

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 20 19

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

**C** Name of organization ST. AGNES HEALTHCARE, INC.  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
900 CATON AVENUE 040  
 City or town, state or province, country, and ZIP or foreign postal code  
BALTIMORE, MD 21229

**D** Employer identification number  
52-0591657

**E** Telephone number  
(314) 733-8000

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

**G** Gross receipts \$ 440,734,337

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

**H(c)** Group exemption number ▶ 0928

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

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

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1862 **M** State of legal domicile: MD

**Part I Summary**

Activities & Governance	<b>1</b>	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>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>12</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>8</u>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<u>3,381</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>295</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>4,300,563</u>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<u>0</u>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>888,656</u>	<u>1,779,063</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>427,068,425</u>	<u>433,382,927</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>(132,899)</u>	<u>44,518</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>6,495,706</u>	<u>5,399,782</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>434,319,888</u>	<u>440,606,290</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>830,694</u>	<u>799,731</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>229,614,245</u>	<u>217,436,825</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>	<u>0</u>	<u>0</u>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>191,889,921</u>	<u>209,821,918</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>422,334,860</u>	<u>428,058,474</u>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>11,985,028</u>	<u>12,547,816</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	<u>319,467,352</u>	<u>341,158,421</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>177,869,548</u>	<u>174,766,683</u>
		<u>141,597,804</u>	<u>166,391,738</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**

Signature of officer:  Date: 05/12/2020

Type or print name and title: TONYA MERSHON, TAX OFFICER

**Paid Preparer Use Only**

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

Firm's name ▶: \_\_\_\_\_ Firm's EIN ▶: \_\_\_\_\_

Firm's address ▶: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2018)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

ROOTED IN THE LOVING MINISTRY OF JESUS AS HEALER, WE COMMIT OURSELVES TO SERVING ALL PERSONS WITH SPECIAL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE. OUR CATHOLIC HEALTH MINISTRY IS DEDICATED TO SPIRITUALLY-CENTERED, HOLISTIC CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF INDIVIDUALS AND (CONTINUED ON SCHEDULE O)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 307,255,000 including grants of \$ 799,731 ) (Revenue \$ 435,001,192 )

ST. AGNES HEALTHCARE, INC. IS A 296-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING FISCAL YEAR 2019, ST. AGNES HEALTHCARE, INC. TREATED 13,931 ADULTS AND CHILDREN FOR A TOTAL OF 67,691 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 324,711 OUTPATIENT VISITS, WHICH INCLUDED 4,365 OUTPATIENT SURGERIES AND 80,971 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 in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 307,255,000

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	✓	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .		<input checked="" type="checkbox"/>
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		<input checked="" type="checkbox"/>
<b>15b</b>	Other officers or key employees of the organization . . . . .		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<input checked="" type="checkbox"/>	
<b>16b</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? . . . . .	<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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
 SARA O'BRIEN, 11775 BORMAN DRIVE, MARYLAND HEIGHTS, MO 63146, (314) 733-8070, FAX: (314) 733-8888

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) IRENE D KNOTT CHAIR	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(2) CAROLE B MILLER, MD SECRETARY/PHYSICIAN	50.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			630,096	0	31,829	
(3) JOHN B STANSBURY TREASURER	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			0	0	0	
(4) KEITH VANDER KOLK EX-OFFICIO/PRESIDENT & CEO	0.0 50.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			0	843,135	17,706	
(5) STEPHEN M SCHAEFER, ESQ DIRECTOR	1.0 1.0	<input checked="" type="checkbox"/>					0	0	0	
(6) JOHN E WHEELER, JR DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>					0	0	0	
(7) KENNETH H WILLIAMS, MD DIRECTOR	0.0 50.0	<input checked="" type="checkbox"/>					0	535,835	42,327	
(8) KALA K DAVIS-MCDONALD, MD DIRECTOR/PHYSICIAN	50.0 0.0	<input checked="" type="checkbox"/>					435,849	0	28,424	
(9) MARGARET HAYES DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>					0	0	0	
(10) RICHARD J HUNT, JR DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>					0	0	0	
(11) MOHANNAD F JISHI DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>					0	0	0	
(12) SISTER MARY LOU STUBBS DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>					0	0	0	
(13) SCOTT M FURNISS CFO, MINISTRY MARKET	0.0 50.0			<input checked="" type="checkbox"/>			0	439,513	42,765	
(14) NANCY M HAMMOND, MD EVP & CMO	50.0 0.0				<input checked="" type="checkbox"/>		460,561	0	41,773	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) YOLANDA COPELAND, RN SVP & CNO	50.0 0.0				<input checked="" type="checkbox"/>			316,862	0	20,580
(16) GEORGE T GRACE, MD MEDICAL DIRECTOR, PLASTIC/HAND RECONSTRUCTIVE SURGERY	50.0 0.0					<input checked="" type="checkbox"/>		803,826	0	48,145
(17) ANDREW MICHAEL AVERBACH, MD GENERAL SURGEON	50.0 0.0					<input checked="" type="checkbox"/>		789,340	0	38,136
(18) MATTHEW NEIL PETERS, MD CARDIOLOGIST	50.0 0.0					<input checked="" type="checkbox"/>		658,964	0	25,302
(19) HOWARD S HESSAN, MD MEDICAL DIRECTOR - OROLARYNGOLOGY	50.0 0.0					<input checked="" type="checkbox"/>		641,038	0	38,206
(20) MICHAEL A ZATINA, MD SURGICAL DIRECTOR - CARDIOVASCULAR INSTITUTE	50.0 0.0					<input checked="" type="checkbox"/>		614,962	0	42,627
(21) BONNIE L PHIPPS FORMER OFFICER (END 7/2016)	0.0 0.0						<input checked="" type="checkbox"/>	0	438,721	0
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								5,351,498	2,257,205	417,821
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								5,351,498	2,257,205	417,821

**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 **▶** 325

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or 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"/>
<b>4</b> 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"/>
<b>5</b> 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
CALIFORNIA EMERGENCY PHYSICIANS MEDICAL, 2100 POWELL STREET 9TH FLOOR, EMERYVILLE, CA 94608	PHYSICIAN SERVICES	1,463,750
THE HEARING AND SPEECH AGENCY, 5900 METRO DR, BALTIMORE, MD 21215	MEDICAL SERVICES	995,833
DRS HICKEN CRANLEY & TAYLOR PA, 2330 W JOPPA ROAD, STE 100, LUTHERVILLE, MD 21093	MEDICAL SERVICES	789,658
ARUP LABORATORIES, 500 S CHIPETA WAY, SALT LAKE CITY, UT 84108-1221	LABORATORY SERVICES	659,181
SLEEPWORKS LLC, 430 WOODRUFF RD STE 450, GREENVILLE, SC 29607	MEDICAL SERVICES	562,500

**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 **▶** 31

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	0				
	<b>b</b> Membership dues . . . . .	<b>1b</b>	0				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	0				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	1,274,838				
	<b>e</b> Government grants (contributions)	<b>1e</b>	456,100				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	48,125				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .		1,779,063				
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b> NET PATIENT SERVICE REVENUE	621990	411,840,156	408,956,642	2,883,514		
	<b>b</b> SERVICES TO AFFILIATES	561000	13,881,215	13,881,215			
	<b>c</b> INCOME FROM JOINT VENTURES	900099	4,954,003	4,954,003			
	<b>d</b> LAB SERVICES	621500	1,417,049		1,417,049		
	<b>e</b> PHARMACY REVENUE	446110	1,204,929	1,204,929			
	<b>f</b> All other program service revenue .	900099	85,575	85,575	0	0	
	<b>g Total.</b> Add lines 2a-2f . . . . .		433,382,927				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		44,518			44,518	
	<b>4</b> Income from investment of tax-exempt bond proceeds		0			0	
	<b>5</b> Royalties . . . . .		0			0	
	<b>6a</b> Gross rents . . . . .	(i) Real	947,512				
		(ii) Personal	0				
		<b>b</b> Less: rental expenses	0				
		<b>c</b> Rental income or (loss)	947,512				
	<b>d</b> Net rental income or (loss) . . . . .		947,512			947,512	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	0				
		(ii) Other	0				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					0
		<b>c</b> Gain or (loss) . . . . .	0				0
	<b>d</b> Net gain or (loss) . . . . .		0			0	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .		0			0
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities . . . . .		0			0
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	212,014				
<b>b</b> Less: cost of goods sold . . . . .		<b>b</b>	128,047				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			83,967			83,967	
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> CAFETERIA/VENDING REVENUE	722514	1,471,292			1,471,292		
<b>b</b> EDUCATION REVENUE	611430	1,398,929	1,398,929				
<b>c</b> ESCHEATMENT REVENUE	900099	441,417			441,417		
<b>d</b> All other revenue . . . . .	900099	1,056,665	219,336	0	837,329		
<b>e Total.</b> Add lines 11a-11d . . . . .		4,368,303					
<b>12 Total revenue.</b> See instructions . . . . .		440,606,290	430,700,629	4,300,563	3,826,035		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	799,731	799,731		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,965,975	1,628,532	337,442	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	180,364,353	169,498,009	10,866,344	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	6,170,423	5,798,676	371,747	
<b>9</b> Other employee benefits . . . . .	16,746,700	15,737,768	1,008,932	
<b>10</b> Payroll taxes . . . . .	12,189,374	11,441,237	748,137	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	22,385	22,385		
<b>b</b> Legal . . . . .	30,840		30,840	
<b>c</b> Accounting . . . . .	31,975		31,975	
<b>d</b> Lobbying . . . . .	14,382		14,382	
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	14,923,225	12,306,135	2,617,090	0
<b>12</b> Advertising and promotion . . . . .	501,479	150,734	350,745	
<b>13</b> Office expenses . . . . .	1,436,904	636,519	800,385	
<b>14</b> Information technology . . . . .	848,296	349,911	498,385	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	8,605,981	3,959,188	4,646,793	
<b>17</b> Travel . . . . .	228,181	190,831	37,350	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	443,070	300,267	142,803	
<b>20</b> Interest . . . . .	2,795,970		2,795,970	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	20,137,716	7,048,052	13,089,664	
<b>23</b> Insurance . . . . .	8,459,710	3,975,797	4,483,913	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>MEDICAL SUPPLIES</u> . . . . .	52,002,863	51,161,445	841,418	
<b>b</b> <u>MANAGEMENT FEE TO AFFILIATE</u> . . . . .	34,794,260		34,794,260	
<b>c</b> <u>PURCHASED SERVICES</u> . . . . .	33,371,556	12,082,144	21,289,412	
<b>d</b> <u>UBI TAX EXPENSE</u> . . . . .	1,992		1,992	
<b>e</b> All other expenses . . . . .	31,171,133	10,167,639	21,003,494	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	428,058,474	307,255,000	120,803,473	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	11,717	<b>1</b>	10,038
	<b>2</b> Savings and temporary cash investments . . . . .	4,600,719	<b>2</b>	13,514,012
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	49,457,117	<b>4</b>	56,819,906
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	7,243,672	<b>8</b>	7,405,541
	<b>9</b> Prepaid expenses and deferred charges . . . . .	953,015	<b>9</b>	1,049,596
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	436,789,426		
	<b>b</b> Less: accumulated depreciation . . . . .	221,318,349	<b>10c</b>	215,471,077
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	26,124,201	<b>13</b>	31,078,204
	<b>14</b> Intangible assets . . . . .	4,141,329	<b>14</b>	2,699,148
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	9,645,930	<b>15</b>	13,110,899
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	319,467,352	<b>16</b>	341,158,421	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	46,391,414	<b>17</b>	47,362,598
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	577,305	<b>19</b>	640,801
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	130,900,829	<b>25</b>	126,763,284
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	177,869,548	<b>26</b>	174,766,683
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	137,204,289	<b>27</b>	163,558,011
	<b>28</b> Temporarily restricted net assets . . . . .	4,263,285	<b>28</b>	2,703,306
	<b>29</b> Permanently restricted net assets . . . . .	130,230	<b>29</b>	130,421
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>32</b>	0
<b>33</b> Total net assets or fund balances . . . . .	141,597,804	<b>33</b>	166,391,738	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	319,467,352	<b>34</b>	341,158,421	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	440,606,290
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	428,058,474
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	12,547,816
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	141,597,804
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	15,173
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	12,230,945
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	166,391,738

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		<input checked="" type="checkbox"/>
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization <b>ST. AGNES HEALTHCARE, INC.</b>	Employer identification number <b>52-0591657</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

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

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2018.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2017.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018



**Schedule of Contributors**

**2018**

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

Name of the organization <b>ST. AGNES HEALTHCARE, INC.</b>	Employer identification number <b>52-0591657</b>
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**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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization <b>ST. AGNES HEALTHCARE, INC.</b>	Employer identification number <b>52-0591657</b>
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**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	----- ----- -----	\$ 23,125	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 25,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,274,838	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  
**ST. AGNES HEALTHCARE, INC.**

Employer identification number  
**52-0591657**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(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 <b>ST. AGNES HEALTHCARE, INC.</b>	Employer identification number <b>52-0591657</b>
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

Name of organization <b>ST. AGNES HEALTHCARE, INC.</b>	Employer identification number <b>52-0591657</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?	✓		14,382
<b>j</b> Total. Add lines 1c through 1i			14,382
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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."**

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

**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

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Part IV

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two Yes/No questions about donor advisement.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 7/25/06, Number of conservation easements modified, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, Staff and volunteer hours devoted to monitoring, Amount of expenses incurred in monitoring, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Description, Amount. Rows include: If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 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 are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	674,950	658,363	624,222	625,190	614,329
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	25,240	16,587	34,141	(968)	10,861
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	700,190	674,950	658,363	624,222	625,190

**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 ▶ 19.00 %
- c** Temporarily restricted endowment ▶ 81.00 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>	✓	
<b>3a(ii)</b>		✓
<b>3b</b>		

**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
<b>1a</b> Land		10,252,790		10,252,790
<b>b</b> Buildings		268,684,680	120,820,227	147,864,453
<b>c</b> Leasehold improvements		9,499,269	4,934,146	4,565,123
<b>d</b> Equipment		114,510,964	88,450,748	26,060,216
<b>e</b> Other		33,841,723	7,113,228	26,728,495
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				215,471,077

**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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN MARYLAND PHYSICIANS CARE	29,417,838	COST
(2) INVESTMENT IN MARYLAND CARE MANAGEMENT	1,660,366	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►	31,078,204	

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	49,669,145
(3) GENERAL LIABILITY RESERVE ALLOWANCE	3,196,410
(4) RECOVERY TAIL LIABILITY	713,346
(5) ACCRUED TAX LIABILITY	22,965
(6) DEBT WITH ASCENSION HEALTH ALLIANCE	73,159,533
(7) OTHER MISCELLANEOUS LIABILITIES	1,885
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	126,763,284

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XIII**

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

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>WHITEFORD ENDOWMENT - 50% TO BE UTILIZED TO ERECT A WING OR ADDITIONAL BUILDING, ADDITIONAL 50% MAY BE USED TO SUPPORT HOSPITAL OPERATIONS.</p> <p>BROWNE ENDOWMENT - ESTABLISHED FOR USE BY CARDIAC UNIT TO AID THE INDIGENT.</p> <p>GITTINGS ENDOWMENT - CREATED TO PROVIDE A BED IN THE CHILDREN'S WARD.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2019.</p>

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> ST. AGNES HEALTHCARE, INC.	<b>Employer identification number</b> 52 0591657
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	✓	
<b>b</b> If "Yes," was it a written policy? . . . . .	✓	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	✓	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	✓	
<b>c</b> 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.		
<b>4</b> 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"? . . . . .	✓	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	✓	
<b>c</b> 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? . . . . .		✓
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	✓	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	✓	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			17,260,042	0	17,260,042	4.03
<b>b</b> Medicaid (from Worksheet 3, column a)			20,413,238	8,443,328	11,969,910	2.80
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .					0	0.00
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs	0	0	37,673,280	8,443,328	29,229,952	6.83
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			1,883,217	96,250	1,786,967	0.42
<b>f</b> Health professions education (from Worksheet 5) . . . . .			8,901,320	0	8,901,320	2.08
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			29,165,191	13,478,581	15,686,610	3.66
<b>h</b> Research (from Worksheet 7) . . . . .			436,638	70,519	366,119	0.09
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			540,207		540,207	0.13
<b>j Total.</b> Other Benefits . . . . .	0	0	40,926,573	13,645,350	27,281,223	6.37
<b>k Total.</b> Add lines 7d and 7j . . . . .	0	0	78,599,853	22,088,678	56,511,175	13.20

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50192T Schedule H (Form 990) 2018

**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			596,201	34,543	561,658	0.13
2 Economic development					0	0.00
3 Community support			258,649	25,000	233,649	0.05
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	0	854,850	59,543	795,307	0.19

**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	
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	4,253,488
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	3	5,542
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	440,603,932
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	437,873,362
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	2,730,570
8 Describe in Part VI the extent to which any shortfall reported in 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	✓
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	✓

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

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

**Part V Facility Information**

**Section A. Hospital Facilities**

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

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

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

1 ST. AGNES HEALTHCARE, INC.  
 900 CATON AVENUE, BALTIMORE, MD 21229  
[HTTPS://WWW.STAGNES.ORG/ABOUT-US/ASCENSION/](https://www.stagnes.org/about-us/ascension/)  
 STATE LICENSE NO. : 30-059

2

3

4

5

6

7

8

9

10

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

**Part V Facility Information** *(continued)*

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group ST. AGNES HEALTHCARE, INC.

