
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize SC&H TAX & ADVISORY SERVICES, LLC to enter my PIN 91684
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52344321031

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SC&H GROUP, INC.

Date 05/12/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024.

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SHEPPARD PRATT HEALTH SYSTEM, INC.		D Employer identification number 52-0591684	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Print or Type Number, street, and room or suite no. If a P.O. box, see instructions. 6501 N. CHARLES STREET City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21204		E Group exemption number (see instructions)	
		C Book value of all assets at end of year 430,519,677.		F <input type="checkbox"/> Check box if an amended return.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity					
H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800					
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>					
J Enter the number of attached Schedules A (Form 990-T) 1					
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation THE SHEPPARD AND ENOC 52-1357109					
L The books are in care of KELLY SAVOCA Telephone number 410-938-5401					

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	0.	
3a	Amount due from Form 4255	3a		
b	Amount due from Form 8611	3b		
c	Amount due from Form 8697	3c		
d	Amount due from Form 8866	3d		
e	Other amounts due (see instructions)	3e		
f	Total amounts due. Add lines 3a through 3e	3f	0.	
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.	

Part III Tax and Payments (continued)

6a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here CAYMAN ISLANDS	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	900002	\$ 2,125.	
		\$	
		\$	
		\$	
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	LORI S. BURGHAUSER	LORI S. BURGHAUSER	05/12/25	PTIN P00370694
	Firm's name	Firm's EIN		
	SC&H TAX & ADVISORY SERVICES, LLC	41-2069731		
	Firm's address	Phone no.		
	910 RIDGEBROOK ROAD SPARKS, MD 21152	410-403-1500		

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Form 990-T (2023)

CORPORATION'S NAME	IDENTIFYING NO
THE SHEPPARD AND ENOCH PRATT FOUNDATION, INC.	52-1357109

Public Disclosure Copy

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

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

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

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

OMB No. 1545-0047

2023

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

A Name of the organization SHEPPARD PRATT HEALTH SYSTEM, INC.	B Employer identification number 52-0591684
C Unrelated business activity code (see instructions) 900002	D Sequence: 1 of 1

E Describe the unrelated trade or business **RENTAL OF PERSONAL PROPERTY AND FOOD SERVICE**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13	0.	

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	0.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

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

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2023

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	
B	
C	
D	

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)		0.			
a					
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)	0.			
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13	0.			

Part X	Compensation of Officers, Directors, and Trustees (see instructions)
---------------	---

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

Part XI Supplemental Information (see instructions)

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/21	625.	0.	625.	625.
06/30/22	500.	0.	500.	500.
06/30/23	1,000.	0.	1,000.	1,000.
NOL CARRYOVER AVAILABLE THIS YEAR			2,125.	2,125.

Public Disclosure Copy

SCHEDULE O
(Form 1120)

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.**
▶ **Go to www.irs.gov/Form1120 for instructions and the latest information.**

OMB No. 1545-0123

Name	Employer identification number
SHEPPARD PRATT HEALTH SYSTEM, INC.	52-0591684

Part I Apportionment Plan Information

1 Type of controlled group:

- a ☒ Parent-subsidiary group
b ☐ Brother-sister group
c ☐ Combined group
d ☐ Life insurance companies only

2 This corporation has been a member of this group:

- a ☒ For the entire year.
b ☐ From _____, until _____.

3 This corporation consents and represents to:

- a ☐ Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
b ☐ Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, and for all succeeding tax years.
c ☐ Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
d ☐ Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a ☐ Elected by the component members of the group.
b ☐ Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a ☐ No apportionment plan is in effect and none is being adopted.
b ☒ An apportionment plan is already in effect. It was adopted for the tax year ending JUNE 30, 2018, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. **N/A**

- a ☐ Yes.
(i) ☐ The statute of limitations for this year will expire on _____.
(ii) ☐ On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
b ☐ No. The members may not adopt or amend an apportionment plan.

7 ☐ If the corporation has a short tax year that does not include December 31, check the box. See instructions.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2018)

Part II Apportionment (See instructions)

(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Apportionment		
			(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1	SHEPPARD PRATT HEALTH SYSTEM, INC.	52-0591684	24-06		
2	SHEPPARD PRATT INVESTMENT, INC.	52-1388935	24-06		
3	SHEPPARD AND ENOCH PRATT FOUNDATION, INC.	52-1357109	24-06		
4	OMNI HOUSE INC	52-1226449	24-06		
5					
6					
7					
8					
9					
10					
Total					

Schedule O (Form 1120) (Rev. 12-2018)

Form **5471**

(Rev. December 2023)

Department of the Treasury
Internal Revenue Service**Information Return of U.S. Persons With
Respect to Certain Foreign Corporations**Go to www.irs.gov/Form5471 for instructions and the latest information.Information furnished for the foreign corporation's annual accounting period (tax year required by
section 898) (see instructions) beginning **JUL 1**, 2023, and ending **JUN 30**, 2024

OMB No. 1545-0123

Attachment
Sequence No. **121**

Name of person filing this return

SHEPPARD PRATT HEALTH SYSTEM, INC.

