

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.**2023****Open to Public Inspection**


A For the 2023 calendar year, or tax year beginning <u>07/01</u> , 2023, and ending <u>06/30</u> , 20 <u>24</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>ST. AGNES HEALTHCARE, INC.</u> Doing business as <u>SEE SCHEDULE O</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>C/O TAX DEPARTMENT, P.O. BOX 45998</u> City or town, state or province, country, and ZIP or foreign postal code <u>ST. LOUIS, MO 63145-5998</u> F Name and address of principal officer: <u>WILLIAM B HIGGINBOTHAM</u> <u>SAME AS C ABOVE</u>
D Employer identification number <u>52-0591657</u>	
E Telephone number <u>(314) 733-8000</u>	
G Gross receipts \$ <u>494,193,602</u>	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: <u>https://healthcare.ascension.org/locations/maryland/mdbal/baltimore-ascension-saint-agnes-hospital</u>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Year of formation: <u>1862</u>	
M State of legal domicile: <u>MD</u>	
H(c) Group exemption number <u>0928</u>	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO IMPROVE THE HEALTH AND WELL-BEING OF ALL PEOPLE IN THE COMMUNITIES WE SERVE.</u>				
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>12</u>		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>9</u>		
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	<u>3,043</u>		
	6	Total number of volunteers (estimate if necessary)	6	<u>113</u>		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>1,905,673</u>		
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0</u>			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	<u>4,427,748</u>	Current Year	<u>5,767,917</u>
	9	Program service revenue (Part VIII, line 2g)	<u>541,959,145</u>	<u>483,603,154</u>		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>7,977,201</u>	<u>183,816</u>		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>4,607,001</u>	<u>4,638,715</u>		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>558,971,095</u>	<u>494,193,602</u>		
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>2,344,079</u>	<u>2,271,047</u>		
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>251,526,454</u>	<u>250,288,066</u>		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>		
	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0</u>			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>277,210,904</u>	<u>256,117,763</u>		
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>531,081,437</u>	<u>508,676,876</u>		
19	Revenue less expenses. Subtract line 18 from line 12	<u>27,889,658</u>	<u>(14,483,274)</u>			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	<u>409,523,374</u>	End of Year	<u>403,990,370</u>
	21	Total liabilities (Part X, line 26)	<u>200,520,483</u>	<u>214,669,535</u>		
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>209,002,891</u>	<u>189,320,835</u>		

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			05/13/2025			
	Signature of officer		Date			
	TONYA MERSHON, VICE PRESIDENT, TAX					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name		Firm's EIN			
	Firm's address		Phone no.			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

- 1** Briefly describe the organization's mission:
ROOTED IN THE LOVING MINISTRY OF JESUS AS HEALER, WE COMMIT OURSELVES TO SERVING ALL PERSONS
WITH SPECIAL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE. OUR CATHOLIC HEALTH MINISTRY IS
DEDICATED TO SPIRITUALLY-CENTERED, HOLISTIC CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF
(CONTINUED ON SCHEDULE O)
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 406,530,546 including grants of \$ 2,271,047) (Revenue \$ 485,611,760)

THE FILING ORGANIZATION IS A PART OF THE ASCENSION CATHOLIC HEALTH MINISTRY. ASCENSION IS A
FAITH-BASED HEALTHCARE ORGANIZATION THAT DELIVERS PERSONALIZED, COMPASSIONATE CARE TO ALL,
ESPECIALLY TO THOSE WHO NEED IT THE MOST.

ST. AGNES HEALTHCARE, INC. IS A 274-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO
PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING FISCAL YEAR
2024, ST. AGNES HEALTHCARE, INC. TREATED 10,316 ADULTS AND CHILDREN FOR A TOTAL OF 50,127
PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 199,364 OUTPATIENT VISITS,
WHICH INCLUDED 5,375 OUTPATIENT SURGERIES AND 67,644 EMERGENCY ROOM VISITS. SEE SCHEDULE H FOR A
NON-EXHAUSTIVE LIST OF COMMUNITY BENEFIT PROGRAMS AND DESCRIPTIONS.

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 406,530,546

Part IV Checklist of Required Schedules

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

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? If "Yes," complete Schedule I, Parts I and III	22 ✓	
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? If "Yes," complete Schedule J	23 ✓	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? If "Yes," complete Schedule L, Part I	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	✓
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? If "Yes," complete Schedule L, Part II	26	✓
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? If "Yes," complete Schedule L, Part III	27	✓
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? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b ✓	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
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? If "Yes," complete Schedule R, Part I	33 ✓	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 ✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a ✓	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b ✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
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? If "Yes," complete Schedule R, Part VI	37	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 ✓	

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 251	
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	3,043		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 12 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 1b 9		
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?	2	<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
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	12a	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
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?	16a	<input checked="" type="checkbox"/>
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?	16b	<input checked="" type="checkbox"/>

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
SARA O'BRIEN, 4600 EDMUNDSON ROAD, ST. LOUIS, MO 63134-3806, (314) 733-8000

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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) JESSE ALAN DORAN, MD SURGEON	50.0 0.0					✓		990,942	0	36,746
(2) GEORGE T GRACE, MD MEDICAL DIRECTOR	50.0 0.0					✓		964,894	0	53,517
(3) MARTIN A ALBORNOZ, MD CHAIR, MEDICAL DEPARTMENT	50.0 0.0					✓		970,565	0	44,307
(4) PAUL MICHAEL APOSTOLO, MD PHYSICIAN	50.0 0.0					✓		954,600	0	53,122
(5) OMAR KARIM, MD DIRECTOR, MEDICAL SPECIALTY	50.0 0.0					✓		873,389	0	60,051
(6) KENNETH H WILLIAMS, MD DIRECTOR	0.0 50.0	✓						0	501,854	54,304
(7) JONATHAN CONRAD D'SOUZA, MD CHIEF MEDICAL OFFICER	50.0 0.0				✓			499,751	0	38,429
(8) WILLIAM B HIGGINBOTHAM INTERIM PRESIDENT & CEO (END 9/2023)/PRESIDENT & CEO (START 9/2023)	50.0 0.0	✓		✓				452,658	0	51,050
(9) KALA K DAVIS, MD SECRETARY/SECTION CHIEF	50.0 0.0	✓		✓				460,905	0	28,004
(10) SCOTT M FURNISS FORMER OFFICER (END 1/2020)	0.0 50.0						✓	0	428,233	50,662
(11) MITCHELL G LOMAX CFO, MINISTRY MARKET	0.0 50.0			✓				0	402,645	50,896
(12) MICHAEL FITZGERALD FINEGAN VP, OPERATIONS	50.0 0.0				✓			286,489	0	49,818
(13) MARY L AUSTIN, RN CHIEF NURSING OFFICER (END 8/2023)	50.0 0.0				✓			301,543	0	24,415
(14) EDWARD R LOVERN FORMER OFFICER (END 5/2023)	50.0 0.0						✓	260,441	0	24,114

Form **990** (2023)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(15) GREGORY KELLY, JR TREASURER	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(16) RICHARD J HUNT, JR CHAIR	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(17) CHRISTOPHER CALLAGHAN DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) MICHELLE SPENCER DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) PERRY S FONG DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) RALPH L SAPIA DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) RICHARD S HUDES, MD DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) SISTER CECILLIA TSAO DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) VICTORIA V SEMANIE DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24)										
(25)										
1b Subtotal								7,016,177	1,332,732	619,435
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								7,016,177	1,332,732	619,435

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 **555**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CEP AMERICA LLC, 2100 POWELL ST STE 400, EMERYVILLE, CA 94608-1844	MEDICAL SERVICES	1,250,000
B E SMITH LLC, 8801 RENNER AVE, LENEXA, KS 66219-9717	STAFFING SERVICES	804,126
CENTERS FOR ADVANCED ORTHOPAEDICS LLC, 1850 M ST NW STE 750, WASHINGTON, DC 20036-5818	MEDICAL SERVICES	731,405
UNIV OF MD OTORHINOLARYNGOLOGY HEAD & NECK SURGERY, 16 S EUTAW ST STE 500, JAMES T FRENKIL BLDG, BALTIMORE, MD 21201-1619	MEDICAL SERVICES	604,605
PLMD LLC, 10715 RED RUN BLVD STE 110, OWINGS MILLS, MD 21117	AMBULANCE SERVICES	498,968

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 **25**

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	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	2,753,774			
	e	Government grants (contributions)	1e	3,014,143			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	0			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		5,767,917			
	Program Service Revenue				Business Code		
2a		NET PATIENT SERVICE REVENUE	621990	453,467,435	453,467,435		
b		INCOME FROM JOINT VENTURES	621990	13,403,537	13,403,537		
c		PHARMACY REVENUE	446110	9,774,854	9,774,854		
d		CONTRACTED SERVICES REVENUE	900099	2,136,639	2,136,639		
e		LAB SERVICES	621511	1,905,673		1,905,673	
f		All other program service revenue		2,915,016	2,915,016	0	0
g		Total. Add lines 2a-2f		483,603,154			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		95,765			95,765
	4	Income from investment of tax-exempt bond proceeds		0			0
	5	Royalties		0			0
	6a	Gross rents	(i) Real	(ii) Personal			
			6a	1,108,444	0		
			6b	Less: rental expenses	6b	0	0
	c	Rental income or (loss)	6c	1,108,444	0		
	d	Net rental income or (loss)		1,108,444			1,108,444
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			7a	0	88,051		
			7b	Less: cost or other basis and sales expenses	7b	0	0
	c	Gain or (loss)	7c	0	88,051		
	d	Net gain or (loss)		88,051			88,051
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a	0			
	b	Less: direct expenses	8b	0			
	c	Net income or (loss) from fundraising events		0			0
	9a	Gross income from gaming activities. See Part IV, line 19					
			9a	0			
			b	Less: direct expenses	9b	0	
	c	Net income or (loss) from gaming activities		0			0
10a	Gross sales of inventory, less returns and allowances						
		10a	5,394				
		b	Less: cost of goods sold	10b	0		
c	Net income or (loss) from sales of inventory		5,394			5,394	
Miscellaneous Revenue				Business Code			
	11a	CAFETERIA/VENDING REVENUE	722514	1,511,621			1,511,621
	b	EDUCATION REVENUE	611430	1,131,700	1,131,700		
	c	RESEARCH REVENUES	541700	687,147	687,147		0
	d	All other revenue		194,409	189,759	0	4,650
e	Total. Add lines 11a-11d		3,524,877				
12	Total revenue. See instructions			494,193,602	483,706,087	1,905,673	2,813,925

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	2,186,888	2,186,888		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	84,159	84,159		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,193,062	488,909	1,704,153	0
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	284,555		284,555	
7 Other salaries and wages	210,943,568	195,956,422	14,987,146	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,250,579	5,806,487	444,092	
9 Other employee benefits	16,920,779	15,718,590	1,202,189	
10 Payroll taxes	13,695,523	12,617,122	1,078,401	
11 Fees for services (nonemployees):				
a Management	478,634	324,277	154,357	
b Legal	481,120		481,120	
c Accounting	15,750		15,750	
d Lobbying	102,921		102,921	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	30,010,861	27,958,888	2,051,973	0
12 Advertising and promotion	405,281	306,368	98,913	
13 Office expenses	836,074	533,224	302,850	
14 Information technology	149,118	118,374	30,744	
15 Royalties				
16 Occupancy	9,442,267	8,698,772	743,495	
17 Travel	696,915	527,076	169,839	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	535,437	356,523	178,914	
20 Interest	2,623,133		2,623,133	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,874,462	21,994,560	1,879,902	
23 Insurance	10,342,469	215,233	10,127,236	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>MEDICAL SUPPLIES</u>	69,294,684	69,102,144	192,540	
b <u>PURCHASED SERVICES</u>	59,025,751	38,530,239	20,495,512	
c <u>MANAGEMENT FEE TO AFFILIATE</u>	41,328,101		41,328,101	
d <u>EQUIPMENT LEASE</u>	1,488,884	1,352,708	136,176	
e All other expenses	4,985,901	3,653,583	1,332,318	0
25 Total functional expenses. Add lines 1 through 24e	508,676,876	406,530,546	102,146,330	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	10,288	1	9,846
	2 Savings and temporary cash investments	5,292,462	2	3,251,695
	3 Pledges and grants receivable, net	143,956	3	210,430
	4 Accounts receivable, net	65,458,266	4	87,261,939
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	1,034,855	7	876,866
	8 Inventories for sale or use	8,879,914	8	9,229,915
	9 Prepaid expenses and deferred charges	449,487	9	727,313
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 523,528,513		
	b Less: accumulated depreciation	10b 316,433,130		
	11 Investments—publicly traded securities	538,243	11	605,183
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	58,952,708	13	39,304,662
	14 Intangible assets	952,076	14	1,223,050
	15 Other assets. See Part IV, line 11	38,352,268	15	54,194,088
	16 Total assets. Add lines 1 through 15 (must equal line 33)	409,523,374	16	403,990,370
Liabilities	17 Accounts payable and accrued expenses	51,880,193	17	50,028,836
	18 Grants payable	0	18	0
	19 Deferred revenue	2,013,880	19	2,163,467
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	146,626,410	25	162,477,232
	26 Total liabilities. Add lines 17 through 25	200,520,483	26	214,669,535
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	206,779,473	27	187,217,667
	28 Net assets with donor restrictions	2,223,418	28	2,103,168
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32 Total net assets or fund balances	209,002,891	32	189,320,835
	33 Total liabilities and net assets/fund balances	409,523,374	33	403,990,370

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	494,193,602
2	Total expenses (must equal Part IX, column (A), line 25)	2	508,676,876
3	Revenue less expenses. Subtract line 2 from line 1	3	(14,483,274)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	209,002,891
5	Net unrealized gains (losses) on investments	5	79,288
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	(5,278,070)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	189,320,835

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		✓
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	✓	
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.	✓	
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? . . .	✓	
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 .	✓	

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

ST. AGNES HEALTHCARE, INC.

Employer identification number

52-0591657

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990) 2023

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 33¹/₃% 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		<input type="checkbox"/>
b 33¹/₃% 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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 <input type="checkbox"/>						

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		<input type="checkbox"/>
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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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 (<i>explain in detail in Part VI</i>):		
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—provide details in Part VI)	5	
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). 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—explain in Part VI). 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, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . 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.)

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

**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

ST. AGNES HEALTHCARE, INC.

Employer identification number

52-0591657

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

Name of organization

ST. AGNES HEALTHCARE, INC.

Employer identification number

52-0591657

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,737,905	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 15,869	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

Name of organization

ST. AGNES HEALTHCARE, INC.

Employer identification number

52-0591657

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

SCHEDULE C
(Form 990)

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

ST. AGNES HEALTHCARE, INC.

Employer identification number

52-0591657

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

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

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

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

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

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

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

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

Cat. No. 50084S

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.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		102,921
j Total. Add lines 1c through 1i			102,921
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	<p>LOBBYING EXPENSES REPRESENT THE DUES PAID TO STATE HOSPITAL ASSOCIATIONS, A PORTION OF WHICH IS SPECIFICALLY ALLOCABLE TO LOBBYING.</p> <p>THE FILING ENTITY RETAINED THE RASMUSSEN GROUP, A LOBBYIST, TO PROVIDE GOVERNMENTAL ADVOCACY SERVICES AND OTHER LOBBYING ACTIVITIES AS MUTUALLY AGREED TO ON ISSUES AFFECTING ASCENSION ST. AGNES HOSPITAL.</p> <p>THE FILING ORGANIZATION DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE.</p>

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

ST. AGNES HEALTHCARE, INC.

Employer identification number

52-0591657

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

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

	(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 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.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
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	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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	702,105	752,795	773,233	705,425	700,190
b Contributions					
c Net investment earnings, gains, and losses	41,332	(50,690)	(20,438)	67,808	5,235
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	743,437	702,105	752,795	773,233	705,425

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

a Board designated or quasi-endowment 0.00 %

b Permanent endowment 18.08 %

c Term endowment 81.92 %

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? ☐

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	10,252,790		10,252,790
b Buildings	0	307,987,892	174,991,588	132,996,304
c Leasehold improvements	0	18,464,371	8,376,835	10,087,536
d Equipment	0	160,880,709	120,843,266	40,037,443
e Other	0	25,942,751	12,221,441	13,721,310
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				207,095,383

Part VII Investments—Other Securities

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

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

Part VIII Investments—Program Related

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN MARYLAND PHYSICIANS CARE	35,618,017	COST
(2) INVESTMENT IN MARYLAND CARE MANAGEMENT	3,686,645	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .	39,304,662	

Part IX Other Assets

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

(a) Description	(b) Book value
(1) OTHER ASSETS	4,315,280
(2) DUE FROM AFFILIATES	29,962,235
(3) OTHER RECEIVABLES	5,145,139
(4) SECURITY DEPOSIT	2,700
(5) INTEREST IN INVESTMENTS HELD BY ASCENSION HEALTH ALLIANCE	3,289,215
(6) RIGHT OF USE OPERATING LEASE ASSET	11,479,519
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	54,194,088

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) DUE TO AFFILIATES	68,228,457
(3) RECOVERY TAIL LIABILITY	1,901,644
(4) DEBT WITH ASCENSION HEALTH ALLIANCE	67,070,934
(5) OTHER MISCELLANEOUS LIABILITIES	492,649
(6) LONG TERM LEASE LIABILITY	11,757,078
(7) ACCRUED SALES USE TAX LIABILITY	7,017
(8) ESTIMATED 3RD PARTY PAYOR SETTLEMENT	41,448
(9) (SEE STATEMENT)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	162,477,232

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

Part 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.

[SEE STATEMENT](#)

Schedule D

Other Liabilities - Complete if the organization answered "Yes" to

Part X

Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
ASSET RETIREMENT OBLIGATIONS	1,200,000
VALUATION ALLOWANCE LIABILITY	96,000
MEDICARE ADVANCED PAYMENTS	9,795,005
INSURANCE ADVANCED PAYMENTS	1,887,000

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	<p>WHITEFORD ENDOWMENT - 50% TO BE UTILIZED TO ERECT A WING OR ADDITIONAL BUILDING, ADDITIONAL 50% MAY BE USED TO SUPPORT HOSPITAL OPERATIONS.</p> <p>BROWNE ENDOWMENT - ESTABLISHED FOR USE BY CARDIAC UNIT TO AID THE INDIGENT.</p> <p>GITTINGS ENDOWMENT - CREATED TO PROVIDE A BED IN THE CHILDREN'S WARD.</p>
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2024.</p>

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

ST. AGNES HEALTHCARE, INC.

Employer identification number

52 0591657

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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)			12,321,853	0	12,321,853	2.42
b Medicaid (from Worksheet 3, column a)			16,065,866	8,616,204	7,449,662	1.46
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	0	28,387,719	8,616,204	19,771,515	3.89
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			13,898,182	6,315,585	7,582,597	1.49
f Health professions education (from Worksheet 5)			7,031,500	0	7,031,500	1.38
g Subsidized health services (from Worksheet 6)			40,742,472	17,254,342	23,488,130	4.62
h Research (from Worksheet 7)			0	0	0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,086,693	0	1,086,693	0.21
j Total. Other Benefits	0	0	62,758,847	23,569,927	39,188,920	7.70
k Total. Add lines 7d and 7j	0	0	91,146,566	32,186,131	58,960,435	11.59

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

Cat. No. 50192T

Schedule H (Form 990) 2023

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			541,452	38,458	502,994	0.10
2 Economic development			0	0	0	0.00
3 Community support			8,510	0	8,510	0.00
4 Environmental improvements			0	0	0	0.00
5 Leadership development and training for community members			0	0	0	0.00
6 Coalition building			0	0	0	0.00
7 Community health improvement advocacy			0	0	0	0.00
8 Workforce development			0	0	0	0.00
9 Other			0	0	0	0.00
10 Total	0	0	549,962	38,458	511,504	0.10

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	15,626,263	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debts as community benefit	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	209,859,533
6 Enter Medicare allowable costs of care relating to payments on line 5	6	207,948,137
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	1,911,396
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: ST. AGNES HEALTHCARELine 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?	1	✓
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	✓
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	3	✓
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>23</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	✓
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	✓
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	✓
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	✓
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://healthcare.ascension.org/chna</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	✓
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	✓
a If "Yes," (list url): <u>https://healthcare.ascension.org/chna</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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	✓
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: ST. AGNES HEALTHCARE

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

Schedule H (Form 990) 2023

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: ST. AGNES HEALTHCARE

	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 ✓	
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	✓
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 ✓	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: ST. AGNES HEALTHCARE