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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .		✓
<b>2</b> 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 . . . . .		✓
<b>3</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 17</u>		
<b>5</b> 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 . . . . .	✓	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	✓	
<b>6b</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 . . . . .	✓	
<b>7</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://HEALTHCARE.ASCENSION.ORG/CHNA</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	✓	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	✓	
<b>a</b> If "Yes," (list url): <u>HTTPS://HEALTHCARE.ASCENSION.ORG/CHNA</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b> 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.		
<b>12a</b> 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)? . . . . .		✓
<b>12b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group ST. AGNES HEALTHCARE, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	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:	✓	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	✓	
<b>15</b>	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):	✓	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):	✓	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group ST. AGNES HEALTHCARE, INC.

	Yes	No
<b>17</b> 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? . . . . .	✓	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <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>b</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)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group ST. AGNES HEALTHCARE, INC.

		Yes	No
<b>22</b>	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.		
<b>a</b>	<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>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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.	<b>23</b>	✓
<b>24</b>	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.	<b>24</b>	✓

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

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

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

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE, INC. - 1</p> <p>DESCRIPTION: AFTER USING BOTH PRIMARY AND SECONDARY RESEARCH METHODS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY AND TAKING INTO ACCOUNT THE INPUT RECEIVED FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, SAINT AGNES IDENTIFIED THREE PRIORITIES. THE TOP THREE COMMUNITY HEALTH NEED PRIORITIES THAT SAINT AGNES WILL ADDRESS IN FISCAL YEAR'S 2019 THROUGH 2021, WHICH HAVE BEEN APPROVED BY THE SAINT AGNES EXECUTIVE TEAM INCLUDE:</p> <ul style="list-style-type: none"> <li>- ADDRESS MENTAL HEALTH/SUBSTANCE ABUSE (SHARED PRIORITY WITH ALL BALTIMORE CITY HOSPITALS)</li> <li>- REDUCE OBESITY AND IMPACT OF CHRONIC DISEASES</li> <li>- CREATE PERSONCENTERED HEALTHY NEIGHBORHOODS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH</li> </ul> <p>NOTEWORTHY, MANY OF THE TOP COMMUNITY HEALTH CONCERNS REMAIN UNCHANGED FROM THE FY16 COMMUNITY NEEDS ASSESSMENT WITH OBESITY &amp; DIABETES AND CARDIOVASCULAR ISSUES WERE AMONG GREATEST PRIORITIES. SIMILAR TO THE REST OF THE COUNTY WITH THE EXPONENTIAL RISE OF THE OPIOID EPIDEMIC, THIS ASSESSMENT HIGHLIGHTED MUCH GREATER CONCERN REGARDING THE ISSUE OF SUBSTANCE USE DISORDER AND MENTAL HEALTH NEEDS IN THE COMMUNITY. NATIONAL, STATE AND LOCAL HEALTH POLICIES AND OBJECTIVES WERE USED TO VALIDATE AND ALIGN OUR PRIORITIES AND OBJECTIVES. THE IDENTIFIED PRIORITIES ARE HIGHLY ALIGNED WITH LOCAL, STATE AND NATIONAL PRIORITIES AS FOUND IN HEALTHY BALTIMORE 2020, STATE OF MARYLAND STATE HEALTH IMPROVEMENT PLAN (SHIP) VISION AREAS AND HEALTHY PEOPLE 2020, WHICH ARE SUMMARIZED IN TABLE 8 OF THE COMMUNITY HEALTH NEEDS ASSESSMENT LOCATED ON THE HOSPITAL WEBSITE.</p> <p>ST. AGNES IS DEPLOYING A MULTIFACETED APPROACH TO ADDRESS THE PRIORITIZED NEEDS. IN 2018, SAINT AGNES HOSPITAL CREATED THE HEALTH INSTITUTE TO FOCUS ON PARTNERING WITH THE COMMUNITY TO KEEP INDIVIDUALS AT THEIR BEST HEALTH. BY BRINGING TOGETHER COMMUNITY ENGAGEMENT AND ENTERPRISEWIDE CARE MANAGEMENT RESOURCES, SAINT AGNES STRIVES TO BE AS RELEVANT TO OUR COMMUNITY WHEN THEY ARE WELL AS WHEN THEY ARE SICK. THE HEALTH INSTITUTE IS GUIDED BY OUR MISSION TO SERVE ALL PERSONS, PARTICULARLY THOSE THAT ARE MOST VULNERABLE, AND TO PROVIDE HEALTHCARE THAT LEAVES NO ONE BEHIND. WITH GREATER CARE COORDINATION, THE HEALTH INSTITUTE WILL CONNECT COMMUNITY MEMBERS AND PATIENTS TO THE SERVICES, PHYSICIANS, COMMUNITYBASED ORGANIZATIONS AND RESOURCES WHERE AND WHEN THEY NEED IT MOST. THE SAINT AGNES HEALTH INSTITUTE WILL FOCUS ON FOUR PRIMARY AREAS: COMMUNITY ENGAGEMENT, CARE MANAGEMENT, CHRONIC DISEASE MANAGEMENT, AND BEHAVIORAL HEALTH. THE HEALTH INSTITUTE WILL CONTINUE TO EVOLVE AS NEW NEEDS ARE IDENTIFIED, AND PARTNERSHIPS ARE FORMED TO MEET THE DEMANDS OF A HEALTHY COMMUNITY.</p> <p>SAINT AGNES WAS FOUNDED ON A MISSION OF SERVICE TO THE COMMUNITY, PARTICULARLY THOSE WHO ARE POOR AND UNDERSERVED, AND OUR COMMUNITY OUTREACH PROGRAMS CONTINUE TO EXPAND THAT MISSION TODAY. BASED ON EVALUATIONS OF THE MOST PRESSING HEALTH NEEDS IN OUR REGION, THE HOSPITAL HAS LAUNCHED A NUMBER OF COMMUNITY INITIATIVES TO FIGHT CARDIOVASCULAR DISEASE AND OBESITY AND IMPROVE ACCESS TO PRIMARY CARE. SAINT AGNES IS FOCUSED ON ACHIEVING CLEAR AND MEASURABLE IMPROVEMENTS IN THESE AREAS THROUGH THE EXPANSION OF OUR MILLION HEARTS PROGRAM, DIABETES PREVENTION PROGRAM, AND ONGOING EFFORTS TO FIGHT METABOLIC DISEASE AND OBESITY THROUGH OUR MARYLAND METABOLIC INSTITUTE, AND THE CONTINUED GROWTH AND DEVELOPMENT OF OUR REGIONAL PRIMARY CARE NETWORK.</p> <p>SAINT AGNES HOSPITAL HAS 296 LICENSEDBEDS (FY19) THAT IS A FULLSERVICE TEACHING HOSPITAL WITH RESIDENCY PROGRAMS IN A NUMBER OF MEDICAL AND SURGICAL SPECIALTIES. IN 2014, SAINT AGNES COMPLETED A \$200+ MILLION EXPANSION THAT EMPHASIZES PATIENT SAFETY IN A HIGH-QUALITY HEALTHCARE ENVIRONMENT. THE EXPANSION INCLUDED A NEW PATIENT TOWER, THE NEW 80,000 SQUARE FOOT ANGELOS MEDICAL PAVILION WHICH IS HOME TO A VARIETY OF SPECIALTIES, INCLUDING AN EXPANDED CANCER INSTITUTE, A NEW PARKING GARAGE, AND THE HACKERMANPATZ HOUSE FOR FAMILIES OF PATIENTS BEING TREATED FOR LONGTERM AILMENTS. WE HAVE DEMONSTRATED THIS COMMITMENT WITH OUR INVESTMENT IN OUR CAMPUS, SAINT AGNES MEDICAL GROUP CATONSVILLE SITE, GIBBONS COMMONS AND INVOLVEMENT IN COMMUNITY PARTNERSHIPS; WHICH INCREASES ACCESS NOT ONLY TO CLINICAL SERVICES, BUT TO JOBS AND OPPORTUNITIES AS WELL.</p> <p>DURING THE FISCAL YEAR 2019, ST. AGNES HOSPITAL FOCUSED ON THE FOLLOWING IN WORKING TOWARD ADDRESSING THE IDENTIFIED NEEDS:</p> <p>CARDIOVASCULAR DISEASE RISK REDUCTION (REDUCING IMPACT OF CHRONIC DISEASE)</p> <ul style="list-style-type: none"> <li>- TARGET POPULATION IS ADULTS WHO HAVE NOT HAD A PRIOR HEART ATTACK OR STROKE, DO NOT HAVE ESRD AND WHO ARE NOT RECEIVING HOSPICE CARE.</li> <li>- SAINT AGNES' PRIMARY OBJECTIVE IS TO STRATIFY 10 YEAR RISK OF HEART ATTACK OR STROKE AND PROVIDE CLINICAL CARE, HEALTH EDUCATION, FITNESS CLASSES TO IMPROVE PARTICIPANT'S HEALTH STATUS AND REDUCE 10 YEAR RISK.</li> <li>- INITIATIVE WAS DELIVERED THROUGH ONE-ON-ONE CLINICAL INTERVENTION AND SMALL GROUP CLASSES PROVIDING A RISK ASSESSMENT, STRATIFICATION AND INTERVENTION PROGRAM FEATURING TEAM-BASED CARE DELIVERY. IT PROVIDES WELLNESS, DISEASE AND CHRONIC CARE MANAGEMENT AND PREVENTIVE CARE, AND PROVIDES HEALTH LITERACY AND LIFESTYLE SELF-MANAGEMENT TOOLS TO INDIVIDUALS WITH OR AT RISK FOR CVD. IT TARGETS INDIVIDUALS IDENTIFIED AS RISING OR AT HIGH RISK FOR CVD, HEART ATTACK, HEART FAILURE OR STROKE, PREDOMINATELY FROM THE WEST BALTIMORE COLLABORATIVE AND HIGH-POVERTY COMMUNITIES SURROUNDING SAINT AGNES HOSPITAL. PATIENTS EXPERIENCING CHEST PAIN, BUT NOT HEART ATTACK, OR WHO HAVE PERSISTENT HIGH BLOOD PRESSURE ARE REFERRED TO THE PROGRAM.</li> <li>- COMMUNITY HEALTH NEEDS ARE ADDRESSED THROUGH IDENTIFICATION AND ASSESSMENT OF UNDERSERVED, LOW-INCOME INDIVIDUALS AT HIGH-RISK FOR CVD AND THE IMPACT OF CVD AS A CHRONIC DISEASE. IT PROVIDES AN EVIDENCE AND TEAM-BASED INTERVENTION PROGRAM INCLUDING CLINICAL CARE, MEDICATION MANAGEMENT, HEALTHY LIFESTYLE AND NUTRITION EDUCATION AND PHYSICAL ACTIVITY TO REDUCE RISK FOR HEART DISEASE AS MEASURED BY CLINICALLY SIGNIFICANT</li> </ul>

Return Reference - Identifier	Explanation
	<p>IMPROVEMENTS IN LDL CHOLESTEROL AND BLOOD PRESSURE CONTROL.</p> <p>THE DIABETES PREVENTION PROGRAM (REDUCING THE IMPACT OF CHRONIC DISEASE)</p> <ul style="list-style-type: none"> <li>- THE TARGET POPULATION FOR THE DIABETES PREVENTION PROGRAM IS INDIVIDUALS WHO ARE: AT LEAST 18 YEARS OLD AND OVERWEIGHT (WITH A BODY MASS INDEX 25; 23 IF ASIAN) AND HAVE NO PREVIOUS DIAGNOSIS OF TYPE 1 OR TYPE 2 DIABETES AND HAVE A BLOOD TEST RESULT IN THE PREDIABETES RANGE WITHIN THE PAST YEAR (HEMOGLOBIN A1C: 5.7%-6.4% OR FASTING PLASMA GLUCOSE: 100-125 MG/DL OR TWO-HOUR PLASMA GLUCOSE (AFTER A 75 GM GLUCOSE LOAD): 140-199 MG/DL) OR WERE PREVIOUSLY DIAGNOSED WITH GESTATIONAL DIABETES.</li> <li>- THE PRIMARY OBJECTIVE IS PREVENT OR DELAY THE ONSET OF TYPE 2 DIABETES IN INDIVIDUALS PARTICIPATING IN THE PROGRAM BY PROVIDING AN EVIDENCE-BASED AND HIGH-QUALITY LIFESTYLE CHANGE PROGRAM TO REDUCE THEIR RISK OF TYPE 2 DIABETES AND IMPROVE THEIR OVERALL HEALTH.</li> <li>- INDIVIDUALS COMPLETE A SIX MONTH CORE PROGRAM OF 26 WEEKLY SMALL GROUP SESSIONS UTILIZING THE US CENTERS FOR DISEASE CONTROL'S EVIDENCE BASED CURRICULUM FOLLOWED BY SIX MONTHS OF POST-CORE SESSIONS, EIGHT BI-WEEKLY SESSIONS AND TWO MONTHLY SESSIONS FOR 10 SESSIONS TOTAL. THE SESSIONS ARE TAUGHT BY CERTIFIED DPP LIFESTYLE COACHES AND EACH CLASS CONSISTS OF A HEALTHY LIFESTYLE TOPIC AND A 60 MINUTE GROUP FITNESS CLASS THAT SUPPORTS THE GOAL OF 150 MINUTES OF BRISK PHYSICAL ACTIVITY EACH WEEK. ONE-ON-ONE TELEPHONIC COACHING SESSIONS ARE CONDUCTED FOR PARTICIPANTS WHO MISS A SESSION.</li> <li>- COMMUNITY HEALTH NEEDS ARE ADDRESSED THROUGH IDENTIFICATION AND ASSESSMENT OF UNDERSERVED, LOW-INCOME INDIVIDUALS AT HIGH-RISK FOR DIABETES AND THE IMPACT OF DIABETES AS A CHRONIC DISEASE. EDUCATION ON HEALTHY LIFESTYLE AND NUTRITION EDUCATION AND PHYSICAL ACTIVITY PROVIDE A BASIS FOR REDUCED RISK FOR DIABETES AND FURTHER COMPLICATIONS FROM THIS CHRONIC DISEASE BY ENCOURAGING WEIGHT-LOSS REDUCTION.</li> </ul>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE, INC. - 2</p> <p>DESCRIPTION: OBESITY PROGRAM (REDUCING THE IMPACT OF CHRONIC DISEASE)</p> <ul style="list-style-type: none"> <li>- POPULATION IS INDIVIDUALS WITH BMI GREATER THAN OR EQUAL TO 40 OR BMI GREATER THAN OR EQUAL TO 35 WITH TYPE 2 DIABETES, HIGH BLOOD PRESSURE AND SEVERE SLEEP APNEA.</li> <li>- PRIMARY OBJECTIVE IS TO REDUCE MORBID OBESITY AND IMPROVE HEALTH OUTCOMES FOR INDIVIDUALS BY REDUCTION OF BMI BY AT LEAST 20% WITHIN ONE YEAR OF BARIATRIC SURGERY</li> <li>- PARTICIPANTS IN BARIATRIC SEMINARS RECEIVED EDUCATION ON OBESITY AS A DISEASE STATE, HOW TO ACCESS MEDICAL, NUTRITIONAL AND SURGICAL CARE FOR MORBID OBESITY. IN FOLLOWUP TO THE EDUCATIONAL SESSION 37% OF PARTICIPANTS SCHEDULED AND KEPT A CLINICAL APPOINTMENT FOR BARIATRIC CARE.</li> <li>- WITHIN ONE YEAR OF INTERVENTION DECREASE BMI BY 20% FOR PATIENTS ENGAGING IN MEDICAL WEIGHT LOSS TECHNIQUES AND/OR BARIATRIC SURGERY. IMPACT/OUTCOMES: A. 527 BARIATRIC SURGERY PROCEDURES WERE PERFORMED. B. 53.4% OF BARIATRIC SURGERY PATIENTS LOWERED THEIR BMI BY AT LEAST 20% IN ONE YEAR FROM SURGERY.</li> <li>- PARTICIPANTS IN BARIATRIC SEMINARS RECEIVED EDUCATION ON OBESITY AS A DISEASE STATE, HOW TO ACCESS MEDICAL, NUTRITIONAL AND SURGICAL CARE FOR MORBID OBESITY. IN FOLLOWUP TO THE EDUCATIONAL SESSION 28.6% OF PARTICIPANTS SCHEDULED AND KEPT A CLINICAL APPOINTMENT FOR BARIATRIC CARE.</li> </ul> <p>THE FISCAL YEAR 2018 COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED A WIDE VARIETY OF COMMUNITY HEALTH NEEDS INCLUDING CANCER, SMOKING / TOBACCO USE, HIV / AIDS, LUNG DISEASES, ALZHEIMER'S OR DEMENTIA, INFANT DEATH, AND STROKE. HOWEVER, THROUGH PRIORITIZATION EXERCISES WITH COMMUNITY MEMBERS, HEALTH EXPERTISE AND OTHER COMMUNITY STAKEHOLDERS, MENTAL HEALTH / SUBSTANCE ABUSE, OBESITY AND CHRONIC DISEASES, AND HEALTHY NEIGHBORHOODS WERE DETERMINED TO BE THE GREATEST UNMET NEEDS.</p> <p>WHILE SAINT AGNES HOSPITAL WILL FOCUS THE MAJORITY OF OUR EFFORTS ON THE IDENTIFIED STRATEGIC PROGRAMS, WE WILL REVIEW THE COMPLETE SET OF NEEDS IDENTIFIED IN THE CHNA FOR FUTURE COLLABORATION. THESE AREAS, WHILE IMPORTANT TO THE HEALTH OF THE COMMUNITY, WILL BE MET THROUGH EITHER EXISTING CLINICAL PROGRAMS OR THROUGH COLLABORATION WITH OTHER HEALTH CARE ORGANIZATIONS AS NEEDED. THE UNMET NEEDS NOT ADDRESSED SPECIFICALLY BY SAINT AGNES HOSPITAL, WILL CONTINUE TO BE ADDRESSED BY KEY GOVERNMENTAL AGENCIES AND EXISTING COMMUNITYBASED ORGANIZATIONS. THE SAINT AGNES IDENTIFIED CORE PRIORITIES TARGET THE INTERSECTION OF THE IDENTIFIED COMMUNITY NEEDS AND THE ORGANIZATION'S KEY STRENGTHS AND MISSION.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p><a href="https://healthcare.ascension.org/financial-assistance">HTTPS://HEALTHCARE.ASCENSION.ORG/FINANCIAL-ASSISTANCE</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p><a href="https://healthcare.ascension.org/financial-assistance">HTTPS://HEALTHCARE.ASCENSION.ORG/FINANCIAL-ASSISTANCE</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p>	<p><a href="https://healthcare.ascension.org/financial-assistance">HTTPS://HEALTHCARE.ASCENSION.ORG/FINANCIAL-ASSISTANCE</a></p>