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

6501 N. CHARLES STREET

City or town, state, and ZIP code

BALTIMORE, MD 21204Filer's tax year beginning **JUL 1**, 2023, and ending **JUN 30**, 2024**A** Identifying number**52-0591684****B** Category of filer (See instructions. Check applicable box(es).):1a ☒ 1b ☐ 1c ☐ 2 ☐ 3 ☐ 4 ☒ 5a ☐ 5b ☐ 5c ☐**C** Enter the total percentage of the foreign corporation's voting stock
you owned at the end of its annual accounting period **100.00** %**D** Check box if this is a final Form 5471 for the foreign corporation ☐**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions) ☐**F** Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40 ☐**G** If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) ☐**H** Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
SHEPPARD AND ENOCH	6501 N CHARLES STREET				
PRATT FOUNDATION INC	BALTIMORE MD 21204	52-0591684			

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars
unless otherwise indicated.**1a** Name and address of foreign corporation**SHEPPARD PRATT ASSURANCE COMPANY**
P.O. BOX 1159
GRAND CAYMAN KYL-1102
CAYMAN ISLANDS**b(1)** Employer identification number, if any
98-1668282**b(2)** Reference ID number (see instructions)**b(3)** Previous reference ID number(s), if any (see instr.)**c** Country under whose laws incorporated
CAYMAN ISLANDS

d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency code
03/24/22	CAYMAN ISLANDS	524290	OTHER INSURANCE FUND	USD

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)

c Name and address of foreign corporation's statutory or resident agent in country of incorporation	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different
STRATEGIC RISK SOLUTIONS (CAYM P.O. BOX 1159 GRAND CAYMAN KY1-1102 CAYMAN ISLANDS	

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	100	100

LHA For Paperwork Reduction Act Notice, see instructions.

312301 01-05-24

Form **5471** (Rev. 12-2023)**SEE STATEMENT 3**

108

17250512 769024 SPHS

2023.05070 SHEPPARD PRATT HEALTH SYS SPHS__1

Schedule B	Shareholders of Foreign Corporation
-------------------	--

Part I	U.S. Shareholders of Foreign Corporation (see instructions)
---------------	--

[illegible]

Part II **Direct Shareholders of Foreign Corporation** (see instructions)

[illegible]Form **5471** (Rev. 12-2023)

Schedule C **Income Statement** (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

		Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a	2,560,215.
	b Returns and allowances	1b	
	c Subtract line 1b from line 1a	1c	2,560,215.
	2 Cost of goods sold	2	
	3 Gross profit (subtract line 2 from line 1c)	3	2,560,215.
	4 Dividends	4	
	5 Interest	5	44,966.
	6a Gross rents	6a	
	b Gross royalties and license fees	6b	
	7 Net gain or (loss) on sale of capital assets	7	
Income	8a Foreign currency transaction gain or loss - unrealized	8a	
	b Foreign currency transaction gain or loss - realized	8b	
	9 Other income (attach statement) SEE STATEMENT 4	9	5,333.
	10 Total income (add lines 3 through 9)	10	2,610,514.
	11 Compensation not deducted elsewhere	11	
Deductions	12a Rents	12a	
	b Royalties and license fees	12b	
	13 Interest	13	
	14 Depreciation not deducted elsewhere	14	
	15 Depletion	15	
	16 Taxes (exclude income tax expense (benefit))	16	
	17 Other deductions (attach statement - exclude income tax expense (benefit)) SEE STATEMENT 5	17	2,610,514.
	18 Total deductions (add lines 11 through 17)	18	2,610,514.
Net Income	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10)	19	
	20 Unusual or infrequently occurring items	20	
	21a Income tax expense (benefit) - current	21a	
	b Income tax expense (benefit) - deferred	21b	
22 Current year net income or (loss) per books (combine lines 19 through 21b)	22		
Other Comprehensive Income	23a Foreign currency translation adjustments	23a	
	b Other	23b	
	c Income tax expense (benefit) related to other comprehensive income	23c	
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	24	

Form **5471** (Rev. 12-2023)

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	182,680.	609,644.
2a	Trade notes and accounts receivable	2a	
b	Less allowance for bad debts	2b () ()	
3	Derivatives	3	
4	Inventories	4	
5	Other current assets (attach statement) SEE STATEMENT 6	5 4,030,803.	4,625,057.
6	Loans to shareholders and other related persons	6	
7	Investment in subsidiaries (attach statement)	7	
8	Other investments (attach statement) SEE STATEMENT 7	8 311,530.	1,971,924.
9a	Buildings and other depreciable assets	9a	
b	Less accumulated depreciation	9b () ()	
10a	Depletable assets	10a	
b	Less accumulated depletion	10b () ()	
11	Land (net of any amortization)	11	
12	Intangible assets:		
a	Goodwill	12a	
b	Organization costs	12b	
c	Patents, trademarks, and other intangible assets	12c	
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d () ()	
13	Other assets (attach statement)	13	
14	Total assets	14 4,525,013.	7,206,625.
Liabilities and Shareholders' Equity			
15	Accounts payable	15 80,300.	66,209.
16	Other current liabilities (attach statement) SEE STATEMENT 8	16 4,344,713.	7,040,416.
17	Derivatives	17	
18	Loans from shareholders and other related persons	18	
19	Other liabilities (attach statement)	19	
20	Capital stock:		
a	Preferred stock	20a	
b	Common stock	20b 100.	100.
21	Paid-in or capital surplus (attach reconciliation) SEE STATEMENT 9	21 99,900.	99,900.
22	Retained earnings	22	
23	Less cost of treasury stock	23 () ()	
24	Total liabilities and shareholders' equity	24 4,525,013.	7,206,625.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
If "Yes," see the instructions for required statement.		
2 During the tax year, did the foreign corporation own an interest in any trust?		X
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)?		X
If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)?		X
If "Yes," complete lines 4b and 4c.		
b Enter the total amount of the base erosion payments \$		
c Enter the total amount of the base erosion tax benefits \$		
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A?		X
If "Yes," complete line 5b.		
b Enter the total amount of the disallowed deductions (see instructions) \$		

FORM 5471 NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF STATEMENT 3
 SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO
 THE STOCK OF THE FOREIGN CORPORATION

NAME AND ADDRESS	IDENTIFYING NUMBER	NUMBER OF SHARES
SHEPPARD PRATT HEALTH SYSTEM		100

FORM 5471 OTHER INCOME STATEMENT 4

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
UNREALIZED GAIN			5,333.
TOTAL TO 5471, SCHEDULE C, LINE 9			5,333.