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

Schedule H (Form 990) 2023

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	TO BETTER ALIGN COMMUNITY RESOURCES ON THE SERVICE AREA'S MOST PRESSING HEALTH NEEDS, THE HOSPITAL PARTICIPATED IN A GROUP DISCUSSION WITH ORGANIZATIONAL DECISION MAKERS AND COMMUNITY LEADERS TO PRIORITIZE THE SIGNIFICANT COMMUNITY HEALTH NEEDS WHILE CONSIDERING SEVERAL CRITERIA: ALIGNMENT WITH ASCENSION HEALTH STRATEGIES OF HEALTHCARE THAT LEAVES NO ONE BEHIND; CARE FOR THE POOR AND VULNERABLE; OPPORTUNITIES FOR PARTNERSHIP; AVAILABILITY OF EXISTING EVIDENCE-BASED PRACTICES, PROGRAMS AND RESOURCES; ADDRESSING DIFFERENCES OF SUBGROUPS AND ENABLING MORE ACCESS TO HEALTHCARE; AND COMMUNITY INPUT. THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AS IDENTIFIED THROUGH THE CHNA. SEE SCHEDULE H, PART V, LINE 7 FOR THE LINK TO THE CHNA AND SCHEDULE H, PART V, LINE 11 FOR HOW THOSE NEEDS ARE BEING ADDRESSED.
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	<p>FACILITY NAME: ST. AGNES HEALTHCARE</p> <p>DESCRIPTION: IN ST. AGNES HEALTHCARE'S MOST RECENT CHNA, COMMUNITY INPUT WAS GATHERED FROM JULY 2023 TO ITS COMPLETION IN MARCH 2024. THIS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPRESENTS THE CULMINATION OF WORK COMPLETED BY MULTIPLE INDIVIDUALS AND GROUPS. THE BALTIMORE CITY HEALTH DEPARTMENT (BCHD) AND LOCAL HEALTH SYSTEMS INCLUDING JOHNS HOPKINS HEALTH SYSTEM (JHHS), MERCY MEDICAL CENTER, MEDSTAR HEALTH, MT. WASHINGTON PEDIATRIC HOSPITAL (MWPH), GRACE MEDICAL CENTER AND SINAI HOSPITAL AND LEVINDALE.</p> <p>PRIMARY (NEW) DATA WAS COLLECTED THROUGH COMMUNITY-BASED FOCUS GROUPS AND WEB-BASED SURVEYS FOR COMMUNITY MEMBERS AND KEY COMMUNITY LEADERS AND INCLUDED FEEDBACK FROM MORE THAN 2,600 PEOPLE WHO LIVE, WORK, OR RECEIVE HEALTHCARE IN BALTIMORE CITY. KEY LEADERS MOST FREQUENTLY REPRESENTED NONPROFIT ORGANIZATIONS, BUT PARTICIPANTS ALSO INCLUDED GOVERNMENT, HEALTH, AND FAITH LEADERS AMONG OTHERS. A TOTAL OF 33 FOCUS GROUPS WERE CONDUCTED, EITHER VIRTUALLY OR IN PERSON, WITH A VARIETY OF COMMUNITY MEMBERS FROM DIFFERENT BACKGROUNDS, AGE GROUPS AND LIFE EXPERIENCES. A VARIETY OF POPULATIONS WERE REPRESENTED INCLUDING THE POOR AND VULNERABLE.</p>
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	<p>FACILITY NAME: ST. AGNES HEALTHCARE</p> <p>DESCRIPTION: THE HOSPITAL CONDUCTED ITS CHNA IN CONJUNCTION WITH:</p> <ul style="list-style-type: none"> -JOHNS HOPKINS HEALTH SYSTEM -MERCY MEDICAL CENTER -MEDSTAR HEALTH -MT. WASHINGTON PEDIATRIC HOSPITAL -GRACE MEDICAL CENTER -SINAI HOSPITAL OF BALTIMORE -LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL -UNIVERSITY OF MARYLAND MEDICAL CENTER
SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES	<p>FACILITY NAME: ST. AGNES HEALTHCARE</p> <p>DESCRIPTION: THE HOSPITAL CONDUCTED ITS CHNA IN CONJUNCTION WITH THE BALTIMORE CITY HEALTH DEPARTMENT (BCHD).</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE</p> <p>DESCRIPTION: IN FY 2024, ST. AGNES HEALTHCARE COMPLETED WORK ON ITS PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT WHICH HAD THE PRIORITIES OF ADDRESSING MENTAL HEALTH AND SUBSTANCE USE, ADDRESSING DIABETES AND CREATING PERSON-CENTERED HEALTHY NEIGHBORHOODS TO ADDRESS OTHER DETERMINANTS OF HEALTH.</p> <p>OUTCOMES SOUGHT FOR THE YEAR CENTERED ON AN INCREASE OF 25% IN THE PROPORTION OF PATIENTS ENROLLED WITH THE ASCENSION MEDICAL GROUP BEHAVIORAL HEALTH HOPE COUNSELING PROGRAM WHO REMAIN CONNECTED TO CARE FOR THREE VISITS. BY YEAR'S END THE INCREASE EXCEEDED THE GOAL AT 38%.</p> <p>ADDITIONALLY, AN OUTCOME SOUGHT TO SERVE 300 PEOPLE THROUGH COMMUNITY-BASED SERVICES AND 373 WERE SUCCESSFULLY SERVED.</p> <p>IN FY 2024, ST. AGNES HEALTHCARE CONDUCTED ITS COMMUNITY HEALTH NEEDS ASSESSMENT AND IDENTIFIED THE FOLLOWING AS TOP HEALTH PRIORITIES:</p> <p>1)MENTAL HEALTH 2)CHRONIC HEALTH CONDITIONS 3)ACCESS TO CARE</p> <p>THE IMPLEMENTATION STRATEGY DEVELOPED AND APPROVED IN EARLY FY 2025, PROVIDES VARIOUS STRATEGIES TO ADDRESS THE IDENTIFIED PRIORITIES.</p> <p>THE HOSPITAL WILL CONTINUE TO BUILD A PATH TOWARD A COMPREHENSIVE CONTINUUM OF CARE FOR MENTAL HEALTH NEEDS BY STRENGTHENING PROGRAMS IN VARIOUS HOSPITAL DIVISIONS. CREATE AND STRENGTHEN COMMUNITY PROGRAMMING WITH THE HEALTH INSTITUTE AND COMMUNITY PARTNERS.</p> <p>KEY LEADERS SURVEYED DURING THE CHNA PROCESS IDENTIFIED MENTAL HEALTH AS THE TOP HEALTH ISSUE IMPACTING RESIDENTS OF BALTIMORE CITY. AMONG 33 KEY LEADERS FROM VARIOUS ORGANIZATIONS WHO RESPONDED TO THE SURVEY, 66.7% IDENTIFIED MENTAL HEALTH AND SUICIDE AS A TOP COMMUNITY HEALTH NEED IN BALTIMORE CITY. MULTIPLE COMMUNITY RESOURCES TO ADDRESS BEHAVIORAL AND MENTAL HEALTH WERE IDENTIFIED IN THIS SURVEY AS BEING BOTH HELPFUL TO ADDRESS THESE CONCERNS AND INSUFFICIENT TO MEET EXISTING LEVELS OF COMMUNITY NEED. KEY LEADERS DESCRIBED A NEED FOR MORE COMPREHENSIVE RESOURCES OR EASIER ACCESS TO EXISTING RESOURCES.</p> <p>ACTIONS TO UNDERTAKE INCLUDE SCREENING COMMUNITY MEMBERS RECEIVING RESOURCES AND/OR MEDICAL CARE FROM THE ASA MOBILE CLINIC FOR DEPRESSION, ANXIETY AND ISOLATION. ASA STAFF AND THE LARGER COMMUNITY WILL BE BETTER ABLE TO MEET INDIVIDUALS' MENTAL HEALTH AND CO-OCCURRING SUBSTANCE USE DISORDER NEEDS, THROUGH NALOXONE TRAINING.</p> <p>THE ANTICIPATED OUTCOMES INCLUDE:</p> <ul style="list-style-type: none"> - SCREEN 80% OF COMMUNITY MEMBERS AT THE ASA MOBILE CLINIC FOR DEPRESSION, ANXIETY AND ISOLATION. - CONNECT 30% OF COMMUNITY MEMBERS SCREENING POSITIVE FOR DEPRESSION, ANXIETY AND ISOLATION WITH APPROPRIATE MENTAL HEALTH SERVICE PROVIDERS. - PROVIDE 20% OF INPATIENTS WITH AN OPIOID DISORDER WITH NALOXONE UPON DISCHARGE. - 20% OF PATIENTS COUNSELED BY PEER RECOVERY COACHES ON THE MOBILE UNIT PROVIDED WITH NALOXONE. <p>THE HOSPITAL IS ALSO WORKING TO PROVIDE INCREASED OUTREACH, EDUCATION, AND MEDICAL INTERVENTION, ON CAMPUS AND IN THE COMMUNITY, TO INDIVIDUALS WHO FACE CHRONIC HEALTH CONDITIONS.</p> <p>COMMUNITY MEMBERS WHO RESPONDED TO THE SURVEY IDENTIFIED SEVERAL CHRONIC CONDITIONS AMONG THE TOP COMMUNITY HEALTH NEEDS IN BALTIMORE CITY. BALTIMORE CITY ALSO UNDERPERFORMED RELATIVE TO THE STATE IN A NUMBER OF HEALTH BEHAVIORS THAT HAVE AN IMPACT ON PHYSICAL HEALTH. BALTIMORE CITY RESIDENTS HAD HIGHER RATES OF PHYSICAL INACTIVITY AND SMOKING -BOTH OF WHICH HAVE BEEN SHOWN TO INCREASE THE RISK OF VARIOUS CHRONIC HEALTH CONDITIONS. FOOD INSECURITY WAS ALSO A CONCERN FOR BALTIMORE CITY RESIDENTS, WHICH IS NOTABLE DUE TO THE IMPACT DIET HAS ON OVERALL PHYSICAL HEALTH. AMONG RESPONDENTS TO THE KEY LEADER SURVEY, APPROXIMATELY 24% IDENTIFIED DIABETES AND 15% IDENTIFIED HEART DISEASE, STROKE OR HYPERTENSION AMONG THE FIVE MOST PRESSING HEALTH NEEDS IN BALTIMORE CITY.</p> <p>ACTIONS TO TAKE HAVE BEEN IDENTIFIED AS: PROVIDE DIABETES MANAGEMENT PROGRAMMING TO REDUCE IMPACT ON PARTICIPANTS' HEALTH OUTCOMES. INCREASE PRIMARY CARE SERVICES DELIVERED FROM THE ASA MOBILE CLINIC. PROVIDE SUPPORTIVE HOME HEALTH CARE AND FOOD SUPPORTS TO PATIENTS UPON HOSPITAL DISCHARGE TO PREVENT HOSPITAL READMISSION THROUGH CARE IN THE GAP PROGRAM, A PROGRAM THAT PROVIDES NEEDED RESOURCES AND SERVICES FOR PATIENTS DISCHARGED FROM AN INPATIENT STAY.</p> <p>ANTICIPATED OUTCOMES INCLUDE:</p> <ul style="list-style-type: none"> - EXPAND DIABETES SELF-MANAGEMENT EDUCATION (DSME) AND REACH 1400 VISITS BY PARTICIPANTS. - EXPAND THE NUMBER OF SITES SERVED BY THE ASA MOBILE CLINIC BY 50%. - PROVIDE ENHANCED CARE COORDINATION TO 100 PATIENTS POST DISCHARGE THROUGH CARE-IN-THE

Return Reference - Identifier	Explanation
	<p>GAP.</p> <p>THE HOSPITAL LOOKS TO IMPROVE ACCESS TO CARE FOR ALL COMMUNITY MEMBERS SO THEY ARE ABLE TO GET HIGH QUALITY, AFFORDABLE HEALTHCARE TO ACHIEVE THE BEST POSSIBLE HEALTH OUTCOMES.</p> <p>OVER HALF (51.5%) OF RESPONDENTS TO THE KEY LEADER SURVEY RANKED ACCESS TO CARE AMONG THE HIGHEST PRIORITY HEALTH NEEDS IN BALTIMORE CITY, WHILE 21.2% IDENTIFIED THE NEED FOR PRIMARY AND PREVENTIVE HEALTHCARE AS A TOP CONCERN. KEY LEADERS IDENTIFIED VARIOUS NEEDS AMONG THE TOP HEALTH NEEDS OF THE COMMUNITY. HOUSING AND HOMELESSNESS WAS RANKED AS THE SECOND HIGHEST COMMUNITY HEALTH NEED, SELECTED BY 63.6% OF RESPONDENTS. FOOD SECURITY (60.6%) AND GUN VIOLENCE PREVENTION (54.5%) WERE ALSO HIGHLIGHTED AS TOP HEALTH NEEDS BY KEY LEADERS, HIGHLIGHTING A GROWING UNDERSTANDING OF THE IMPACT THESE FACTORS HAVE ON INDIVIDUAL AND COMMUNITY HEALTH. TRANSPORTATION WAS ANOTHER CATEGORY OF FOCUS FOR BALTIMORE CITY, DUE TO THE IMPACT IT HAS ON PATIENTS' ABILITY TO ACCESS MEDICAL CARE.</p> <p>ACTIONS TO TAKE INCLUDE:</p> <ul style="list-style-type: none"> - PROVIDE CHAPERONE SUPPORTED RIDES FOR OLDER ADULTS AND ADULTS WITH DISABILITIES TO AND FROM ASA MEDICAL APPOINTMENTS. - PROVIDE PRIMARY CARE SERVICES FOR UNINSURED COMMUNITY MEMBERS AT THE ASA MOBILE CLINIC. - CONNECT PATIENTS WITH SUBSTANCE USE DISORDER TO APPROPRIATE TREATMENT SERVICES. <p>ANTICIPATED OUTCOMES INCLUDE:</p> <ul style="list-style-type: none"> - PROVIDE 400 VISITS FOR PRIMARY CARE SERVICES AT THE ASA MOBILE CLINIC. - PROVIDE 800 CHAPERONED RIDES TO AND FROM MEDICAL APPOINTMENTS FOR OLDER ADULTS AND ADULTS WITH DISABILITIES. - CONNECT 100 PATIENTS WITH SUBSTANCE USE DISORDER TO TREATMENT SERVICES.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://HEALTHCARE.ASCENSION.ORG/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://HEALTHCARE.ASCENSION.ORG/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://HEALTHCARE.ASCENSION.ORG/FINANCIAL-ASSISTANCE

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? 8

Name and address	Type of facility (describe)
1 ASCENSION ST AGNES HEALTH CENTER COLUMBIA 6740 ALEXANDER BELL DRIVE COLUMBIA, MD 21046	MEDICAL OFFICE BUILDING
2 SETON IMAGING CENTER 3449 WILKINS AVENUE BALTIMORE, MD 21229	DIAGNOSTIC IMAGING
3 PLASTIC AND RECONSTRUCTIVE SURGERY 300 FREDERICK ROAD, SUITE 200 CATONSVILLE, MD 21228	PLASTIC SURGERY
4 MARYLAND SURGEONS SURGERY CENTER OF COLUMBIA 11055 LITTLE PATUXENT PARKWAY, SUITE L6 COLUMBIA, MD 21044	OUTPATIENT SURGICAL CENTER
5 ANGELOS MEDICAL PAVILION 3407 WILKENS AVENUE, SUITE 420 BALTIMORE, MD 21229	BLOOD DRAWING STATION
6 ST. AGNES MEDICAL CENTER 6501-D BALTIMORE NATIONAL PIKE BALTIMORE, MD 21228	BLOOD DRAWING STATION AND DIAGNOSTIC IMAGING
7 WOMEN'S CENTER IN COLUMBIA 8945 GUILFORD ROAD, SUITE 100 COLUMBIA, MD 21046	BLOOD DRAWING STATION
8 PINE HEIGHTS PROFESSIONAL BUILDING 1001 PINE HEIGHTS AVENUE, SUITE 202 BALTIMORE, MD 21229	BLOOD DRAWING STATION
9	
10	

Schedule H (Form 990) 2023

Provide the following information.

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - FACTORS OTHER THAN FPG	IN ADDITION TO FPG, THE ORGANIZATION USES MEDICAL INDIGENCY, ASSET TEST, INSURANCE STATUS AND RESIDENCY AS OTHER FACTORS IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE. A PATIENT MAY NOT BE ELIGIBLE FOR THE FINANCIAL ASSISTANCE IF SUCH PATIENT IS DEEMED TO HAVE SUFFICIENT ASSETS TO PAY PURSUANT TO AN "ASSET TEST." THE ASSET TEST INVOLVES A SUBSTANTIVE ASSESSMENT OF A PATIENT'S ABILITY TO PAY BASED ON THE CATEGORIES OF ASSETS MEASURED IN THE FAP APPLICATION. A PATIENT WITH SUCH ASSETS THAT EXCEED 250% OF SUCH PATIENT'S FPL AMOUNT MAY NOT BE ELIGIBLE FOR FINANCIAL ASSISTANCE. AN ASSET TEST APPLIES IF A PATIENT HAS ELIGIBLE LIQUID ASSETS THAT EXCEED 250% OF THE PATIENT'S FPG LEVEL FOR CONSIDERATION OF FINANCIAL ASSISTANCE ELIGIBILITY. LIQUID ASSETS INCLUDE ASSETS THAT CAN BE CONVERTED TO CASH WITHIN 1 YEAR. THESE INCLUDE ITEMS SUCH AS CHECKING ACCOUNTS, SAVINGS ACCOUNTS, TRUST FUNDS AND LUXURY ITEMS SUCH AS RECREATIONAL VEHICLES, BOATS, A SECOND HOME, ETC.
SCHEDULE H, PART I, LINE 5A - BUDGET AMOUNTS FOR FREE OR DISCOUNTED CARE	THE ORGANIZATION ADMINISTERS ITS FINANCIAL ASSISTANCE POLICY IN ACCORDANCE WITH THE TERMS OF THE POLICY.
SCHEDULE H, PART I, LINE 6A - COMMUNITY BENEFIT REPORT DISCLOSURE	SUMMARY COMMUNITY BENEFIT INFORMATION IS INCLUDED IN THE SAINT AGNES HEALTHCARE, INC. ANNUAL REPORT WHICH IS POSTED ON THE HOSPITAL WEBSITE.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	STATE WIDE DISCLOSURE FOR MARYLAND HOSPITALS MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYOR'S RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAK OUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO; MEDICAID RECOGNIZES FULL REIMBURSEMENT. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM. THE AMOUNTS REPORTED IN PART I, LINE 7B REPRESENT UNREIMBURSED MEDICAID COSTS FOR UNREGULATED HEALTH CARE ACTIVITIES AND THE MEDICAID ASSESSMENT.
SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	ST. AGNES HEALTHCARE, INC. CONDUCTED COMMUNITY BUILDING ACTIVITIES RELATED TO EXPLORING OPPORTUNITIES FOR THE USE OF VACANT PROPERTY ACROSS FROM THE HOSPITAL. THE NET BENEFIT TO THE COMMUNITY WAS \$502,994. FUNDS WERE USED FOR MAINTENANCE AND UTILITIES FOR THE PROPERTY ALLOWING COMMUNITY GROUPS TO USE THE SPORTS FIELD. IN ADDITION, VARIOUS COMMUNITY GROUPS HELD MEETINGS WITH A NET COMMUNITY BENEFIT OF \$8,510.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	BASED ON THE ORGANIZATION'S ADMINISTRATION OF ITS FINANCIAL ASSISTANCE PROGRAM, NO ESTIMATE FOR BAD DEBT ATTRIBUTABLE TO FINANCIAL ASSISTANCE ELIGIBLE PATIENTS IS DEEMED APPLICABLE TO HOSPITAL OPERATIONS.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE ORGANIZATION IS PART OF ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES BAD DEBT (IMPLICIT PRICE CONCESSIONS) EXPENSE IS LOCATED IN FOOTNOTE #2, PAGES 17-20, OF THE AUDITED FINANCIAL STATEMENTS.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE GROSS CHARGES TO CALCULATE MEDICARE COSTS, WHICH ARE THEN COMPARED TO MEDICARE PAYMENTS RECEIVED, TO DETERMINE A MEDICARE GAIN OR LOSS. ASCENSION HEALTH AND ITS RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT A MEDICARE SHORTFALL (LOSS) IS NOT TREATED AS COMMUNITY BENEFIT, EVEN THOUGH THE HOSPITAL HAS INCURRED LOSSES IN PROVIDING CARE TO MEDICARE PATIENTS. THEREFORE, NONE OF THE AMOUNT ON LINE 7 IS TREATED AS COMMUNITY BENEFIT.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	ST. AGNES HEALTHCARE, INC. FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE. A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE. ONCE QUALIFYING DOCUMENTATION IS RECEIVED THE PATIENT'S ACCOUNT IS ADJUSTED IF ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY. QUALIFYING PATIENT ACCOUNTS THAT ARE STILL OPEN AND BEING PURSUED AS WELL AS ANY NEW BALANCES FOR THE NEXT SIX (6) MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE. ONCE A PATIENT SUBMITS AN APPLICATION AND IS PENDING A DECISION AND / OR QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED FOR THE AMOUNTS FOR WHICH THE PATIENT QUALIFIES OR UNTIL THEIR APPLICATION IS DENIED IF THEY WERE DEEMED INELIGIBLE.
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	<p>ST. AGNES HEALTHCARE, INC. USES INTERNAL AND EXTERNAL DATA AND REPORTS FROM THIRD PARTIES, INCLUDING GOVERNMENT SOURCES, TO ASSESS THE HEALTHCARE NEEDS OF THE COMMUNITIES WE SERVE. THESE REPORTS PROVIDE KEY INFORMATION ABOUT HEALTH, AND OTHER COMMUNITY FACTORS THAT IDENTIFY AREAS OF NEED AND INFORM OUR STRATEGIES THAT HELP TO MEET THOSE NEEDS OF OUR COMMUNITY. THESE REPORTS INCLUDE, BUT ARE NOT LIMITED TO:</p> <ul style="list-style-type: none"> -LOCAL AND STATE DEPARTMENT OF HEALTH REPORTS -REGIONAL HEALTH COMMISSION -LOCAL GOVERNMENT PLANNING DEPARTMENTS -US CENSUS BUREAU -ECONOMIC IMPACT STUDIES -METROPOLITAN PLANNING ORGANIZATION -SG2 HEALTHCARE INTELLIGENCE -ADVISORY BOARD -DECISION RESOURCES GROUP/ CLARIVATE -HEALTHCARE CLAIMS DATASETS -STATE DATASETS -CMS -CDC -INTERNAL DATA SETS <p>SAINT AGNES HEALTHCARE, INC. UTILIZES INFORMATION FROM THESE SECONDARY SOURCES TO DEVELOP PROGRAMS AND PROVIDE APPROPRIATE SERVICES NEEDED THROUGHOUT THE REGION. IN ADDITION, SAINT AGNES HEALTHCARE, INC CONSIDERS THE HEALTH CARE NEEDS OF THE OVERALL COMMUNITY WHEN EVALUATING INTERNAL FINANCIAL AND OPERATIONAL DECISIONS.</p> <p>THE SAINT AGNES HEALTHCARE, INC. ASSESSMENT PROCESS INVOLVES BOTH QUALITATIVE AND QUANTITATIVE COMPONENTS WHICH ARE COMPRISED OF PRIMARY DATA COLLECTED THROUGH PUBLIC SURVEY AND FOCUS GROUPS AS WELL AS SECONDARY RESEARCH PROVIDED BY LOCAL PUBLIC HEALTH.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>ST. AGNES HEALTHCARE, INC IS COMMITTED TO DELIVERING EFFECTIVE, SAFE, PERSON-CENTRIC, HEALTH CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. AS A NONPROFIT HOSPITAL, IT IS OUR MISSION AND PRIVILEGE TO PLAY THIS IMPORTANT ROLE IN OUR COMMUNITY.</p> <p>STAFF SCREEN UNINSURED PATIENTS AND IF FOUND POTENTIALLY ELIGIBLE FOR A GOVERNMENT FUNDING SOURCE, PROVIDE ASSISTANCE AND/OR RESOURCES TO THE PATIENT AND THEIR FAMILY. IF A PATIENT IS NOT ELIGIBLE FOR A PAYMENT SOURCE, ST. AGNES HEALTHCARE, INC.'S FINANCIAL ASSISTANCE POLICY COVERS PATIENTS WHO LACK THE FINANCIAL RESOURCES TO PAY FOR ALL OR PART OF THEIR BILLS. ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED UPON THE ANNUAL FEDERAL POVERTY GUIDELINES, ST. AGNES HEALTHCARE INC. PROVIDES PROVIDES FULL FINANCIAL ASSISTANCE FOR THOSE WHO EARN UP TO 250% OF THE FEDERAL POVERTY LEVEL AND SLIDING SCALE ASSISTANCE AS NOTED IN SCHEDULE H.</p> <p>ST AGNES HEALTHCARE, INC WIDELY PUBLICIZES ITS:</p> <ul style="list-style-type: none"> - FINANCIAL ASSISTANCE POLICY - FINANCIAL ASSISTANCE APPLICATION - FINANCIAL ASSISTANCE POLICY SUMMARY - LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY <p>VIA THE HOSPITAL FACILITY'S WEBSITE - HTTPS://HEALTHCARE.ASCENSION.ORG/LOCATIONS/MARYLAND/MDBAL/BALTIMORE-ASCENSION-SAINT-AGNES-HOSPITAL/FINANCIAL-ASSISTANCE</p> <p>ST AGNES HEALTHCARE, INC MAKES PAPER COPIES OF THE:</p> <ul style="list-style-type: none"> - FINANCIAL ASSISTANCE POLICY - FINANCIAL ASSISTANCE APPLICATION - FINANCIAL ASSISTANCE POLICY SUMMARY - LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY <p>- AMOUNT GENERALLY BILLED CALCULATION. THE PAPER COPIES ARE MADE READILY AVAILABLE AS PART OF THE INTAKE, DISCHARGE AND CUSTOMER SERVICE PROCESSES. UPON REQUEST, PAPER COPIES CAN ALSO BE OBTAINED BY MAIL.</p> <p>ST. AGNES HEALTHCARE, INC INFORMS ITS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA A NOTICE ON PATIENT BILLING STATEMENTS, INCLUDING THE PHONE NUMBER AND WEB ADDRESS WHERE MORE INFORMATION MAY BE FOUND.</p> <p>ST. AGNES HEALTHCARE, INC INFORMS ITS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA SIGNAGE DISPLAYED IN THE EMERGENCY ROOM AND ADMISSIONS AREAS.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	<p>THE COMMUNITY BENEFIT SERVICE AREA IS COMPRISED OF THE ZIP CODES THAT ACCOUNT FOR 65% OF ST. AGNES HEALTHCARE, INC. HOSPITAL DISCHARGES. THE ST. AGNES HEALTHCARE, INC.</p> <p>THE NEEDS OF THE ST. AGNES HEALTHCARE, INC. SERVICE AREA ARE HIGHLY VARIABLE FROM COMMUNITY TO COMMUNITY. ST. AGNES HEALTHCARE, INC. FOCUSES UPON THE NEEDS WHERE WE CAN HAVE THE GREATEST IMPACT ON COMMUNITY HEALTH. THIS GUIDES THE ALLOCATION OF RESOURCES AND DEVELOPMENT OF NEW HEALTHCARE PROGRAMS.</p> <p>ARBUTUS (ZIP CODE 21227):</p> <p>ARBUTUS IS AN OLDER SUBURBAN COMMUNITY, LOCATED SOUTH OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 35,695. THE TRADITIONALLY BLUE COLLAR COMMUNITY IS PART OF THE BALTIMORE COUNTY HEALTH JURISDICTION. SAINT AGNES HEALTHCARE, INC. IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>BROOKLYN-LINTHICUM (ZIP CODE 21225):</p> <p>BROOKLYN-LINTHICUM IS AN OLDER URBAN/SUBURBAN COMMUNITY, LOCATED SOUTHEAST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 34,469. THE INDUSTRIAL AND BLUE COLLAR COMMUNITY HAS SEEN AN INCREASE IN THE UNINSURED POPULATION AND IS PART OF BOTH THE BALTIMORE CITY AND BALTIMORE COUNTY HEALTH JURISDICTIONS. HARBOR HOSPITAL IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>CATONSVILLE (ZIP CODE 21228):</p> <p>CATONSVILLE IS AN OLDER SUBURBAN COMMUNITY, LOCATED WEST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 49,417, WITH A GROWING PROPORTION OF SENIORS. THE TRADITIONALLY WHITE COLLAR COMMUNITY IS PART OF THE BALTIMORE COUNTY HEALTH JURISDICTION. ASA IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>ELKRIDGE (ZIP CODE 21075):</p> <p>ELKRIDGE IS AN OLDER SUBURBAN COMMUNITY WITH HISTORICAL AND RECREATIONAL AREAS. IT IS LOCATED IN HOWARD COUNTY, ADJACENT TO ANNE ARUNDEL AND BALTIMORE COUNTIES. ELKRIDGE HAS A POPULATION OF APPROXIMATELY 35,900, WITH HIGHER INCOMES THAN OTHER PORTIONS OF THE ASA SERVICE AREA. THE MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY \$133,321, AND LESS THAN 7% OF THE POPULATION IS UNDER THE POVERTY LINE. THE POPULATION IS OVER 42% WHITE, 22% BLACK OR AFRICAN AMERICAN, 20% ASIAN.</p> <p>SOUTH BALTIMORE CITY (ZIP CODE 21223, 21230):</p> <p>SOUTH BALTIMORE CITY IS AN OLDER URBAN COMMUNITY, LOCATED EAST/SOUTHEAST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 53,509. THE URBAN COMMUNITY IS PROJECTED TO EXPERIENCE POPULATION DECLINES. SOUTH BALTIMORE CITY IS PART OF THE BALTIMORE CITY HEALTH JURISDICTION. BALTIMORE WASHINGTON MEDICAL CENTER AND MEDSTAR HARBOR HOSPITAL ARE THE PRIMARY HOSPITALS PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>SOUTHWEST BALTIMORE CITY (ZIP CODE 21229):</p> <p>SOUTHWEST BALTIMORE CITY IS AN OLDER URBAN COMMUNITY, LOCATED AT CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 44,687. SIMILAR TO OTHER URBAN AREAS, SOUTHWEST BALTIMORE IS PROJECTED TO EXPERIENCE POPULATION DECLINES. SOUTHWEST BALTIMORE CITY IS PART OF THE BALTIMORE CITY HEALTH JURISDICTION. SAINT AGNES HEALTHCARE, INC. IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>WEST BALTIMORE CITY (ZIP CODE 21215, 21216, 21217):</p> <p>WEST BALTIMORE CITY IS AN OLDER URBAN COMMUNITY, LOCATED NORTH OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 110,499. SIMILAR TO OTHER URBAN AREAS, WEST BALTIMORE IS PROJECTED TO EXPERIENCE POPULATION DECLINES. WEST BALTIMORE CITY IS PART OF THE BALTIMORE CITY HEALTH JURISDICTION. SINAI HOSPITAL, UNIVERSITY OF MARYLAND AND BON SECOURS HOSPITAL ARE THE PRIMARY HOSPITAL PROVIDERS BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>WINDSOR MILL (ZIP CODE 21244):</p> <p>WINDSOR MILL IS A SUBURBAN COMMUNITY IN BALTIMORE COUNTY, NEAR WOODLAWN. IT HAS A POPULATION OF APPROXIMATELY 38,015. APPROXIMATELY 85% OF THE POPULATION IS UNDER 65 YEARS OF AGE. MEDIAN HOUSEHOLD INCOME IS \$84,849.</p> <p>WOODLAWN (ZIP CODE 21207):</p> <p>WOODLAWN IS A SUBURBAN COMMUNITY, LOCATED NORTHWEST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 49,599, WITH A GROWING PROPORTION OF SENIORS. WOODLAWN IS PART OF THE BALTIMORE COUNTY HEALTH JURISDICTION. NORTHWEST HOSPITAL IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>ST. AGNES HEALTHCARE, INC. GOVERNING BODY IS COMPRISED OF PERSONS REPRESENTING DIFFERENT ASPECTS AND INTERESTS OF THE COMMUNITY. MANY MEMBERS OF ST. AGNES HEALTHCARE, INC. GOVERNING BODY RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF.</p> <p>ST. AGNES HEALTHCARE, INC. CREATED A COMMUNITY ADVISORY COUNCIL TO HELP THE HOSPITAL TO UNDERSTAND THE HEALTH ISSUES THAT IMPACT THE COMMUNITY IN THE ST AGNES SERVICE AREA. THE COUNCIL PROVIDES FEEDBACK FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND GUIDANCE ON POTENTIAL INTERVENTIONS THAT MAY ADDRESS HEALTH NEEDS IN THE COMMUNITY.</p> <p>ST. AGNES HEALTHCARE, INC. EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALTIES.</p> <p>ST. AGNES HEALTHCARE, INC. APPLIES SURPLUS FUNDS TO FUND IMPROVEMENTS IN PATIENT CARE (AND/OR) MEDICAL EDUCATION (AND/OR) RESEARCH BY REINVESTING IN THE LATEST EQUIPMENT AND TECHNOLOGIES TO IMPROVE PATIENT SAFETY, COMFORT, AND OUTCOMES. SURPLUS FUNDS ARE ALSO USED TO RENOVATE EXISTING FACILITIES AND CONSTRUCT NEW FACILITIES IN ORDER TO IMPROVE THE HEALTHCARE ENVIRONMENT.</p> <p>THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY INFORMATION REPORTED HEREIN RELATE TO THE TAX YEAR ENDED JUNE 30, 2024.</p>
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	<p>ST. AGNES HEALTHCARE, INC. IS A MEMBER OF ASCENSION. ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011. ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES.</p> <p>ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON. THE PARTICIPATING ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, ST. LOUISE PROVINCE; THE CONGREGATION OF ST. JOSEPH; THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET; THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC. - AMERICAN PROVINCE; AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE.</p> <p>ST. AGNES HEALTHCARE, INC. OPERATES A HOSPITAL FACILITY IN THE STATE OF MARYLAND. THE HEALTH SYSTEM PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES FOR RESIDENTS OF BALTIMORE CITY AND THE SURROUNDING COUNTIES.</p>
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	<p>SAINT AGNES HEALTHCARE, INC. FILES A COMMUNITY BENEFITS REPORT WITH THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), THE REGULATORY AGENCY IN THE STATE OF MARYLAND. THE REPORT IS THEN MADE PUBLIC BY THE HSCRC. ADDITIONALLY, COMMUNITY BENEFIT INFORMATION IS AVAILABLE IN THE SAINT AGNES HEALTHCARE, INC. ANNUAL REPORT AND THE SAINT AGNES HEALTHCARE, INC. FACT SHEET. BOTH DOCUMENTS ARE AVAILABLE ON THE HOSPITAL WEBSITE.</p>