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

**Part V Facility Information** *(continued)*

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

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

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

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

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART II - DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY</p>	<p>GIBBONS COMMONS IS A VIBRANT, 32-ACRE, MIXED-USE COMMUNITY, BEING DEVELOPED AND DESIGNED BY SAINT AGNES HEALTHCARE- IN COLLABORATION WITH MAJOR COMMUNITY PARTNERS -IN ORDER TO PROVIDE SOUTHWEST BALTIMORE RESIDENTS WITH A SAFE AND HEALTHY PLACE TO LIVE, WORK, PLAY AND LEARN. SINCE PURCHASING THE PROPERTY, SAINT AGNES HAS WORKED CLOSELY WITH COMMUNITY PARTNERS, NEIGHBORS, THE CITY AND DEVELOPERS TO ENSURE WE ARE CREATING A COMMUNITY ASSET THAT WILL IMPROVE THE QUALITY OF LIFE OF THOSE WE HAVE SERVED FOR OVER 150 YEARS. OUR VISION IS TO PROVIDE GREEN SPACE, COMMUNITY SERVICES, RECREATIONAL FACILITIES AND COMMUNITY HOUSING.</p> <p>SAINT AGNES HAS BEEN FORTUNATE IN PARTNERING AND COLLABORATING WITH LIKE-MINDED ORGANIZATIONS, BRINGING TO THE COMMUNITY:</p> <p>*HOUSING- BON SECOURS GIBBONS APARTMENTS, BUILT AND MANAGED BY BON SECOURS BALTIMORE HEALTH SYSTEM AND ENTERPRISE HOMES. OFFERS COMMUNITY HOUSING ON THE PROPERTY. THIS FOUR-STORY FACILITY OFFERS 80 ONE-, TWO- AND THREE-BEDROOM APARTMENTS; COMMUNITY AND RECREATIONAL SPACE; AND UNDERGROUND PARKING FOR ALL RESIDENTS.</p> <p>*BABE RUTH FIELD-PROVIDING MUCH NEEDED GREEN AND RECREATION SPACE FOR THE COMMUNITY WHILE HONORING THE PROPERTIES RICH HISTORY, MOST NOTABLY BABE RUTH. BUILT BY THE CAL RIPKEN, SR. FOUNDATION AND MANAGED BY THE Y OF CENTRAL MARYLAND, THIS NEW TURF FIELD IS POSITIONED ON THE EXACT SITE WHERE RUTH PLAYED IN THE EARLY 1900'S AND PROVIDES SPACE FOR COMMUNITY RESIDENTS TO PLAY BASEBALL, FOOTBALL AND LACROSSE.</p> <p>THE Y OF CENTRAL MARYLAND WILL MANAGE BABE RUTH FIELD AND WORK CLOSELY WITH THE CAL RIPKEN SR., FOUNDATION TO SUPPORT YOUTH AND SPORTS PROGRAMMING, ENCOURAGING ACTIVITY AND EXERCISE WITHIN THE COMMUNITY. THE Y IS ALSO CONSIDERING THE OPPORTUNITY TO RENOVATE THE 30,000-SQUARE-FOOT CARDINAL GIBBONS GYM INTO A FULL SERVICE FAMILY CENTER, INCLUDING A WARM WATER POOL, A GYMNASIUM AND FULL CARDIO AND STRENGTH FITNESS FLOOR, GROUP EXERCISE ROOMS, MULTI-PURPOSE FAMILY/YOUTH SPACE, LOCKER ROOMS AND COMMUNITY GATHERING SPACE.</p> <p>*FOOD OPTIONS - THE NEXT PROJECT PHASE INCLUDES THE NEW ROYAL FARMS FRESH KITCHEN DESIGN. AS A STRONG, KNOWN ENTITY WITH A SOLID REPUTATION AS A HIGHER END CONVENIENCE OPTION, ROYAL FARMS WILL PROVIDE:</p> <p>*A SOURCE OF REVENUE FOR THE PROJECT, ALLOWING FOR GREATER SUSTAINABILITY  *HIGH QUALITY CONVENIENCE OPTION WITH FOOD, SUNDRIES AND GAS  *COMMUNITY GATHERING SPACES WITH INDOOR AND OUTDOOR SEATING AREAS</p> <p>THE AMOUNTS REPORTED FOR COMMUNITY SUPPORT RELATE TO THE FEDERAL HOSPITAL PREPAREDNESS PROGRAM AND THE PUBLIC HEALTH EMERGENCY PREPAREDNESS ALIGNED COOPERATIVE AGREEMENTS.</p>
<p>SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT</p>	<p>AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2019 WAS \$5,671,317 AT CHARGES, (\$4,253,488 AT COST).</p>
<p>SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY</p>	<p>THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL EXPERIENCE, ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>THE ORGANIZATION IS PART OF THE ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT (IMPLICIT PRICE CONCESSIONS) EXPENSE IS LOCATED IN FOOTNOTE #2, PAGES 18-20.</p>
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT. ASCENSION HEALTH AND ITS RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT.</p>
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>ST. AGNES HEALTHCARE, INC. FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE. A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE. ONCE QUALIFYING DOCUMENTATION IS RECEIVED THE PATIENT'S ACCOUNT IS ADJUSTED. PATIENT ACCOUNTS FOR THE QUALIFYING PATIENT IN THE PREVIOUS SIX MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE. ONCE A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B - HOSPITAL WEBSITES</p>	<p>PART V, SECTION B: DURING THE COURSE OF THE TAX YEAR AND/OR PRIOR TO THE FILING OF THE RETURN FOR THE TAXABLE YEAR, THE FILING ORGANIZATION, WHICH IS PART OF A LARGER HEALTH SYSTEM, TRANSITIONED FROM A SEPARATELY HOSTED WEBSITE (OR WEBSITES), TO BEING A PART OF THE HEALTH SYSTEM'S CENTRALLY HOSTED HOSPITAL WEBSITE. THIS TRANSITION WAS INTENDED TO FACILITATE PUBLIC ACCESS TO INFORMATION, INCLUDING ENABLING THE HEALTH SYSTEM TO BETTER MANAGE AND MONITOR COMPLIANCE REQUIREMENTS THAT IRC SECTION 501(R) INFORMATION BE MADE WIDELY AVAILABLE TO THE PUBLIC. DURING AND AS A RESULT OF THE MIGRATION OF HOSPITAL FACILITY INFORMATION TO THE NEW CENTRAL WEBSITE, IT IS POSSIBLE THAT THERE MAY HAVE BEEN BRIEF INSTANCES OF WEB ACCESS INTERRUPTION. IF SO, THE FILING ORGANIZATION BELIEVES THAT ANY SUCH INTERRUPTIONS WOULD HAVE BEEN MINOR AND INADVERTENT, AND DUE TO REASONABLE CAUSE, AND THAT ANY SUCH INSTANCES WOULD HAVE BEEN IMMEDIATELY ADDRESSED WHEN IDENTIFIED. THE FILING ORGANIZATION AND HEALTH SYSTEM HAVE ESTABLISHED PROCEDURES IN PLACE AS PART OF ITS CENTRALIZED MONITORING AND MANAGEMENT PROCESSES THAT ARE REASONABLY DESIGNED TO ADDRESS, MONITOR AND PROMOTE COMPLIANCE WITH THE REQUIREMENTS OF IRC SECTION 501(R). IN AN EFFORT TO BE FULLY TRANSPARENT, THE FILING ORGANIZATION HAS CHOSEN TO PRO-ACTIVELY DISCLOSE ON THIS FORM 990 THIS POSSIBILITY OF VERY MINOR AND INADVERTENT WEB ACCESS INTERRUPTIONS THAT COULD HAVE OCCURRED IN THE NORMAL COURSE OF MIGRATING LOCALLY MAINTAINED HOSPITAL FACILITY INFORMATION TO AN IMPROVED CENTRALLY MANAGED WEBSITE. IN SO DISCLOSING, THE ORGANIZATION IS NOT REPORTING THAT INTERRUPTIONS IN THE NATURE OF A SECTION 501(R) VIOLATION IN FACT OCCURRED. RATHER, THE ORGANIZATION IS PRO-ACTIVELY DISCLOSING THAT THE MIGRATION PROCESS WAS UNDERTAKEN AND THAT, IN COMPLETING THAT PROCESS, IT IS POSSIBLE THAT BRIEF INTERRUPTIONS IN WEB ACCESS MAY HAVE OCCURRED AS THE HOSPITAL FACILITY DATA WAS RELOCATED TO THE CENTRAL WEBSITE.</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>THE ASSESSMENT PROCESS INVOLVED QUANTITATIVE AND QUALITATIVE COMPONENTS. ST. AGNES ENGAGED THE PARTICIPATION OF THE GENERAL PUBLIC AS WELL AS KEY INTERNAL AND EXTERNAL STAKEHOLDERS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITIES SERVED BY ST. AGNES TO REVIEW THE QUANTITATIVE ANALYSIS. THE PUBLIC PROVIDED INPUT THROUGH A STRUCTURED ONLINE SURVEY AND VIA FOCUS GROUPS ACROSS THE ASSESSMENT PROCESS DURING FISCAL YEAR 2016. THE INTERNAL AND EXTERNAL STAKEHOLDERS WERE INDIVIDUALS WITH EXPERTISE IN PROVISION OF HEALTH CARE SERVICES AND PUBLIC HEALTH AND INCLUDED COMMUNITY LEADERS, PHYSICIANS, NURSING, SOCIAL WORK, PASTORAL CARE, EMERGENCY OUTPATIENT AND MANAGEMENT REPRESENTATIVES AND A BROAD RANGE OF COMMUNITY ORGANIZATIONS.</p> <p>A QUANTITATIVE ASSESSMENT WAS CONDUCTED USING A SURVEY ADMINISTERED ELECTRONICALLY AND ON PAPER TO GAIN BROAD PUBLIC INPUT. A COPY OF THE SURVEY IS INCLUDED AS APPENDIX 2 OF THE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH IS AVAILABLE ON THE HOSPITAL'S WEBSITE. A QUALITATIVE ASSESSMENT WAS CONDUCTED USING FOCUS GROUPS FACILITATED BY OBSERVATION BALTIMORE; A DIVISION OF THE RESEARCH GROUP/FAMILY RESEARCH CENTER. SIX FOCUS GROUPS WERE CONDUCTED FOR SAINT AGNES HOSPITAL TO BETTER UNDERSTAND THE HEALTHCARE NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN THE MOST VULNERABLE COMMUNITIES IDENTIFIED IN THE FY13 ASSESSMENT. THE COMPOSITION OF THE FOCUS GROUPS WAS RECRUITED TO MATCH THE DEMOGRAPHIC COMPOSITION OF THE COMMUNITY'S SURVEY. PARTICIPANTS WERE ALSO INCLUDED BY EITHER A PERSONAL HISTORY OR FAMILY HISTORY OF CHRONIC DISEASE WITH A CONSIDERATION OF ENVIRONMENTAL RISKS (SPECIFICALLY SMOKING TOBACCO, DRINKING ALCOHOL DAILY OR OCCASIONALLY, AND USE OF NON-PRESCRIPTION DRUGS). THE HISPANIC POPULATION WAS ALSO TARGETED TO ENSURE INPUT FROM ALL ETHNICITIES.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>ST. AGNES HEALTHCARE DISPLAYS SIGNAGE, IN BOTH ENGLISH AND SPANISH IN ALL REGISTRATION AREAS THAT INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE PROGRAMS AND CONTACT INFORMATION. THE SIGNAGE IS ACCOMPANIED BY BROCHURES THAT EXPLAIN THE VARIOUS FINANCIAL ASSISTANCE PROGRAMS THAT ARE AVAILABLE. THE MARYLAND STATE FINANCIAL ASSISTANCE APPLICATION IS ALSO AVAILABLE. REGISTRATION AREAS ARE ROUTINELY CHECKED TO INSURE THESE MATERIALS ARE PROMINENTLY DISPLAYED. ST. AGNES HEALTHCARE HAS EMPLOYEES WHO ARE RESPONSIBLE FOR SCREENING ADMISSIONS TO IDENTIFY PATIENTS WHO MAY BE ELIGIBLE FOR CHARITY, MEDICAID, OR OTHER STATE PROGRAMS. ONCE THESE PATIENTS ARE IDENTIFIED, ST. AGNES HEALTHCARE EMPLOYEES ASSIST THEM WITH COMPLETING THE ELIGIBILITY PROCESS.</p> <p>ALL INPATIENTS ARE PROVIDED THE PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET AT THE TIME OF ADMISSION. IT IS ALSO MAILED TO THE PATIENT WITH THE SUMMARY BILL THAT IS SENT AFTER DISCHARGE. THE INFORMATION SHEET IS PROVIDED IN BOTH ENGLISH AND SPANISH AND PROVIDES THE PATIENT WITH INFORMATION REGARDING ST. AGNES HEALTHCARE'S FINANCIAL ASSISTANCE POLICY, HOW TO APPLY FOR FINANCIAL ASSISTANCE AND MEDICAL ASSISTANCE AND THE PATIENT'S RIGHTS AND OBLIGATIONS. A PUBLIC NOTICE IS ALSO PUBLISHED ANNUALLY IN THE BALTIMORE SUN NEWSPAPER NOTIFYING THE PUBLIC OF THE AVAILABILITY OF UNCOMPENSATED CARE AT ST. AGNES HEALTHCARE.</p>