FORM 5471 OTHER DEDUCTIONS STATEMENT 5

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
UNDERWRITING EXPENSES			2,478,178.
ADMINISTRATIVE EXPENSES			132,336.
TOTAL TO 5471, SCHEDULE C, LINE 17			2,610,514.

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FORM 5471

OTHER CURRENT ASSETS

STATEMENT 6

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
DEFERRED REINSURANCE CEDED	1,290,052.	1,461,682.
PREMIUMS RECEIVABLE	2,293,165.	2,247,385.
REINSURANCE RECOVERABLE	440,000.	575,000.
PREPAID EXPENSES	5,184.	5,685.
ACCRUED INTEREST	2,402.	22,305.
DUE FROM BROKER	0.	313,000.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 5	4,030,803.	4,625,057.

FORM 5471

OTHER INVESTMENTS

STATEMENT 7

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
INVESTMENTS IN SECURITIES	311,530.	1,971,924.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 8	311,530.	1,971,924.

FORM 5471

OTHER CURRENT LIABILITIES

STATEMENT 8

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
LOSSES PAYABLE	10,039.	251,502.
UNEARNED PREMIUM RESERVE	2,295,219.	2,667,831.
LOSS RESERVE	1,943,462.	3,580,184.
RETROSPECTIVE ADJUSTMENT PAYABLE	94,268.	539,174.
REINSURANCE PREMIUMS PAYABLE	1,725.	1,725.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 16	4,344,713.	7,040,416.

FORM 5471

RECONCILIATION OF PAID-IN OR CAPITAL SURPLUS

STATEMENT 9

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
ADDITIONAL PAID-IN CAPITAL	99,900.	99,900.

Public Disclosure Copy

Schedule G Other Information (continued)

	Yes	No
6a Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 6b, 6c, and 6d. See instructions.		X
b Enter the amount of gross receipts derived from all sales of general property to the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \$ _____		
c Enter the amount of gross receipts derived from all sales of intangible property to the foreign corporation that the filer included in its computation of FDDEI \$ _____		
d Enter the amount of gross receipts derived from all services provided to the foreign corporation that the filer included in its computation of FDDEI \$ _____		
7 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year.		X
8 From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))?		X
9a Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the tax year? If "Yes," go to line 9b.		X
b Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d) (2)(B) for the tax year		
10 During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? If "Yes," see instructions and attach statement.		X
11 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
12 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
13 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X
14 Did you answer "Yes" to any of the questions in the instructions for line 14? STMT 10 If "Yes," enter the corresponding code(s) from the instructions and attach statement EP DED	X	
15 Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? If "Yes," enter the amount \$ _____		X
16 Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? If "Yes," enter the amount \$ _____		X
17a Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)?		X
b If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
18a Did the filer have any loan to or from the foreign corporation to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the filer used a rate of interest within the relevant safehaven range (100% to 130% of the applicable Federal rate (AFR) for the relevant term)?		X
b Did the filer have any loan to or from the foreign corporation to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the filer used a rate of interest outside the relevant safehaven range (100% to 130% of the applicable Federal rate (AFR) for the relevant term)?		X
19a Did the filer issue a covered debt instrument in any of the transactions described in Regulations section 1.385-3(b) (2) with respect to the foreign corporation during the tax year, or, did the filer issue or refinance indebtedness owed to the foreign corporation during the 36 months before or after the date of a distribution or acquisition described in Regulations section 1.385-3(b)(3)(i) made by the filer of this Form 5471, and either the issuance or refinance of indebtedness, or the distribution or acquisition, occurred during the tax year?		X
b If the answer to question 19a is "Yes," provide the following. (1) The amount of such transaction(s), distribution(s), and acquisition(s) \$ _____ (2) The amount of such related party indebtedness \$ _____		

CODE	DESCRIPTION	AMOUNT
EP	EARNINGS & PROFITS LIMITATION	130,066.
DED	DEDUCTIONS TAKEN INTO ACCOUNT	2,270.

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Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder	Identifying number
1a Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	1a
b Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions)	1b
c Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	1c
d Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	1d
e Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	1e
f Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f
g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1g
h Other subpart F income (enter result from Worksheet A)	1h
2 Earnings invested in U.S. property (enter the result from Worksheet B)	2
3 Reserved for future use	3
4 Factoring income	4
See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	
5a Section 245A eligible dividends (see instructions)	5a
b Extraordinary disposition amounts (see instructions)	5b
c Extraordinary reduction amounts (see instructions)	5c
d Section 245A(e) dividends (see instructions)	5d
e Dividends not reported on line 5a, 5b, 5c, or 5d	5e
6 Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6

	Yes	No
7a Was any income of the foreign corporation blocked?		X
b Did any such income become unblocked during the tax year (see section 964(b))?		X
If the answer to either question is "Yes," attach an explanation.		
8a Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		X
b If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ and at the end of the tax year \$ Provide an attachment detailing any changes from the beginning to the ending balances.		
c Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ and at the end of the tax year \$ Provide an attachment detailing any changes from the beginning to the ending balances.		
9 Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions)		

Form **5471** (Rev. 12-2023)

**SCHEDULE E
(Form 5471)**(Rev. December 2021)
Department of the Treasury
Internal Revenue Service**Income, War Profits, and Excess Profits Taxes Paid or Accrued**▶ **Attach to Form 5471.**▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

OMB No. 1545-0123

Name of person filing Form 5471

SHEPPARD PRATT HEALTH SYSTEM, INC.