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. AGNES HEALTHCARE, INC.

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

52-0591657

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BALTIMORE MEDICAL SYSTEM INC PO BOX 1593, MERRIFIELD, VA 22116	52-1358241	501(C)(3)	777,651				(SEE STATEMENT)
(2) (SEE STATEMENT)	52-1415083	501(C)(3)	1,180,853				(SEE STATEMENT)
(3) (SEE STATEMENT)	52-1519025	501(C)(3)	228,383				(SEE STATEMENT)
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3
- 3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 ASSOCIATE UTILITIES/SUPPORT	28	28,122			
2 PATIENT MEALS	324	16,368			
3 PATIENT SUPPORT	119	29,153			
4 PATIENT TRANSPORTATION	146	10,516			
5					
6					
7					

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

(SEE STATEMENT)

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	DISCRETIONARY GRANTS OR ASSISTANCE TO OTHER ORGANIZATIONS ARE APPROVED BY EITHER THE CHIEF EXECUTIVE OFFICER OR THE CHIEF FINANCIAL OFFICER.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ST AGNES FOUNDATION INC C/O TAX DEPARTMENT, PO BOX 45988, ST LOUIS, MO 63145-5998
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BEHAVIORAL HEALTH SYSTEM BALTIMORE INC 100 SOUTH CHARLES STREET, TOWER II 8TH FLOOR, BALTIMORE, MD 21201
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BALTIMORE MEDICAL SYSTEM INC: OPERATIONAL SUPPORT TO PROVIDE HEALTH CARE TO DISADVANTAGED COMMUNITIES IN BALTIMORE CITY AND COUNTY
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ST AGNES FOUNDATION INC: GENERAL OPERATIONAL SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BEHAVIORAL HEALTH SYSTEM BALTIMORE INC: GREATER BALTIMORE REGIONAL INTEGRATED CRISIS SYSTEM PROGRAM

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. AGNES HEALTHCARE, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

52-0591657

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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.	1b	✓
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?	2	✓
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 type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	✓
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	✓
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4c	✓
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?	5a	✓
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	✓
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	✓
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	✓
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.	7	✓
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	✓
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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	JESSE ALAN DORAN, MD	(i) 923,359	63,747	3,836	16,500	20,246	1,027,688	0
	SURGEON	(ii) 0	0	0	0	0	0	0
2	GEORGE T GRACE, MD	(i) 799,618	147,988	17,288	21,450	32,067	1,018,411	0
	MEDICAL DIRECTOR	(ii) 0	0	0	0	0	0	0
3	MARTIN A ALBORNOZ, MD	(i) 810,221	71,572	88,772	19,800	24,507	1,014,872	0
	CHAIR, MEDICAL DEPARTMENT	(ii) 0	0	0	0	0	0	0
4	PAUL MICHAEL APOSTOLO, MD	(i) 685,830	251,482	17,288	16,500	36,622	1,007,722	0
	PHYSICIAN	(ii) 0	0	0	0	0	0	0
5	OMAR KARIM, MD	(i) 851,772	0	21,617	16,500	43,551	933,440	0
	DIRECTOR, MEDICAL SPECIALTY	(ii) 0	0	0	0	0	0	0
6	KENNETH H WILLIAMS, MD	(i) 0	0	0	0	0	0	0
	DIRECTOR	(ii) 480,349	4,217	17,288	17,307	36,997	556,158	0
7	JONATHAN CONRAD D'SOUZA, MD	(i) 355,540	109,500	34,711	16,246	22,183	538,180	0
	CHIEF MEDICAL OFFICER	(ii) 0	0	0	0	0	0	0
8	WILLIAM B HIGGINBOTHAM	(i) 383,633	65,000	4,025	20,888	30,162	503,708	0
	INTERIM PRESIDENT & CEO (END 9/2023)/PRESIDENT & CEO (START 9/2023)	(ii) 0	0	0	0	0	0	0
9	KALA K DAVIS, MD	(i) 353,314	103,760	3,831	12,630	15,374	488,909	0
	SECRETARY/SECTION CHIEF	(ii) 0	0	0	0	0	0	0
10	SCOTT M FURNISS	(i) 0	0	0	0	0	0	0
	FORMER OFFICER (END 1/2020)	(ii) 321,012	100,425	6,796	18,622	32,040	478,895	0
11	MITCHELL G LOMAX	(i) 0	0	0	0	0	0	0
	CFO, MINISTRY MARKET	(ii) 304,685	94,554	3,406	20,036	30,860	453,541	0
12	MICHAEL FITZGERALD FINEGAN	(i) 234,318	50,000	2,171	13,689	36,129	336,307	0
	VP, OPERATIONS	(ii) 0	0	0	0	0	0	0
13	MARY L AUSTIN, RN	(i) 163,824	49,000	88,719	12,979	11,436	325,958	0
	CHIEF NURSING OFFICER (END 8/2023)	(ii) 0	0	0	0	0	0	0
14	EDWARD R LOVERN	(i) 227,833	0	32,608	12,416	11,698	284,555	0
	FORMER OFFICER (END 5/2023)	(ii) 0	0	0	0	0	0	0
15		(i)						
		(ii)						
16		(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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	MARY L AUSTIN, RN RECEIVED GROSS-UP PAYMENTS THAT WERE TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL.
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	<p>A RELATED ORGANIZATION OF THE FILING ORGANIZATION USES ONE OR MORE OF THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL:</p> <ul style="list-style-type: none"> - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE <p>PLEASE REFER TO THE FORM 990, PART VI, LINE 15A DISCLOSURE IN SCHEDULE O FOR ADDITIONAL DETAILS ON HOW COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS ESTABLISHED.</p>
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	<p>THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS FROM THE ORGANIZATION OR A RELATED ORGANIZATION DURING CALENDAR YEAR 2023:</p> <p>MARY L AUSTIN, RN - \$76,327</p>
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>ELIGIBLE EXECUTIVES PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS. THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION. BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED. DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID.</p> <p>NO INDIVIDUALS RECEIVED CURRENT YEAR DISTRIBUTIONS.</p>

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. AGNES HEALTHCARE, INC.

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open To Public
Inspection**

Employer identification number

52-0591657

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Cat. No. 50056A

Schedule L (Form 990) 2023

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) (SEE STATEMENT)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

[illegible]

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SHEILA M. HUNT	WIFE OF RICHARD J. HUNT, JR., CHAIR	\$63,810	EMPLOYEE COMPENSATION		✓

SCHEDULE O (Form 990) Department of Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. <div style="display: flex; justify-content: center; gap: 20px;"> <div>▶ Attach to Form 990 or 990-EZ.</div> <div>▶ Go to www.irs.gov/Form990 for the latest information.</div> </div>	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2023</div> Open to Public Inspection
Name of the Organization ST. AGNES HEALTHCARE, INC.		Employer Identification Number 52-0591657

Return Reference - Identifier	Explanation
FORM 990, PAGE 1 - PHYSICAL ADDRESS	THE PHYSICAL ADDRESS FOR THIS ENTITY IS 900 CATON AVENUE, BALTIMORE, MD 21229. THE ADDRESS ON PAGE 1 IS FOR MAILING PURPOSES ONLY.
FORM 990, PAGE 1 - BOX C - DOING BUSINESS AS	* ASCENSION RX * ASCENSION SAINT AGNES COMMUNITY HEALTH PARTNERS * MARYLAND INSTITUTE OF PLASTIC SURGERY * SAINT AGNES HEALTHCARE * ASCENSION ST. AGNES * ASCENSION ST. AGNES HOSPITAL
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	INDIVIDUALS AND COMMUNITIES. WE ARE ADVOCATES FOR A COMPASSIONATE AND JUST SOCIETY THROUGH OUR ACTIONS AND OUR WORDS.
FORM 990, PART IV, LINE 20B - AUDITED FINANCIAL STATEMENTS	THE ACTIVITY OF THE FILING ORGANIZATION IS REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE. NO INDIVIDUAL AUDIT OF THE FILING ORGANIZATION IS COMPLETED. THEREFORE, THE ATTACHED AUDITED FINANCIAL STATEMENTS ARE OF ASCENSION HEALTH ALLIANCE AND AFFILIATES, WHICH INCLUDE THE ACTIVITY OF THE FILING ORGANIZATION.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	ST. AGNES HEALTHCARE HAS A SOLE CORPORATE MEMBER, ASCENSION HEALTH.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	ST. AGNES HEALTHCARE HAS A SOLE CORPORATE MEMBER, ASCENSION HEALTH, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF ST. AGNES HEALTHCARE.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	ASCENSION HEALTH HAS DESIGNED A SYSTEM AUTHORITY MATRIX WHICH ASSIGNS AUTHORITY FOR KEY DECISIONS THAT ARE NECESSARY IN THE OPERATION OF THE SYSTEM. SPECIFIC AREAS THAT ARE IDENTIFIED IN THE AUTHORITY MATRIX ARE: NEW ORGANIZATIONS & MAJOR TRANSACTIONS; GOVERNING DOCUMENTS; APPOINTMENTS/REMOVALS; EVALUATION; DEBT LIMITS; STRATEGIC & FINANCIAL PLANS; ASSETS; SYSTEM POLICIES & PROCEDURES. THESE AREAS ARE SUBJECT TO CERTAIN LEVELS OF APPROVAL BY ASCENSION PER THE SYSTEM AUTHORITY MATRIX.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS WHICH MAY INCLUDE, AS NEEDED, FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN. A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO DESIGNATED MANAGEMENT TEAM MEMBERS WITH EXPERIENCE IN TAX IN LIEU OF THE FULL BOARD.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE WILL DECIDE IF CONFLICTS OF INTEREST EXIST. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE.
FORM 990, PART VI, LINE 15A - & 15B - PROCESS FOR DETERMINING COMPENSATION	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, AS WELL AS THAT OF ANY OTHER OFFICERS OR SENIOR EXECUTIVES (IF ANY), IS DIRECTED BY A RELATED ORGANIZATION. THE RELATED ORGANIZATION'S BOARD COMMITTEE RESPONSIBLE FOR COMPENSATION OVERSEES THE PROCESS, UTILIZING INDEPENDENT DELEGATES WITHIN THE ORGANIZATION AS APPROPRIATE, DEPENDING ON THE ROLE. IN SOME CASES, THE PROCESS MAY UTILIZE COMPARABILITY DATA AND ANALYSIS FROM A NATIONAL THIRD-PARTY COMPENSATION FIRM; OR, IF MORE APPROPRIATE FOR THE ROLE, IT MAY INSTEAD UTILIZE OTHER APPLICABLE SOURCES OF MARKET COMPARABILITY DATA AS NEEDED TO VERIFY REASONABLENESS. THE PROCESS ALSO INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE ANALYSIS AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. COMPENSATION IS REVIEWED AT LEAST ANNUALLY AND THE PROCESS IS ADMINISTERED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS.

Return Reference - Identifier	Explanation						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST.						
FORM 990, PART VII, SECTION A - RELATED ENTITIES	THE ORGANIZATION UTILIZES AN AFFILIATE AS THE COMMON PAY AGENT. EMPLOYEES REPORTED IN PART VII MAY HAVE DUTIES THAT IMPACT MULTIPLE RELATED ENTITIES. TOTAL AVERAGE HOURS WORKED AND COMPENSATION AND BENEFITS PAID ARE REPORTED. IN DOING SO, IF AVAILABLE, A COMMON LAW EMPLOYER ANALYSIS IS USED TO DETERMINE WHETHER THE HOURS AND COMPENSATION/BENEFITS ARE REPORTABLE AS ATTRIBUTABLE DIRECTLY TO THE FILING ORGANIZATION OR ANOTHER ENTITY; OTHERWISE, THE BEST AVAILABLE INFORMATION HAS BEEN USED AS THE BASIS FOR ALLOCATIONS UTILIZED IN THE REPORTING.						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> <tr> <td>TRANSFERS WITH AFFILIATES</td><td>- 5,476,487</td></tr> <tr> <td>CHANGE IN SHARE OF INVESTEE'S NET ASSETS</td><td>198,417</td></tr> </table>	(a) Description	(b) Amount	TRANSFERS WITH AFFILIATES	- 5,476,487	CHANGE IN SHARE OF INVESTEE'S NET ASSETS	198,417
(a) Description	(b) Amount						
TRANSFERS WITH AFFILIATES	- 5,476,487						
CHANGE IN SHARE OF INVESTEE'S NET ASSETS	198,417						
FORM 990, PART XII, LINE 2C - AUDIT COMMITTEE	THE FILING ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE. THE FINANCE AND AUDIT COMMITTEE OF ASCENSION HEALTH ALLIANCE'S BOARD ASSUMES RESPONSIBILITY FOR THE CONSOLIDATED ORGANIZATION AS A WHOLE.						

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. AGNES HEALTHCARE, INC.

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

52-0591657

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GIBBONS COMMONS, LLC (52-0591657) 900 CATON AVENUE, BALTIMORE, MD 21229	REAL PROPERTY TO SUPPORT COMMUNITY ACTIVITIES	MD	38,458	16,912,947	ST. AGNES HEALTHCARE, INC.
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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) ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST	P	9,420,281	FAIR MARKET VALUE
(2) ASCENSION HEALTH IS, INC.	P	1,268,774	FAIR MARKET VALUE
(3) SETON MEDICAL GROUP, INC.	P	890,745	FAIR MARKET VALUE
(4) SETON MEDICAL GROUP, INC.	Q	1,326,972	FAIR MARKET VALUE
(5) SETON MEDICAL GROUP, INC.	R	24,103,543	FAIR MARKET VALUE
(6) (SEE STATEMENT)			

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

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

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

Schedule R (Form 990) 2023

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

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AFFINITY HEALTH SYSTEM (39-1568866) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM	IL	501(C)(3)	12 TYPE II	MINISTRY HEALTH CARE, INC.	✓	
(2) ALABAMA PROVIDENCE HEALTHCARE SERVICES (46-2847744) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	10	GULF COAST HEALTH SYSTEM	✓	
(3) ALEXIAN BROTHERS AMBULATORY GROUP (36-4336931) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIANS SERVICES	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(4) ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL (36-4251848) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	BEHAVIORAL HEALTH HOSPITAL	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(5) ALEXIAN BROTHERS BONAVENTURE HOUSE (36-3527899) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOUSING AND SUPPORTIVE CARE SERVICES FOR PERSONS WITH HIV/AIDS	IL	501(C)(3)	10	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(6) ALEXIAN BROTHERS CENTER FOR MENTAL HEALTH (36-3045007) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	OUTPATIENT COMMUNITY MENTAL HEALTH SERVICES	IL	501(C)(3)	10	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(7) ALEXIAN BROTHERS COMMUNITY SERVICES (36-4344423) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PACE-COMPREHENSIVE & COORDINATED COMMUNITY BASED SERVICES	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(8) ALEXIAN BROTHERS HEALTH SYSTEM (36-3260495) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTS THE PROVISION OF HEALTHCARE FOR RELATED CORPORATIONS FOR WHICH IT IS A MEMBER	IL	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(9) ALEXIAN BROTHERS HOSPITAL NETWORK (36-3276552) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTS THE PROVISION OF HEALTHCARE FOR RELATED CORPORATIONS	IL	501(C)(3)	12 TYPE II	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(10) ALEXIAN BROTHERS LANSDOWNE VILLAGE (43-1470362) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(11) ALEXIAN BROTHERS MEDICAL CARE GROUP, NFP (47-1930457) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIANS SERVICES	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(12) ALEXIAN BROTHERS MEDICAL CENTER (36-2596381) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ACUTE CARE HOSPITAL	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(13) ALEXIAN BROTHERS MEDICAL GROUP SPECIALTY CARE (81-1110738) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(14) ALEXIAN BROTHERS OF SAN JOSE, INC. (94-1530037) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ACUTE CARE HOSPITAL (SOLD IN 1998)	TX	501(C)(3)	12 TYPE I	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(15) ALEXIAN BROTHERS SENIOR MINISTRIES (36-4484290) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTS THE PROVISION OF HEALTHCARE FOR RELATED CORPORATIONS	IL	501(C)(3)	12 TYPE II	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(16) ALEXIAN BROTHERS SERVICES, INC. (43-1295333) 3040 SALT CREEK LANE, ARLINGTON HEIGHTS, IL 60005	HUD HOUSING	MO	501(C)(3)	10	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(17) ALEXIAN BROTHERS SHERBROOKE VILLAGE (43-1592502) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(18) ALEXIAN BROTHERS SPECIALTY GROUP (80-0710751) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(19) ALEXIAN VILLAGE OF MILWAUKEE, INC. (39-1351584) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CONTINUING CARE RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(20) ALEXIAN VILLAGE OF TENNESSEE (62-1136742) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CONTINUING CARE RETIREMENT COMMUNITY	TN	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(21) ALVERNO PROVENA HOSPITAL LABORATORIES, INC. (20-3238867) 2434 INTERSTATE PLAZA DRIVE, HAMMOND, IN 46234	HEALTH CARE	IN	501(C)(3)	3	PRESENCE CENTRAL & SUBURBAN HOSPITALS NETWORK AND PRESENCE CHICAGO HOSPITALS NETWORK	✓	
(22) AMERICAN SPORTS MEDICINE INSTITUTE, INC. (63-0952490) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SPORTS MEDICINE	AL	501(C)(3)	7	ST. VINCENT'S BIRMINGHAM	✓	
(23) ARTHUR MERKLE - CLARA KNIPPRATH NURSING HOME (36-2841358) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	IL	501(C)(3)	10	PRESENCE LIFE CONNECTIONS	✓	
(24) ASCENSION ALL SAINTS HOSPITAL FOUNDATION, INC. (39-1570877) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	7	ASCENSION ALL SAINTS HOSPITAL, INC.	✓	
(25) ASCENSION ALL SAINTS HOSPITAL, INC. (39-1264986) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE- SOUTHEAST WISCONSIN, INC.	✓	
(26) ASCENSION ARIZONA (86-0455920) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AZ	501(C)(3)	3	ASCENSION HEALTH	✓	
(27) ASCENSION BORGESS ALLEGAN FOUNDATION (38-2802463) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION MICHIGAN	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(28) ASCENSION BORGESS ALLEGAN HOSPITAL (38-1359180) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(29) ASCENSION BORGESS FOUNDATION (23-7222558) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION BORGESS HOSPITAL	✓	
(30) ASCENSION BORGESS HOSPITAL (38-1360526) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE SERVICES	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(31) ASCENSION BORGESS LEE FOUNDATION (38-2860459) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION BORGESS-LEE HOSPITAL	✓	
(32) ASCENSION BORGESS-LEE HOSPITAL (38-1490190) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE SERVICES	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(33) ASCENSION BRIGHTON CENTER FOR RECOVERY (38-1576680) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(34) ASCENSION CALUMET HOSPITAL, INC. (39-0905385) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(35) ASCENSION CARE MANAGEMENT INSURANCE HOLDINGS (46-1121862) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MO	501(C)(3)	12 TYPE I	ASCENSION CARE MANAGEMENT LLC	✓	
(36) ASCENSION DEPAUL HOLDINGS OF EL PASO (74-2734755) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	TX	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(37) ASCENSION EASTWOOD BEHAVIORAL HEALTH (38-1958763) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	7	ST. JOHN PROVIDENCE	✓	
(38) ASCENSION FOUNDATION (86-2197504) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(39) ASCENSION GENESYS FOUNDATION (38-3591148) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(40) ASCENSION GENESYS HOSPITAL (38-2377821) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(41) ASCENSION HEALTH (31-1662309) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE		✓
(42) ASCENSION HEALTH - IS INC (65-1257719) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(43) ASCENSION HEALTH ALLIANCE (45-3358926) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	12 TYPE I	N/A		✓
(44) ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST (36-7046706) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(45) ASCENSION HEALTH GLOBAL MISSION (65-1205990) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(46) ASCENSION HEALTH SENIOR CARE (43-1227406) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT COMPANY	MO	501(C)(3)	12 TYPE II	ASCENSION HEALTH	✓	
(47) ASCENSION LIVING - LAKESHORE AT SIENA, INC. (82-4710412) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	