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

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>THE INFORMATION PROVIDED AS COMMUNITY SUPPORT, IN PART II, COMMUNITY BUILDING ACTIVITIES, REPRESENTS FUNDS SPENT FOR DISASTER READINESS AND PUBLIC HEALTH EMERGENCY ACTIVITIES. THESE COSTS, WHICH ARE PARTIALLY FUNDED BY THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, SUPPORT ACTIVITIES SUCH AS EDUCATION AND PREPAREDNESS TRAINING, DECONTAMINATION EQUIPMENT AND SUPPLIES NEEDED FOR VICTIM'S EASE, COMFORT AND TRACKING DURING DECONTAMINATION.</p> <p>ST. AGNES HEALTHCARE FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY IN VARIOUS WAYS. A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY RESIDES IN ST. AGNES HEALTHCARE'S SERVICE AREA AND IS NEITHER COMPOSED OF EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION. THE GOVERNING BODY HAD THIRTEEN VOTING MEMBERS, TEN OF WHICH WERE INDEPENDENT COMMUNITY MEMBERS. ADDITIONALLY, ST. AGNES HEALTHCARE HAS AN OPEN MEDICAL STAFF AND CREDENTIALS ALL QUALIFIED MEDICAL STAFF, INCLUDING COMMUNITY BASED PROVIDERS. ST. AGNES HEALTHCARE APPLIES SURPLUS FUNDS TO IMPROVE PATIENT CARE IN VARIOUS WAYS. FOR INSTANCE, SURPLUS FUNDS ARE USED TO REINVEST IN THE LATEST EQUIPMENT AND TECHNOLOGIES TO IMPROVE PATIENT SAFETY, COMFORT, AND OUTCOMES. SURPLUS FUNDS ARE ALSO USED TO RENOVATE EXISTING FACILITIES AND CONSTRUCT NEW FACILITIES IN ORDER TO IMPROVE THE HEALTHCARE ENVIRONMENT. AS A MEMBER OF A NATIONAL HEALTH SYSTEM, ASCENSION HEALTH, SURPLUS FUNDS GENERATED BY ST. AGNES HEALTHCARE MAY ALSO BE DIRECTED TO ASCENSION HEALTH TO APPLY TOWARDS STRATEGIC INITIATIVES OR TO BE RE-DISTRIBUTED TO OTHER MEMBER HEALTHCARE PROVIDERS WITHIN ASCENSION HEALTH. THIS ALLOWS ST. AGNES TO NOT ONLY SERVICE THE SURROUNDING COMMUNITY, BUT ALSO HELP FUND THE CARE FOR THE UNDERPRIVILEGED THROUGHOUT MANY PARTS OF THE UNITED STATES.</p>
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>ST. AGNES HEALTHCARE, INC. IS A MEMBER OF ASCENSION. ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011. ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN MORE THAN 20 STATES.</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>SAINT AGNES HEALTHCARE IS THE SOLE CORPORATE MEMBER OF SETON MEDICAL GROUP INC., WHICH PROVIDES PRIMARY CARE, GYNECOLOGY AND OBSTETRICS CARE FOR PATIENTS IN THE SAINT AGNES HEALTHCARE'S SERVICE AREA. SAINT AGNES HEALTHCARE IS ALSO THE SOLE CORPORATE MEMBER OF SAINT AGNES FOUNDATION, THE PHILANTHROPIC ARM OF SAINT AGNES HEALTHCARE.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>SAINT AGNES HEALTHCARE FILES A COMMUNITY BENEFITS REPORT WITH THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), THE REGULATORY AGENCY IN THE STATE OF MARYLAND. THE REPORT IS THEN MADE PUBLIC BY THE HSCRC. ADDITIONALLY, COMMUNITY BENEFIT INFORMATION IS AVAILABLE IN THE SAINT AGNES HEALTHCARE ANNUAL REPORT AND THE SAINT AGNES HEALTHCARE FACT SHEET. BOTH DOCUMENTS ARE AVAILABLE ON THE HOSPITAL WEBSITE.</p>

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

ST. AGNES HEALTHCARE, INC.

Employer identification number

52-0591657

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BALTIMORE MEDICAL SYSTEM, INC. PO BOX 1593, MERRIFIELD, VA 22116	52-1358241	501(C)(3)	784,480				OPERATING SUPPORT
(2) (SEE STATEMENT)	52-0591543	501(C)(3)	15,250				OPERATING SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Cat. No. 50055P

Schedule I (Form 990) (2018)



**Part IV**

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	DISCRETIONARY GRANTS OR ASSISTANCE TO OTHER ORGANIZATIONS ARE APPROVED BY EITHER THE CHIEF EXECUTIVE OFFICER OR THE CHIEF FINANCIAL OFFICER.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	UNITED WAY OF CENTRAL MD INC 100 S CHARLES ST FL 5, BALTIMORE, MD 21201-2772

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Employer identification number

52-0591657

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	✓	
<b>4b</b>	✓	
<b>4c</b>		✓
<b>5a</b>		✓
<b>5b</b>		✓
<b>6a</b>		✓
<b>6b</b>		✓
<b>7</b>		✓
<b>8</b>		✓
<b>9</b>		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	CAROLE B MILLER, MD	(i)	533,285	89,484	7,327	17,875	13,954	661,925	0
	SECRETARY/PHYSICIAN	(ii)	0	0	0	0	0	0	0
2	KEITH VANDER KOLK	(i)	0	0	0	0	0	0	0
	EX-OFFICIO/PRESIDENT & CEO	(ii)	488,462	269,378	85,296	12,885	4,821	860,841	0
3	KENNETH H WILLIAMS, MD	(i)	0	0	0	0	0	0	0
	DIRECTOR	(ii)	422,772	106,617	6,447	16,500	25,827	578,163	0
4	KALA K DAVIS-MCDONALD, MD	(i)	352,200	82,845	804	15,125	13,299	464,274	0
	DIRECTOR/PHYSICIAN	(ii)	0	0	0	0	0	0	0
5	SCOTT M FURNISS	(i)	0	0	0	0	0	0	0
	CFO, MINISTRY MARKET	(ii)	311,465	97,516	30,531	16,697	26,068	482,279	0
6	NANCY M HAMMOND, MD	(i)	355,610	76,358	28,592	17,875	23,898	502,334	0
	EVP & CMO	(ii)	0	0	0	0	0	0	0
7	YOLANDA COPELAND, RN	(i)	249,470	52,530	14,862	15,783	4,797	337,442	0
	SVP & CNO	(ii)	0	0	0	0	0	0	0
8	GEORGE T GRACE, MD	(i)	796,302	0	7,524	16,500	31,645	851,971	0
	MEDICAL DIRECTOR, PLASTIC/HAND RECONSTRUCTIVE SURGERY	(ii)	0	0	0	0	0	0	0
9	ANDREW MICHAEL AVERBACH, MD	(i)	577,840	203,976	7,524	16,500	21,636	827,476	0
	GENERAL SURGEON	(ii)	0	0	0	0	0	0	0
10	MATTHEW NEIL PETERS, MD	(i)	347,952	310,388	624	13,750	11,552	684,266	0
	CARDIOLOGIST	(ii)	0	0	0	0	0	0	0
11	HOWARD S HESSAN, MD	(i)	583,738	49,777	7,524	16,500	21,706	679,244	0
	MEDICAL DIRECTOR - OROLARYNGOLOGY	(ii)	0	0	0	0	0	0	0
12	MICHAEL A ZATINA, MD	(i)	565,984	34,500	14,478	17,875	24,752	657,589	0
	SURGICAL DIRECTOR - CARDIOVASCULAR INSTITUTE	(ii)	0	0	0	0	0	0	0
13	BONNIE L PHIPPS	(i)	0	0	0	0	0	0	0
	FORMER OFFICER (END 7/2016)	(ii)	0	0	438,721	0	0	438,721	0
14		(i)							
		(ii)							
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
<p>SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION</p>	<p>A RELATED ORGANIZATION OF ST. AGNES HEALTHCARE, INC., USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT:</p> <ul style="list-style-type: none"> <li>- COMPENSATION COMMITTEE,</li> <li>- INDEPENDENT COMPENSATION CONSULTANT,</li> <li>- COMPENSATION SURVEY OR STUDY, AND</li> <li>- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.</li> </ul>
<p>SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT</p>	<p>THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS FROM THE ORGANIZATION OR A RELATED ORGANIZATION DURING THE CALENDAR YEAR 2018:</p> <p>BONNIE L PHIPPS - \$434,390</p>
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>ELIGIBLE EXECUTIVES PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS. THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION. BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED. DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID.</p> <p>NO INDIVIDUALS RECEIVED PAYMENT FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE CURRENT YEAR.</p>

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

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the Organization  
**ST. AGNES HEALTHCARE, INC.**Employer Identification Number  
**52-0591657**

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	COMMUNITIES. WE ARE ADVOCATES FOR A COMPASSIONATE AND JUST SOCIETY THROUGH OUR ACTIONS AND OUR WORDS.
FORM 990, PART IV, LINE 20B - AUDITED FINANCIAL STATEMENTS	THE ACTIVITY OF ST. AGNES HEALTHCARE IS REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE. NO INDIVIDUAL AUDIT OF ST. AGNES HEALTHCARE IS COMPLETED. THEREFORE, THE ATTACHED AUDITED FINANCIAL STATEMENTS ARE OF ASCENSION HEALTH ALLIANCE AND AFFILIATES, WHICH INCLUDE THE ACTIVITY OF ST. AGNES HEALTHCARE.
FORM 990, PART IV, LINE 24A - TAX EXEMPT BOND ISSUANCE	ST. AGNES HEALTHCARE, INC. IS A HEALTH FACILITY THAT IS PART OF THE ASCENSION HEALTH SYSTEM. ASCENSION HEALTH ALLIANCE IS THE BORROWER FOR TAX EXEMPT HOSPITAL REVENUE BONDS. PROVIDENCE HOSPITAL HOLDS AN INTERCOMPANY NOTE PAYABLE WITH ASCENSION HEALTH ALLIANCE, AND THIS INFORMATION IS REPORTED IN THE BALANCE SHEET.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	ST. AGNES HEALTHCARE HAS A SOLE CORPORATE MEMBER, ASCENSION HEALTH.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	ST. AGNES HEALTHCARE HAS A SOLE CORPORATE MEMBER, ASCENSION HEALTH, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF ST. AGNES HEALTHCARE.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	ASCENSION HEALTH HAS DESIGNED A SYSTEM AUTHORITY MATRIX WHICH ASSIGNS AUTHORITY FOR KEY DECISIONS THAT ARE NECESSARY IN THE OPERATION OF THE SYSTEM. SPECIFIC AREAS THAT ARE IDENTIFIED IN THE AUTHORITY MATRIX ARE: NEW ORGANIZATIONS & MAJOR TRANSACTIONS; GOVERNING DOCUMENTS; APPOINTMENTS/REMOVALS; EVALUATION; DEBT LIMITS; STRATEGIC & FINANCIAL PLANS; ASSETS; SYSTEM POLICIES & PROCEDURES. THESE AREAS ARE SUBJECT TO CERTAIN LEVELS OF APPROVAL BY ASCENSION PER THE SYSTEM AUTHORITY MATRIX.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS WHICH MAY INCLUDE, AS NEEDED, FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN. A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO DESIGNATED MANAGEMENT TEAM MEMBERS WITH EXPERIENCE IN TAX IN LIEU OF THE FULL BOARD.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE WILL DECIDE IF CONFLICTS OF INTEREST EXIST. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE.
FORM 990, PART VI, LINE 15A - PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL IS PERFORMED BY A RELATED ORGANIZATION. THE PROCESS INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS OF THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE, USE OF COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. THE COMPENSATION COMMITTEE IS CHARGED WITH OVERSEEING THE PROCESS IN A MANNER DESIGNED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS.
FORM 990, PART VI, LINE 15B - PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S OTHER OFFICERS OR KEY EMPLOYEES IS PERFORMED BY A RELATED ORGANIZATION. THE PROCESS INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS OF THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE, USE OF COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF DELIBERATION AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. THE COMPENSATION COMMITTEE IS CHARGED WITH OVERSEEING THE PROCESS IN A MANNER DESIGNED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS.

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 WRITTEN REQUEST.								
FORM 990, PART VII, SECTION A - RELATED ENTITIES	THE ORGANIZATION UTILIZES AN AFFILIATE AS THE COMMON PAY AGENT. EMPLOYEES REPORTED IN PART VII MAY HAVE DUTIES THAT IMPACT MULTIPLE RELATED ENTITIES. TOTAL AVERAGE HOURS WORKED AND COMPENSATION AND BENEFITS PAID ARE REPORTED. IN DOING SO, IF AVAILABLE, A COMMON LAW EMPLOYER ANALYSIS IS USED TO DETERMINE WHETHER THE HOURS AND COMPENSATION/BENEFITS ARE REPORTABLE AS ATTRIBUTABLE DIRECTLY TO THE FILING ORGANIZATION OR ANOTHER ENTITY; OTHERWISE, THE BEST AVAILABLE INFORMATION HAS BEEN USED AS THE BASIS FOR ALLOCATIONS UTILIZED IN THE REPORTING.								
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(a) Description</th> <th style="text-align: center;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN VALUE OF INTEREST OF ST. AGNES FOUNDATION, INC.</td> <td style="text-align: right;">- 603,828</td> </tr> <tr> <td>TRANSFERS WITH ALPHA FUND</td> <td style="text-align: right;">- 326,472</td> </tr> <tr> <td>TRANSFERS WITH AFFILIATES</td> <td style="text-align: right;">13,161,245</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN VALUE OF INTEREST OF ST. AGNES FOUNDATION, INC.	- 603,828	TRANSFERS WITH ALPHA FUND	- 326,472	TRANSFERS WITH AFFILIATES	13,161,245
	(a) Description	(b) Amount							
	CHANGE IN VALUE OF INTEREST OF ST. AGNES FOUNDATION, INC.	- 603,828							
	TRANSFERS WITH ALPHA FUND	- 326,472							
TRANSFERS WITH AFFILIATES	13,161,245								
FORM 990, PART XII, LINE 2C - AUDIT COMMITTEE	ST. AGNES HEALTHCARE, INC. IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE. THE FINANCE AND AUDIT COMMITTEE OF ASCENSION HEALTH ALLIANCE'S BOARD ASSUMES RESPONSIBILITY FOR THE CONSOLIDATED ORGANIZATION AS A WHOLE.								

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. AGNES HEALTHCARE, INC.