Identifying number

52-0591684

Name of foreign corporation

SHEPPARD PRATT ASSURANCE COMPANY

EIN (if any)

98-1668282

Reference ID number (see instructions)

a Separate Category (Enter code - see instructions.)**b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)**c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)**PAS****Part I Taxes for Which a Foreign Tax Credit Is Allowed****Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspected Taxes	(d) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)
1			<input type="checkbox"/>			
2			<input type="checkbox"/>			
3			<input type="checkbox"/>			
4			<input type="checkbox"/>			

	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1		<input type="checkbox"/>					
2		<input type="checkbox"/>					
3		<input type="checkbox"/>					
4		<input type="checkbox"/>					
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4						
6	Total (combine lines 1 through 4 of column (m))						

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					

	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)
1				
2				
3				
4				
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6			

Name of foreign corporation SHEPPARD PRATT ASSURANCE COMPANY	EIN (if any) 98-1668282	Reference ID number (see instructions) PAS
--	-----------------------------------	--

- a** Separate Category (Enter code - see instructions.) **PAS**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

Part II Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

☐ Yes ☒ No If "Yes," state date of election ▶
Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)

	(a) Name of Payor Entity	(b) EIN or Reference ID No. of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2)								▶
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions))								▶

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation**IMPORTANT:** Enter amounts in U.S. dollars.**Taxes related to:**

	(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Adjustment for foreign tax redetermination			
3a	Taxes unsuspended under anti-splitter rules			
b	Taxes suspended under anti-splitter rules			
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (i)			
5	Taxes carried over in nonrecognition transactions			
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)			
7	Other adjustments (attach statement)			
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)			
9	Taxes deemed paid with respect to inclusions (see instructions)			
10	Taxes deemed paid with respect to actual distributions			
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
12	Other (attach statement)			
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))			
14	Reserved for future use			
15	Reduction for other taxes not deemed paid			
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12			

Name of foreign corporation

SHEPPARD PRATT ASSURANCE COMPANY

EIN (if any)

98-1668282

Reference ID number (see instructions)

- a** Separate Category (Enter code - see instructions.) **PAS**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)**(e) Taxes related to previously taxed E&P** (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

**SCHEDULE H
(Form 5471)**

(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

Current Earnings and Profits

▶ **Attach to Form 5471.**

OMB No. 1545-0123

▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Name of person filing Form 5471 SHEPPARD PRATT HEALTH SYSTEM, INC.		Identifying number 52-0591684
Name of foreign corporation SHEPPARD PRATT ASSURANCE COMPANY	EIN (if any) 98-1668282	Reference ID number (see instr.)

IMPORTANT: Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account	1	0.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions
a	Capital gains or losses	2a	5,333.
b	Depreciation and amortization	2b	
c	Depletion	2c	
d	Investment or incentive allowance	2d	
e	Charges to statutory reserves	2e	
f	Inventory adjustments	2f	
g	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i))	2g	
h	Foreign currency gains or losses	2h	
i	Other (attach statement) SEE STATEMENT 11	2i	2,478,178. 2,560,215.
3	Total net additions	3	2,478,178.
4	Total net subtractions	4	2,565,548.
5a	Current earnings and profits (line 1 plus line 3 minus line 4)	5a	-87,370.
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	5b	
c	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines	5c	-87,370.
(i)	General category (enter amount on applicable Schedule J, Part I, line 3, column (a))	5c(i)	
(ii)	Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a))	5c(ii)	-87,370.
(iii)	Section 901(j) category:		
(A)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(A)	
(B)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(B)	
(C)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(C)	
(D)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(D)	
d	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions))	5d	-87,370.
e	Enter exchange rate used for line 5d		

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

DESCRIPTION	NET ADDITIONS	NET SUBTRACTIONS
RELATED PARTY PREMIUM		2,560,215.
RELATED PARTY CLAIMS PAID AND MOV	2,478,178.	
TOTAL TO 5471, SCHEDULE H, LINE 2I	2,478,178.	2,560,215.

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SCHEDULE I-1
(Form 5471)

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service

Information for Global Intangible Low-Taxed Income

OMB No. 1545-0123

▶ **Attach to Form 5471.**

▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Name of person filing Form 5471

SHEPPARD PRATT HEALTH SYSTEM, INC.

Identifying number

52-0591684

Name of foreign corporation

SHEPPARD PRATT ASSURANCE COMPANY

EIN (if any)

98-1668282

Reference ID number (see instructions)

Separate Category (Enter code - see instructions)

▶ **PAS**

		Functional Currency	Conversion Rate	U.S. Dollars
1 Gross income (see instructions if cost of goods sold exceed gross receipts)	1	2610514.		
2 Exclusions (see instructions if cost of goods sold exceed gross receipts)				
a Effectively connected income	2a			
b Subpart F income	2b	2610514.		
c High-tax exception income per section 954(b)(4)	2c			
d Related party dividends	2d			
e Foreign oil and gas extraction income	2e			
3 Total exclusions (combine lines 2a through 2e)	3	2610514.		
4 Gross income less total exclusions (line 1 minus line 3) (see instructions) ...	4	0.		
5 Deductions properly allocable to amount on line 4	5			
6 Tested income (loss) (line 4 minus line 5)	6	0.	1.000000	
7 Tested foreign income taxes	7		1.000000	
8 Qualified business asset investment (QBAI)	8		1.000000	
9a Interest expense included on line 5	9a			
b Qualified interest expense	9b			
c Tested loss QBAI amount	9c			
d Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	9d		1.000000	
10a Interest income included in line 4	10a			
b Qualified interest income	10b			
c Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	10c		1.000000	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