(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
(48) ASCENSION LIVING ST. VINCENT PACE, INC. (87-2516723) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PACE-COMPREHENSIVE & COORDINATED COMMUNITY BASED SERVICES	IN	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(49) ASCENSION MACOMB OAKLAND HOSPITAL (38-3322109) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(50) ASCENSION MEDICAL GROUP GENESYS (83-1617112) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ASCENSION MEDICAL GROUP MICHIGAN	✓	
(51) ASCENSION MEDICAL GROUP MICHIGAN (38-3494637) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(52) ASCENSION MEDICAL GROUP PROMED (38-3193801) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE SERVICES	MI	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(53) ASCENSION MEDICAL GROUP-FOX VALLEY WISCONSIN, INC. (39-1127163) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CLINICAL HEALTHCARE SERVICES	WI	501(C)(3)	3	AFFINITY HEALTH SYSTEM	✓	
(54) ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN, INC. (39-1791586) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL GROUP	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(55) ASCENSION MICHIGAN (38-2631907) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MI	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(56) ASCENSION MICHIGAN CMG (38-2601348) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ST. JOHN PROVIDENCE	✓	
(57) ASCENSION MINISTRY AND MISSION FUND (27-3174701) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(58) ASCENSION NE WISCONSIN, INC. (39-0816818) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(59) ASCENSION PROVIDENCE (74-1109636) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE SERVICES	TX	501(C)(3)	3	ASCENSION TEXAS	✓	
(60) ASCENSION PROVIDENCE FOUNDATION (38-3526629) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	7	ASCENSION PROVIDENCE HOSPITAL	✓	
(61) ASCENSION PROVIDENCE FOUNDATION (74-2683112) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE	TX	501(C)(3)	12 TYPE I	ASCENSION PROVIDENCE	✓	
(62) ASCENSION PROVIDENCE HOSPITAL (38-1358212) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(63) ASCENSION PROVIDENCE ROCHESTER FOUNDATION (38-2627336) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING	MI	501(C)(3)	12 TYPE I	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	✓	
(64) ASCENSION PROVIDENCE ROCHESTER HOSPITAL (38-1359247) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	GENERAL HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	

(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
(65) ASCENSION RIVER DISTRICT HOSPITAL (38-3160564) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(66) ASCENSION SE WISCONSIN HOSPITAL, INC. (39-0816857) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(67) ASCENSION SETON (74-1109643) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	3	ASCENSION TEXAS	✓	
(68) ASCENSION SETON FOUNDATION (74-2212968) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(69) ASCENSION SETON HAYS FOUNDATION (26-2842608) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(70) ASCENSION SETON WILLIAMSON FOUNDATION (20-5330986) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(71) ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH (38-2262856) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	3	ST. JOHN PROVIDENCE	✓	
(72) ASCENSION ST. CLARE'S HOSPITAL, INC. (72-1531917) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(73) ASCENSION ST. ELIZABETH FOUNDATION, INC. (39-1256677) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	7	AFFINITY HEALTH SYSTEM	✓	
(74) ASCENSION ST. FRANCIS HOSPITAL, INC. (39-0907740) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(75) ASCENSION ST. JOHN FOUNDATION (20-2961579) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	7	ASCENSION ST. JOHN HOSPITAL	✓	
(76) ASCENSION ST. JOHN HOSPITAL (38-1359063) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(77) ASCENSION ST. JOSEPH FOUNDATION (01-0790428) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION ST. JOSEPH HOSPITAL	✓	
(78) ASCENSION ST. JOSEPH HOSPITAL (38-1443395) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(79) ASCENSION ST. MARY'S FOUNDATION (38-2246366) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION ST. MARY'S HOSPITAL	✓	
(80) ASCENSION ST. MARY'S HOSPITAL (38-0997730) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(81) ASCENSION STANDISH HOSPITAL (38-1671120) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(82) ASCENSION TEXAS (45-4364243) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(83) ASCENSION TEXAS CARDIOVASCULAR (27-3220767) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE II	SETON CLINICAL ENTERPRISE CORPORATION	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(84) ASCENSION VIA CHRISTI HEALTH PARTNERS, INC. (48-0958974) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MANAGEMENT COMPANY	KS	501(C)(3)	10	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(85) ASCENSION VIA CHRISTI HEALTH, INC. (48-1172107) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	KS	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(86) ASCENSION VIA CHRISTI HOSPITAL MANHATTAN, INC. (48-1186704) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(87) ASCENSION VIA CHRISTI HOSPITAL PITTSBURG, INC. (48-0543778) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(88) ASCENSION VIA CHRISTI HOSPITAL ST. TERESA, INC. (27-1965272) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(89) ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC. (48-1172106) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(90) ASCENSION VIA CHRISTI PROPERTY SERVICES, INC. (48-0948571) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PROPERTY MANAGEMENT	KS	501(C)(4)		ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC.	✓	
(91) ASCENSION VIA CHRISTI REHABILITATION HOSPITAL, INC. (48-1158274) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REHABILITATION HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC.	✓	
(92) ASCENSION WELFARE BENEFITS TRUST (43-1601369) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	VEBA	IL	501(C)(9)		ASCENSION HEALTH ALLIANCE	✓	
(93) ASCENSION WISCONSIN FOUNDATION, INC. (39-1494981) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	7	COLUMBIA ST. MARY'S, INC.	✓	
(94) ASCENSION WISCONSIN LABORATORIES, INC. (39-1701402) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	LABORATORY	WI	501(C)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(95) ASCENSION WISCONSIN PHARMACY, INC. (39-1613624) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHARMACY	WI	501(C)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(96) BAPTIST HEALTH CARE AFFILIATES, INC. (58-1509251) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	COMMUNITY HEALTH PROMOTION	TN	501(C)(3)	12 TYPE I	SAINT THOMAS NETWORK	✓	
(97) BAPTIST HOSPITAL FOUNDATION OF NASHVILLE, INC. (58-1861378) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	INACTIVE	TN	501(C)(3)	12 TYPE I	SAINT THOMAS WEST HOSPITAL	✓	
(98) BINGHAMTON HEALTH CORPORATION (88-1655027) 169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905	HEALTH CARE	NY	501(C)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC.	✓	
(99) BLUE LADIES MINERALS, INC. (74-2971975) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	OWN OIL AND MINERAL RIGHTS, REAL ESTATE	TX	501(C)(3)	12 TYPE III-FI	ASCENSION SETON FOUNDATION	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(100) BORGESS AMBULATORY CARE CORPORATION (38-2468823) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY	MI	501(C)(3)	3	BORGESS HEALTH ALLIANCE, INC.	✓	
(101) BORGESS HEALTH ALLIANCE, INC. (38-2335286) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	MI	501(C)(3)	10	ASCENSION MICHIGAN	✓	
(102) BORGESS NURSING HOME INC. (38-2555589) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MI	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(103) CARONDELET FOUNDATION, INC. (86-0749574) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	AZ	501(C)(3)	12 TYPE I	ASCENSION ARIZONA	✓	
(104) CARONDELET HEALTH (43-1276738) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(105) CARONDELET LONG-TERM CARE FACILITIES, INC. (74-2505427) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(106) CARROLL MANOR (83-2068871) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	DC	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(107) CATALPA HEALTH, INC. (45-4681563) 4635 WEST COLLEGE AVENUE, APPLETON, WI 54914	BEHAVIORAL HEALTH SERVICES	WI	501(C)(3)	3	AFFINITY HEALTH SYSTEM	✓	
(108) CENTER FOR GERONTOLOGY (38-2514708) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ADULT DAY CARE	MI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(109) CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. (35-1869951) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FREESTANDING OUTPATIENT CENTER	IN	501(C)(3)	12 TYPE III-FI	ST. VINCENT HEALTH, INC.	✓	
(110) COLUMBIA COLLEGE OF NURSING, INC. (39-1596986) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	COLLEGE	WI	501(C)(3)	10	COLUMBIA ST. MARY'S HOSPITAL MILWAUKEE, INC.	✓	
(111) COLUMBIA ST. MARY'S HOSPITAL MILWAUKEE, INC. (39-0806315) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	COLUMBIA ST. MARY'S, INC.	✓	
(112) COLUMBIA ST. MARY'S, INC. (39-1834639) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM	WI	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(113) CORNERSTONE ASSISTED LIVING, INC. (48-1241079) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(114) DELL CHILDREN'S FOUNDATION (20-0468031) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(115) DELL CHILDREN'S MEDICAL GROUP (74-2800601) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(116) FIELD NEUROSCIENCES INSTITUTE (38-2790703) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MI	501(C)(3)	12 TYPE I	ASCENSION ST. MARY'S HOSPITAL	✓	
(117) GENESYS AMBULATORY HEALTH SERVICES (38-2371754) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(118) GENESYS CONVALESCENT CENTER (38-2317364) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CONVALESCENT CENTER	MI	501(C)(3)	12 TYPE I	GENESYS AMBULATORY HEALTH SERVICES	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(119) GENESYS HEALTH SYSTEM (38-3339703) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	MI	501(C)(3)	12 TYPE II	ASCENSION MICHIGAN	✓	
(120) GULF COAST HEALTH SYSTEM (63-0934712) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM	AL	501(C)(3)	12 TYPE III-FI	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(121) HAVEN OF OUR LADY OF PEACE, INC. (59-3620346) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	NURSING HOME	FL	501(C)(3)	10	SACRED HEART HEALTH SYSTEM, INC.	✓	
(122) HUMPHREYS COUNTY COMMUNITY HEALTH SERVICES, INC. (26-1861676) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	TN	501(C)(3)	3	BAPTIST HEALTH CARE AFFILIATES, INC.	✓	
(123) JANE PHILLIPS MEMORIAL MEDICAL CENTER, INC. (73-0606129) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(124) JANE PHILLIPS NOWATA HOSPITAL, INC. (73-1440267) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(125) LAVERNA TERRACE HOUSING CORPORATION (36-3438977) 18927 HICKORY CREEK DRIVE, SUITE 300, MOKENA, IL 60448	LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS	IL	501(C)(3)	10	PRESENCE LIFE CONNECTIONS	✓	
(126) LOURDES FOUNDATION (91-1528577) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	WA	501(C)(3)	12 TYPE I	OUR LADY OF LOURDES HOSPITAL AT PASCO	✓	
(127) LOURDES REALTY COMPANY, INC. (22-2873637) 169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905	RENTAL OF HEALTH CARE FACILITIES	NY	501(C)(2)		OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC.	✓	
(128) MERCY HEALTH FOUNDATION, INC. (23-7140261) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE II	AFFINITY HEALTH SYSTEM	✓	
(129) MINISTRY HEALTH CARE, INC. (39-1490371) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT CORPORATION	WI	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(130) OUR LADY OF LOURDES HOSPITAL AT PASCO (91-0349750) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE	WA	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(131) OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC (15-0532221) 169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905	HOSPITAL	NY	501(C)(3)	3	ASCENSION HEALTH	✓	
(132) OUR LADY OF PEACE, INC. (16-1608735) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	NY	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(133) OWASSO MEDICAL FACILITY, INC. (20-3700131) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(134) PRESENCE AMBULATORY SERVICES (36-4286236) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(135) PRESENCE BEHAVIORAL HEALTH (36-2709982) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(136) PRESENCE CARE @ HOME (46-0483587) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(137) PRESENCE CARE TRANSFORMATION CORPORATION (36-3366652) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MGMT SUPPORT	IL	501(C)(3)	12 TYPE III-FI	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(138) PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK (36-4195126) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(139) PRESENCE CHICAGO HOSPITALS NETWORK (36-2235165) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(140) PRESENCE HEALTH PARTNERS SERVICES (36-2644178) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	12 TYPE II	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(141) PRESENCE HEALTHCARE SERVICES (36-3330928) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(142) PRESENCE HOME CARE (46-0483581) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(143) PRESENCE LIFE CONNECTIONS (37-1127787) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(144) PRESENCE SENIOR SERVICES CHICAGOLAND (23-7061646) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(145) PROVIDENCE BUILDING CORPORATION (63-0914564) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(2)		GULF COAST HEALTH SYSTEM	✓	
(146) PROVIDENCE FOUNDATION (63-0915493) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	7	GULF COAST HEALTH SYSTEM	✓	
(147) PROVIDENCE HEALTH ALLIANCE (74-2696970) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PRACTICES	TX	501(C)(3)	3	ASCENSION PROVIDENCE	✓	
(148) PROVIDENCE HEALTH FOUNDATION, INC. (52-1275583) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING ORGANIZATION	DC	501(C)(3)	12 TYPE I	PROVIDENCE HOSPITAL	✓	
(149) PROVIDENCE HEALTH SERVICES, INC. (52-1275587) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PRACTICES	DC	501(C)(3)	12 TYPE I	PROVIDENCE HOSPITAL	✓	
(150) PROVIDENCE HOSPITAL (53-0196636) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	DC	501(C)(3)	3	ASCENSION HEALTH	✓	
(151) PROVIDENCE HOSPITAL (63-0288861) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	GULF COAST HEALTH SYSTEM	✓	

(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
(152) PROVIDENCE PARK, INC. (61-1759304) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	TX	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(153) RAINBOW HOSPICE AND PALLIATIVE CARE (36-3296367) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	7	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(154) SACRED HEART FOUNDATION, INC. (59-2436597) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	FL	501(C)(3)	7	SACRED HEART HEALTH SYSTEM, INC.	✓	
(155) SACRED HEART HEALTH SYSTEM, INC. (59-0634434) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(156) SACRED HEART HEALTH VENTURES, INC. (57-1183283) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	INVESTMENT	FL	501(C)(3)	12 TYPE I	SACRED HEART HEALTH SYSTEM, INC.	✓	
(157) SACRED HEART REHABILITATION INSTITUTE, INC. (39-0902199) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REHAB SERVICES	WI	501(C)(3)	3	COLUMBIA ST. MARY'S, INC.	✓	
(158) SAINT THOMAS HEALTH (58-1716804) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SYSTEM PARENT	TN	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(159) SAINT THOMAS HEALTH FOUNDATIONS (58-1663055) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	OPERATES FOUNDATION	TN	501(C)(3)	7	SAINT THOMAS NETWORK	✓	
(160) SAINT THOMAS HICKMAN HOSPITAL (58-1737573) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	TN	501(C)(3)	3	BAPTIST HEALTH CARE AFFILIATES, INC.	✓	
(161) SAINT THOMAS HOME HEALTH (62-1836937) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOME HEALTH CARE	TN	501(C)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	✓	
(162) SAINT THOMAS MEDICAL PARTNERS (62-1529858) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE PROVIDER	TN	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(163) SAINT THOMAS NETWORK (62-1284994) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH INVESTMENT ENTITY	TN	501(C)(3)	10	SAINT THOMAS HEALTH	✓	
(164) SAINT THOMAS REGIONAL HOSPITALS (47-4063046) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITALS	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(165) SAINT THOMAS RUTHERFORD FOUNDATION (62-1167917) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	TN	501(C)(3)	12 TYPE I	SAINT THOMAS RUTHERFORD HOSPITAL	✓	
(166) SAINT THOMAS RUTHERFORD HOSPITAL (62-0475842) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(167) SAINT THOMAS WEST HOSPITAL (62-0347580) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(168) SALINA REGIONAL HOME MEDICAL SERVICES, LLC (43-1948057) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL EQUIPMENT	KS	501(C)(3)	10	ASCENSION VIA CHRISTI HEALTH PARTNERS, INC.	✓	

(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
(169) SAVELLI PROPERTIES, INC. (36-3308965) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	OWNS OR LEASES PROPERTIES WHERE HEALTHCARE SERVICES ARE DELIVERED	IL	501(C)(2)		ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(170) SETON CLINICAL ENTERPRISE CORPORATION (45-4364681) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(171) SETON FAMILY OF DOCTORS (26-4562522) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(172) SETON FAMILY OF PEDIATRIC SURGEONS (27-1311790) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(173) SETON HEALTHCARE CORPORATION OF SOUTHEAST MICHIGAN (38-2820107) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SOCIAL WELFARE	MI	501(C)(4)		ST. JOHN PROVIDENCE	✓	
(174) SETON HOSPITALIST SERVICE (45-2498998) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE I	ASCENSION SETON	✓	
(175) SETON INSURANCE SERVICES CORPORATION (45-4364813) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(176) SETON MANOR, INC. (23-2960726) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	PA	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(177) SETON MEDICAL GROUP, INC. (39-2064992) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(178) SETON MEDICAL MANAGEMENT, INC. (63-0937704) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	12 TYPE II	GULF COAST HEALTH SYSTEM	✓	
(179) SETON ORAL & MAXILLOFACIAL SURGERY (42-1670843) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(180) SETON PROPERTY CORPORATION OF NORTH ALABAMA (23-7326976) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REAL ESTATE	AL	501(C)(2)		ST. VINCENT'S HEALTH SYSTEM	✓	
(181) SETON/UT AUSTIN DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP (74-2869762) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(182) SJRMC, INC. (82-0204264) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	ID	501(C)(3)	3	ASCENSION HEALTH	✓	
(183) SOUTHERN TIER MEDICAL CARE - NY PC (82-1103087) 169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905	HEALTHCARE	NY	501(C)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC.	✓	
(184) ST. AGNES FOUNDATION, INC. (52-1415083) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MD	501(C)(3)	12 TYPE I	ST. AGNES HEALTHCARE, INC.	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(185) ST. ALEXIUS MEDICAL CENTER (36-4251846) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ACUTE CARE HOSPITAL	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(186) ST. CATHERINE LABOURE MANOR, INC. (59-1878316) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	FL	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(187) ST. JOHN AUXILIARY, INC. (73-0999759) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	10	ST. JOHN HEALTH SYSTEM, INC.	✓	
(188) ST. JOHN BROKEN ARROW, INC. (38-3833117) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(189) ST. JOHN BUILDING CORPORATION (61-1659782) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REAL ESTATE	OK	501(C)(2)		ST. JOHN HEALTH SYSTEM, INC.	✓	
(190) ST. JOHN HEALTH SYSTEM FOUNDATION, INC. (73-1133139) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	OK	501(C)(3)	12 TYPE I	ST. JOHN HEALTH SYSTEM, INC.	✓	
(191) ST. JOHN HEALTH SYSTEM, INC. (73-1215174) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SYSTEM PARENT	OK	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(192) ST. JOHN MEDICAL CENTER, INC. (73-0579286) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(193) ST. JOHN PROVIDENCE (38-2244034) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT	MI	501(C)(3)	12 TYPE II	ASCENSION MICHIGAN	✓	
(194) ST. JOHN SAPULPA, INC. (73-0662663) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(195) ST. JOSEPH FOUNDATION OF KOKOMO, INDIANA, INC. (23-7313206) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. JOSEPH HOSPITAL & HEALTH CENTER, INC.	✓	
(196) ST. JOSEPH HOSPITAL & HEALTH CENTER, INC. (35-0992717) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(197) ST. JOSEPH MEDICAL CENTER FOUNDATION (43-1388461) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MO	501(C)(3)	12 TYPE I	CARONDELET HEALTH	✓	
(198) ST. JOSEPH'S MINISTRIES, INC. (52-1835288) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MD	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(199) ST. LUKE'S-ST. VINCENT'S HEALTHCARE, INC. (26-0479484) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(200) ST. MARY'S BUILDING CORPORATION (23-7248362) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REAL ESTATE HOLDING COMPANY	IN	501(C)(2)		ST. MARY'S HEALTH, INC.	✓	
(201) ST. MARY'S HEALTH FOUNDATION, INC. (23-7045370) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, INC.	✓	
(202) ST. MARY'S HEALTH, INC. (35-0869065) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(203) ST. MARY'S MEDICAL CENTER FOUNDATION (43-1918107) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MO	501(C)(3)	12 TYPE I	CARONDELET HEALTH	✓	

(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
(204) ST. MARY'S MEDICAL GROUP, LLC (26-1356310) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PROFESSIONAL SERVICES	IN	501(C)(3)	10	ST. VINCENT MEDICAL GROUP, INC.	✓	
(205) ST. MARY'S WARRICK HOSPITAL, INC. (35-1343019) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(206) ST. VINCENT ANDERSON REGIONAL HOSPITAL FOUNDATION, INC. (35-2053693) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC.	✓	
(207) ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC. (46-0877261) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(208) ST. VINCENT CARMEL HOSPITAL, INC. (74-3107055) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(209) ST. VINCENT CLAY HOSPITAL, INC. (35-2112529) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(210) ST. VINCENT DUNN HOSPITAL, INC. (27-2192831) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(211) ST. VINCENT FISHERS HOSPITAL, INC. (45-4243702) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(212) ST. VINCENT FRANKFORT HOSPITAL, INC. (35-2099320) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(213) ST. VINCENT HEALTH, INC. (35-2052591) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT COMPANY	IN	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(214) ST. VINCENT HEALTH, WELLNESS AND PREVENTIVE CARE INSTITUTE, INC. (46-1227327) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH AND WELLNESS SERVICES	IN	501(C)(3)	10	ST. VINCENT HEALTH, INC.	✓	
(215) ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. (35-0869066) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(216) ST. VINCENT HOSPITAL FOUNDATION, INC. (35-6088862) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC.	✓	
(217) ST. VINCENT JENNINGS HOSPITAL, INC. (35-1841606) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(218) ST. VINCENT MADISON COUNTY HEALTH SYSTEM, INC. (35-0876389) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(219) ST. VINCENT MEDICAL GROUP, INC. (27-2039417) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PROFESSIONAL SERVICES	IN	501(C)(3)	10	ST. VINCENT CARMEL HOSPITAL, INC.	✓	
(220) ST. VINCENT RANDOLPH HOSPITAL, INC. (35-2103153) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(221) ST. VINCENT RAS, INC. (47-1289091) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETAIL AMBULATORY SERVICES	IN	501(C)(3)	10	ST. VINCENT HEALTH, INC.	✓	
(222) ST. VINCENT SALEM HOSPITAL, INC. (27-0847538) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	

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						Yes	No
(223) ST. VINCENT SETON SPECIALTY HOSPITAL, INC. (35-1712001) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	LONG TERM CARE HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(224) ST. VINCENT WILLIAMSPORT HOSPITAL, INC. (35-0784551) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(225) ST. VINCENT'S AMBULATORY CARE, INC. (59-2292041) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PRACTICE	FL	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(226) ST. VINCENT'S BIRMINGHAM (63-0288864) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM	✓	
(227) ST. VINCENT'S BLOUNT (63-0909073) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM	✓	
(228) ST. VINCENT'S EAST (63-0578923) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM	✓	
(229) ST. VINCENT'S FOUNDATION OF ALABAMA, INC. (63-0868066) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	AL	501(C)(3)	7	ST. VINCENT'S HEALTH SYSTEM	✓	
(230) ST. VINCENT'S FOUNDATION, INC. (59-2219923) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	FL	501(C)(3)	7	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(231) ST. VINCENT'S HEALTH SYSTEM (63-0931008) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM	AL	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(232) ST. VINCENT'S HEALTH SYSTEM, INC. (59-3650609) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT ENTITY	FL	501(C)(3)	12 TYPE II	ASCENSION HEALTH	✓	
(233) ST. VINCENT'S MEDICAL CENTER (06-0646886) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL AND SYSTEM PARENT	CT	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(234) ST. VINCENT'S MEDICAL CENTER, INC. (59-0624449) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(235) ST. VINCENT'S MEDICAL CENTER-CLAY COUNTY, INC. (46-1523194) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(236) SVH REAL ESTATE, INC. (20-5002285) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REAL ESTATE HOLDING COMPANY	IN	501(C)(3)	12 TYPE III-FI	ST. VINCENT HEALTH, INC.	✓	
(237) THE HEALTH SOURCE GROUP (38-2427678) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PRG RELATED INVESTMENTS	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(238) THE SETON COVE (74-2727509) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SPIRITUALITY CENTER	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(239) TRI-COUNTY CLINICAL (26-4562712) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(240) TWENTY-SIX DOORS, INC. (74-2855201) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	TO HOLD TITLE TO REAL PROPERTY	TX	501(C)(25)		ASCENSION SETON FOUNDATION	✓	
(241) UNIVERSAL HEALTH SERVICES (63-0932323) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN GROUP	AL	501(C)(3)	12 TYPE II	ST. VINCENT'S HEALTH SYSTEM	✓	
(242) VIA CHRISTI FOUNDATION, INC. (36-4943550) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	KS	501(C)(3)	7	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(243) VIA CHRISTI HEALTHCARE OUTREACH PROGRAM FOR ELDERLY, INC. (48-1236589) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PACE (SNF)	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	