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2018**

**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	34,543	16,912,466	ST. AGNES HEALTHCARE, INC.
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

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

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST	R	7,459,756	FAIR MARKET VALUE
(1) ASCENSION HEALTH IS, INC.	P	159,140	FAIR MARKET VALUE
(2) SETON MEDICAL GROUP, INC.	P	6,995,739	FAIR MARKET VALUE
(3) SETON MEDICAL GROUP, INC.	R	302,434	FAIR MARKET VALUE
(4) ST. AGNES FOUNDATION	P	717,881	FAIR MARKET VALUE
(5) (SEE STATEMENT)			
(6)			

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

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

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

**Part II**

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

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AFFINITY HEALTH SYSTEM (39-1568866) 1506 ONEIDA ST, APPLETON, WI 54915	HEALTH SYSTEM	IL	501(C)(3)	12 TYPE II	MINISTRY HEALTH CARE, INC.	✓	
(2) AGAPE COMMUNITY CENTER OF MILWAUKEE, INC. (39-1641846) 6100 NORTH 42ND STREET, MILWAUKEE, WI 53209	COMMUNITY CENTER	WI	501(C)(3)	7	MINISTRY HEALTH CARE, INC.	✓	
(3) ALABAMA PROVIDENCE HEALTHCARE SERVICES (46-2847744) 6801 AIRPORT BLVD., MOBILE, AL 36608	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	10	GULF COAST HEALTH SYSTEM	✓	
(4) ALEXIAN BROTHERS - AHS MIDWEST REGION HEALTH CO (47-2360513) 2601 NAVISTAR DRIVE, LISLE, IL 60532	JOINT OPERATING COMPANY	IL	501(C)(3)	12 TYPE II	N/A		✓
(5) ALEXIAN BROTHERS AMBULATORY GROUP (36-4336931) 2601 NAVISTAR DRIVE, LISLE, IL 60532	PHYSICIAN SERVICES	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(6) ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL (36-4251848) 1650 MOON LAKE BLVD., HOFFMAN ESTATES, IL 60169	BEHAVIORAL HEALTH HOSPITAL	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(7) ALEXIAN BROTHERS BONAVENTURE HOUSE (36-3527899) 825 WELLINGTON AVENUE, CHICAGO, IL 60657	HOUSING AND SUPPORTIVE CARE SERVICES FOR PERSONS WITH HIV/AIDS	IL	501(C)(3)	10	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(8) ALEXIAN BROTHERS CENTER FOR MENTAL HEALTH (36-3045007) 3436 N. KENNICOTT AVENUE, ARLINGTON HEIGHTS, IL 60004	OUTPATIENT COMMUNITY MENTAL HEALTH SERVICES	IL	501(C)(3)	10	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(9) ALEXIAN BROTHERS COMMUNITY SERVICES (36-4344423) 12250 WEBER HILL RD, STE 200, ST LOUIS, MO 63127	PACE-COMPREHENSIVE & COORDINATED COMMUNITY BASED SERVICES	TN	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(10) ALEXIAN BROTHERS HEALTH SYSTEM (36-3260495) 200 SOUTH WACKER DRIVE, CHICAGO, IL 60606	SUPPORTS THE PROVISION OF HEALTHCARE SERVICES FOR RELATED CORPORATIONS FOR WHICH IT IS A MEMBER	IL	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(11) ALEXIAN BROTHERS HOSPITAL NETWORK (36-3276552) 2601 NAVISTAR DRIVE, LISLE, IL 60532	SUPPORTS THE PROVISION OF HEALTHCARE SERVICES FOR RELATED CORPORATIONS	IL	501(C)(3)	12 TYPE III-FI	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(12) ALEXIAN BROTHERS LANSDOWNE VILLAGE (43-1470362) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(13) ALEXIAN BROTHERS MEDICAL CARE GROUP, NFP (47-1930457) 2601 NAVISTAR DRIVE, LISLE, IL 60532	PHYSICIAN SERVICES	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(14) ALEXIAN BROTHERS MEDICAL CENTER (36-2596381) 800 BIESTERFIELD ROAD, ELK GROVE VILLAGE, IL 60007	ACUTE CARE HOSPITAL	TX	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(15) ALEXIAN BROTHERS MEDICAL GROUP SPECIALTY CARE (81-1110738) 2601 NAVISTAR DRIVE, LISLE, IL 60532	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(16) ALEXIAN BROTHERS OF SAN JOSE, INC. (94-1530037) 2601 NAVISTAR DRIVE, LISLE, IL 60532	ACUTE CARE HOSPITAL (SOLD IN 1998)	TX	501(C)(3)	12 TYPE I	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(17) ALEXIAN BROTHERS SENIOR MINISTRIES (36-4484290) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	SUPPORTS THE PROVISION OF HEALTHCARE FOR RELATED CORPORATIONS	IL	501(C)(3)	12 TYPE II	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(18) ALEXIAN BROTHERS SERVICES, INC. (43-1295333) 3040 W SALT CREEK LN, ARLINGTON HEIGHTS, IL 60005	HUD HOUSING	MO	501(C)(3)	10	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(19) ALEXIAN BROTHERS SHERBROOKE VILLAGE (43-1592502) 12250 WEBER HILL RD, STE 200, ST LOUIS, MO 63127	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(20) ALEXIAN BROTHERS SPECIALTY GROUP (80-0710751) 2601 NAVISTAR DRIVE, LISLE, IL 60532	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(21) ALEXIAN VILLAGE OF MILWAUKEE, INC. (39-1351584) 12250 WEBER HILL RD, STE 200, ST LOUIS, MO 63127	CONTINUING CARE RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(22) ALEXIAN VILLAGE OF TENNESSEE (62-1136742) 12250 WEBER HILL RD, STE 200, ST LOUIS, MO 63127	CONTINUING CARE RETIREMENT COMMUNITY	TN	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(23) ALVERNO PROVENA HOSPITAL LABORATORIES, INC. (20-3238867) 2434 INTERSTATE PLAZA DRIVE, HAMMOND, IN 46234	HEALTH CARE	IN	501(C)(3)	3	PRESENCE CENTRAL & SUBURBAN HOSPITALS NETWORK AND PRESENCE CHICAGO HOSPITALS NETWORK	✓	
(24) AMERICAN SPORTS MEDICINE INSTITUTE (63-0952490) 2660 10TH AVENUE SOUTH NO. 505, BIRMINGHAM, AL 35205	SPORTS MEDICINE	AL	501(C)(3)	7	ST. VINCENT'S BIRMINGHAM	✓	
(25) ARTHUR MERKLE - CLARA KNIPPRATH NURSING HOME (36-2841358) 1190 E 2900 N ROAD, CLIFTON, IL 60927	RETIREMENT COMMUNITY	IL	501(C)(3)	10	PRESENCE LIFE CONNECTIONS	✓	
(26) ASCENSION MICHIGAN CMG (38-2601348) 28000 DEQUINDRE ROAD, WARREN, MI 48092	HEALTH CARE	MI	501(C)(3)	10	ST. JOHN PROVIDENCE	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(27) ASCENSION ALL SAINTS HOSPITAL, INC. (39-1264986) 3801 SPRING STREET, RACINE, WI 53405	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(28) ASCENSION ARIZONA (86-0455920) 2202 N. FORBES BLVD., TUCSON, AZ 85745	HOSPITAL	AZ	501(C)(3)	3	ASCENSION HEALTH	✓	
(29) ASCENSION BORGESS FOUNDATION (23-7222558) 1521 GULL ROAD, KALAMAZOO, MI 49048	FUNDRAISING	MI	501(C)(3)	12 TYPE III-FI	ASCENSION BORGESS HOSPITAL	✓	
(30) ASCENSION BORGESS HOSPITAL (38-1360526) 1521 GULL ROAD, KALAMAZOO, MI 49048	HEALTHCARE SERVICES	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(31) ASCENSION BORGESS LEE FOUNDATION (38-2860459) 420 W. HIGH STREET, DOWAGIAC, MI 49047	FUNDRAISING	MI	501(C)(3)	12 TYPE III-FI	ASCENSION BORGESS-LEE HOSPITAL	✓	
(32) ASCENSION BORGESS-LEE HOSPITAL (38-1490190) 420 WEST HIGH STREET, DOWAGIAC, MI 49047	HEALTHCARE SERVICES	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(33) ASCENSION BRIGHTON CENTER FOR RECOVERY (38-1576680) 12851 GRAND RIVER, BRIGHTON, MI 48116	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(34) ASCENSION CALUMET HOSPITAL, INC. (39-0905385) 614 MEMORIAL DRIVE, CHILTON, WI 53014	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(35) ASCENSION CARE MANAGEMENT INSURANCE HOLDINGS (F/K/A GLOBAL HEALTH PARTNERSHIP) (46-1121862) 101 SOUTH HANLEY STE 450, ST LOUIS, MO 63105	HEALTH CARE	MO	501(C)(3)	7	ASCENSION HEALTH ALLIANCE	✓	
(36) ASCENSION EAGLE RIVER HOSPITAL, INC. (39-0985690) 201 HOSPITAL ROAD, EAGLE RIVER, WI 54521	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(37) ASCENSION EASTWOOD BEHAVIORAL HEALTH (38-1958763) 28000 DEQUINDRE ROAD, WARREN, MI 48092	HEALTH CARE	MI	501(C)(3)	10	ST. JOHN PROVIDENCE	✓	
(38) ASCENSION GENESYS FOUNDATION (38-3591148) ONE GENESYS PARKWAY, GRAND BLANC, MI 48439-8065	FOUNDATION	MI	501(C)(3)	12 TYPE I	GENESYS HEALTH SYSTEM	✓	
(39) ASCENSION GENESYS HOSPITAL (38-2377821) ONE GENESYS PARKWAY, GRAND BLANC, MI 48439-8065	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(40) ASCENSION GOOD SAMARITAN HOSPITAL, INC. (39-0808503) 601 SOUTH CENTER AVENUE, MERRILL, WI 54452	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(41) ASCENSION HEALTH (31-1662309) PO BOX 45998, ST LOUIS, MO 63145	NATIONAL HEALTH	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE		✓
(42) ASCENSION HEALTH - IS INC (65-1257719) PO BOX 45998, ST LOUIS, MO 63145	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(43) ASCENSION HEALTH ALLIANCE (45-3358926) P.O. BOX 45998, ST. LOUIS, MO 63145	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	12 TYPE I	N/A		✓
(44) ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST (36-7046706) 4600 EDMUNDSON RD, ST LOUIS, MO 63134	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(45) ASCENSION HEALTH GLOBAL MISSION (65-1205990) 101 SOUTH HANLEY, SUITE 450, ST. LOUIS, MO 63105	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	