**SCHEDULE J
(Form 5471)**(Rev. December 2020)
Department of the Treasury
Internal Revenue Service**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Identifying number

SHEPPARD PRATT HEALTH SYSTEM, INC.**52-0591684**

Name of foreign corporation

EIN (if any)

Reference ID number

SHEPPARD PRATT ASSURANCE COMPANY**98-1668282****a** Separate Category (Enter code - see instructions.) ▶ **PAS****b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶**Part I Accumulated E&P of Controlled Foreign Corporation**☐ Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).**Important:** Enter amounts in functional currency.

		(a)	(b)	(c)	(d)	(e) Previously Taxed E&P (see instructions)	
		Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	Hovering Deficit and Deduction for Suspended Taxes	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
1a	Balance at beginning of year (as reported on prior year Schedule J)	- 205,573.					
b	Beginning balance adjustments (attach statement)						
c	Adjusted beginning balance (combine lines 1a and 1b)	- 205,573.					
2a	Reduction for taxes unsuspended under anti-splitter rules						
b	Disallowed deduction for taxes suspended under anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)	- 87,370.					
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines 1c through 6)	- 292,943.					
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post- transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)	- 292,943.					

Part I Accumulated E&P of Controlled Foreign Corporation *(continued)*

	(e) Previously Taxed E&P (see instructions)				
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1a					
b					
c					
2a					
b					
3					
4					
5a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					

	(e) Previously Taxed E&P (see instructions)			(f)
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1a				- 205,573.
b				
c				- 205,573.
2a				
b				
3				- 87,370.
4				
5a				
b				
6				
7				- 292,943.
8				
9				
10				
11				
12				
13				
14				- 292,943.

Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**Important:** Enter amounts in functional currency.

1	Balance at beginning of year	▶	1	
2	Additions (amounts subject to future recapture)	▶	2	
3	Subtractions (amounts recaptured in current year)	▶	3	
4	Balance at end of year (combine lines 1 through 3)	▶	4	

Schedule J (Form 5471) (Rev. 12-2020)

**SCHEDULE M
(Form 5471)**(Rev. December 2021)
Department of the Treasury
Internal Revenue Service**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Identifying number

SHEPPARD PRATT HEALTH SYSTEM, INC.**52-0591684**

Name of foreign corporation

EIN (if any)

Reference ID number

SHEPPARD PRATT ASSURANCE COMPANY**98-1668282**

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **UNITED STATES, DOLLAR**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received ...					
9 Hybrid dividends received (see instr.) ...					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received					
12 Premiums received for insurance or reinsurance	1,947,131.				
13 Loan guarantee fees received					
14 Other amounts received (att. statement)					
15 Add lines 1 through 14	1,947,131.				
16 Purchases of stock in trade (inventory)					
17 Purchases of tangible property other than stock in trade					
18 Purchases of property rights (patents, trademarks, etc.)					
19 Platform contribution transaction payments paid					
20 Cost sharing transaction payments paid					
21 Compensation paid for technical, managerial, engineering, construction, or like services					
22 Commissions paid					
23 Rents, royalties, and license fees paid					
24 Hybrid dividends paid (see instructions)					
25 Dividends paid (exclude hybrid dividends paid)					
26 Interest paid					
27 Premiums paid for insurance or reinsurance					
28 Loan guarantee fees paid					
29 Other amounts paid (attach statement)					
30 Add lines 16 through 29					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)

312371 04-01-23

Name of person filing Form 5471

Identifying number

SHEPPARD PRATT HEALTH SYSTEM, INC.**52-0591684**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable					
32 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
33 Accounts Receivable					
34 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

Schedule M (Form 5471) (Rev. 12-2021)

**SCHEDULE P
(Form 5471)**

(Rev. December 2020)

Department of the Treasury
Internal Revenue Service**Previously Taxed Earnings and Profits of U.S. Shareholder
of Certain Foreign Corporations**

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

SHEPPARD PRATT HEALTH SYSTEM, INC.

Identifying number

52-0591684

Name of U.S. shareholder

SHEPPARD PRATT HEALTH SYSTEM, INC.

Identifying number

52-0591684

Name of foreign corporation

SHEPPARD PRATT ASSURANCE COMPANY

EIN (if any)

98-1668282

Reference ID number (see instructions)

a Separate Category (Enter code - see instructions.)**PAS****b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)**Part I Previously Taxed E&P in Functional Currency** (see instructions)

	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1a Balance at beginning of year (see instructions)			
b Beginning balance adjustments (attach statement)			
c Adjusted beginning balance (combine lines 1a and 1b)			
2 Reduction for taxes unsuspended under anti-splitter rules			
3 Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4 Previously taxed E&P carried over in nonrecognition transaction			
5 Other adjustments (attach statement)			
6 Total previously taxed E&P (combine lines 1c through 5)			
7 Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8 Actual distributions of previously taxed E&P			
9 Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10 Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11 Other adjustments (attach statement)			
12 Balance at beginning of next year (combine lines 6 through 11)			

Part I **Previously Taxed E&P in Functional Currency** (see instructions) *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Part II Previously Taxed E&P in U.S. Dollars

	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1a Balance at beginning of year (see instructions)			
b Beginning balance adjustments (attach statement)			
c Adjusted beginning balance (combine lines 1a and 1b)			
2 Reduction for taxes unsuspended under anti-splitter rules			
3 Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4 Previously taxed E&P carried over in nonrecognition transaction			
5 Other adjustments (attach statement)			
6 Total previously taxed E&P (combine lines 1c through 5)			
7 Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8 Actual distributions of previously taxed E&P			
9 Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10 Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11 Other adjustments (attach statement)			
12 Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Part II **Previously Taxed E&P in U.S. Dollars** *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

**SCHEDULE Q
(Form 5471)**

(Rev. December 2023)
Department of the Treasury
Internal Revenue Service

CFC Income by CFC Income Groups

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

SHEPPARD PRATT HEALTH SYSTEM, INC.