(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
(244) VIA CHRISTI VILLAGE GEORGETOWN, INC. (48-1129325) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(245) VIA CHRISTI VILLAGE HAYS, INC. (20-2828680) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(246) VIA CHRISTI VILLAGE MANHATTAN, INC. (48-1078862) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(247) VIA CHRISTI VILLAGE MCLEAN, INC. (48-1247723) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(248) VIA CHRISTI VILLAGE PITTSBURG, INC. (74-3070971) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(249) VIA CHRISTI VILLAGE PONCA CITY, INC. (73-1153337) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	OK	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(250) VIA CHRISTI VILLAGES, INC. (48-0559086) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MANAGEMENT COMPANY	KS	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH SENIOR CARE	✓	
(251) VOLUNTEERS IN PARTNERSHIP WITH WHEATON FRANCISCAN HEALTHCARE-ALL SAINTS, INC. (93-0838390) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	10	ASCENSION ALL SAINTS HOSPITAL, INC.	✓	
(252) WAMEGO HOSPITAL ASSOCIATION (72-1526400) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN, INC.	✓	
(253) WHEATON FRANCISCAN HEALTHCARE - TERRACE AT ST. FRANCIS, INC. (39-1486775) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(254) WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC. (39-1568865) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT CORPORATION	IL	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	

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

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AHA HEALTHBRIDGE PARTNERS, LLC (85-2872693) 27068 LA PAZ ROAD, SUITE 444, ALISO VIEJO, CA 92656	SPECIALTY HOSPITAL	DE	N/A	N/A	N/A	N/A			N/A			N/A
(2) ALEXIAN REHABILITATION SERVICES, LLC (30-0221481) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REHABILITATION HOSPITAL	IL	N/A	N/A	N/A	N/A			N/A			N/A
(3) ALLEGAN GENERAL HOSPITAL PAIN ADMINISTRATION SERVICES, LLC (47-3706652) 555 LINN STREET, ALLEGAN, MI 49010	PAIN MANAGEMENT	MI	N/A	N/A	N/A	N/A			N/A			N/A
(4) ALVERNO CLINICAL LABORATORIES, LLC (20-3240648) 2434 INTERSTATE PLAZA DR. , HAMMOND, IN 46324	MEDICAL SERVICE	IN	N/A	N/A	N/A	N/A			N/A			N/A
(5) AMBULATORY SURGERY CENTER, L.P. (48-1114690) 818 N EMPORIA, SUITE 108, WICHITA, KS 67214	SURGERY CENTER	KS	N/A	N/A	N/A	N/A			N/A			N/A
(6) ASCENSION ALABAMA-REGENT ASC JV, LLC (87-1004647) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	DE	N/A	N/A	N/A	N/A			N/A			N/A
(7) ASCENSION ALPHA FUND, LLC (90-0786464) 4600 EDMUNDSON ROAD, , ST. LOUIS, MO 63134	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			N/A
(8) ASCENSION ATHO CARRY, L.P (84-4224833) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	INVESTMENTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(9) ASCENSION BALTIMORE-REGENT ASC JV, LLC (87-1076612) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	DE	ST. AGNES HEALTHCARE INC	RELATED	(3,113)	2,679	✓		N/A	✓		65.00%
(10) ASCENSION BINGHAMTON-REGENT ASC JV, LLC (87-1050728) 169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	DE	N/A	N/A	N/A	N/A			N/A			N/A
(11) ASCENSION FLORIDA AND GULF COAST-REGENT ASC JV, LLC (87-1668217) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	DE	N/A	N/A	N/A	N/A			N/A			N/A

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							Yes	No		Yes	No	
(12) ASCENSION HEALTH AT HOME, LLC (47-1704527) 10 CADILLAC DRIVE, SUITE 400, BRENTWOOD, TN 37027	INVESTMENTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(13) ASCENSION INDIANA-REGENT ASC JV, LLC (87-1028503) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	DE	N/A	N/A	N/A	N/A			N/A			N/A
(14) ASCENSION KANSAS-REGENT ASC JV, LLC (87-0954491) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	DE	N/A	N/A	N/A	N/A			N/A			N/A
(15) ASCENSION MEDICAL GROUP ST. JOHN, LLC (73-1437252) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL GROUP	OK	N/A	N/A	N/A	N/A			N/A			N/A
(16) ASCENSION MICHIGAN-REGENT ASC JV, LLC (87-0879317) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	DE	N/A	N/A	N/A	N/A			N/A			N/A
(17) ASCENSION OKLAHOMA-REGENT ASC JV, LLC (87-0934689) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	DE	N/A	N/A	N/A	N/A			N/A			N/A
(18) ASCENSION TEXAS-REGENT ASC JV, LLC (87-0898005) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	DE	N/A	N/A	N/A	N/A			N/A			N/A
(19) ASCENSION TOWERBROOK HEALTHCARE OPPORTUNITIES, L.P. (98-1500387) 65 EAST 55TH STREET, 19TH FLOOR, NEW YORK, NY 10022	INVESTMENTS	NY	N/A	N/A	N/A	N/A			N/A			N/A
(20) ASCENSION VIA CHRISTI IMAGING MANHATTAN, LLC (48-1251984) 1823 COLLEGE AVENUE, MANHATTAN, KS 66502	RADIOLOGY SERVICES	KS	N/A	N/A	N/A	N/A			N/A			N/A
(21) ASCENSION WISCONSIN EMERUS JV, LLC (38-4118568) 8686 NEW TRAILS DRIVE, SUITE 100, THE WOODLANDS, TX 77381	ACUTE CARE HOSPITALS	WI	N/A	N/A	N/A	N/A			N/A			N/A

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							Yes	No		Yes	No	
(22) ASCENSION WISCONSIN-REGENT ASC JV, LLC (87-0980162) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	DE	N/A	N/A	N/A	N/A			N/A			N/A
(23) AUSTIN CENTER FOR OUTPATIENT SURGERY, LP (58-2028767) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	ACUTE CARE HOSPITAL	TX	N/A	N/A	N/A	N/A			N/A			N/A
(24) BAPTIST WOMEN'S HEALTH CENTER, LLC (62-1772195) 1900 CHURCH STREET, SUITE 300, NASHVILLE, TN 37203	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	N/A	N/A	N/A	N/A			N/A			N/A
(25) BELMONT/HARLEM SURGERY CENTER, LLC (41-2237162) 3101 NORTH HARLEM, CHICAGO, IL 60634	MEDICAL SERVICE	IL	N/A	N/A	N/A	N/A			N/A			N/A
(26) BONAVENTURE MEDICAL FOUNDATION, LLC (36-3978153) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MANAGES MANAGED CARE CONTRACTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(27) BORGESS HEALTH PARTNERS, LLC (38-2648846) 28000 DEQUINDRE ROAD, WARREN, MI 48092	MANAGED CARE	MI	N/A	N/A	N/A	N/A			N/A			N/A
(28) CARMEL AMBULATORY SURGERY CENTER, LLC (32-0014795) 13421 OLD MERIDIAN STREET, SUITE 150, CARMEL, IN 46032	AMBULATORY SURGERY CENTER	IN	N/A	N/A	N/A	N/A			N/A			N/A
(29) CB-AH PARALLEL FUND II, L.P. (04-3585156) 200 CLARENDON STREET, 17TH FLOOR, BOSTON, MA 02116	INVESTMENTS	MA	N/A	N/A	N/A	N/A			N/A			N/A
(30) CEDAR PARK JV PARTNERS, LLC (85-3868373) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	TX	N/A	N/A	N/A	N/A			N/A			N/A
(31) CENTRAL TEXAS LAUNDRY, LLC (36-4778018) 4255 PROFIT STREET, SAN ANTONIO, TX 78219	LAUNDRY SERVICES	TX	N/A	N/A	N/A	N/A			N/A			N/A
(32) CHV II, LP (26-0534243) 4600 EDMUNDSON ROAD, , ST. LOUIS, MO 63134	INVESTMENTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(33) CHV III LP (45-4486925) 4600 EDMUNDSON ROAD, ST. LOUIS, MO 63134	INVESTMENTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(34) CHV IV LP (81-3953953) 4600 EDMUNDSON ROAD, ST. LOUIS, MO 63134	INVESTMENTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(35) COLLABORATIVE HEALTH VENTURES V, L.P. (84-4668723) 4600 EDMUNDSON ROAD, ST. LOUIS, MO 63134	INVESTMENTS	DE	N/A	N/A	N/A	N/A			N/A			N/A

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							Yes	No		Yes	No	
(36) CUMBERLAND BEHAVIORAL HEALTH, LLC (32-0530876) 102 WOODMONT BOULEVARD, SUITE 700, NASHVILLE, TN 37205	BEHAVIORAL CLINIC OPERATIONS	TN	N/A	N/A	N/A	N/A			N/A			N/A
(37) ENDOSCOPY CENTER, LLC (32-0029881) 13421 OLD MERIDIAN STREET, SUITE 150, CARMEL, IN 46032	ENDOSCOPY CENTER	IN	N/A	N/A	N/A	N/A			N/A			N/A
(38) HAYS JV PARTNERS, LLC (85-2037257) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	TX	N/A	N/A	N/A	N/A			N/A			N/A
(39) HOFFMAN ESTATES SURGERY CENTER, LLC (20-0442247) 1555 BARRINGTON RD., LL0400, HOFFMAN ESTATES, IL 60169	SURGERY CENTER	IL	N/A	N/A	N/A	N/A			N/A			N/A
(40) KANSAS SURGERY AND RECOVERY CENTER, LLC (48-1148580) 2770 NORTH WEBB ROAD, WICHITA, KS 67226	SURGERY CENTER	KS	N/A	N/A	N/A	N/A			N/A			N/A
(41) KENOSHA DIGESTIVE HEALTH CENTER (84-2167873) 1033 N MAYFAIR ROAD, SUITE 101, WAUWATOSA, WI 53226	DIGESTIVE HEALTH	WI	N/A	N/A	N/A	N/A			N/A			N/A
(42) LOURDES HEALTH SUPPORT, LLC (16-1611707) 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	MEDICAL EQUIPMENT PROVIDER	NY	N/A	N/A	N/A	N/A			N/A			N/A
(43) MIDDLE TENNESSEE IMAGING, LLC (01-0570490) 28 WHITE BRIDGE ROAD, SUITE 111, NASHVILLE, TN 37205	DIAGNOSTIC IMAGING CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(44) MURFREESBORO DIAGNOSTIC IMAGING, LLC (20-0291952) 28 WHITE BRIDGE ROAD, SUITE 111, NASHVILLE, TN 37205	DIAGNOSTIC IMAGING CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(45) NAAB ROAD SURGERY CENTER, LLC (35-1991390) 8260 NAAB ROAD, SUITE 100, INDIANAPOLIS, IN 46260	AMBULATORY SURGERY CENTER	IN	N/A	N/A	N/A	N/A			N/A			N/A
(46) NEW YORK HOLDCO, LLC (87-3621523) 169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905	AMBULATORY SURGERY CENTER	DE	N/A	N/A	N/A	N/A			N/A			N/A
(47) NORTHWEST HILLS JV PARTNERS, LLC (85-2065271) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	HOLDING COMPANY FOR ACUTE CARE HOSPITAL	TX	N/A	N/A	N/A	N/A			N/A			N/A
(48) OKLAHOMA CANCER SPECIALISTS REAL ESTATE COMPANY, LLC (61-1774455) 12697 E 51ST STREET SOUTH, TULSA, OK 74146	REAL ESTATE HOLDING	OK	N/A	N/A	N/A	N/A			N/A			N/A

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							Yes	No		Yes	No	
(49) OPEN MRI OF MICHIGAN (38-3544539) 411 W. 13 MILE ROAD, MADISON HEIGHTS, MI 48071	MRI CENTER	MI	N/A	N/A	N/A	N/A			N/A			N/A
(50) ORTHOPEDIC SURGERY CENTER OF THE FOX VALLEY, LLC (84-2016212) 2223 LIME KILN ROAD, SUITE 101, GREEN BAY, WI 54311	SURGERY CENTER	WI	N/A	N/A	N/A	N/A			N/A			N/A
(51) PABHS-UCM RADONC JV, LLC (87-4057862) 2845 N. SHERIDAN RD., SUITE 506, CHICAGO, IL 60657	RADIATION ONCOLOGY SERVICES	IL	N/A	N/A	N/A	N/A			N/A			N/A
(52) PCAC GI JV, LLC (85-0878312) 200 S. WACKER DRIVE, CHICAGO, IL 60606	AMBULATORY SURGERY CENTER	IL	N/A	N/A	N/A	N/A			N/A			N/A
(53) PET, LLC (59-3788701) 1549 AIRPORT BOULEVARD, SUITE 110, PENSACOLA, FL 32504	MEDICAL SERVICES	FL	N/A	N/A	N/A	N/A			N/A			N/A
(54) PFC ASSOCIATES, LLC (52-2018150) 920 VARNUM STREET NE, WASHINGTON, DC 20017	MEDICAL SERVICES	DC	N/A	N/A	N/A	N/A			N/A			N/A
(55) PREMIER RADIOLOGY WISCONSIN, LLC (83-3180104) 400 WEST RIVER WOODS PARKWAY, MILWAUKEE, WI 53212	RADIOLOGY	WI	N/A	N/A	N/A	N/A			N/A			N/A
(56) PRESENCE LAKESHORE GASTROENTEROLOGY, LLC (81-1750563) 150 N. RIVER ROAD, SUITE 215, DES PLAINES, IL 60016	MEDICAL SERVICE	IL	N/A	N/A	N/A	N/A			N/A			N/A
(57) PROFESSIONAL CLINICAL LABORATORIES, LLC (30-0711211) 2434 INTERSTATE PLAZA DR. , HAMMOND, IN 46324	MEDICAL SERVICES	IN	N/A	N/A	N/A	N/A			N/A			N/A
(58) RACINE DIGESTIVE HEALTH CENTER, LLC (84-4211105) 1033 N MAYFAIR ROAD, SUITE 101, WAUWATOSA, WI 53226	DIGESTIVE HEALTH	WI	N/A	N/A	N/A	N/A			N/A			N/A
(59) RADS OF AMERICA, LLC (20-0597581) 28 WHITE BRIDGE ROAD, SUITE 111, NASHVILLE, TN 37205	AMBULATORY SURGERY CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(60) SAINT THOMAS HOME RECOVERY CARE, LLC (84-2100096) 49 MUSIC SQUARE WEST , SUITE 401, NASHVILLE, TN 37203	MEDICAL AND REHABILITATION SERVICES	TN	N/A	N/A	N/A	N/A			N/A			N/A
(61) SAINT THOMAS REHABILITATION HOSPITAL, LLC (81-4303298) 330 SEVEN SPRINGS WAY, BRENTWOOD, TN 37027	REHABILITATION HOSPITAL	KY	N/A	N/A	N/A	N/A			N/A			N/A
(62) SAINT THOMAS/USP SURGERY CENTERS III, LLC (92-3748588) 14201 DALLAS PARKWAY, DALLAS, TX 75254	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	TN	N/A	N/A	N/A	N/A			N/A			N/A

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(63) SOUTH COAST REAL ESTATE VENTURE, LLC (45-5599047) 6801 AIRPORT BOULEVARD, PO BOX 850429, MOBILE, AL 36685	OWN REAL ESTATE FOR A PHYSICIAN OFFICE BUILDING	MS	N/A	N/A	N/A	N/A			N/A			N/A
(64) ST. VINCENT HEART CENTER OF INDIANA, LLC (36-4492612) 10580 N MERIDIAN STREET, INDIANAPOLIS, IN 46290	HEART HOSPITAL	IN	N/A	N/A	N/A	N/A			N/A			N/A
(65) ST. VINCENT'S OUTPATIENT SURGERY SERVICES, LLC (20-0708162) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	OUTPATIENT SURGERY	AL	N/A	N/A	N/A	N/A			N/A			N/A
(66) ST. VINCENT'S SLEEP DISORDER CENTER, LLC (63-1282288) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	SLEEP DISORDER CENTER	AL	N/A	N/A	N/A	N/A			N/A			N/A
(67) STHS SLEEP CENTER, LLC (20-3664894) 102 WOODMONT BOULEVARD, SUITE 800, NASHVILLE, TN 37205	OPERATES A SLEEP CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(68) STONEGATE JV PARTNERS, LLC (85-2023852) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	TX	N/A	N/A	N/A	N/A			N/A			N/A
(69) SVHS-SCA EMERALD COAST JV, LLC (92-0476093) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	FL	N/A	N/A	N/A	N/A			N/A			N/A
(70) SVHS-SCA FLORIDA JV, LLC (85-0571986) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	FL	N/A	N/A	N/A	N/A			N/A			N/A
(71) TOWNE CENTRE SURGERY CENTER, LLC (20-4943843) 4599 TOWNE CENTRE, SAGINAW, MI 48604	OUTPATIENT SERVICES	MI	N/A	N/A	N/A	N/A			N/A			N/A
(72) VIA CHRISTI MERCY CLINIC, LLC (81-2927645) 1 MT CARMEL PLACE, PITTSBURG, KS 66762	MEDICAL SERVICES	KS	N/A	N/A	N/A	N/A			N/A			N/A
(73) WOODBRIDGE CENTER, LLC (03-0553583) 7901 ANGLING ROAD, PORTAGE, MI 49024	AMBULATORY SURGERY CENTER	MI	N/A	N/A	N/A	N/A			N/A			N/A

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AFFILIATED HEALTH SERVICES, INC. (38-2292922) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL SERVICES	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(2) AFFILIATED MEDICAL SERVICES LABORATORY, INC (48-1239522) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL LABORATORY	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(3) AH INCUBATIONS ACCELERATOR, INC. (45-5078523) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL SERVICE	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(4) ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT, LLC (94-3465394) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOUSING	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(5) ALEXIAN BROTHERS HEALTH PROVIDERS ASSOCIATION, INC. (36-3853286) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MESSENGER MODEL IPA	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(6) ALEXIAN VILLAGE OF ELK GROVE (35-2211303) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	TAX CREDIT FINANCED HOUSING	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(7) AMITA HEALTH CLINICALLY INTEGRATED NETWORK, LLC (80-0967178) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MANAGED CARE	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(8) ASCENSION CAPITAL UK, LIMITED 5TH FLOOR, 70 GRACECHURCH STREET, LONDON, ENGLAND, EC3V 0XL, UK	INSURANCE	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(9) ASCENSION CARE MANAGEMENT HEALTH PARTNERS TENNESSEE (45-2958482) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ACCOUNTABLE CARE ORGANIZATION	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(10) ASCENSION CARE MANAGEMENT HEALTH PARTNERS, INC. (45-4413419) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL SERVICE	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(11) ASCENSION CARE MANAGEMENT HOLDINGS, LTD. AND SUBSIDIARIES (38-3269272) 800 TOWER DRIVE, SUITE 300, TROY, MI 48098	INSURANCE AND TPA	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(12) ASCENSION HEALTH INSURANCE LIMITED P.O. BOX 1159, GRAND CAYMAN, BAHAMAS, KY1-1102, C.J	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(13) ASCENSION HEALTH RISK PURCHASING GROUP, INC. (27-4176480) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(14) ASCENSION MEDICAL GROUP VIA CHRISTI, P.A. (48-0993446) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PROFESSIONAL ASSOCIATION	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(15) ASCENSION VENTURES CORPORATION (63-1217059) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MISC HEALTHCARE SERVICES	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(16) ASV ST. JOHN'S COUNTY, INC. (85-4309119) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ACUTE CARE HOSPITAL	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(17) BAPTIST HEALTH CARE VENTURES, INC (62-0469214) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(18) BAYLEY CONDOMINIUM ASSOCIATION (63-1209915) 2121 HIGHLAND AVENUE SOUTH, BIRMINGHAM, AL 35205	CONDOMINIUM ASSOCIATION	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(19) BEECHER BALLENGER SERVICES, INC. AND SUBSIDIARIES (38-2497922) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(20) CARONDELET MEDICAL GROUP, INC. (86-0836126) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL GROUP	AZ	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(21) CARONDELET SPECIALIST GROUP, INC. (26-1558773) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PRACTICE	AZ	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(22) CHV V CP BLOCKER CORP. (86-3673080) 4600 EDMUNDSON ROAD, ST. LOUIS, MO 63134	INVESTMENT	DE	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(23) CLINICAL HOLDINGS CORPORATION (45-3802297) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(24) CONSOLIDATED PHARMACY SERVICES, INC. AND SUBSIDIARIES (59-3398033) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETAIL PHARMACY & PATIENT TRANSPORT	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(25) CORBETT CORPORATION (16-1268267) 169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905	PROPERTY MANAGEMENT	NY	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(26) CRITTENTON DEVELOPMENT CORPORATION AND SUBSIDIARIES (38-2594115) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REAL ESTATE	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(27) DELL CHILDREN'S HEALTH ALLIANCE (27-1311909) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(28) FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION, INC. (26-1983355) 1 SHIRCLIFF WAY, JACKSONVILLE, FL 32204	CONDOMINIUM ASSOCIATION	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(29) FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC. (34-1983857) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	CONDO ASSOCIATION	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	

(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
(30) GULF COAST DIVERSIFIED, INC. (59-2432798) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	INVESTMENT	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(31) INDIAN CREEK CENTER, INC. (48-0956627) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MANAGEMENT	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(32) INTEGRATED HEALTHCARE SYSTEMS, INC (48-0941549) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CLINIC SERVICES	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(33) MADISON MEDICAL AFFILIATES, INC. (39-1855720) 4425 N. PORT WASHINGTON RD., GLENDALE, WI 53212	HEALTHCARE	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(34) MID-STATE PROPERTIES, INC. (62-1232018) 2000 CHURCH STREET, NASHVILLE, TN 37236	INACTIVE	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(35) MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES, INC. (46-1130426) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE SERVICES	MS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(36) PRESENCE SERVICE CORPORATION (36-4314354) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(37) PRESENCE VENTURES, INC. AND SUBSIDIARY (37-1168085) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(38) PROVIDENCE PARK, INC. (63-0886846) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REAL ESTATE	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(39) RESOURCE PHARMACIES, INC. (52-1410076) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETAIL PHARMACY	DC	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(40) SETON HEALTH ALLIANCE (45-3047469) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(41) SETON HEALTH PLAN, INC. (74-2725348) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HMO	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(42) SETON INSURANCE COMPANY (47-5395483) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(43) SETON MSO, INC. (74-2870455) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(44) SETON PHYSICIAN HOSPITAL NETWORK AND SUBSIDIARIES (74-2643825) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(45) SOVA, INC. (26-1319638) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SERVICES	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(46) ST. AGNES HEALTH VENTURES, INC. (52-1733632) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY	MD	ST. AGNES HEALTHCARE INC	C CORPORATION	0	1,239,531	100%	✓	

(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
(47) ST. JOSEPH HEALTH ENTERPRISES, INC. (38-2686747) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	OTHER MEDICAL	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(48) ST. MARY'S MEDICAL GROUP, INC (35-2076827) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	INVESTMENT	IN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(49) SUNFLOWER ASSURANCE, LTD (98-0223159) P.O. BOX 1085, GRAND CAYMAN, BAHAMAS, KY1-1102, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(50) TEXTILE SYSTEMS, INC. (38-2705047) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	LAUNDRY SERVICES	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(51) THE PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION, INC. (20-8042108) 4425 N. PORT WASHINGTON RD., GLENDALE, WI 53212	CONDO ASSOCIATION	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(52) THELEN CORPORATION (36-3266316) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	OWNS/LEASES PROPERTY; JOINT VENTURE PARTNER	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(53) TRAVEL SERVICES CORPORATION (26-3764978) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	TRAVEL SERVICES	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(54) UTICA SERVICES, INC. AND SUBSIDIARIES (73-1057650) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL SERVICES	OK	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(55) VCH IOWA, P.C. (27-3983977) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PROFESSIONAL ASSOCIATION	IA	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(56) VCH IOWA, P.C. TRUST (27-6937322) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	BENEFICIARY TRUST	IA	N/A	TRUST	N/A	N/A	N/A	✓	
(57) VIA CHRISTI CLINIC SERVICES, INC (27-3984287) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CLINIC SERVICES	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(58) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE, INC. (46-2872857) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ACO	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(59) VINCENTIAN VENTURES OF NORTH ALABAMA, INC. AND SUBSIDIARIES (63-0965456) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MISC HEALTHCARE SERVICES	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(60) WHEATON FRANCISCAN PROVIDER NETWORK, INC. (39-1952140) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	PROVIDER CONTRACT	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(61) WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION, INC. (30-0659830) 10101 SOUTH 27TH STREET, FRANKLIN, WI 53212	CONDO ASSOCIATION	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) ST. AGNES FOUNDATION, INC.	B	1,180,853	FAIR MARKET VALUE
(7) ST. AGNES FOUNDATION, INC.	C	2,737,905	FAIR MARKET VALUE
(8) ST. AGNES FOUNDATION, INC.	R	857,165	FAIR MARKET VALUE
(9) ST. VINCENT HEALTH, WELLNESS AND PREVENTIVE CARE INSTITUTE, INC.	P	76,178	FAIR MARKET VALUE

Part VII**Supplemental Information.** Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE R, PART V, LINE 2 -	PART V, LINE 2 INCLUDES THE NET CURRENT YEAR AMOUNT RESULTING FROM CONTINUOUS ACTIVITY WITHIN THE CENTRALIZED CASH MANAGEMENT SYSTEM.