(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
(46) ASCENSION HEALTH SENIOR CARE (43-1227406) 12250 WEBER HILL ROAD,, ST. LOUIS, MO 63127	PARENT COMPANY	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(47) ASCENSION WELFARE BENEFITS TRUST (43-1601369) PO BOX 46944, ST LOUIS, MO 63146	TRUST	MO	501(C)(9)		ASCENSION HEALTH	✓	
(48) ASCENSION LIVING - LAKESHORE AT SIENA, INC. (82-4710412) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(49) ASCENSION MACOMB OAKLAND HOSPITAL (38-3322109) 28000 DEQUINDRE ROAD, WARREN, MI 48092	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(50) ASCENSION MEDICAL GROUP MICHIGAN (38-3494637) 28000 DEQUINDRE RD, WARREN, MI 48092	HEALTH CARE	MI	501(C)(3)	10	ST JOHN PROVIDENCE	✓	
(51) ASCENSION MEDICAL GROUP PROMED (38-3193801) 1521 GULL ROAD, KALAMAZOO, MI 49048	HEALTHCARE SERVICES	MI	501(C)(3)	10	BORGESS HEALTH ALLIANCE INC	✓	
(52) ASCENSION MEDICAL GROUP-FOX VALLEY WISCONSIN, INC. (39-1127163) 1570 APPLETON RD., MENASHA, WI 54952	CLINICAL HEALTHCARE SERVICES	WI	501(C)(3)	3	AFFINITY HEALTH SYSTEM	✓	
(53) ASCENSION MEDICAL GROUP-NORTHERN WISCONSIN, INC. (39-1965593) 824 ILLINOIS AVENUE, STEVENS POINT, WI 54481	MEDICAL GROUP	WI	501(C)(3)	12 TYPE III-FI	MINISTRY HEALTH CARE, INC.	✓	
(54) ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN, INC. (39-1791586) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	MEDICAL GROUP	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(55) ASCENSION MICHIGAN (38-2631907) 28000 DEQUINDRE ROAD, WARREN, MI 48092	HEALTH CARE	MI	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(56) ASCENSION MINISTRY AND MISSION FUND (27-3174701) PO BOX 45998, ST LOUIS, MO 63145	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(57) ASCENSION NE WISCONSIN, INC. (39-0816818) 1506 S. ONEIDA STREET, APPLETON, WI 54915	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(58) ASCENSION OUR LADY OF VICTORY HOSPITAL, INC. (39-0807065) 1120 PINE STREET, STANLEY, WI 54768	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(59) ASCENSION PROVIDENCE (74-1109636) 6901 MEDICAL PARKWAY, WACO, TX 76712	HEALTHCARE SERVICES	TX	501(C)(3)	3	ASCENSION TEXAS	✓	
(60) ASCENSION PROVIDENCE FOUNDATION (38-3526629) 22101 MOROSS, DETROIT, MI 48236	FUNDRAISING	MI	501(C)(3)	12 TYPE III-FI	ST. JOHN PROVIDENCE	✓	
(61) ASCENSION PROVIDENCE HOSPITAL (38-1358212) 16001 WEST NINE MILE ROAD, SOUTHFIELD, MI 48037	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(62) ASCENSION PROVIDENCE ROCHESTER FOUNDATION F/K/A CRITTENTON HOSPITAL MEDICAL CENTER FOUNDATION (38-2627336) 1101 WEST UNIVERSITY DR, ROCHESTER, MI 48307	SUPPORTING	MI	501(C)(3)	12 TYPE I	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	✓	
(63) ASCENSION PROVIDENCE ROCHESTER HOSPITAL (38-1359247) 1101 W UNIVERSITY DR., ROCHESTER, MI 48307	GENERAL HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(64) ASCENSION RIVER DISTRICT HOSPITAL (38-3160564) 4100 RIVER ROAD, EAST CHINA, MI 48054	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 SACRED HEART-ST.MARY'S HOSPITALS, INC. (39-1390638) P.O. BOX 347, STEVENS POINT, WI 54481	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(66) ASCENSION SE WISCONSIN HOSPITAL, INC. (39-0816857) 5000 WEST CHAMBERS STREET, MILWAUKEE, WI 53210	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(67) ASCENSION SETON (74-1109643) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	3	ASCENSION TEXAS	✓	
(68) ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH (38-2262856) 28000 DEQUINDRE ROAD, WARREN, MI 48092	HEALTH CARE	MI	501(C)(3)	3	ST. JOHN PROVIDENCE	✓	
(69) ASCENSION ST. CLARE'S HOSPITAL, INC. (72-1531917) 3400 MINISTRY PARKWAY, WESTON, WI 54476	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(70) ASCENSION ST. FRANCIS HOSPITAL, INC. (39-0907740) 3237 SOUTH 16TH STREET, MILWAUKEE, WI 53215	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(71) ASCENSION ST. JOHN FOUNDATION (20-2961579) 22101 MOROSS, DETROIT, MI 48236	FUNDRAISING	MI	501(C)(3)	7	ST. JOHN PROVIDENCE	✓	
(72) ASCENSION ST. JOHN HOSPITAL (38-1359063) 28000 DEQUINDRE ROAD, WARREN, MI 48092	HEALTH CARE	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(73) ASCENSION ST. JOSEPH FOUNDATION (01-0790428) 200 HEMLOCK ROAD, TAWAS CITY, MI 48763	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION ST. JOSEPH'S HOSPITAL	✓	
(74) ASCENSION ST. JOSEPH'S HOSPITAL (38-1443395) 200 HEMLOCK ROAD, TAWAS CITY, MI 48763	HEALTH CARE	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(75) ASCENSION ST. MARY'S FOUNDATION (38-2246366) 800 S. WASHINGTON AVENUE, SAGINAW, MI 48601	FUNDRAISING	MI	501(C)(3)	12 TYPE II	ASCENSION ST. MARY'S HOSPITAL	✓	
(76) ASCENSION ST. MARY'S HOSPITAL (38-0997730) 800 S. WASHINGTON AVENUE, SAGINAW, MI 48601	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(77) ASCENSION ST. MICHAEL'S HOSPITAL, INC. (39-0808443) 900 ILLINOIS AVENUE, STEVENS POINT, WI 54481	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(78) ASCENSION STANDISH HOSPITAL (38-1671120) 805 WEST CEDEAR STREET, STANDISH, MI 48658	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(79) ASCENSION TEXAS (45-4364243) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(80) ASCENSION VIA CHRISTI HEALTH PARTNERS, INC. (48-0958974) 8200 E. THORN DRIVE, WICHITA, KS 67226	MANAGEMENT COMPANY	KS	501(C)(3)	10	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(81) ASCENSION VIA CHRISTI HEALTH, INC. (48-1172107) 8200 E. THORN DRIVE, WICHITA, KS 67226	HEALTH SYSTEM PARENT	KS	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(82) ASCENSION VIA CHRISTI HOSPITAL MANHATTAN, INC. (48-1186704) 1823 COLLEGE AVENUE, MANHATTAN, KS 66502	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(83) ASCENSION VIA CHRISTI HOSPITAL PITTSBURG, INC. (48-0543778) 1 MT CARMEL WAY, PITTSBURG, KS 66762	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(84) ASCENSION VIA CHRISTI HOSPITAL WICHITA ST. TERESA, INC. (27-1965272) 14800 W. ST. TERESA, WICHITA, KS 67235	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(85) ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC. (48-1172106) 929 N. SAINT FRANCIS, WICHITA, KS 67214	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(86) ASCENSION VIA CHRISTI PROPERTY SERVICES, INC. (48-0948571) 8200 E. THORN DRIVE, WICHITA, KS 67226	PROPERTY MANAGEMENT	KS	501(C)(4)		ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC.	✓	
(87) ASCENSION VIA CHRISTI REHABILITATION HOSPITAL, INC. (48-1158274) 1151 N. ROCK ROAD, WICHITA, KS 67206	REHABILITATION HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC.	✓	
(88) ASCENSION WISCONSIN LABORATORIES, INC. (39-1701402) 3237 SOUTH 16TH STREET, MILWAUKEE, WI 53215	LABORATORY	WI	501(C)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(89) ASCENSION WISCONSIN PHARMACY, INC. (39-1613624) 19525 WEST NORTH AVENUE, BROOKFIELD, WI 53005	PHARMACY	WI	501(C)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(90) BAPTIST HEALTH CARE AFFILIATES, INC. (58-1509251) 2000 CHURCH STREET, NASHVILLE, TN 37236	COMMUNITY HEALTH PROMOTION	TN	501(C)(3)	12 TYPE I	SAINT THOMAS NETWORK	✓	
(91) BAPTIST HOSPITAL FOUNDATION OF NASHVILLE, INC. (58-1861378) 2000 CHURCH STREET, NASHVILLE, TN 37236	INACTIVE	TN	501(C)(3)	12 TYPE I	SAINT THOMAS MIDTOWN HOSPITAL	✓	
(92) BLUE LADIES MINERALS, INC. (74-2971975) 1345 PHILOMENA STREET, AUSTIN, TX 78723	OWN OIL AND MINERAL RIGHTS, REAL ESTATE	TX	501(C)(3)	12 TYPE III-FI	SETON FUND OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, INC.	✓	
(93) BORGESS AMBULATORY CARE CORPORATION (38-2468823) 1521 GULL ROAD, KALAMAZOO, MI 49048	HOLDING COMPANY	MI	501(C)(3)	3	BORGESS HEALTH ALLIANCE, INC.	✓	
(94) BORGESS HEALTH ALLIANCE, INC. (38-2335286) 1521 GULL ROAD, KALAMAZOO, MI 49048	HEALTH SYSTEM PARENT	MI	501(C)(3)	12 TYPE III-FI	ASCENSION MICHIGAN	✓	
(95) BORGESS NURSING HOME INC. (38-2555589) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	SKILLED NURSING FACILITY	MI	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(96) CARONDELET FOUNDATION, INC. (86-0749574) 2202 N. FORBES BLVD, TUSCON, AZ 85716	FOUNDATION	AZ	501(C)(3)	12 TYPE I	ASCENSION ARIZONA	✓	
(97) CARONDELET HEALTH (43-1276738) 1000 CARONDELET DRIVE, KANSAS CITY, MO 63145	HEALTH SYSTEM PARENT	MO	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(98) CARONDELET HEART & VASCULAR INSTITUTE (56-1943271) 2202 N. FORBES BLVD., TUCSON, AZ 85745	INACTIVE HOSPITAL	AZ	501(C)(3)	3	ASCENSION ARIZONA	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(99) CARONDELET LONG-TERM CARE FACILITIES, INC. (74-2505427) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(100) CARONDELET REGIONAL MEDICAL, P.C. (81-4769136) 427 GUY PARK AVE., AMSTERDAM, NY 12010	MEDICAL GROUP	NY	501(C)(3)	3	ST. MARY'S HEALTHCARE	✓	
(101) CATALPA HEALTH, INC. (45-4681563) N4642 COUNTY N, APPLETON, WI 54914	BEHAVIORAL HEALTH SERVICES	WI	501(C)(3)	3	AFFINITY HEALTH SYSTEM	✓	
(102) CENTER FOR GERONTOLOGY (38-2514708) 5455 ALI DRIVE, DEPT#200, GRAND BLANC, MI 48439-5195	ADULT DAY CARE	MI	501(C)(3)	12 TYPE I	GENESYS AMBULATORY HEALTH SERVICES	✓	
(103) CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. (35-1869951) 2001 W 86TH STREET, INDIANAPOLIS, IN 46260	FREESTANDING OUTPATIENT CENTER	IN	501(C)(3)	12 TYPE III-FI	ST. VINCENT HEALTH, INC.	✓	
(104) CMC FOUNDATION OF CENTRAL TEXAS (20-0468031) 1345 PHILOMENA STREET, AUSTIN, TX 78723	FUNDRAISING	TX	501(C)(3)	12 TYPE I	ASCENSION TEXAS	✓	
(105) COLUMBIA COLLEGE OF NURSING, INC. (39-1596986) 4425 NORTH PORT WASHINGTON ROAD, GLENDALE, WI 53212	COLLEGE	WI	501(C)(3)	2	COLUMBIA ST. MARY'S HOSPITAL MILWAUKEE, INC.	✓	
(106) COLUMBIA ST. MARY'S FOUNDATION, INC. (39-1494981) 400 W. RIVER WOODS PKWY, GLENDALE, WI 53212	FOUNDATION	WI	501(C)(3)	7	COLUMBIA ST. MARY'S, INC.	✓	
(107) COLUMBIA ST. MARY'S HOSPITAL MILWAUKEE, INC. (39-0806315) 4425 NORTH PORT WASHINGTON ROAD, GLENDALE, WI 53212	HOSPITAL	WI	501(C)(3)	3	COLUMBIA ST. MARY'S, INC.	✓	
(108) COLUMBIA ST. MARY'S HOSPITAL OZAUKEE, INC. (39-0807063) 4425 NORTH PORT WASHINGTON ROAD, GLENDALE, WI 53212	HOSPITAL	WI	501(C)(3)	3	COLUMBIA ST. MARY'S, INC.	✓	
(109) COLUMBIA ST. MARY'S HOSPITAL, INC. (39-1834639) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	HEALTH SYSTEM	WI	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(110) CORNERSTONE ASSISTED LIVING, INC. (48-1241079) 2622 W. CENTRAL, SUITE 100, WICHITA, KS 67203	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(111) CRITTENTON CANCER CENTER (38-3239057) 1101 WEST UNIVERSITY DR, ROCHESTER, MI 48307	CANCER TREATMENT	MI	501(C)(3)	10	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	✓	
(112) DELL CHILDREN'S MEDICAL GROUP (74-2800601) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(113) DR. KATE NEWCOMB CONVALESCENT CENTER, INC. (39-1357365) P.O. BOX 829, WOODRUFF, WI 54568	NURSING/ASSISTED LIVING SERVICES	WI	501(C)(3)	10	HOWARD YOUNG HEALTH CARE, INC.	✓	
(114) FIELD NEUROSCIENCES INSTITUTE (38-2790703) 800 S. WASHINGTON AVENUE, SAGINAW, MI 48601	MEDICAL RESEARCH ORGANIZATION	MI	501(C)(3)	10	ASCENSION ST. MARY'S HOSPITAL	✓	
(115) FOUNDATION OF SAINT CLARE'S HOSPITAL OF WESTON, INC. (75-3193633) 3400 MINISTRY PARKWAY, WESTON, WI 54476	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION ST. CLARE'S HOSPITAL, INC.	✓	
(116) FOUNDATION OF SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC. (39-1684957) 611 SAINT JOSEPH AVENUE, MARSHFIELD, WI 54449	FOUNDATION	WI	501(C)(3)	12 TYPE I	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC.	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(117) GENESYS AMBULATORY HEALTH SERVICES (38-2371754) 5455 ALI DR., DEPT #200, GRAND BLANC, MI 48439-5195	HEALTH SRVCS/STAFFIN G/PROP MNGT	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(118) GENESYS CONVALESCENT CENTER (38-2317364) 8481 HOLLY ROAD, GRAND BLANC, MI 48439-1812	CONVALESCENT CENTER	MI	501(C)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	✓	
(119) GENESYS HEALTH SYSTEM (38-3339703) ONE GENESYS PARKWAY, GRAND BLANC, MI 48439-8065	HEALTH SYSTEM PARENT	MI	501(C)(3)	12 TYPE II	ASCENSION MICHIGAN	✓	
(120) GLOBAL SOLIDARITY FUND (83-1078006) 101 SOUTH HANLEY, SUITE 200, ST. LOUIS, MO 63105	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(121) GOOD SAMARITAN HEALTH CENTER FOUNDATION OF MERRILL, WISCONSIN, INC. (39-1627755) 601 SOUTH CENTER AVENUE, MERRILL, WI 54452	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION GOOD SAMARITAN HOSPITAL, INC.	✓	
(122) GULF COAST HEALTH SYSTEM (63-0934712) 6801 AIRPORT BLVD., MOBILE, AL 36608	HEALTH SYSTEM	AL	501(C)(3)	12 TYPE III-FI	ST. VINCENT'S HEALTH SYSTEM	✓	
(123) HAVEN OF OUR LADY OF PEACE, INC. (59-3620346) 5151 N 9TH AVENUE, PENSACOLA, FL 32504	NURSING HOME	FL	501(C)(3)	10	SACRED HEART HEALTH SYSTEM	✓	
(124) HEALTHCARE COLLABORATIVE (27-3220767) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(125) HOWARD YOUNG FOUNDATION INC (39-1521169) 240 MAPLE STREET, WOODRUFF, WI 54568	CHARITABLE FOUNDATION	WI	501(C)(3)	7	HOWARD YOUNG HEALTH CARE INC	✓	
(126) HOWARD YOUNG HEALTH CARE, INC. (39-1499115) 240 MAPLE STREET, WOODRUFF, WI 54568	HOME OFFICE	WI	501(C)(3)	12 TYPE II	MINISTRY HEALTH CARE, INC.	✓	
(127) JANE PHILLIPS MEMORIAL MEDICAL CENTER (73-0606129) 3500 E. FRANK PHILLIPS BLVD., BARTLESVILLE, OK 74006	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(128) JANE PHILLIPS NOWATA HOSPITAL, INC. (73-1440267) 237 SOUTH LOCUST, NOWATA, OK 74048	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(129) LAVERNA TERRACE HOUSING CORPORATION (36-3438977) 18927 HICKORY CREEK DRIVE, SUITE 300, MOKENA, IL 60448	LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS	IL	501(C)(3)	10	PRESENCE LIFE CONNECTIONS	✓	
(130) LOURDES FOUNDATION (91-1528577) 520 NORTH 4TH AVENUE, PASCO, WA 99301	FUNDRAISING	WA	501(C)(3)	12 TYPE I	OUR LADY OF LOURDES HOSPITAL AT PASCO	✓	
(131) LOURDES REALTY CORPORATION, INC. (22-2873637) 169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905	RENTAL OF HEALTH CARE FACILITIES	NY	501(C)(2)		OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC.	✓	
(132) MEDICAL SERVICES ENHANCEMENT, INC. (14-1776546) 427 GUY PARK AVE., AMSTERDAM, NY 12010	MEDICAL OFFICE BUILDING	NY	501(C)(25)		ST. MARY'S HEALTHCARE	✓	
(133) MEDICARE VALUE PARTNERS (36-3495969) 2380 E. DEMPSTER STREET, DES PLAINES, IL 60016	HEALTH CARE	IL	501(C)(3)	10	PRESENCE HEALTH PARTNERS SERVICES	✓	

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						Yes	No
(134) MERCY HEALTH FOUNDATION, INC. (23-7140261) P.O. BOX 3370, OSHKOSH, WI 54903	FOUNDATION	WI	501(C)(3)	10	AFFINITY HEALTH SYSTEM	✓	
(135) METRO PHYSICIANS, INC. (94-3436893) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	MEDICAL GROUP	WI	501(C)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN, INC.	✓	
(136) MINISTRY HEALTH CARE, INC. (39-1490371) 10925 W. LAKE PARK DR STE 100, MILWAUKEE, WI 53224	PARENT CORPORATION	WI	501(C)(3)	12 TYPE II	ASCENSION HEALTH	✓	
(137) MINISTRY WEIGHT MANAGEMENT, INC. (39-1829015) 2251 NORTH SHORE DRIVE, RHINELANDER, WI 54501	SPECIALTY HEALTH SERVICES	WI	501(C)(3)	3	ASCENSION SACRED HEART-ST. MARY'S HOSPITALS, INC.	✓	
(138) OUR LADY OF LOURDES HOSPITAL AT PASCO (91-0349750) 520 NORTH 4TH AVENUE, PASCO, WA 99301	HEALTHCARE	WA	501(C)(3)	3	ASCENSION HEALTH	✓	
(139) OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC (15-0532221) 169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905	HOSPITAL	NY	501(C)(3)	3	ASCENSION HEALTH	✓	
(140) OUR LADY OF PEACE, INC. (16-1608735) 5285 LEWISTON ROAD, LEWISTON, NY 14092	SKILLED NURSING FACILITY	NY	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(141) OWASSO MEDICAL FACILITY, INC. (20-3700131) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(142) PRESENCE AMBULATORY SERVICES (36-4286236) 2380 E. DEMPSTER STREET, DES PLAINES, IL 60016	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(143) PRESENCE BEHAVIORAL HEALTH (36-2709982) 1820 SOUTH 25TH AVENUE, BROADVIEW, IL 60155	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(144) PRESENCE CARE @ HOME (46-0483587) 18927 HICKORY CREEK DR 300, MOKENA, IL 60448	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(145) PRESENCE CARE TRANSFORMATION CORPORATION (36-3366652) 200 SOUTH WACKER DRIVE, CHICAGO, IL 60606	MGMT SUPPORT	IL	501(C)(3)	12 TYPE III-FI	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(146) PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK (36-4195126) 200 SOUTH WACKER DRIVE, CHICAGO, IL 60606	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(147) PRESENCE CHICAGO HOSPITALS NETWORK (36-2235165) 200 SOUTH WACKER DRIVE, CHICAGO, IL 60606	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(148) PRESENCE HEALTH FOUNDATION BOARD OF TRUSTEES (36-3330929) 200 SOUTH WACKER DRIVE, CHICAGO, IL 60606	FUNDRAISING	IL	501(C)(3)	7	ALEXIAN BROTHERS HEALTH SYSTEM	✓	

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						Yes	No
(149) PRESENCE HEALTH PARTNERS SERVICES (36-2644178) 2380 E DEMPSTER AVE, STE 236, DES PLAINES, IL 60016	HEALTH CARE	IL	501(C)(3)	12 TYPE II	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(150) PRESENCE HEALTHCARE SERVICES (36-3330928) 2380 E. DEMPSTER STREET, DES PLAINES, IL 60016	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(151) PRESENCE HOME CARE (46-0483581) 18927 HICKORY CREEK DR 300, MOKENA, IL 60448	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(152) PRESENCE LIFE CONNECTIONS (37-1127787) 18927 HICKORY CREEK DRIVE 300, MOKENA, IL 60448	RETIREMENT COMMUNITY	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(153) PRESENCE SENIOR SERVICES CHICAGOLAND (23-7061646) 100 NORTH RIVER ROAD, DES PLAINES, IL 60016	RETIREMENT COMMUNITY	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(154) PRIMARY PHYSICIAN NETWORK, LLC (20-8775914) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	DORMANT	IN	501(C)(3)	10	ST. MARY'S HEALTH, INC.	✓	
(155) PROVIDENCE BUILDING CORPORATION (63-0914564) 6801 AIRPORT BLVD., MOBILE, AL 36608	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(2)		GULF COAST HEALTH SYSTEM	✓	
(156) PROVIDENCE FOUNDATION (63-0915493) 6801 AIRPORT BLVD., MOBILE, AL 36608	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	7	GULF COAST HEALTH SYSTEM	✓	
(157) PROVIDENCE FOUNDATION, INC. (74-2683112) 6901 MEDICAL PARKWAY, WACO, TX 76712	SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE	TX	501(C)(3)	12 TYPE I	ASCENSION PROVIDENCE	✓	
(158) PROVIDENCE HEALTH ALLIANCE (74-2696970) 6901 MEDICAL PARKWAY, WACO, TX 76712	PHYSICIAN PRACTICES	TX	501(C)(3)	3	ASCENSION PROVIDENCE	✓	
(159) PROVIDENCE HEALTH FOUNDATION, INC. (52-1275583) 1150 VARNUM STREET, NE, WASHINGTON, DC 20017	FUNDRAISING ORGANIZATION	DC	501(C)(3)	12 TYPE I	PROVIDENCE HOSPITAL	✓	
(160) PROVIDENCE HEALTH SERVICES, INC. (52-1275587) 1150 VARNUM STREET, NE, WASHINGTON, DC 20017	PHYSICIAN PRACTICES	DC	501(C)(3)	12 TYPE I	PROVIDENCE HOSPITAL	✓	
(161) PROVIDENCE HOSPITAL (63-0288861) 6801 AIRPORT BLVD., MOBILE, AL 36608	HOSPITAL	AL	501(C)(3)	3	GULF COAST HEALTH SYSTEM	✓	
(162) PROVIDENCE HOSPITAL (53-0196636) 1150 VARNUM STREET, NE, WASHINGTON, DC 20017	HOSPITAL	DC	501(C)(3)	3	ASCENSION HEALTH	✓	
(163) PROVIDENCE PARK, INC. (61-1759304) 300 W. HIGHWAY 6, WACO, TX 76712	SKILLED NURSING FACILITY	TX	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(164) RAINBOW HOSPICE AND PALLIATIVE CARE (36-3296367) 1550 BISHOP COURT, MOUNT PROSPECT, IL 60056	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(165) SACRED HEART FOUNDATION, INC. (59-2436597) 5151 N 9TH AVENUE, PENSACOLA, FL 32504	FOUNDATION	FL	501(C)(3)	7	SACRED HEART HEALTH SYSTEM	✓	