Identifying number

52-0591684

Name of foreign corporation

SHEPPARD PRATT ASSURANCE COMPANY

EIN (if any)

98-1668282

Reference ID number (see instructions)

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

- A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) **PAS**
B If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions) **III**
C If code "901j" is entered on line A, enter the country code for the sanctioned country (see instructions)

Complete a separate Schedule Q for U.S. source income and foreign source income (see instructions for an exception).

- D** Indicate whether this Schedule Q is being completed for: ☒ U.S. source income or ☐ Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

- E** If this Schedule Q is being completed for FOGEI or FORI income, check this box ☐

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach statement)
1 Subpart F Income Groups							
a Dividends, Interest, Rents, Royalties, & Annuities (Total)		2,610,514.	2,697,884.				
(1) Unit name: SHEPPARD PRA	CJ	2,610,514.	2,697,884.				
(2) Unit name:							
b Net Gain From Certain Property Transactions (Total)							
(1) Unit name:							
(2) Unit name:							
c Net Gain From Commodities Transactions (Total)							
(1) Unit name:							
(2) Unit name:							
d Net Foreign Currency Gain (Total)							
(1) Unit name:							
(2) Unit name:							
e Income Equivalent to Interest (Total)							
(1) Unit name:							
(2) Unit name:							
f Other Foreign Personal Holding Company Income (Total) (attach statement - see instructions)							
(1) Unit name:							
(2) Unit name:							

Important: See **Computer-Generated Schedule Q** in instructions.

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (Rev. 12-2023)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
a				-87,370.		5,865,819.			-87,370.
(1)				-87,370.		5,865,819.			-87,370.
(2)									
b									
(1)									
(2)									
c									
(1)									
(2)									
d									
(1)									
(2)									
e									
(1)									
(2)									
f									
(1)									
(2)									

Important: See **Computer-Generated Schedule Q** in instructions.

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach statement)
1 Subpart F Income Groups							
g Foreign Base Company Sales							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
h Foreign Base Company Services							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
i Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
j Insurance Income (Total)							
(1) Unit name:							
(2) Unit name:							
k International Boycott Income							
l Bribes, Kickbacks, and Other Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)							
(1) Unit name:							
(2) Unit name:							
4 Residual Income Group (Total)							
(1) Unit name:							
(2) Unit name:							
5 Total		2,610,514.	2,697,884.				

Important: See Computer-Generated Schedule Q in instructions.

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
g									
(1)									
(2)									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
(1)									
(2)									
k									
l									
m									
2									
3									
(1)									
(2)									
4									
(1)									
(2)									
5				-87,370.					-87,370.

Important: See **Computer-Generated Schedule Q** in instructions.

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

SHEPPARD PRATT HEALTH SYSTEM, INC.

Identifying number

52-0591684

Name of foreign corporation

SHEPPARD PRATT ASSURANCE COMPANY

EIN (if any)

98-1668282

Reference ID number (see instructions)

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NONTAXABLE DEEMED DIVIDEND UNDER IRC 301	06/30/2024	396,550.	0.
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor SHEPPARD PRATT HEALTH SYSTEM, INC.	Identifying number (see instructions) 52-0591684
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☒ No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☐ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☐ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) SHEPPARD PRATT ASSURANCE COMPANY	5a Identifying number, if any 98-1668282
--	---

6 Address (including country) P.O. BOX 1159 GRAND CAYMAN, KY1-1102 CAYMAN ISLANDS	5b Reference ID number
--	-------------------------------

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
CORPORATION

- 9** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06/30/2024		2,671,618.		

- 10** Was cash the only property transferred? ☒ Yes ☐ No
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ☐ Yes ☐ No
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ☐ Yes ☐ No
If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ☐ Yes ☐ No
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ☐ Yes ☐ No
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____
- 13** Did the transferor transfer property described in section 367(d)(4)? ☐ Yes ☐ No
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

- 14 a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

SEE STATEMENT 12

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before 100.000 % (b) After 100.000 %
- 17** Type of nonrecognition transaction (see instructions) ▶ 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
- | | | |
|--|------------------------------|--|
| a Gain recognition under section 904(f)(3) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- 19** Did this transfer result from a change in entity classification? ☐ Yes ☒ No
- 20 a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form 926 (Rev. 11-2018)

FORM 926

SUPPLEMENTAL PART III INFORMATION
REQUIRED TO BE REPORTED

STATEMENT 12

SHEPPARD PRATT ASSURANCE COMPANY

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS
1.6038B-1(C) AND TEMPORARY REGULATIONS 1.6038B-1T(C)(5) AND 1.6038B-1T(D).