ASCENSION

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Years Ended June 30, 2024 and 2023
With Reports of Independent Auditors

Ascension

Consolidated Financial Statements
and Supplementary Information

Years Ended June 30, 2024 and 2023

Contents

Report of Independent Auditors	1
Consolidated Financial Statements	
Consolidated Balance Sheets	4
Consolidated Statements of Operations and Changes in Net Assets	6
Consolidated Statements of Cash Flows	8
Notes to Consolidated Financial Statements	10
Supplementary Information	
Report of Independent Auditors on Supplementary Information	60
Schedule of Net Cost of Providing Care of Persons Living in Poverty and Other Community Benefit Programs	61

Report of Independent Auditors

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

Opinion

We have audited the consolidated financial statements of Ascension Health Alliance d/b/a Ascension (the System), which comprise the consolidated balance sheets as of June 30, 2024 and 2023, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the System at June 30, 2024 and 2023, and the results of its operations and changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System’s ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Information

Management is responsible for the other information. The other information comprises Management's Discussion and Analysis of Financial Condition and Results of Operations for Ascension but does not include the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

Ernst & Young LLP

September 17, 2024

Ascension

Consolidated Balance Sheets (Dollars in Thousands)

	June 30, 2024	June 30, 2023
Assets		
Current assets:		
Cash and cash equivalents	\$ 666,481	\$ 1,013,225
Short-term investments	50,317	60,793
Accounts receivable	4,354,476	3,270,862
Inventories	416,374	487,104
Due from brokers <i>(see Notes 6 and 7)</i>	140,174	136,646
Estimated third-party payor settlements	259,985	195,549
Assets held for sale <i>(see Note 4)</i>	2,009,875	305,051
Other	1,061,506	1,001,164
Total current assets	8,959,188	6,470,394
Long-term investments <i>(see Notes 6 and 7)</i>	18,694,608	19,417,590
Property and equipment, net	8,485,756	9,942,027
Other assets:		
Right-of-use assets - leases	1,065,276	1,277,833
Investment in unconsolidated entities	1,206,829	1,325,565
Capitalized software costs, net	651,490	576,829
Other	1,643,178	1,447,951
Total other assets	4,566,773	4,628,178
Total assets	\$ 40,706,325	\$ 40,458,189

Continued on next page.

Ascension

Consolidated Balance Sheets (Dollars in Thousands)

	June 30, 2024	June 30, 2023
Liabilities and net assets		
Current liabilities:		
Current portion of long-term debt	\$ 352,613	\$ 121,541
Long-term debt subject to short-term remarketing arrangements*	539,095	471,425
Current portion of lease obligations	266,801	269,663
Accounts payable and accrued liabilities	3,495,493	3,031,199
Estimated third-party payor settlements	605,558	552,459
Due to brokers (see Notes 6 and 7)	186,200	108,443
Current portion of self-insurance liabilities	357,084	537,763
Advanced payments (see Note 5)	554,356	-
Liabilities held for sale (see Note 4)	397,162	40,773
Other	402,241	400,958
Total current liabilities	7,156,603	5,534,224
Noncurrent liabilities:		
Long-term debt (senior and subordinated)	6,062,808	6,322,992
Lease obligations, less current portion	838,885	1,047,358
Self-insurance liabilities	1,029,265	934,516
Pension and other postretirement liabilities	448,296	436,952
Other	1,347,431	1,362,107
Total noncurrent liabilities	9,726,685	10,103,925
Total liabilities	16,883,288	15,638,149
Net assets:		
Without donor restrictions:		
Controlling interest	20,351,604	21,391,080
Noncontrolling interests	2,690,317	2,656,133
Total net assets without donor restrictions	23,041,921	24,047,213
Net assets with donor restrictions	781,116	772,827
Total net assets	23,823,037	24,820,040
Total liabilities and net assets	\$ 40,706,325	\$ 40,458,189

*Consists of variable rate demand bonds with put options that may be exercised at the option of the bondholders, with stated repayment installments through 2047, as well as certain serial mode bonds with scheduled remarketing/mandatory tender dates occurring prior to June 30, 2025. In the event that bonds are not remarketed upon the exercise of put options for the variable bonds or scheduled mandatory tender bonds, management would utilize other sources to access the necessary liquidity. Potential sources include a drawdown on the System's line of credit, issuing commercial paper, and liquidating investments.

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

Ascension

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

	The years ended June 30,	
	2024	2023
Operating revenue:		
Net patient service revenue	\$ 25,872,203	\$ 25,647,921
Other revenue	2,679,446	2,699,847
Total operating revenue	28,551,649	28,347,768
Operating expenses:		
Salaries and wages	11,840,397	11,792,351
Employee benefits	2,210,410	2,457,733
Purchased services	3,852,800	3,792,039
Professional fees	1,708,825	1,519,295
Supplies	4,139,467	4,059,567
Insurance	406,632	652,278
Interest	225,700	231,121
Provider tax	1,034,787	850,567
Depreciation and amortization	1,119,864	1,295,479
Other	3,530,357	3,295,974
Total operating expenses	30,069,239	29,946,404
Income (loss) from operations before self-insurance trust fund investment return, impairment and nonrecurring gains (losses), net	(1,517,590)	(1,598,636)
Self-insurance trust fund investment return	110,024	50,042
Income (loss) from recurring operations	(1,407,566)	(1,548,594)
Impairment and nonrecurring gains (losses), net	(401,552)	(1,495,439)
Income (loss) from operations	(1,809,118)	(3,044,033)
Nonoperating gains (losses):		
Investment return, net	1,005,454	422,837
Other	12,319	83,278
Total nonoperating gains (losses), net	1,017,773	506,115
Excess (deficit) of revenues and gains over expenses and losses	(791,345)	(2,537,918)
Less noncontrolling interests	283,533	122,123
Excess (deficit) of revenues and gains over expenses and losses attributable to controlling interest	(1,074,878)	(2,660,041)

Continued on next page.

Ascension

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

	The years ended June 30,	
	2024	2023
Net assets without donor restrictions, controlling interest:		
Excess (deficit) of revenues and gains over expenses and losses	\$ (1,074,878)	\$ (2,660,041)
Transfers (to) from sponsors, net	(5,000)	(5,000)
Net assets released from restrictions for property acquisitions	48,505	35,322
Change in pension liability	(42,074)	(13,302)
Change in unconsolidated entities' net assets	28,216	(44,095)
Other	5,755	10,750
Increase (decrease) in net assets without donor restrictions, controlling interest	(1,039,476)	(2,676,366)
Net assets without donor restrictions, noncontrolling interest:		
Excess (deficit) of revenues and gains over expenses and losses	283,533	122,123
Net contributions (distributions) of capital	(240,818)	222,592
Other	(8,531)	3,684
Increase (decrease) in net assets without donor restrictions, noncontrolling interest	34,184	348,399
Net assets with donor restrictions:		
Contributions and grants	93,311	109,450
Investment return	36,190	4,959
Net assets released from restrictions	(100,781)	(89,178)
Other	(20,431)	(2,770)
Increase (decrease) in net assets with donor restrictions	8,289	22,461
Increase (decrease) in net assets	(997,003)	(2,305,506)
Net assets, beginning of year	24,820,040	27,125,546
Net assets, end of year	\$ 23,823,037	\$ 24,820,040

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

Ascension

Consolidated Statements of Cash Flows (Dollars in Thousands)

	The years ended June 30,	
	2024	2023
Operating activities		
Increase (decrease) in net assets	\$ (997,003)	\$ (2,305,506)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,119,864	1,295,479
Amortization of bond premiums, discounts, and debt issuance costs	(26,712)	(30,004)
Loss on extinguishment of debt	232	-
Change in pension liability	42,074	13,302
Unrealized losses (gains) on unrestricted investments, net	(463,822)	(328,129)
Change in fair value of interest rate swaps	(8,613)	(30,610)
Change in equity of unconsolidated entities	(235,927)	(189,495)
Gain on sale of assets, net	(180,459)	(364,085)
Impairment and nonrecurring expenses	400,579	1,496,212
Transfers to (from) sponsors, net	5,000	5,000
Donor restricted contributions, investment return and other	(77,225)	(60,553)
Distributions (contributions) of noncontrolling interest, net	240,818	(222,592)
Other	4,532	4,704
(Increase) decrease in:		
Short-term investments	10,476	9,491
Accounts receivable	(1,583,384)	115,782
Inventories and other current assets	(99,444)	(120,832)
Due from brokers	(3,528)	5,429
Long-term investments	1,187,487	2,948,888
Other assets	(198,706)	(55,272)
Increase (decrease) in:		
Accounts payable and accrued liabilities	697,408	(242,486)
Estimated third-party payor settlements, net	(5,264)	(176,078)
Due to brokers	77,757	32,654
Advanced payments	554,356	(522,045)
Other current liabilities	23,120	(211,252)
Self-insurance liabilities	(85,930)	339,965
Other noncurrent liabilities	287,525	(75,986)
Net cash provided by (used in) operating activities	685,211	1,331,981

Continued on next page.

Ascension

Consolidated Statements of Cash Flows (Dollars in Thousands)

	The years ended June 30,	
	2024	2023
Investing activities		
Property, equipment, and capitalized software additions, net	\$ (1,326,505)	\$ (1,645,030)
Proceeds from sale of property and equipment	14,939	18,967
Distributions from unconsolidated entities, net	131,739	159,240
Net proceeds from sale/acquisition of other assets	229,235	435,213
Net cash provided by (used in) investing activities	(950,592)	(1,031,610)
Financing activities		
Issuance of debt	263,933	263,631
Repayment of debt, including financing lease obligations	(176,020)	(594,773)
Decrease (increase) in assets under bond agreements	(9)	38
Transfers (to) from sponsors, net	(5,000)	(5,000)
Donor restricted contributions, investment return, and other	77,225	60,553
(Distributions) contributions of noncontrolling interest, net	(240,818)	222,592
Net cash provided by (used in) financing activities	(80,689)	(52,959)
Net increase (decrease) in cash, cash equivalents, and restricted cash	(346,070)	247,412
Cash, cash equivalents, and restricted cash at beginning of year	1,060,864	813,452
Cash, cash equivalents, and restricted cash at end of year	\$ 714,794	\$ 1,060,864
Cash and cash equivalents	\$ 666,481	\$ 1,013,225
Restricted cash, included in long-term investments	48,313	47,639
Cash, cash equivalents, and restricted cash at end of year	\$ 714,794	\$ 1,060,864

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

Ascension

Notes to Consolidated Financial Statements (Dollars in Thousands)

1. Organization and Mission

Organizational Structure

Ascension Health Alliance, d/b/a Ascension (Ascension), is a Missouri nonprofit corporation formed on September 13, 2011. Ascension is a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Ministry Markets, located in 18 states and the District of Columbia. Ascension also serves as the direct or indirect member or shareholder of various subsidiaries including, but not limited to:

- Ascension Healthcare
- Ascension Capital
 - o Ascension Investment Management (AIM)
 - o Ascension Ventures (AV)
 - o AV Holding Company
- Ascension Care Management
- Ascension Foundation for Health Equity
- Ascension Global Mission
- Ascension Holdings
- Ascension Leadership Academy
- Ascension Risk Services
- Ascension Technologies
- SmartHealth Solutions
- The Resource Group

Ascension is also the majority investor in Ascension Alpha Fund, LLC (Alpha Fund), a limited liability company organized in the state of Delaware, as well as the majority limited partner of various venture capital funds (the Venture Funds), as further discussed in the Investment Funds note. The Alpha Fund and the Venture Funds are collectively referred to as Investment Funds. Ascension and its member organizations are hereafter referred to collectively as the System.

Sponsorship

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

Ascension

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

1. Organization and Mission (continued)

Mission

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

- Traditional charity care includes the cost of services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured.
- Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons.
- Cost of other programs for persons living in poverty and other persons who are vulnerable.
- Unreimbursed costs of community benefit programs and services for the broader community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research.

Discounts are provided to all uninsured and underinsured patients, including those with the means to pay. Discounts provided to patients who did not qualify for financial assistance are not included in the cost of providing care for persons living in poverty and other community benefit programs. Traditional charity care and the unpaid cost of public programs are calculated based on a cost to charge ratio methodology.

The amount of traditional charity care provided, determined on the basis of cost, was \$474,431 and \$517,090 for the years ended June 30, 2024 and 2023, respectively. The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost is reported in the accompanying supplementary information.

Ascension

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

2. Significant Accounting Policies

Principles of Consolidation

The System consolidates all entities for which operating control is exercised by the System or one of its member entities, and all significant inter-entity transactions have been eliminated in consolidation. Excluding investments where the fair value option is elected, investments in entities where the System does not have operating control are recorded under the equity method of accounting, and results of operations are included in other operating revenue.

Use of Estimates

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

Fair Value of Financial Instruments

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

Cash and Cash Equivalents

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

Short-Term Investments

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

Inventories

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

Ascension

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

2. Significant Accounting Policies (continued)

Long-Term Investments and Investment Return

Long-term investments are primarily comprised of the Investment Funds, which are consolidated by the System. The System's investments, including the Investment Funds, are measured at fair value or net asset value. Further information about long-term investments and investment return are discussed in the Investment Funds, Cash and Investments, and Fair Value Measurements notes.

Long-term investments include assets limited as to use of \$1,716,182 and \$1,647,986 at June 30, 2024 and 2023, respectively. Assets limited as to use are primarily investments with donor restrictions, including restricted cash and cash equivalents, and assets placed in trust or held by captive insurance companies for the payment of self-insured claims.

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

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair market value at the date of the gift. Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets. The range of estimated useful lives used in computing depreciation is as follows: buildings and leasehold improvements, primarily 2 to 40 years; and equipment, primarily 2 to 20 years. Depreciation expense for the years ended June 30, 2024 and 2023 was approximately \$943,000 and \$1,107,000, respectively.

Ascension

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

2. Significant Accounting Policies (continued)

A summary of property and equipment is as follows:

	June 30, 2024	June 30, 2023
Land and improvements	\$ 1,264,192	\$ 1,491,219
Buildings and equipment	17,258,591	20,950,390
	18,522,783	22,441,609
Less accumulated depreciation	10,864,299	13,057,675
	7,658,484	9,383,934
Construction in progress	827,272	558,093
Total property and equipment, net	<u>\$ 8,485,756</u>	<u>\$ 9,942,027</u>

Several capital projects have remaining construction and related equipment purchase commitments of approximately \$701,000 as of June 30, 2024.

Intangible Assets

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

Ascension

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

2. Significant Accounting Policies (continued)

	June 30, 2024	June 30, 2023
Capitalized software costs	\$ 2,734,310	\$ 2,595,944
Software in progress	224,433	191,912
Less accumulated amortization	2,307,253	2,211,027
Capitalized software costs, net	651,490	576,829
Goodwill	603,116	525,220
Other, net	41,301	42,883
Intangible assets included in other assets	644,417	568,103
Total intangible assets, net	<u>\$ 1,295,907</u>	<u>\$ 1,144,932</u>

Goodwill and other intangible assets whose lives are indefinite are not amortized and are evaluated for impairment at a reporting unit level at least annually, or when circumstances indicate a possible impairment may exist. This evaluation is based on a qualitative assessment that considers factors such as the reporting unit fair value and carrying value, industry considerations and performance outlook. If the qualitative assessment indicates that it is more likely than not that goodwill is impaired, a quantitative assessment is performed.

Capitalized computer software and other intangible assets with definite lives are amortized on a straight line basis over their expected useful lives of approximately 3 to 7 years for capitalized software and approximately 5 to 30 years for other intangible assets with definite lives. Amortization expense for these intangible assets for the years ended June 30, 2024 and 2023 was approximately \$177,000 and \$189,000, respectively.

Estimated future amortization of capitalized software costs and other intangible assets with definite lives, excluding software in progress, as of June 30, 2024 is as follows:

Ascension

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

2. Significant Accounting Policies (continued)

The years ending June 30:		
2025	\$	178,091
2026		113,669
2027		58,599
2028		35,291
2029		24,610
Thereafter		47,024
Total	\$	<u>457,284</u>

Noncontrolling Interests

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

Net Assets

Net Assets Without Donor Restrictions

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

Net Assets With Donor Restrictions

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

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

Ascension

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

2. Significant Accounting Policies (continued)

Performance Indicator

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

Operating and Nonoperating Activities

The System's primary mission is to meet the healthcare needs in its communities served through a broad range of general and specialized healthcare services, including inpatient acute care, outpatient services, long-term care, and other healthcare services. Activities directly associated with the furtherance of this purpose are classified as operating activities, while activities resulting in gains or losses peripheral to the System's primary mission are classified as nonoperating.

Net Patient Service Revenue and Accounts Receivable

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

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

Ascension

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

2. Significant Accounting Policies (continued)

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

As related to the May 8, 2024 cybersecurity attack (see Note 5), gross patient service revenue (GPSR) for May and June 2024 was estimated, utilizing inpatient and outpatient volumes and estimated transaction prices based on average GPSR for inpatients and outpatients from the month prior to the attack. GPSR was adjusted to expected net patient service revenue using estimated contractual adjustments and discounts based on historical experience by patient type categories and major payor classes.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue related to prior periods increased net patient service revenue by \$79,216 and \$222,785 for the years ended June 30, 2024 and 2023, respectively.

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

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

Ascension

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

2. Significant Accounting Policies (continued)

Net patient service revenue earned for the years ended June 30, 2024 and 2023, is as follows:

	The years ended June 30,	
	2024	2023
Inpatient care	\$ 12,032,165	\$ 11,656,483
Ambulatory care	10,541,821	10,557,720
Physician practices	2,839,094	3,004,790
Long-term care	459,123	428,928
Total net patient service revenue	<u>\$ 25,872,203</u>	<u>\$ 25,647,921</u>

The System grants credit without collateral to its patients. Net patient service revenues earned by payor and significant concentrations of accounts receivable are as follows. As discussed above, patient revenues and allowances for May and June 2024 were based on estimates and historical experience:

	Net Patient Service Revenue		Accounts Receivable	
	The years ended June 30,		June 30,	June 30,
	2024	2023	2024	2023
Medicare - traditional and managed	36.3 %	36.1 %	31.7 %	28.3 %
Medicaid - traditional and managed	15.5	15.7	10.5	10.8
Other commercial and managed care	42.0	41.7	45.5	42.8
Self-Pay and other	6.2	6.5	12.3	18.1
	<u>100.0 %</u>	<u>100.0 %</u>	<u>100.0 %</u>	<u>100.0 %</u>

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

The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient deductibles and copayments remain outstanding. Accounts are written off when all reasonable internal and external collection efforts have been performed.

Ascension

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

2. Significant Accounting Policies (continued)

Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts.

The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer healthcare coverage and other collection indicators.

Management relies on the results of detailed reviews of historical write-offs and collections of revenues and accounts receivable as a primary source of information in estimating the collectability of accounts receivable. Management updates the hindsight analysis during the year, using collection history and write-off data. The results of these updates have not resulted in material adjustments to the valuations of accounts receivable or period-to-period comparisons of results of operations.

Other Operating Revenue

Other operating revenues are recorded at amounts the System expects to collect in exchange for providing goods or services not directly associated with patient care and recorded over the time in which obligations to provide goods or services are satisfied. The amounts recognized reflect consideration due from customers, third party payors, and others.

Ascension

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

2. Significant Accounting Policies (continued)

Components of other operating revenue are included in the following tables for the years ended June 30, 2024 and 2023, respectively:

	The years ended June 30,	
	2024	2023
Cafeteria and vending	\$ 80,607	\$ 77,479
COVID-19 funding (<i>see Note 3</i>)	76,941	28,448
Contracted services	299,297	285,228
Donations and grants	112,652	111,697
Gains on asset sales	200,380	382,453
Insurance plans	314,023	270,449
Joint venture income	207,727	232,681
Lab services	5,919	65,472
Lease and rental income	93,032	95,127
Retail pharmacy	876,823	791,031
Value based programs	135,563	146,512
Other	276,482	213,270
Total other revenue	<u>\$ 2,679,446</u>	<u>\$ 2,699,847</u>

Impairment and Nonrecurring Gains (Losses), Net

Long-lived assets are reviewed for impairment whenever events or business conditions indicate the carrying amount of such assets may not be fully recoverable. Initial assessments of recoverability are based on estimates of undiscounted future net cash flows associated with an asset or group of assets. Where impairment is indicated, the carrying amount of an asset or group of assets is reduced to fair value based on income and market approaches, which may include discounted estimates of future net cash flows, market comparables for similar assets, and appraisals.

For the year ended June 30, 2023, Ascension determined that estimated future net cash flows for certain System long-lived assets would not support their net book values. As such, an impairment charge of approximately \$1,483,000 was recognized for the year ended June 30, 2023, included in Impairment and nonrecurring gains (losses), net in the Consolidated Statement of Operations and Changes in Net Assets.

Nonrecurring gains (losses) primarily include losses associated with the recognition of assets and liabilities held for sale, and also include natural disaster losses and related insurance proceeds.

Ascension

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

2. Significant Accounting Policies (continued)

Amortization

Bond issuance costs, discounts, and premiums are amortized over the term of the bonds or the fixed interest period, if applicable, primarily using a method approximating the effective interest method.

Income Taxes

The System's tax-exempt organizations are described under Internal Revenue Code Section 501(c)(3), and their related income is exempt from federal income tax under Section 501(a). The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2024.

The System had deferred tax assets of approximately \$441,000 and \$507,000 for federal and state income tax purposes primarily related to net operating loss carryforwards for the years ended June 30, 2024 and 2023, respectively.

Net operating losses incurred prior to July 1, 2018 have expiration dates through 2038, while net operating losses incurred after July 1, 2018 can be carried forward indefinitely, under the Tax Cuts and Jobs Act of 2017. A valuation allowance of approximately \$438,000 and \$505,000 is recognized at June 30, 2024 and 2023, respectively, due to the uncertainty regarding use of the deferred tax assets.

Contingencies

Regulatory and legal contingencies are evaluated for risk of loss, and accruals are made when such losses are deemed probable and can be reasonably estimated. Liabilities accrued for professional liability claims include amounts covered by excess insurance, and as such, the Company records a receivable for the expected reimbursement of losses covered by excess insurance at the time liabilities are accrued.

Reclassifications

Certain reclassifications were made to prior periods' Consolidated Financial Statements to conform to the June 30, 2024 presentation.

Ascension

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

2. Significant Accounting Policies (continued)

New Accounting Standards Adopted

Effective July 1, 2023, Ascension adopted the Financial Accounting Standards Board's Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. This ASU requires entities to include estimates for expected credit losses on financial assets in scope, replacing the former incurred loss methodology. The adoption of this ASU did not have a material impact to the consolidated financial statements.