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						Yes	No
(166) SACRED HEART HEALTH SYSTEM, INC. (59-0634434) 5151 N 9TH AVENUE, PENSACOLA, FL 32504	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(167) SACRED HEART HEALTH VENTURES, INC. (57-1183283) 5151 N 9TH AVENUE, PENSACOLA, FL 32504	INVESTMENT	FL	501(C)(3)	12 TYPE I	SACRED HEART HEALTH SYSTEM	✓	
(168) SACRED HEART REHABILITATION INSTITUTE, INC. (39-0902199) 4425 NORTH PORT WASHINGTON ROAD, GLENDALE, WI 53212	REHAB SERVICES	WI	501(C)(3)	3	COLUMBIA ST. MARY'S, INC.	✓	
(169) SAINT ELIZABETH'S HOSPITAL OF WABASHA, INC. (41-0693877) 1200 GRANT BLVD, WEST, WABASHA, MN 55981	HOSPITAL	MN	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(170) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC. (39-0847631) 611 SAINT JOSEPH AVENUE, MARSHFIELD, WI 54449	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(171) SAINT MICHAEL'S FOUNDATION OF STEVENS POINT, INC. (39-1657410) 900 ILLINOIS AVENUE, STEVENS POINT, WI 54481	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION ST. MICHAEL'S HOSPITAL, INC.	✓	
(172) SAINT THOMAS HEALTH (58-1716804) 4220 HARDING ROAD, NASHVILLE, TN 37205	SYSTEM PARENT	TN	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(173) SAINT THOMAS HEALTH FOUNDATIONS (58-1663055) P.O. BOX 380, NASHVILLE, TN 37202	OPERATES FOUNDATION	TN	501(C)(3)	7	SAINT THOMAS NETWORK	✓	
(174) SAINT THOMAS HICKMAN HOSPITAL (58-1737573) 135 EAST SWAN STREET, CENTERVILLE, TN 37033	HOSPITAL	TN	501(C)(3)	3	BAPTIST HEALTH CARE AFFILIATES, INC.	✓	
(175) SAINT THOMAS HOME HEALTH (62-1836937) 135 EAST SWAN STREET, CENTERVILLE, TN 37033	HOME HEALTH CARE	TN	501(C)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	✓	
(176) SAINT THOMAS MEDICAL PARTNERS (62-1529858) 2000 CHURCH STREET, NASHVILLE, TN 37236	HEALTHCARE PROVIDER	TN	501(C)(3)	10	SAINT THOMAS NETWORK	✓	
(177) SAINT THOMAS MIDTOWN HOSPITAL (62-1869474) 4220 HARDING ROAD, NASHVILLE, TN 37205	ACUTE CARE HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(178) SAINT THOMAS NETWORK (62-1284994) 4220 HARDING ROAD, NASHVILLE, TN 37205	HEALTH INVESTMENT ENTITY	TN	501(C)(3)	10	SAINT THOMAS HEALTH	✓	
(179) SAINT THOMAS REGIONAL HOSPITALS (47-4063046) 4220 HARDING PIKE, NASHVILLE, TN 37205	HOSPITALS	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(180) SAINT THOMAS RUTHERFORD FOUNDATION (62-1167917) 1700 MEDICAL CENTER PARKWAY, MURFREESBORO, TN 37219	FOUNDATION	TN	501(C)(3)	12 TYPE I	SAINT THOMAS RUTHERFORD HOSPITAL	✓	
(181) SAINT THOMAS RUTHERFORD HOSPITAL (62-0475842) 1700 MEDICAL CENTER PARKWAY, MURFREESBORO, TN 37219	HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(182) SAINT THOMAS WEST HOSPITAL (62-0347580) 4220 HARDING ROAD, NASHVILLE, TN 37205	HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(183) SALINA REGIONAL HOME MEDICAL SERVICES, LLC (43-1948057) 520 SOUTH SANTA FE AVE, SALINA, KS 67401	MEDICAL EQUIPMENT	KS	501(C)(3)	10	ASCENSION VIA CHRISTI HEALTH PARTNERS, INC.	✓	
(184) SAVELLI PROPERTIES, INC. (36-3308965) 2601 NAVISTAR DRIVE, LISLE, IL 60532	OWNS OR LEASES PROPERTIES WHERE HEALTHCARE SERVICES ARE DELIVERED	IL	501(C)(2)		ALEXIAN BROTHERS HEALTH SYSTEM	✓	

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						Yes	No
(185) SETON CLINICAL ENTERPRISE CORPORATION (45-4364681) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE I	ASCENSION TEXAS	✓	
(186) SETON FAMILY OF DOCTORS (26-4562522) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(187) SETON FAMILY OF PEDIATRIC SURGEONS (27-1311790) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(188) SETON FUND OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, INC. (74-2212968) 1345 PHILOMENA STREET, AUSTIN, TX 78723	FUNDRAISING	TX	501(C)(3)	12 TYPE I	ASCENSION TEXAS	✓	
(189) SETON HAYS FOUNDATION (26-2842608) 1345 PHILOMENA STREET, AUSTIN, TX 78723	FUNDRAISING	TX	501(C)(3)	12 TYPE I	ASCENSION TEXAS	✓	
(190) SETON HEALTH CORPORATION OF SOUTHEAST MICHIGAN (38-2820107) 28000 DEQUINDRE, WARREN, MI 48092	HEALTH CARE	MI	501(C)(3)	10	ST. JOHN PROVIDENCE	✓	
(191) SETON HOSPITALIST SERVICE (45-2498998) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	ASCENSION SETON	✓	
(192) SETON INSURANCE SERVICES CORPORATION (45-4364813) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE I	ASCENSION TEXAS	✓	
(193) SETON MANOR, INC. (23-2960726) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	SKILLED NURSING FACILITY	PA	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(194) SETON MEDICAL GROUP, INC. (39-2064992) 900 CATON AVENUE, BALTIMORE, MD 21229	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(195) SETON MEDICAL MANAGEMENT (63-0937704) 6801 AIRPORT BLVD., MOBILE, AL 36608	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	12 TYPE II	GULF COAST HEALTH SYSTEM	✓	
(196) SETON ORAL & MAXILLOFACIAL SURGERY (42-1670843) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(197) SETON PROPERTY CORPORATION OF NORTH ALABAMA (23-7326976) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	REAL ESTATE	AL	501(C)(2)		ST. VINCENT'S HEALTH SYSTEM	✓	
(198) SETON WILLIAMSON FOUNDATION (20-5330986) 1345 PHILOMENA STREET, AUSTIN, TX 78723	FUNDRAISING	TX	501(C)(3)	12 TYPE I	ASCENSION TEXAS	✓	
(199) SETON/UT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP (74-2869762) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(200) SJRMC, INC. (82-0204264) 415 6TH STREET, LEWISTON, ID 83501	HOSPITAL	ID	501(C)(3)	3	ASCENSION HEALTH	✓	
(201) 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.	✓	
(202) ST VINCENT'S AMBULATORY CARE INC (59-2292041) 4205 BELFORD ROAD SUITE 4020, JACKSONVILLE, FL 32216	PHYSICIAN PRACTICE	FL	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(203) ST. AGNES FOUNDATION (52-1415083) 900 CATON AVENUE, BALTIMORE, MD 21229	FUNDRAISING	MD	501(C)(3)	12 TYPE I	ST. AGNES HEALTHCARE	✓	
(204) ST. ALEXIUS MEDICAL CENTER (36-4251846) 1555 BARRINGTON ROAD, HOFFMAN ESTATES, IL 60194	ACUTE CARE HOSPITAL	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(205) ST. CATHERINE LABOURE MANOR, INC. (59-1878316) 1750 STOCKTON STREET, JACKSONVILLE, FL 32204	SKILLED NURSING FACILITY	FL	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(206) ST. ELIZABETH HOSPITAL FOUNDATION, INC. (39-1256677) 1506 S. ONEIDA STREET, APPLETON, WI 54915	FOUNDATION	WI	501(C)(3)	7	AFFINITY HEALTH SYSTEM	✓	
(207) ST. JOHN AUXILIARY, INC. (73-0999759) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	HEALTH CARE	OK	501(C)(3)	10	ST. JOHN HEALTH SYSTEM, INC.	✓	
(208) ST. JOHN BROKEN ARROW, INC. (38-3833117) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(209) ST. JOHN BUILDING CORPORATION (61-1659782) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	REAL ESTATE	OK	501(C)(2)		ST. JOHN HEALTH SYSTEM, INC.	✓	
(210) ST. JOHN HEALTH SYSTEM FOUNDATION, INC. (73-1133139) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	HEALTH CARE	OK	501(C)(3)	7	ST. JOHN HEALTH SYSTEM, INC.	✓	
(211) ST. JOHN HEALTH SYSTEM, INC. (73-1215174) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	SYSTEM PARENT	OK	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(212) ST. JOHN MEDICAL CENTER, INC. (73-0579286) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(213) ST. JOHN PROVIDENCE (38-2244034) 28000 DEQUINDRE ROAD, WARREN, MI 48092	PARENT	MI	501(C)(3)	12 TYPE III-FI	ASCENSION MICHIGAN	✓	
(214) ST. JOHN SAPULPA, INC. (73-0662663) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(215) ST. JOHN VILLAS, INC. (73-1077367) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	NURSING HOME	OK	501(C)(3)	10	ST. JOHN HEALTH SYSTEM, INC.	✓	
(216) ST. JOSEPH FOUNDATION OF KOKOMO, INDIANA, INC. (23-7313206) 1907 W SYCAMORE STREET, KOKOMO, IN 46901	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. JOSEPH HOSPITAL & HEALTH CENTER, INC.	✓	
(217) ST. JOSEPH HOSPITAL & HEALTH CENTER, INC. (35-0992717) 1907 W SYCAMORE STREET, KOKOMO, IN 46901	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(218) ST. JOSEPH MEDICAL CENTER FOUNDATION (43-1388461) 1000 CARONDELET DRIVE, KANSAS CITY, MO 63145	FUNDRAISING	MO	501(C)(3)	12 TYPE III-FI	CARONDELET HEALTH	✓	
(219) ST. JOSEPH REGIONAL MEDICAL CENTER FOUNDATION, INC. (51-0168321) 415 6TH STREET, LEWISTON, ID 83501	FUNDRAISING	ID	501(C)(3)	12 TYPE I	SJRM, INC.	✓	
(220) ST. JOSEPH'S MINISTRIES, INC. (52-1835288) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	SKILLED NURSING FACILITY	MD	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(221) ST. LUKE'S-ST. VINCENT'S HEALTHCARE, INC. (26-0479484) 4205 BELFORT ROAD, SUITE 4020, JACKSONVILLE, FL 32216	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(222) ST. MARY'S - ST. JOSEPH HEALTH SYSTEM (46-1084363) 800 S. WASHINGTON AVENUE, SAGINAW, MI 48601	SUPPORTING ORGANIZATION	MI	501(C)(3)	12 TYPE III-FI	ASCENSION MICHIGAN	✓	
(223) ST. MARY'S AT HOME, INC. (35-1899560) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	DME/HOME CARE	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, INC.	✓	
(224) ST. MARY'S BUILDING CORPORATION (23-7248362) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	REAL ESTATE HOLDING COMPANY	IN	501(C)(2)		ST. MARY'S HEALTH, INC.	✓	
(225) ST. MARY'S CARE PARTNERS, INC. (35-1899562) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	TAX-EXEMPT AFFILIATE REIMBURSEMENTS	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, INC.	✓	
(226) ST. MARY'S HEALTH FOUNDATION, INC. (23-7045370) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, INC.	✓	
(227) ST. MARY'S HEALTH SERVICES, INC. (35-1679526) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	INVESTMENT SERVICES	IN	501(C)(3)	12 TYPE III-FI	ST. MARY'S HEALTH, INC.	✓	
(228) ST. MARY'S HEALTH, INC. (35-0869065) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(229) ST. MARY'S HEALTHCARE (14-1347719) 427 GUY PARK AVE., AMSTERDAM, NY 12010	HOSPITAL	NY	501(C)(3)	3	ASCENSION HEALTH	✓	
(230) ST. MARY'S MEDICAL CENTER FOUNDATION (43-1918107) 1000 CARONDELET DRIVE, KANSAS CITY, MO 63145	FUNDRAISING	MO	501(C)(3)	12 TYPE III-FI	CARONDELET HEALTH	✓	
(231) ST. MARY'S MEDICAL GROUP, LLC (26-1356310) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	PHYSICIAN PROFESSIONAL SERVICES	IN	501(C)(3)	10	ST. VINCENT MEDICAL GROUP, INC.	✓	
(232) ST. MARY'S OHIO VALLEY HEARTCARE, LLC (27-3474697) 901 ST. MARY'S DRIVE, EVANSVILLE, IN 47714	DORMANT	IN	501(C)(3)	12 TYPE I	ST. MARY'S MEDICAL GROUP, LLC	✓	
(233) ST. MARY'S WARRICK EMERGENCY MEDICAL SERVICES, INC. (20-5342518) 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	AMBULANCE SERVICES	IN	501(C)(4)		ST. MARY'S HEALTH SERVICES, INC.	✓	
(234) ST. MARY'S WARRICK HOSPITAL, INC. (35-1343019) 1116 MILLIS AVENUE, BOONVILLE, IN 47601	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(235) ST. VINCENT ANDERSON REGIONAL HOSPITAL FOUNDATION, INC. (35-2053693) 2015 JACKSON STREET, ANDERSON, IN 46016	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC.	✓	
(236) ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC. (46-0877261) 2015 JACKSON STREET, ANDERSON, IN 46016	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(237) ST. VINCENT CARMEL HOSPITAL, INC. (74-3107055) 13500 N MERIDIAN STREET, CARMEL, IN 46032	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(238) ST. VINCENT CLAY HOSPITAL, INC. (35-2112529) 1206 E NATIONAL AVENUE, BRAZIL, IN 47834	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(239) ST. VINCENT DUNN HOSPITAL, INC. (27-2192831) 1600 23RD STREET, BEDFORD, IN 47421	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(240) ST. VINCENT FISHERS HOSPITAL, INC. (45-4243702) 13861 OLIO ROAD, FISHERS, IN 46037	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(241) ST. VINCENT FRANKFORT HOSPITAL FOUNDATION, INC. (35-1531734) 1300 S JACKSON, FRANKFORT, IN 46041	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT FRANKFORT HOSPITAL, INC.	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(242) ST. VINCENT FRANKFORT HOSPITAL, INC. (35-2099320) 1300 S JACKSON, FRANKFORT, IN 46041	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(243) ST. VINCENT HEALTH, INC. (35-2052591) 10330 N MERIDIAN STREET STE 430N, INDIANAPOLIS, IN 46290	PARENT COMPANY	IN	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(244) ST. VINCENT HEALTH, WELLNESS AND PREVENTIVE CARE INSTITUTE, INC. (46-1227327) 8333 NAAB ROAD, STE 301, INDIANAPOLIS, IN 46260	HEALTH AND WELLNESS SERVICES	IN	501(C)(3)	10	ST. VINCENT HEALTH, INC.	✓	
(245) ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. (35-0869066) 2001 W 86TH STREET, INDIANAPOLIS, IN 46260	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(246) ST. VINCENT HOSPITAL FOUNDATION, INC. (35-6088862) 8402 HARCOURT RD, STE 210, INDIANAPOLIS, IN 46260	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC.	✓	
(247) ST. VINCENT JENNINGS HOSPITAL FOUNDATION, INC. (84-1703732) 301 HENRY STREET, NORTH VERNON, IN 47265	DORMANT	IN	501(C)(3)	1	ST. VINCENT JENNINGS HOSPITAL, INC.	✓	
(248) ST. VINCENT JENNINGS HOSPITAL, INC. (35-1841606) 301 HENRY STREET, NORTH VERNON, IN 47265	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(249) ST. VINCENT MADISON COUNTY HEALTH SYSTEM, INC. (35-0876389) 1331 SOUTH A STREET, ELWOOD, IN 46036	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(250) ST. VINCENT MEDICAL GROUP, INC. (27-2039417) 8425 HARCOURT ROAD, INDIANAPOLIS, IN 46260	PHYSICIAN PROFESSIONAL SERVICES	IN	501(C)(3)	10	ST. VINCENT CARMEL HOSPITAL, INC.	✓	
(251) ST. VINCENT MERCY HOSPITAL FOUNDATION, INC. (31-1066871) 1331 SOUTH A STREET, ELWOOD, IN 46036	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT MADISON COUNTY HEALTH SYSTEM, INC.	✓	
(252) ST. VINCENT RANDOLPH HOSPITAL FOUNDATION, INC. (35-2133006) 473 GREENVILLE AVENUE, WINCHESTER, IN 47394	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT RANDOLPH HOSPITAL, INC.	✓	
(253) ST. VINCENT RANDOLPH HOSPITAL, INC. (35-2103153) 473 GREENVILLE AVENUE, WINCHESTER, IN 47394	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(254) ST. VINCENT RAS, INC. (47-1289091) 10330 N MERIDIAN STREET, STE 400N, INDIANAPOLIS, IN 46290	RETAIL AMBULATORY SERVICES	IN	501(C)(3)	10	ST. VINCENT HEALTH, INC.	✓	
(255) ST. VINCENT SALEM HOSPITAL, INC. (27-0847538) 911 N. SHELBY STREET, SALEM, IN 47167	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(256) ST. VINCENT SETON SPECIALTY HOSPITAL, INC. (35-1712001) 8050 TOWNSHIP LINE RD, INDIANAPOLIS, IN 46260	LONG TERM CARE HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(257) ST. VINCENT WILLIAMSPORT HOSPITAL FOUNDATION, INC. (74-3130159) 412 N MONROE STREET, WILLIAMSPORT, IN 47993	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT WILLIAMSPORT HOSPITAL, INC.	✓	
(258) ST. VINCENT WILLIAMSPORT HOSPITAL, INC. (35-0784551) 412 N MONROE STREET, WILLIAMSPORT, IN 47993	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(259) ST. VINCENT'S BIRMINGHAM (63-0288864) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	HOSPITAL	AL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(260) ST. VINCENT'S BLOUNT (63-0909073) 150 GILBREATH DRIVE, ONEONTA, AL 35121	HOSPITAL	AL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM	✓	
(261) ST. VINCENT'S COLLEGE, INC. (06-1331677) 2800 MAIN STREET, BRIDGEPORT, CT 06606	COLLEGE OF HEALTH SCIENCE	CT	501(C)(3)	2	ST. VINCENT'S MEDICAL CENTER	✓	
(262) ST. VINCENT'S DEVELOPMENT, INC. (22-2554128) 95 MERRITT BOULEVARD, TRUMBULL, CT 06611	REAL ESTATE HOLDINGS	CT	501(C)(25)		ST. VINCENT'S HEALTH SERVICES CORP	✓	
(263) ST. VINCENT'S EAST (63-0578923) 50 MEDICAL PARK EAST DRIVE, BIRMINGHAM, AL 35235	HOSPITAL	AL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM	✓	
(264) ST. VINCENT'S FOUNDATION OF ALABAMA, INC. (63-0868066) 1 MEDICAL PARK EAST DRIVE, BIRMINGHAM, AL 35235	FUNDRAISING	AL	501(C)(3)	7	ST. VINCENT'S HEALTH SYSTEM	✓	
(265) ST. VINCENT'S FOUNDATION, INC. (59-2219923) 4205 BELFORT ROAD, SUITE 4020, JACKSONVILLE, FL 32216	FUND RAISING	FL	501(C)(3)	7	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(266) ST. VINCENT'S HEALTH SERVICES CORP (22-2558134) 2800 MAIN STREET, BRIDGEPORT, CT 06606	HOLDING COMPANY	CT	501(C)(3)	12 TYPE I	ST. VINCENT'S MEDICAL CENTER	✓	
(267) ST. VINCENT'S HEALTH SYSTEM (63-0931008) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	HEALTH SYSTEM	AL	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(268) ST. VINCENT'S HEALTH SYSTEM, INC. (59-3650609) 4205 BELFORT ROAD, SUITE 4020, JACKSONVILLE, FL 32216	PARENT ENTITY	FL	501(C)(3)	12 TYPE II	ASCENSION HEALTH	✓	
(269) ST. VINCENT'S MEDICAL CENTER (06-0646886) 2800 MAIN STREET, BRIDGEPORT, CT 06606	HOSPITAL AND SYSTEM PARENT	CT	501(C)(3)	3	ASCENSION HEALTH	✓	
(270) ST. VINCENT'S MEDICAL CENTER-CLAY COUNTY, INC. (46-1523194) 4205 BELFORT ROAD, SUITE 4020, JACKSONVILLE, FL 32216	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(271) ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC. (22-2558132) 2800 MAIN STREET, BRIDGEPORT, CT 06606	FUNDRAISING	CT	501(C)(3)	7	ST. VINCENT'S HEALTH SERVICES CORP	✓	
(272) ST. VINCENT'S MEDICAL CENTER, INC. (59-0624449) 4205 BELFORT ROAD, SUITE 4020, JACKSONVILLE, FL 32216	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(273) ST. VINCENT'S MULTISPECIALTY GROUP, INC. (80-0458769) 2800 MAIN STREET, BRIDGEPORT, CT 06606	PHYSICIAN PRACTICES	CT	501(C)(3)	12 TYPE I	ST. VINCENT'S MEDICAL CENTER	✓	
(274) ST. VINCENT'S SPECIAL NEEDS CENTER, INC. (06-0702617) 95 MERRITT BOULEVARD, TRUMBULL, CT 06611	PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS	CT	501(C)(3)	10	ST. VINCENT'S HEALTH SERVICES CORP	✓	
(275) SVH REAL ESTATE, INC. (20-5002285) 10330 N MERIDIAN STREET, STE 430N, INDIANAPOLIS, IN 46290	REAL ESTATE HOLDING COMPANY	IN	501(C)(3)	12 TYPE III-FI	ST. VINCENT HEALTH, INC.	✓	
(276) THE CENTURIONS (85-4088322) 2202 N. FORBES BLVD., TUCSON, AZ 85745	FOUNDATION	AZ	501(C)(3)	12 TYPE I	CARONDELET FOUNDATION, INC.	✓	
(277) THE HEALTH SOURCE GROUP (38-2427678) 5455 ALI DR., DEPT #200, GRAND BLANC, MI 48439-5195	PRG RELATED INVESTMENTS	MI	501(C)(3)	12 TYPE I	GENESYS HEALTH SYSTEM	✓	
(278) THE HOWARD YOUNG MEDICAL CENTER, INC. (39-0873606) 240 MAPLE STREET, WOODRUFF, WI 54568	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(279) THE SETON COVE, INC. (74-2727509) 1345 PHILOMENA STREET, AUSTIN, TX 78723	SPIRITUALITY CENTER	TX	501(C)(3)	12 TYPE I	ASCENSION TEXAS	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(280) TRI-COUNTY CLINICAL (26-4562712) 1345 PHILOMENA STREET, AUSTIN, TX 78723	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(281) TWENTY-SIX DOORS, INC. (74-2855201) 1345 PHILOMENA STREET, AUSTIN, TX 78723	TO HOLD TITLE TO REAL PROPERTY	TX	501(C)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, INC.	✓	
(282) UNIVERSAL HEALTH SERVICES (63-0932323) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	PHYSICIAN GROUP	AL	501(C)(3)	12 TYPE II	ST. VINCENT'S HEALTH SYSTEM	✓	
(283) VIA CHRISTI HEALTHCARE OUTREACH PROGRAM FOR ELDERLY, INC. (48-1236589) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	PACE (SNF)	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(284) VIA CHRISTI VILLAGE GEORGETOWN, INC (48-1129325) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(285) VIA CHRISTI VILLAGE HAYS, INC. (20-2828680) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(286) VIA CHRISTI VILLAGE MANHATTAN, INC. (48-1078862) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(287) VIA CHRISTI VILLAGE MCLEAN, INC. (48-1247723) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(288) VIA CHRISTI VILLAGE PITTSBURG, INC. (74-3070971) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(289) VIA CHRISTI VILLAGE PONCA CITY, INC. (73-1153337) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	RETIREMENT COMMUNITY	OK	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(290) VIA CHRISTI VILLAGES, INC. (48-0559086) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	MANAGEMENT COMPANY	KS	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH SENIOR CARE	✓	
(291) VOLUNTEERS IN PARTNERSHIP WITH WHEATON FRANCISCAN HEALTHCARE-ALL SAINTS, INC. (93-0838390) 3807 SPRING STREET, RACINE, WI 53405	FOUNDATION	WI	501(C)(3)	10	ASCENSION ALL SAINTS HOSPITAL, INC.	✓	
(292) WAMEGO HOSPITAL ASSOCIATION, INC. (72-1526400) 711 GENN DRIVE, WAMEGO, KS 66547	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN, INC.	✓	
(293) WHEATON FRANCISCAN - ELMBROOK MEMORIAL FOUNDATION, INC. (39-2028808) 3237 SOUTH 16TH STREET, MILWAUKEE, WI 53215	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION SE WISCONSIN HOSPITAL, INC.	✓	
(294) WHEATON FRANCISCAN - ST. JOSEPH FOUNDATION, INC. (39-1636804) 5000 WEST CHAMBERS STREET, MILWAUKEE, WI 53210	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION SE WISCONSIN HOSPITAL, INC.	✓	
(295) WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS FOUNDATION, INC. (39-1570877) 3805B SPRING STREET, RACINE, WI 53405	FOUNDATION	WI	501(C)(3)	7	ASCENSION ALL SAINTS HOSPITAL, INC.	✓	
(296) WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL AUXILIARY (39-6068950) 19333 WEST NORTH AVENUE, BROOKFIELD, WI 53045	AUXILIARY	WI	501(C)(3)	12 TYPE III-FI	ASCENSION SE WISCONSIN HOSPITAL, INC.	✓	
(297) WHEATON FRANCISCAN HEALTHCARE - FOUNDATION FOR ST. FRANCIS AND FRANKLIN, INC. (32-0135258) 3237 SOUTH 16TH STREET, MILWAUKEE, WI 53215	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION ST. FRANCIS HOSPITAL, INC.	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(298) WHEATON FRANCISCAN HEALTHCARE - TERRACE AT ST. FRANCIS, INC. (39-1486775) 12250 WEBER HILL RD, STE 200, ST. LOUIS, MO 63127	RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(299) WHEATON FRANCISCAN HEALTHCARE-CIRCLE OF LIFE FOUNDATION, INC. (56-2426294) 4300 BROWN DEER ROAD, SUITE 250, BROWN DER, WI 53223	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION WISCONSIN PHARMACY, INC.	✓	
(300) WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC. (39-1568865) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	PARENT CORPORATION	IL	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	