REGULATION 1.6038B-1T(C)(1): TRANSFEROR:

SHEPPARD PRATT HEALTH SYSTEM INC
EIN: 52-0591684
6501 N. CHARLES STREET
BALTIMORE, MARYLAND 21204
UNITED STATES OF AMERICA

REGULATION 1.6038B-1T(C)(2): TRANSFEREE:

(I): SHEPPARD PRATT ASSURANCE COMPANY
EIN: 98-1668282
P.O. BOX 1159
GRAND CAYMAN KY1-1102, CAYMAN ISLANDS

INCORPORATED IN THE CAYMAN ISLANDS

(II): CASH RECEIVED FROM RELATED PARTIES OF THE ABOVE CORPORATION OCCURRED ON
VARIOUS DATES THROUGHOUT THE YEAR. THE TOTAL AMOUNT OF THESE DEEMED
CONTRIBUTIONS WAS \$2,671,618.

Public Disclosure Copy

SHEPPARD PRATT ASSURANCE COMPANY

REGULATION 1.6038B-1T(C)(3): CONSIDERATION RECEIVED:
NOTHING WAS RECEIVED IN CONSIDERATION IN EXCHANGE FOR CONTRIBUTIONS TO CAPITAL
OF \$2,671,618. THE TAXPAYER OWNED 100% OF THE STOCK OF THE TRANSFEREE
CORPORATION AFTER THESE TRANSFERS. REGULATION 1.6038B-1T(C)(4): PROPERTY
TRANSFERRED: CASH IN THE AMOUNT OF \$2,671,618. THE TAXPAYER OWNED 100% OF THE
STOCK OF THE TRANSFEREE CORPORATION AFTER THESE TRANSFERS.

REGULATION 1.6038B-1T(C)(5) AND 1T(C)(6) - NOT APPLICABLE

Public Disclosure Copy

Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

SHEPPARD PRATT HEALTH SYSTEM, INC.

EIN or SSN

52-0591684

Name and title of officer or person subject to tax KELLY SAVOCA
SVP & CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input checked="" type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b 107,259.
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize SC&H TAX & ADVISORY SERVICES, LLC to enter my PIN 91684
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52344321031

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SC&H GROUP, INC.

Date 05/12/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

Form

4720Department of the Treasury
Internal Revenue Service**Return of Certain Excise Taxes Under Chapters
41 and 42 of the Internal Revenue Code**(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944,
4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)Go to www.irs.gov/Form4720 for instructions and the latest information.

OMB No. 1545-0047

2023For calendar year 2023 or other tax year beginning **JUL 1**, 2023, and ending **JUN 30**, 2024

Name of organization, entity, or person subject to tax

EIN or SSN

52-0591684☐ Amended return**SHEPPARD PRATT HEALTH SYSTEM, INC.**

Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address)

6501 N. CHARLES STREET

Check box for type of annual return:

☒ Form 990 ☐ Form 990-EZ☐ Form 990-PF ☐ Other

City or town, state or province, country, and ZIP or foreign postal code

BALTIMORE, MD 21204☐ Form 5227**A** Is the organization a foreign private foundation within the meaning of section 4948(b)?

Show conversion rate to U.S. dollars. See instructions

Yes	No
	X
	X

B Entity (other than the organization) or person subject to tax: Are you required to file Form 4720 with respect to more than one organization in the current tax year? See instructions

If "Yes," attach a list showing the name and EIN for each organization with respect to which you will file Form 4720 for the current tax year.

Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

1	Tax on undistributed income - Schedule B, line 4	1	
2	Tax on excess business holdings - Schedule C, line 7	2	
3	Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (f)	3	
4	Tax on taxable expenditures - Schedule E, Part I, column (h)	4	
5	Tax on political expenditures - Schedule F, Part I, column (f)	5	
6	Tax on excess lobbying expenditures - Schedule G, line 4	6	
7	Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)	7	
8	Tax on premiums paid on personal benefit contracts	8	
9	Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)	9	
10	Tax on taxable distributions - Schedule K, Part I, column (f)	10	
11	Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	11	
12	Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2	12	
13	Tax on excess executive compensation - Schedule N	13	107,259.
14	Tax on net investment income of private colleges and universities - Schedule O	14	
15	Total (add lines 1 - 14)	15	107,259.

Part II Taxes on a Manager, Self-Dealer, Disqualified Person, Donor, Donor Advisor, or Related Person

(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

Name and address of related organization; city or town, state or province, country, ZIP or foreign postal code

Employer identification number

1	Tax on self-dealing - Schedule A, Part II, column (d); and Part III, column (d)	1	
2	Tax on investments that jeopardize charitable purposes - Schedule D, Part II, column (d)	2	
3	Tax on taxable expenditures - Schedule E, Part II, column (d)	3	
4	Tax on political expenditures - Schedule F, Part II, column (d)	4	
5	Tax on disqualifying lobbying expenditures - Schedule H, Part II, column (d)	5	
6	Tax on excess benefit transactions - Schedule I, Part II, column (d); and Part III, column (d)	6	
7	Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, column (d)	7	
8	Tax on taxable distributions - Schedule K, Part II, column (d)	8	
9	Tax on prohibited benefits - Schedule L, Part II, column (d); and Part III, column (d)	9	
10	Total - Add lines 1 through 9	10	

Part III Tax Payments

1	Total tax (Part I, line 15 or Part II, line 10)	1	107,259.
2	Total payments including amount paid with Form 8868 (see instructions)	2	115,000.
3	Tax due. If line 1 is larger than line 2, enter amount owed (see instructions)	3	
4	Overpayment. If line 1 is smaller than line 2, enter the difference. This is your refund	4	7,741.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 4720 (2023)

SCHEDULE A - Initial Taxes on Self-Dealing (Section 4941)