Subsequent Events

The System evaluates the impact of subsequent events, which are events that occur after the Consolidated Balance Sheet date, but before the Consolidated Financial Statements are issued, for potential recognition or disclosure in the Consolidated Financial Statements as of the Consolidated Balance Sheet date. For the year ended June 30, 2024, the System evaluated subsequent events through September 17, 2024, representing the date the Consolidated Financial Statements were issued.

In July 2024, Presence Care Transformation Corporation (Presence), a wholly owned subsidiary of Ascension Illinois, and Prime Healthcare Services, Inc. (Prime) signed an asset purchase agreement whereby Presence will sell substantially all assets and operations, as well as related clinical and other businesses, of nine hospitals and four senior living facilities in the greater Chicago, Illinois area to Prime. This transaction is expected to be finalized after all necessary approvals are obtained.

On August 1, 2024, Ascension completed the membership substitution of its northern Michigan hospitals to MyMichigan Health. See the Organizational Changes note.

In August 2024, Ascension borrowed \$700,000 under a bank loan with a one year term, and the \$250,000 outstanding at June 30, 2024 under its \$1,000,000 line of credit was repaid. Also in August 2024, Ascension established an additional \$500,000 line of credit, which has a one year term and remains undrawn.

Ascension

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

3. COVID-19

Other operating revenue includes amounts the System has recognized primarily associated with U.S. Government COVID-19 legislation funding, for which management continues to monitor compliance of associated terms and conditions. If unable to attest to or comply with terms and conditions, the System's ability to retain some or all of the revenue recognized may be impacted.

4. Organizational Changes

The following table presents amounts, by balance sheet category, that comprise assets and liabilities held for sale at June 30, 2024 and 2023. These amounts are primarily associated with the transactions discussed in the Assets Held for Sale and Assets Sold sections below. Long term investments of approximately \$190,000 at June 30, 2024, in Long term investments in the Consolidated Balance Sheet, are also anticipated to be contributed upon the close of certain of the following Assets Held for Sale transactions. Losses associated with certain Assets Held for Sale transactions below are included in Impairment and nonrecurring gains (losses), net in the Consolidated Statement of Operations for the year ended June 30, 2024, while gains associated with certain Assets Sold transactions below are included in Other operating revenue in the Consolidated Statement of Operations for the years ended June 30, 2024 and 2023.

	June 30, 2024	June 30, 2023
Accounts receivable	\$ 497,922	\$ 48,732
Inventories	75,140	13,733
Other current assets	55,504	877
Property and equipment, net	1,175,838	211,468
Right-of-use assets - leases	120,816	29,083
Investment in unconsolidated entities	84,655	1,158
Total assets held for sale	<u>\$ 2,009,875</u>	<u>\$ 305,051</u>
Accounts payable and accrued liabilities	\$ 238,175	\$ 7,824
Other current liabilities	27,397	3,322
Lease obligations, long term	124,062	29,627
Other noncurrent liabilities	7,528	-
Total liabilities held for sale	<u>\$ 397,162</u>	<u>\$ 40,773</u>

Ascension

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

4. Organizational Changes (continued)

Assets Held for Sale

The following transactions are expected to be finalized after all necessary approvals are obtained.

In June 2024, Ascension Health and UAB Health System Authority (UAB) signed a membership substitution agreement whereby Ascension will transition its membership interest in the St. Vincent's Health System in Alabama to UAB.

In March 2024, Ascension Health and MyMichigan Health (MyMichigan) signed a membership substitution agreement for Ascension to transition its membership interest in its northern Michigan hospitals and related ancillary entities to MyMichigan.

In October 2023, Ascension Healthcare, Ascension Michigan, a wholly owned subsidiary of Ascension Healthcare, and Henry Ford Health System (HFHS) signed an integration and affiliation agreement whereby Ascension Healthcare will contribute the membership interest in its southeast and mid Michigan hospitals and related ancillary entities (SEMI) to HFHS, and in exchange Ascension Healthcare will hold an interest in HFHS.

Assets Sold

On February 1, 2024, Ascension Health finalized the transfer of its membership interest in Our Lady of Lourdes Memorial Hospital, Inc. in New York, along with related clinical and other business, to The Guthrie Clinic.

On November 1, 2023, Ministry Health Care, Inc., a wholly owned subsidiary of Ascension Healthcare, finalized the sale of its membership interest in Network Health Inc., a holding company that operates insurance companies and other non insurance operations in the state of Wisconsin, to Froedtert Health, Inc.

On October 1, 2023, Gulf Coast Health System (GCHS), a wholly owned subsidiary of Ascension Healthcare, completed the sale of substantially all assets, operations and related clinical and other business of Providence Hospital in Mobile, Alabama, to the University of South Alabama Health Care Authority.

Effective September 30, 2022, Ascension completed the sale of certain assets of its outreach laboratory business and transitioned management of hospital-based laboratories in certain markets to Laboratory Corporation of America Holdings.

Ascension

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

5. Cybersecurity Incidents

On May 8, 2024, Ascension experienced a cybersecurity attack, which interrupted access to certain information technology (IT) systems. Ascension's top priority has been patient safety during the entirety of this incident, while continuing to work to contain and remediate the impacts of this attack.

Upon discovery, Ascension took immediate action to isolate and protect its systems, notify the appropriate law enforcement authorities, and commence remediation activities including retaining cybersecurity experts, while concurrently initiating clinical downtime procedures and protocols. This incident resulted in delays in revenue cycle processes, including insurance verification processes, claims submission, and payment processing, as well as the incurrence of certain remediation costs, which collectively led to negative impacts to results of operations and cash flows during May and June 2024. Claims submission for certain patients treated during the downtime period remains in process during the subsequent event period and is expected to be completed by December 31, 2024. By June 30, 2024, Ascension completed its restoration of electronic health record access across the System, allowing clinical systems and processes to function similarly to time periods prior to the cyber attack.

During February 2024, Ascension was also impacted by a cybersecurity incident involving a third party clearinghouse, primarily with respect to claims submission, payment processing, and insurance verification processes.

In response to these incidents, the Centers for Medicare and Medicaid Services (CMS) and other non-governmental payors provided for advanced payments. For the year ended June 30, 2024, Ascension received approximately \$874,500 in advanced payments, of which approximately \$554,400 remains to be recouped at June 30, 2024, and is included in Advanced payments in the Consolidated Balance Sheet. Recoupment of advanced payments will occur in accordance with the terms and conditions of the respective programs.

6. Investment Funds

A significant portion of the System's investments are held within the Investment Funds, with additional investments held by the Ministry Markets and their consolidated foundations outside of the Investment Funds.

Alpha Fund

The Alpha Fund is consolidated by the System and includes the investment interests of the System and noncontrolling Alpha Fund investors.

Ascension

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

6. Investment Funds (continued)

AIM, a wholly owned subsidiary of the System, serves as the manager and primary investment advisor of the Alpha Fund, overseeing the investment strategies offered to the Alpha Fund's investors. AIM provides expertise in the areas of asset allocation, selection and monitoring of outside investment managers, and risk management.

Ascension and the Alpha Fund invest in certain alternative investment funds, which include contractual commitments to provide capital contributions during investment periods, which are typically five years, and can extend to the end of the fund term. As of June 30, 2024, unfunded capital commitments total approximately \$1,378,000, of which approximately \$212,000 are attributable to Alpha Fund investors other than Ascension. Funding under these commitments, if required, is expected to be primarily satisfied by the liquidation of existing investments in the Alpha Fund.

In the normal course of business, the Alpha Fund enters into derivative contracts (derivatives) for trading purposes, following Alpha Fund guidelines. Advisors selected by AIM to manage the Alpha Fund's assets may actively trade futures contracts, options, swaps, forward settling mortgage-backed securities, index-based instruments, and foreign currency forward contracts.

AIM may direct these advisors to execute derivative transactions. These transactions are used to hedge against changes in the interest rates, security prices, currency fluctuations, and other market developments to manage risk or for the purposes of earning additional income. Derivatives are either exchange-traded or over the counter contracts. Exchange-traded derivatives are standard contracts traded on a regulated exchange. Over the counter contracts are private contracts negotiated with counterparties.

At June 30, 2024 and 2023, the gross notional value of Alpha Fund derivatives outstanding was approximately \$2,408,000 and \$5,669,000, respectively. See the Fair Value Measurements note for discussion of the Alpha Fund derivatives' fair value determination.

At June 30, 2024 and 2023, the fair value of Alpha Fund derivatives in an asset position was \$40,069 and \$95,080, respectively, while the fair value of Alpha Fund derivatives in a liability position was \$49,117 and \$54,798 at June 30, 2024 and 2023, respectively. These derivatives are included in Long-term investments in the Consolidated Balance Sheets.

Ascension

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

6. Investment Funds (continued)

Effective July 1, 2023, the Alpha Fund resumed its participation in a securities lending program, whereby a portion of the Alpha Fund's investments are loaned to selected brokerage firms in return for cash and/or securities from the brokers as collateral for the investments loaned, usually on a short-term basis. Collateral provided by brokers is maintained at levels approximating 102% of the fair value of the securities on loan, and is adjusted daily for market fluctuations. Cash collateral of approximately \$10,900 at June 30, 2024 is recorded as an asset, in Other current assets, and corresponding liability, in Other current liabilities, in the Consolidated Balance Sheet. The fair value of non-cash collateral held by the Alpha Fund associated with lending agreements is \$346,000 at June 30, 2024. In the event of nonperformance by the counterparties to the securities lending agreements, the Alpha Fund could be exposed to some loss.

Due from brokers and Due to brokers included in the Consolidated Balance Sheets represent the Alpha Fund's positions and amounts due from or to various brokers, primarily for security transactions not yet settled.

Venture Funds

The Venture Funds are consolidated by the System and include the investment interests of the System and other noncontrolling limited partners. The general partners of the Venture Funds are wholly owned subsidiaries of AV Holding Company. The Venture Funds invest primarily in equity and convertible debt securities of privately held domestic entities, and are reported at fair value.

Ascension

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

7. Cash and Investments

The System's cash and investments are reported in the Consolidated Balance Sheets as presented in the table that follows. Total cash and investments, net, includes the net assets of Investment Funds. The Investment Funds' other assets (liabilities), net are primarily amounts due from and to brokers. System unrestricted cash and investments, net, represent the System's cash and investments excluding assets limited as to use and the noncontrolling interests of Investment Funds.

	June 30, 2024	June 30, 2023
Cash and cash equivalents	\$ 666,481	\$ 1,013,225
Short-term investments	50,317	60,793
Long-term investments	18,694,608	19,417,590
Subtotal	19,411,406	20,491,608
Investment Funds' other assets (liabilities), net	(22,619)	61,564
Total cash and investments, net	19,388,787	20,553,172
Less noncontrolling interest of Investment Funds	2,331,618	2,321,790
System cash and investments, including assets limited as to use	17,057,169	18,231,382
Less assets limited as to use:		
Under bond agreement	128	119
Self-insurance trust funds	976,828	914,776
With donor restrictions	739,226	733,091
Total assets limited as to use	1,716,182	1,647,986
System unrestricted cash and investments, net	\$ 15,340,987	\$ 16,583,396

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

Ascension

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

7. Cash and Investments (continued)

	June 30, 2024	June 30, 2023
Cash and cash equivalents and short-term investments	\$ 800,189	\$ 1,148,934
Pooled short-term investment funds	899,708	502,177
U.S. government, state, municipal and agency obligations	2,229,787	2,949,110
Corporate and foreign fixed income securities	770,053	1,032,959
Asset-backed securities	1,064,926	1,952,581
Equity securities	7,103,777	6,106,192
Alternative investments and other investments:		
Private equity and real estate funds	4,614,464	4,450,670
Private credit and energy funds	1,352,812	1,489,455
Hedge funds	480,871	623,242
Other investments	94,819	236,288
Total alternative investments and other investments	6,542,966	6,799,655
Total cash and cash equivalents, short-term investments, and long-term investments	<u>\$ 19,411,406</u>	<u>\$ 20,491,608</u>

Total investment return includes the System's return on Investment Funds and on certain investments held and managed outside the Investment Funds. System investment return is net of the investment return earned by the noncontrolling interests of the Investment Funds. Investment return recognized by the System for the years ended June 30, 2024 and 2023, is summarized in the following table.

	The years ended June 30, 2024	2023
Interest and dividends	\$ 516,224	\$ 481,214
Net gains (losses) on investments reported at fair value	599,254	(8,335)
Restricted investment return and unrealized gains (losses), net	36,190	4,959
Total investment return, net	1,151,668	477,838
Less Investment Funds' noncontrolling interest return, net	184,454	24,795
System investment return, net	<u>\$ 967,214</u>	<u>\$ 453,043</u>

Total and system investment returns are net of external and direct internal investment expenses.

Ascension

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

8. Financial Assets and Liquidity Resources

As of June 30, 2024 and 2023, respectively, financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, principal payments on debt, and capital expenditures not financed with debt, are as follows:

Financial assets:	June 30, 2024	June 30, 2023
Cash and cash equivalents	\$ 666,481	\$ 1,013,225
Short-term investments	50,317	60,793
Accounts receivable	4,354,476	3,270,862
Due from brokers	140,174	136,646
Net assets held for sale (see Note 4)	442,702	264,278
Other current assets	1,061,506	1,001,164
Long-term investments*	18,694,608	19,417,590
Total financial assets	25,410,264	25,164,558
Less:		
Assets limited as to use and internally designated funds	(1,813,867)	(1,744,513)
Noncontrolling interests of Investment Funds	(2,331,618)	(2,321,790)
Investments with liquidity more than one year	(5,143,604)	(5,133,522)
Total financial assets available within one year	16,121,175	15,964,733
Liquidity resources:		
Unused line(s) of credit	750,000	1,000,000
Total financial assets and liquidity resources available within one year	\$ 16,871,175	\$ 16,964,733

*Approximately \$190,000 of Long term investments at June 30, 2024 are anticipated to be contributed upon the close of certain transactions discussed in the Organizational Changes note.

As part of the System's investment policy, highly liquid investments are held to enhance the System's ability to satisfy liquidity requirements.

Ascension

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

9. Fair Value Measurements

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

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

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

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

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

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

Ascension

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

9. Fair Value Measurements (continued)

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

As of June 30, 2024 and 2023, the assets and liabilities listed in the fair value hierarchy tables below use the following valuation techniques and inputs:

Cash Equivalents and Short-Term Investments

Cash equivalents and certain short-term investments include certificates of deposit, whose fair value is based on cost plus accrued interest. Significant observable inputs include security cost, maturity, and relevant short-term interest rates.

Other short-term investments designated as Level 2 investments primarily consist of commercial paper, whose fair value is based on the income approach. Significant observable inputs include security cost, maturity, credit rating, interest rate, and par value.

Pooled Short-Term Investment Funds

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

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

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

Ascension

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

9. Fair Value Measurements (continued)

Corporate and Foreign Fixed Income Securities

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

Asset-backed Securities

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

Equity Securities

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

Alternative Investments and Other Investments

Alternative investments consist of private equity and other investments. The fair value of private equity is primarily determined using techniques consistent with both the market and income approaches, based on the System's estimates and assumptions in the absence of observable market data. The market approach considers comparable company, comparable transaction, and company-specific information, including but not limited to restrictions on disposition, subsequent purchases of the same or similar securities by other investors, pending mergers or acquisitions, and current financial position and operating results. The income approach considers the projected operating performance of the portfolio company. Other investments include primarily exchange traded commodities and derivative assets and derivative liabilities of the Alpha Fund. Fair values of derivatives are primarily determined using techniques consistent with the market approach.

Ascension

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

9. Fair Value Measurements (continued)

Significant observable inputs to valuation models include the time value of money, counterparty credit risk, interest rates, Treasury yields, volatilities, credit spreads, maturity date, recovery rates, and the current market and contractual prices of the underlying financial instruments.

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

Deferred Compensation Plan Assets

The fair value of Level 3 deferred compensation plan assets is based on original investments into a guaranteed fund, plus guaranteed, annuity contract-based interest. Significant unobservable inputs to the guaranteed rate include the fair value and average duration of the portfolio of investments underlying annuity contract, the contract value, and the annualized weighted-average yield to maturity of the underlying investment portfolio.

Interest Rate Swap Assets and Liabilities

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

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

Investments Sold, Not Yet Purchased

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

Ascension

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

9. Fair Value Measurements (continued)

The following tables summarize fair value measurements, by level, at June 30, 2024 and 2023, for all financial assets and liabilities measured at fair value on a recurring basis in the System's Consolidated Financial Statements.

	Level 1	Level 2	Level 3	Total
June 30, 2024				
Cash equivalents	\$ 12,409	\$ 1,636	\$ -	\$ 14,045
Short-term investments	33,687	5,164	-	38,851
Pooled short-term investment funds	899,708	-	-	899,708
U.S. government, state, municipal and agency obligations	-	2,229,787	-	2,229,787
Corporate and foreign fixed income securities	-	768,339	1,714	770,053
Asset-backed securities	-	844,984	219,942	1,064,926
Equity securities	6,173,073	5,950	9,321	6,188,344
Alternative investments and other investments:				
Private equity	-	-	368,083	368,083
Other investments, including derivatives, net	16,772	(2,253)	2,203	16,722
Assets at net asset value:				
Equity securities				915,433
Private equity funds and real estate funds				4,246,381
Private credit and energy funds				1,352,812
Hedge funds				480,871
Other investments				6,549
Cash and other investments not at fair value				818,841
Cash and investments				<u>\$ 19,411,406</u>
Deferred compensation plan assets, in other noncurrent assets	\$ 682,018	\$ -	\$ 42,638	\$ 724,656
Investments sold, not yet purchased, in other noncurrent liabilities	13	-	-	13
Interest rate swaps, included in other noncurrent liabilities	-	18,688	-	18,688

Ascension

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

9. Fair Value Measurements (continued)

	Level 1	Level 2	Level 3	Total
June 30, 2023				
Cash equivalents	\$ 9,827	\$ -	\$ -	\$ 9,827
Short-term investments	35,563	8,382	-	43,945
Pooled short-term investment funds	502,177	-	-	502,177
U.S. government, state, municipal and agency obligations	-	2,949,110	-	2,949,110
Corporate and foreign fixed income securities	-	1,031,687	1,272	1,032,959
Asset-backed securities	-	1,739,069	213,512	1,952,581
Equity securities	4,676,177	8,315	10,215	4,694,707
Alternative investments and other investments:				
Private equity	-	-	334,891	334,891
Other investments, including derivatives, net	96,860	39,514	2,759	139,133
Assets at net asset value:				
Equity securities				1,411,485
Private equity funds and real estate funds				4,115,779
Private credit and energy funds				1,489,455
Hedge funds				623,242
Other investments				6,205
Cash and other investments not at fair value				1,186,112
Cash and investments				<u>\$ 20,491,608</u>
Deferred compensation plan assets, in other noncurrent assets	\$ 606,445	\$ -	\$ 57,308	\$ 663,753
Investments sold, not yet purchased, in other noncurrent liabilities	34	202	-	236
Interest rate swaps, included in other noncurrent liabilities	-	27,301	-	27,301

Ascension

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

9. Fair Value Measurements (continued)

For the years ended June 30, 2024 and 2023, the changes in the fair value of the assets and liabilities measured using significant unobservable inputs (Level 3) consisted of the following:

	Corporate and Foreign Fixed Income Securities	Asset- Backed Securities	Equity Securities	Private Equity	Other Investments	Deferred Compensation Plan Assets
The year ended						
June 30, 2024						
Beginning balance	\$ 1,272	\$ 213,512	\$ 10,215	\$ 334,891	\$ 2,759	\$ 57,308
Realized and unrealized gains (losses):						
Included in nonoperating gains (losses)	442	24,190	153	(3,924)	160	-
Included in changes in net assets	-	-	-	-	(8)	-
Purchases	-	49,360	7,299	38,520	1,377	3,198
Sales	-	(67,120)	(8,355)	(1,404)	(2,085)	(10,930)
Transfers into Level 3	-	-	9	-	-	1,732
Transfers out of Level 3	-	-	-	-	-	(8,670)
Ending balance	<u>\$ 1,714</u>	<u>\$ 219,942</u>	<u>\$ 9,321</u>	<u>\$ 368,083</u>	<u>\$ 2,203</u>	<u>\$ 42,638</u>
The amount of total gains or losses for the period included in nonoperating gains (losses) attributable to the changes in unrealized gains or losses relating to assets still held at June 30, 2024.	<u>\$ 441</u>	<u>\$ 18,555</u>	<u>\$ (22)</u>	<u>\$ -</u>	<u>\$ (8)</u>	<u>\$ -</u>

Ascension

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

9. Fair Value Measurements (continued)

	Corporate and Foreign Fixed Income Securities	Asset- Backed Securities	Equity Securities	Private Equity	Other Investments	Deferred Compensation Plan Assets
The year ended						
June 30, 2023						
Beginning balance	\$ 1,156	\$ 210,942	\$ 37,171	\$ 574,873	\$ 3,887	\$ 58,439
Realized and unrealized gains (losses):						
Included in nonoperating gains (losses)	116	2,529	(9,485)	(263,825)	(89)	-
Included in changes in net assets	-	-	-	-	(805)	-
Purchases	-	19,399	4,469	24,334	248	6,859
Issuances	-	-	-	8	-	-
Sales	-	(18,608)	(22,950)	(499)	(482)	(11,854)
Transfers into Level 3	-	-	1,010	-	-	10,030
Transfers out of Level 3	-	(750)	-	-	-	(6,166)
Ending balance	<u>\$ 1,272</u>	<u>\$ 213,512</u>	<u>\$ 10,215</u>	<u>\$ 334,891</u>	<u>\$ 2,759</u>	<u>\$ 57,308</u>

The amount of total gains or losses for the period included in nonoperating gains (losses) attributable to the changes in unrealized gains or losses relating to assets still held at June 30, 2023.

\$ 119	\$ 1,962	\$ 141	\$ -	\$ 60	\$ -
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The basis for recognizing and valuing transfers into or out of Level 3, in the Level 3 rollforward, is as of the beginning of the period in which the transfers occur.

Ascension

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

10. Long-Term Debt

Long-term debt at June 30, 2024 and 2023 is comprised of the following:

	June 30, 2024	June 30, 2023
Tax-exempt hospital revenue bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture:		
Variable rate demand bonds, subject to a seven-day put provision, payable through November 2047; interest (3.81% to 3.95% at June 30, 2024) set at prevailing market rates	\$ 388,800	\$ 472,635
Fixed rate serial, term, and mode bonds fixed to maturity payable in installments through November 2047; interest at 3.00% to 5.00%	2,789,095	2,842,550
Fixed rate serial mode bonds payable through 2047 with purchase dates ranging from July 2024 through December 2024; interest at 4.00% to 5.00% through the mandatory tender dates	161,025	165,010
Tax-exempt hospital revenue bonds – unsecured under Ascension Health Alliance Subordinate Master Trust Indenture:		
Variable rate demand bonds issued under the Subordinate Master Trust Indenture, subject to a seven-day put provision, payable through November 2025; interest (3.82% at June 30, 2024) set at prevailing market rates	7,940	12,895
Fixed rate serial, term, and mode bonds issued under the Subordinate Master Trust Indenture fixed to maturity payable in installments through November 2027; interest at 4.00% to 5.00%	60,105	79,230
Taxable bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture:		
Taxable fixed rate term bonds payable as of November 2053; interest at 4.847%	425,000	425,000
Taxable fixed rate term bonds payable as of November 2046; interest at 3.945%	1,170,000	1,170,000
Taxable fixed rate term bonds payable through November 2039; interest at 2.532% to 3.106%	1,447,600	1,447,600
Total hospital revenue bonds under Senior Master Trust Indenture and Subordinate Master Trust Indenture	\$ 6,449,565	\$ 6,614,920

Ascension

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

10. Long-Term Debt (continued)

	June 30, 2024	June 30, 2023
Total hospital revenue bonds - all Master Trust Indentures	\$ 6,449,565	\$ 6,614,920
Other	311,669	81,275
	6,761,234	6,696,195
Unamortized premium, net	222,660	251,327
Less debt issuance cost, net	(29,378)	(31,564)
Less current portion	(352,613)	(121,541)
Less long-term debt subject to short-term remarketing arrangements	(539,095)	(471,425)
Long-term debt, less current portion and long-term debt subject to short-term remarketing arrangements	\$ 6,062,808	\$ 6,322,992

Scheduled principal repayments of long-term debt, including obligations under the outstanding line of credit and those subject to short-term remarketing arrangements as of June 30, 2024, are as follows:

	Ascension Health Alliance MTIs	Other Debt	Total
The years ending June 30:			
2025	\$ 96,665	\$ 255,948	\$ 352,613
2026	102,050	7,128	109,178
2027	107,780	4,734	112,514
2028	124,980	4,989	129,969
2029	141,800	7,583	149,383
Thereafter	5,876,290	31,287	5,907,577
Total	\$ 6,449,565	\$ 311,669	\$ 6,761,234

During the years ended June 30, 2024 and 2023, interest paid was approximately \$266,000 and \$276,000, respectively.