Part I Acts of Self-Dealing and Tax Computation				
(a) Act number	(b) Date of act	(c) Correction made?		(d) Description of act
		Yes	No	
1				
2				
3				
4				
5				

(e) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VIII, applicable to the act	(f) Amount involved in act	(g) Initial tax on self-dealer (10% of col. (f))	(h) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (f))

Part II Summary of Tax Liability of Self-Dealers and Proration of Payments			
(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Foundation Managers and Proration of Payments			
(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE B - Initial Tax on Undistributed Income (Section 4942)

1	Undistributed income for years before 2022 (from Form 990-PF for 2023, Part XII, line 6d)	1	
2	Undistributed income for 2022 (from Form 990-PF for 2023, Part XII, line 6e)	2	
3	Total undistributed income at end of current tax year beginning in 2023 and subject to tax under section 4942 (add lines 1 and 2)	3	
4	Tax - Enter 30% of line 3 here and on Part I, line 1	4	

Form 4720 (2023)

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)**Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

	(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1 Foundation holdings in business enterprise	1		
2 Permitted holdings in business enterprise	2		
3 Value of excess holdings in business enterprise	3		
4 Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)	4		
5 Taxable excess holdings in business enterprise - line 3 minus line 4	5		
6 Tax - Enter 10% of line 5	6		
7 Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	7		
8 Did the organization dispose of excess holdings subject to tax reported on line 6?			Yes No

Attach a statement explaining (i) corrective action taken, or (ii) why corrective action has not been taken.

SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)**Part I Investments and Tax Computation**

(a) Investment number	(b) Date of investment	(c) Correction made?		(d) Description of investment	(e) Amount of investment	(f) Initial tax on foundation (10% of col. (e))	(g) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (e))
		Yes	No				
1							
2							
3							
4							
5							
Total - Column (f). Enter here and on Part I, line 3							
Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below							

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part I Expenditures and Computation of Tax							
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made?		(e) Name and address of recipient		
			Yes	No			
1							
2							
3							
4							
5							
(f) Description of expenditure and purposes for which made					(g) Question number from Form 990-PF, Part VI-B, or Form 5227, Part VIII, applicable to the expenditure	(h) Initial tax imposed on foundation (20% of col. (b))	(i) Initial tax imposed on foundation managers (if applicable) - (lesser of \$10,000 or 5% of col. (b))
Total - Column (h). Enter here and on Part I, line 4							
Total - Column (i). Enter total (or prorated amount) here and in Part II, column (c), below							

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments			
(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (i), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)

Part I Expenditures and Computation of Tax							
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made?		(e) Description of political expenditure	(f) Initial tax imposed on organization or foundation (10% of col. (b))	(g) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
			Yes	No			
1							
2							
3							
4							
5							
Total - Column (f). Enter here and on Part I, line 5							
Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below							

Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments			
(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE G - Tax on Excess Lobbying Expenditures (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

Part I Expenditures and Computation of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable) - (5% of col. (b))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 7					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Organization Managers and Proration of Payments			
(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c) (see instructions))

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I Excess Benefit Transactions and Tax Computation				
(a) Transaction number	(b) Date of transaction	(c) Correction made?		(d) Description of transaction
		Yes	No	
1				
2				
3				
4				
5				
(e) Amount of excess benefit		(f) Initial tax on disqualified persons (25% of col. (e))		(g) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (e))

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(Section 4958) *Continued*

Summary of Tax Liability of Disqualified Persons and Proration of Payments

(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)

Part III	Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments
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(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)

Part I	Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity
---------------	--

(see instructions)

(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction			
1						
2						
3						
4						
5						
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction?			(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)	
Yes		No				
Total - Column (h). Enter here and on Part I, line 9						

Total - Column (h). Enter here and on Part I, line 9

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.

Part I Prohibited Benefits and Tax Computation		
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments			
(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Fund Managers and Proration of Payments			
(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

Form 4720 (2023)

Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs**Assessment Requirements** (Sections 4959 and 501(r)(3)). (See instructions.)

Part I Failures to Meet Section 501(r)(3)				
(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

Part II Computation of Tax				
1 Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3)			1	
2 Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12			2	

SCHEDULE N - Tax on Excess Executive Compensation (Section 4960). (See instructions.)

(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total. Add column (c) and (d)
1	SEE STATEMENT 1			
2				
3				
4				
5				
6	Attachment, if necessary. See instructions			
Total (add column (e) items 1 - 6)				510,758.
Tax. Enter 21% of the amount above here and on Part I, line 13				107,259.

SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities
(Section 4968)

	(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)
1	Filing Organization					
2	Related Organization					
3	Related Organization					
4	Related Organization					
5	Total from attachment, if necessary					
6	Total					
7	Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14					

Form 4720 (2023)

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	SVP & CFO				
	Signature of officer or trustee			Title Date	
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person				Date
	May the IRS discuss this return with the preparer shown below? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LORI S. BURGHAUSER	LORI S. BURGHAUSER	05/12/25		P00370694
	Firm's name	SC&H TAX & ADVISORY SERVICES, LLC			Firm's EIN
	Firm's address	910 RIDGEBROOK ROAD SPARKS, MD 21152			Phone no. 410-403-1500

Form 4720 (2023)

(A) ITEM NO	(B) NAME OF COVERED EMPLOYEE	(C) EXCESS REMUNERATION	(D) EXCESS PARACHUTE PAYMENT	(E) TOTAL
1	HARSH K. TRIVEDI, MD, MBA	510,758.		510,758.
TOTAL EXCESS EXECUTIVE COMPENSATION				510,758.