Certain members of the System comprise the Ascension Health Alliance Credit Group (Senior Credit Group). Each Senior Credit Group member is identified as either a senior obligated group member, a senior designated affiliate, or a senior limited designated affiliate. Senior obligated group members are jointly and severally liable under a Senior Master Trust Indenture (Senior MTI) to make all payments required with respect to obligations under the Senior MTI.

Senior designated affiliates and senior limited designated affiliates are not obligated to make debt service payments on the obligations under the Senior MTI.

Ascension

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

10. Long-Term Debt (continued)

The System may cause each senior designated affiliate to transfer such amounts as are necessary to enable the obligated group to comply with the terms of the Senior MTI, including payment of the outstanding obligations.

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

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

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

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

The unsecured variable rate demand bonds of both the Senior and Subordinate Credit Groups, while subject to long-term amortization periods, may be put to the System at the option of the bondholders in connection with certain remarketing dates. To the extent that bondholders may, under the terms of the debt, put their bonds within twelve months after June 30, 2024, the principal amount of such bonds has been classified as a current liability in the Consolidated Balance Sheets. Management believes the likelihood of a material amount of bonds being put to the System to be remote.

Ascension

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

10. Long-Term Debt (continued)

The Senior Credit Group has a line of credit totaling \$1,000,000, committed through November 18, 2024, which may be used for general corporate purposes. At June 30, 2024, Ascension had an outstanding borrowing balance of \$250,000. There were no outstanding borrowings under the line of credit at June 30, 2023.

At June 30, 2024, the Senior Credit Group has a \$115,000 revolving line of credit related to its letters of credit program toward which a bank commitment of \$115,000 extends to November 8, 2024. The revolving line of credit may be accessed solely in the form of Letters of Credit issued by the bank for the benefit of the members of the Credit Groups. At June 30, 2024, letters of credit of approximately \$90,000 have been issued. No borrowings were outstanding under the letters of credit as of June 30, 2024 and 2023.

11. Derivative Instruments

As provided for in the System's Master Trust Indenture, the System uses interest rate swap agreements to manage interest rate risk associated with its outstanding debt. These swaps have historically been used to effectively convert interest rates on variable rate bonds to fixed rates and rates on fixed rate bonds to variable rates. At June 30, 2024 and 2023, the notional values of outstanding interest rate swaps were \$403,200 and \$755,040, respectively, with maturity dates ranging from August 2029 through November 2036.

The System recognizes the fair value of its interest rate swaps in the Consolidated Balance Sheets as either assets, recorded in Other noncurrent assets, or liabilities, recorded in Other noncurrent liabilities, and are not netted. All interest rate swaps were in a liability position at June 30, 2024 and 2023, and amounted to \$18,688 and \$27,301, respectively. The System's interest rate swap agreements include collateral requirements based on specified criteria. No collateral was posted as of June 30, 2024 and 2023.

The System does not designate its interest rate swaps as hedges, and accordingly, all changes in the fair value of interest rate swaps are recognized in Nonoperating gains (losses) in the Consolidated Statements of Operations and Changes in Net Assets.

Ascension

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

12. Leases

The System is a party to primarily real estate and medical and information technology equipment leases as a lessee and real estate leases as a lessor. Rental escalation clauses or renewal options are factored into the determination of lease payments when appropriate. To determine the present value of lease payments, the System utilizes its incremental borrowing rate at lease commencement when an implicit rate is not available for operating leases. In addition, the System does not separate lease and non-lease components.

The following table provides the total lease cost included in Other operating expenses in the Consolidated Statement of Operations and Changes in Net Assets, excluding interest on lease liabilities, which is included in Interest:

	The years ended June 30,	
	2024	2023
Operating lease cost	\$ 345,613	\$ 348,472
Finance lease cost:		
Interest on lease liabilities	2,818	2,857
Amortization of right-of-use-asset	2,839	2,839
Variable lease cost	73,889	68,778
Total lease cost	<u>\$ 425,159</u>	<u>\$ 422,946</u>

The weighted average remaining lease terms and the weighted average discount rates at June 30, 2024 and 2023 were as follows:

	June 30, 2024		June 30, 2023	
	Operating Leases	Finance Leases	Operating Leases	Finance Leases
Weighted-average remaining lease term	8.3 years	25.5 years	8.3 years	26.5 years
Weighted-average discount rate	3.2%	3.3%	2.7%	3.3%

Ascension

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

12. Leases (continued)

The following table provides the cash paid for amounts included in the measurement of lease obligations:

	The years ended June 30,	
	2024	2023
Operating leases	\$ 329,359	\$ 332,055
Finance leases	4,141	4,116
Total cash paid	\$ 333,500	\$ 336,171

The following table reconciles undiscounted future operating and finance lease obligations for each of the next five years and thereafter, as of June 30, 2024 to Lease obligations recorded on the Consolidated Balance Sheets at June 30, 2024. These amounts exclude lease obligations of approximately \$124,100 included in liabilities held for sale at June 30, 2024.

The years ending June 30:	Operating Leases	Finance Leases	Total
2025	\$ 209,388	\$ 3,982	\$ 213,370
2026	177,693	4,054	181,747
2027	146,471	4,126	150,597
2028	111,299	4,200	115,499
2029	76,216	4,247	80,463
Thereafter	337,015	102,664	439,679
Total future undiscounted lease obligations	1,058,082	123,273	1,181,355
Less: amount of lease payments representing interest	(32,399)	(43,270)	(75,669)
Present value of future lease obligations	1,025,683	80,003	1,105,686
Less: current portion of lease obligations	(265,593)	(1,208)	(266,801)
Long-term lease obligations	\$ 760,090	\$ 78,795	\$ 838,885

For leases where the System is a lessor, future minimum noncancelable receipts on operating leases for each of the next five years and thereafter, as of June 30, 2024, are as follows. These amounts exclude receipts of approximately \$97,300 associated with entities held for sale at June 30, 2024.

Ascension

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

12. Leases (continued)

The years ending June 30:	Operating Leases
2025	\$ 55,981
2026	41,740
2027	33,235
2028	27,783
2029	25,119
Thereafter	310,190
Total	<u>\$ 494,048</u>

For the years ended June 30, 2024 and 2023, lease income was approximately \$69,000 and \$85,000, respectively.

13. Retirement Plans

Defined-Benefit Plans

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

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

The assets of the System Plans are available to pay the benefits of eligible employees and retirees of all participating entities, and consist of investment types as included in the fair value investment leveling tables further below. In the event certain entities participating in the System Plans are unable to fulfill their financial obligations under the System Plans, other participating entities are obligated to do so.

The following table provides the combined benefit obligations and assets of the System Plans at June 30, 2024 and 2023. Certain System Plans are in an asset position, while others are in a liability position, and are included in the Consolidated Balance Sheets as shown below. The System Plans' funded status percentage for both the projected and accumulated benefit obligations below were 96.4% and 95.9% at June 30, 2024 and 2023, respectively.

Ascension

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

13. Retirement Plans (continued)

	The years ended June 30,	
	2024	2023
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$ 7,831,010	\$ 8,404,948
Interest Cost	420,857	400,288
Assumption change	(20,165)	(373,950)
Actuarial loss	27,643	4,392
Acquisitions/Divestitures	-	2,986
Benefits paid	(715,008)	(607,654)
Projected benefit obligation at end of year	7,544,337	7,831,010
Change in plan assets:		
Fair value of plan assets at beginning of year	7,508,562	7,952,418
Actual return on plan assets	479,024	161,299
Employer contributions	23	290
Acquisitions/Divestitures	-	2,209
Benefits paid	(715,008)	(607,654)
Fair value of plan assets at end of year	7,272,601	7,508,562
Net amount recognized at end of year and funded status	\$ (271,736)	\$ (322,448)
System Plans in an asset position, included in long term other assets	170,407	106,659
System Plans in a liability position, included in Pension and other post retirement liabilities	442,143	429,107
Accumulated benefit obligation at end of year	7,544,337	7,831,010

Ascension

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

13. Retirement Plans (continued)

The Unrecognized net pension costs for System Plans in the following table are included in net assets without donor restrictions at June 30, 2024 and 2023, and have not yet been recognized in net periodic pension cost for the System Plans:

	The years ended June 30,	
	2024	2023
Unrecognized actuarial loss	\$ (2,186,636)	\$ (2,144,876)
Unrecognized prior service credit	716	754
Unrecognized net pension cost in net assets	<u>\$ (2,185,920)</u>	<u>\$ (2,144,122)</u>

Details of the change in Unrecognized net pension cost in net assets for System Plans in the table above is shown below.

	The years ended June 30,	
	2024	2023
Current year actuarial gain (loss)	\$ (141,531)	\$ (108,582)
Amortization of actuarial loss	99,771	95,460
Amortization of prior service cost	(38)	10
Decrease in net assets	<u>\$ (41,798)</u>	<u>\$ (13,112)</u>

The following table provides the components of net periodic benefit gain for the System Plans included in Other non-operating gains (losses) in the Consolidated Statements of Operations and Changes in Net Assets.

	The years ended June 30,	
	2024	2023
Components of net periodic benefit cost		
Expected return on plan assets	\$ 613,078	\$ 639,158
Interest cost	(420,857)	(400,288)
Amortization of prior service cost	38	(10)
Amortization of actuarial loss	(92,590)	(92,027)
Settlement loss	(7,181)	(3,433)
Net periodic benefit gain	<u>\$ 92,488</u>	<u>\$ 143,400</u>

Ascension

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

13. Retirement Plans (continued)

Rate assumptions used to determine the benefit obligation and net periodic benefit cost for the System Plans are set forth in the table below. In addition, the System applied the Society of Actuaries Pri-2012 Private Retirement Plans Mortality Tables, with mortality improvement projected using the Society of Actuaries MP-2021 mortality projection scale, for purposes of the June 30, 2024 valuation.

	The years ended June 30,	
	2024	2023
<u>All Defined-Benefit Plans</u>		
To determine benefit obligations:		
Discount rate	5.75%	5.67%
To determine net periodic benefit cost:		
Discount rate	5.67%	5.05%
Expected return on plan assets	8.00%	8.00%
<u>Cash Balance Plans</u>		
To determine benefit obligations:		
Interest crediting rate	4.25% - 4.50%	2.25%

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

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

Ascension

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

13. Retirement Plans (continued)

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

In accordance with the System Plans' asset diversification targets, as presented in the table that follows, the Trust holds certain alternative investments, consisting of various hedge funds, private equity funds, and real estate funds. These investments do not have observable market values. As such, each of these investments is valued at net asset value (NAV) as determined by each fund's investment manager, which approximates fair value. Collectively, these funds have liquidity terms ranging from daily to annual with notice periods ranging from 30 to 180 days. Due to redemption restrictions, investments of certain private equity funds, whose fair value was approximately \$1,502,000 at June 30, 2024, cannot currently be redeemed. However, the potential for the System Plans to sell their interest in hedge funds, private equity funds and real estate funds in a secondary market prior to the end of the fund term does exist.

The investments in these alternative investment funds may also include contractual commitments to provide capital contributions during investment periods, which are typically five years, and can extend to the end of the fund term. As of June 30, 2024, unfunded capital commitments of the Trust total approximately \$655,000.

Ascension

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

13. Retirement Plans (continued)

The weighted-average asset allocation for the System Plans in the Trust at June 30, 2024 and 2023 and the target allocation, by asset category, are as follows:

Asset Category:	Target Allocation	Percentage of Plan Assets as of June 30,	
		2024	2023
Growth	56%	68%	68%
Inflation	15%	8%	8%
Deflation	29%	24%	24%
	100%	100%	100%

The following tables summarize fair value measurements at June 30, 2024 and 2023, by asset class and by level, for the System Plans' assets and liabilities. As discussed in the Fair Value Measurements note, the System follows the three-level fair value hierarchy to categorize plan assets and liabilities recognized at fair value, which prioritize the inputs used to measure such fair values. The inputs and valuation techniques discussed in the Fair Value Measurements note also apply to the System Plans' assets and liabilities as presented in the following tables.

Ascension

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

13. Retirement Plans (continued)

	Level 1	Level 2	Level 3	Total
June 30, 2024				
Short-term investments	\$ 969,949	\$ 89,524	\$ -	\$ 1,059,473
U.S. government, state, municipal and agency obligations	-	2,064,168	-	2,064,168
Corporate and foreign fixed income securities	-	490,726	29	490,755
Asset-backed securities	-	548,722	2,741	551,463
Equity securities	1,546,707	-	5,506	1,552,213
Other investments, including derivatives, net	1,848	281,406	-	283,254
Assets at net asset value:				
Equity securities				39,994
Private equity and real estate funds				1,501,924
Hedge funds				285,228
Other assets and liabilities, net				(555,871)
Fair value of plan assets				<u>\$ 7,272,601</u>
	Level 1	Level 2	Level 3	Total
June 30, 2023				
Short-term investments	\$ 574,909	\$ -	\$ -	\$ 574,909
U.S. government, state, municipal and agency obligations	-	2,492,018	-	2,492,018
Corporate and foreign fixed income securities	6,144	557,417	31	563,592
Asset-backed securities	-	513,187	-	513,187
Equity securities	1,200,375	-	3,192	1,203,567
Other investments, including derivatives, net	264,335	81,834	-	346,169
Assets at net asset value:				
Equity securities				72,951
Private equity and real estate funds				1,536,752
Hedge funds				319,185
Other assets and liabilities, net				(113,768)
Fair value of plan assets				<u>\$ 7,508,562</u>

Ascension

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

13. Retirement Plans (continued)

For the years ended June 30, 2024 and 2023, the changes in the fair value of the System Plans' assets measured using significant unobservable inputs (Level 3) consisted of the following:

	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities
June 30, 2024			
Beginning balance	\$ 31	\$ -	\$ 3,192
Total actual return on assets	-	(4)	(161)
Purchases, issuances, and settlements	(2)	2,745	2,475
Ending balance	<u>\$ 29</u>	<u>\$ 2,741</u>	<u>\$ 5,506</u>

Actual return on plan assets relating to plan assets still held at June 30, 2024	<u>\$ -</u>	<u>\$ (3)</u>	<u>\$ 17</u>
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	Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities
June 30, 2023			
Beginning balance	\$ 31	\$ 4,086	\$ 3,058
Total actual return on assets	-	(208)	281
Purchases, issuances, and settlements	-	(1,794)	(147)
Transfers (out of) into Level 3	-	(2,084)	-
Ending balance	<u>\$ 31</u>	<u>\$ -</u>	<u>\$ 3,192</u>

Actual return on plan assets relating to plan assets still held at June 30, 2023	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 49</u>
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At June 30, 2024 and 2023, the Trust held derivative agreements with a net notional amount of approximately \$3,766,000 and \$2,976,000, respectively. The combined targeted duration of these derivatives and the Trust's fixed income investments approximates the duration of the liabilities of the Trust. Currently, 75% of the dollar duration of the liability is subject to this economic hedge. The purpose of this strategy is to economically hedge the change in the net funded status for a significant portion of the liability that can occur due to changes in interest rates.

Ascension

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

13. Retirement Plans (continued)

The fair value of derivatives held by the Trust in an asset position was \$106,405 and \$127,522 at June 30, 2024 and 2023, respectively, while the fair value of derivatives held by the Trust in a liability position was \$23,421 and \$44,197 at June 30, 2024 and 2023, respectively. These derivatives are included in Pension and other postretirement liabilities in the Consolidated Balance Sheets. Future expected employer contributions to the Trust and expected benefit payments from the Trust, by fiscal year, for the System Plans follows:

Expected employer contributions 2025	\$	310
Expected benefit payments:		
2025		846,010
2026		651,700
2027		646,500
2028		638,800
2029		629,100
2030-2034		2,898,300

Defined-Contribution Plans

System entities participate in contributory and noncontributory defined-contribution plans covering all eligible associates. Employer automatic contributions, employee contributions, and employer matching contributions are the primary types of contributions to the plans. Employer automatic contributions are determined as a percentage of a participant's salary and, for certain entities, increases over specified periods of employee service. These contributions are funded annually, and participants become fully vested over a period of time. Employer matching contributions are determined as a percentage of an eligible participant's contributions each payroll period. These contributions are funded each payroll period, and participants become fully vested in these employer contributions over time. Expenses for the defined-contribution plans were approximately \$366,000 and \$458,000 for the years ended June 30, 2024 and 2023, respectively, and are included in Employee benefits in the Consolidated Statements of Operations and Changes in Net Assets.

Ascension

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

14. Self Insurance Programs

Ascension entities are self-insured for professional and general liability claims on a claims-made basis, as well as workers compensation claims on an occurrence basis, through grantor trusts and Ascension Health Insurance, LTD. (AHIL), a captive insurance company and direct subsidiary of Ascension Risk Services LLC. The grantor trusts provide funding for claims within the self-insured retentions. Actuarially determined amounts are contributed to the trust funds to provide for the estimated cost of claims. The associated loss reserves recorded for estimated self-insured professional, general liability, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported.

For certain entities acquired by Ascension in 2018, loss reserves for estimated self-insured professional, general liability, and workers' compensation claims reported prior to July 1, 2018 were actuarially determined and are recorded on an undiscounted basis at June 30, 2024. These reserves are held outside of the grantor trust. The self-insured professional and general liabilities for these claims are retained up to \$10,000 per occurrence with no aggregate and an additional \$10,000 in aggregate. Additionally, reinsurance up to \$150,000 in aggregate exists beyond these limits.

Professional and General Liability Programs

Professional and general liability coverage is primarily provided on a claims-made basis through a wholly owned onshore revocable trust and through AHIL. For the current policy year ended June 30, 2024, the revocable trust has a self-insured retention up to \$25,000 per occurrence with no aggregate. Excess coverage is provided through AHIL with limits up to \$205,000. This excess coverage is primarily reinsured by commercial carriers, with the exception of AHIL which retains \$7,750.

Employed physicians and certain entities in the states of Indiana and Kansas are provided coverage by ProAssurance Corporation (ProAssurance) on a fronted basis and are reinsured through AHIL. These entities and physicians are provided professional liability coverage with limits in compliance with participation in the state-specific Patient Compensation Fund programs.

Sunflower Assurance, Ltd. (Sunflower), a captive insurance company and wholly owned subsidiary of Ascension Risk Services LLC, offers physician professional liability coverage through insurance or reinsurance arrangements to non-employed physicians practicing at various facilities of the System. Coverage is offered to physicians with limits ranging from \$100 per claim to \$1,000 per claim with various aggregate limits.

Ascension

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

14. Self Insurance Programs (continued)

Included in Insurance in the Consolidated Statements of Operations and Changes in Net Assets is professional and general liability claim and insurance expense of \$336,384 and \$619,249 for the years ended June 30, 2024 and 2023, respectively. Included in current and long-term Self-insurance liabilities on the Consolidated Balance Sheets are professional and general liability reserves, discounted at 5.5%, of \$1,206,750 and \$1,299,393 at June 30, 2024 and 2023, respectively. Included in Other current and Other long-term assets on the Consolidated Balance Sheets are reinsurance receivables of \$108,695 and \$126,692 at June 30, 2024 and 2023, respectively.

Workers' Compensation

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

Included in Employee benefits in the Consolidated Statements of Operations and Changes in Net Assets is workers' compensation claim and insurance expense of \$48,234 and \$38,963 for the years ended June 30, 2024 and 2023, respectively. Included in current and long-term Self-insurance liabilities on the Consolidated Balance Sheets are workers' compensation loss reserves of \$158,840 and \$155,442 at June 30, 2024 and 2023, respectively.

15. Related Parties

The System has agreements with related parties for revenue cycle management services and clinical engineering services. The System incurred expenses of approximately \$1,304,000 and \$1,278,000 for these services during the years ended June 30, 2024 and 2023, respectively.

16. Contingencies and Commitments

Ascension, like other healthcare organizations, periodically undergoes investigations or audits by federal, state and local agencies involving compliance with a variety of laws and regulations arising in the ordinary course of business. These investigations generally seek to determine compliance with, among other things, laws and regulations relating to Medicare and Medicaid reimbursement, including billing practices for certain services. To support compliance with these laws and regulations, Ascension maintains a compliance program designed to prevent, proactively detect, and correct potential violations of laws and regulations.

Ascension

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

16. Contingencies and Commitments (continued)

Also, the System is periodically involved in litigation arising in the ordinary course of business, which for the year ended June 30, 2024 includes certain litigation associated with Ascension's May 8, 2024 cybersecurity attack (see Note 5).

While no assurance can be given concerning the outcome of any current investigation or the related impact to consolidated financial statements, management believes that adequate reserves have been established, where estimates of liability have been or can be reached, and the outcome of any current investigations is expected to be resolved without a material adverse effect on the financial position or liquidity of the system.

The System has commitments of approximately \$1,800,000, primarily comprised of agreements for information technology and other purchased services, under which payments will be made over the next 2-5 years. In addition, the System's agreements with its related party clinical engineering service provider and revenue cycle management provider extend through 2027 and 2031, respectively.

The System also guarantees the performance of certain affiliates under third party financing arrangements at June 30, 2024 for approximately \$42,000, for up to 15 years. Payments under these commitments may not be required, depending on the performance of the affiliates.

17. Functional Expenses

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

Ascension

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

17. Functional Expenses (continued)

Expenses by functional classification for the year ended June 30, 2024 consist of the following:

	Health care services	Management support services	Total
Salaries, wages, and employee benefits	\$ 12,958,042	\$ 1,092,765	\$ 14,050,807
Purchased services and professional fees	4,141,276	1,420,349	5,561,625
Supplies	4,138,170	1,297	4,139,467
Other	5,656,237	661,103	6,317,340
Total operating expenses	<u>\$ 26,893,725</u>	<u>\$ 3,175,514</u>	<u>\$ 30,069,239</u>

Expenses by functional classification for the year ended June 30, 2023 consist of the following:

	Health care services	Management support services	Total
Salaries, wages, and employee benefits	\$ 13,193,675	\$ 1,056,409	\$ 14,250,084
Purchased services and professional fees	3,958,762	1,352,572	5,311,334
Supplies	4,058,030	1,537	4,059,567
Other	5,713,197	612,222	6,325,419
Total operating expenses	<u>\$ 26,923,664</u>	<u>\$ 3,022,740</u>	<u>\$ 29,946,404</u>

Supplementary Information



Ernst & Young LLP
Suite 2600
7676 Forsyth Boulevard
St. Louis, MO 63105

Tel: +1 314 290 1000
ey.com

Report of Independent Auditors on Supplementary Information

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

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

Ernst & Young LLP

September 17, 2024

Ascension

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

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

	The years ended June 30,	
	2024	2023
Traditional charity care provided	\$ 474,431	\$ 517,090
Unpaid cost of public programs for persons living in poverty	1,106,895	1,141,223
Other programs for persons living in poverty and other persons who are vulnerable	105,523	93,244
Community benefit programs	414,415	431,902
Care of persons living in poverty and other community benefit programs	<u>\$ 2,101,264</u>	<u>\$ 2,183,459</u>

Tax Exempt Entity Declaration and Signature for E-fileDepartment of the Treasury
Internal Revenue ServiceFor calendar year 2023, or tax year beginning 07/01, 2023, and ending 06/30, 20 24For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to www.irs.gov/Form8453TE for the latest information.**2023**

Name of filer

ST. AGNES HEALTHCARE, INC.

EIN or SSN

52-0591657

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-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 of 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-). 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 checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	494,193,602
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 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 of Officer or Person Subject to Tax

11a ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the 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.

b ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☒ I am an officer of the above named entity or ☐ I am the 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.

Sign

Here

Signature of officer or person subject to tax

05/13/2025

Date

VICE PRESIDENT, TAX

Title, if applicable

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

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

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

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

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

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

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

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

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

Part I — Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. ST. AGNES HEALTHCARE, INC.	Taxpayer identification number (TIN) 52-0591657
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O TAX DEPARTMENT, P.O. BOX 45998	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63145-5998	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

• The books are in the care of ► **SARA O'BRIEN, 4600 EDMUNDSON ROAD, ST. LOUIS, MO 63134-3806**

Telephone No. ► **(314) 733-8000** Fax No. ► **(314) 733-8888**

• If the organization does not have an office or place of business in the United States, check this box ► ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ► ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **05/15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
► ☒ tax year beginning **07/01**, 20 **23**, and ending **06/30**, 20 **24**.

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

☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

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

1 I request an extension of time until _____, 20____, to file Form 5330.

a	Enter the Code section(s) imposing the tax.	1a	
b	Enter the payment amount attached.	1b	\$
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c	

[illegible]

Date _____

11/11/2024 9:11:47 AM