**Part III**

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

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ALEXIAN REHABILITATION SERVICES, LLC (30-0221481) 935 BEISNER, ELK GROVE VILLAGE, IL 60007	REHABILITATION HOSPITAL	IL	N/A	N/A	N/A	N/A			N/A			N/A
(2) ALVERNO CLINICAL LABORATORIES, LLC (20-3240648) 2434 INTERSTATE PLAZA DRIVE, HAMMOND, IN 46324	MEDICAL SERVICE	IN	N/A	N/A	N/A	N/A			N/A			N/A
(3) AMBROSE PARKWOOD WEST II, LLC (27-0532924) 55 MONUMENTAL CIRCLE, STE 450, INDIANAPOLIS, IN 46204	LAND HOLDINGS	IN	N/A	N/A	N/A	N/A			N/A			N/A
(4) AMBULATORY SURGERY CENTER, L.P. (48-1114690) 818 N EMPORIA, STE 108, WICHITA, KS 67214	SURGERY CENTER	KS	N/A	N/A	N/A	N/A			N/A			N/A
(5) ASCENSION ALPHA FUND LLC (90-0786464) 101 SOUTH HANLEY ROAD, SUITE 200, ST LOUIS, MO 63105	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			N/A
(6) ASCENSION 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
(7) ASCENSION WISCONSIN EMERUS JV, LLC (38-4118568) 8040 EXCELISOIR DRIVE, SUITE 400, MADISON, WI 53717	ACUTE CARE HOSPITALS	WI	N/A	N/A	N/A	N/A			N/A			N/A
(8) BAPTIST WOMENS HEALTH CENTER, LLC (62-1772195) 1900 CHURCH STREET, SUITE 300, NASHVILLE, TN 37203	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	N/A	N/A	N/A	N/A			N/A			N/A
(9) BELMONT/HARLEM SURGERY CENTER, LLC (41-2237162) 3101 NORTH HARLEM, CHICAGO, IL 60634	MEDICAL SERVICE	IL	N/A	N/A	N/A	N/A			N/A			N/A
(10) BONAVENTURE MEDICAL FOUNDATION, LLC (36-3978153) 2601 NAVISTAR DRIVE, LISLE, IL 60532	MANAGES MANAGED CARE CONTRACTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(11) BORGESS HEALTH PARTNERS, LLC (38-2648846) 28000 DEQUINDRE, WARREN, MI 48092	MANAGED CARE	MI	N/A	N/A	N/A	N/A			N/A			N/A
(12) CARMEL AMBULATORY SURGERY CENTER, LLC (32-0014795) 13421 OLD MERIDIAN STREET, STE 150, CARMEL, IN 46032	AMBULATORY SURGERY CENTER	IN	N/A	N/A	N/A	N/A			N/A			N/A
(13) CENTRAL TEXAS LAUNDRY, LLC (74-2613749) 4255 PROFIT STREET, SAN ANTONIO, TX 78219	LAUNDRY SERVICES	TX	N/A	N/A	N/A	N/A			N/A			N/A
(14) CHV III LP (45-4486925) 101 SOUTH HANLEY ROAD, ST LOUIS, MO 63105	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			N/A

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(15) CHV IV LP (81-3953953) 101 SOUTH HANLEY ROAD, ST LOUIS, MO 63105	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			N/A
(16) ENDOSCOPY CENTER, LLC (32-0029881) 13421 OLD MERIDIAN STREET, STE 150, CARMEL, IN 46032	ENDOSCOPY CENTER	IN	N/A	N/A	N/A	N/A			N/A			N/A
(17) ENDOSCOPY GROUP, LLC (59-3519881) 4810 NORTH DAVIS HIGHWAY, PENSACOLA, FL 32503	MEDICAL SERVICES	FL	N/A	N/A	N/A	N/A			N/A			N/A
(18) HOSPITAL CONSOLIDATED LABORATORIES, LLC (38-3318428) 39595 W. 10 MILE RD., NOVI, MI 48375	LAB SERVICES	MI	N/A	N/A	N/A	N/A			N/A			N/A
(19) INTERVENTIONAL REHABILITATION CENTER, LLC (59-3673361) 1549 AIRPORT BOULEVARD, STE 420, PENSACOLA, FL 32503	MEDICAL SERVICES	FL	N/A	N/A	N/A	N/A			N/A			N/A
(20) 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
(21) KENOSHA DIGESTIVE HEALTH CENTER (84-2167873) 1033 N MAYFAIR ROAD, SUITE 101, WAUWATUSA, WI 53226	DIGESTIVE HEALTH	WI	N/A	N/A	N/A	N/A			N/A			N/A
(22) LOURDES HEALTH SUPPORT, LLC (16-1611707) 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	MEDICAL EQUIPMENT PROVIDER	NY	N/A	N/A	N/A	N/A			N/A			N/A
(23) MIDDLE TENNESSEE IMAGING, LLC (01-0570490) 400 N. HIGHLAND AVENUE, MURFREESBORO, TN 37219	DIAGNOSTIC IMAGING CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(24) MURFREESBORO DIAGNOSTIC IMAGING, LLC (20-0291952) 400 N. HIGHLAND AVENUE, MURFREESBORO, TN 37219	DIAGNOSTIC IMAGING CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(25) NAAB ROAD SURGERY CENTER, LLC (35-1991390) 8260 NAAB ROAD, STE 100, INDIANAPOLIS, IN 46260	AMBULATORY SURGERY CENTER	IN	N/A	N/A	N/A	N/A			N/A			N/A
(26) OKLAHOMA CANCER SPECIALISTS REAL ESTATE COMPANY, LLC (61-1774455) 12697 E 51ST ST SOUTH, TULSA, OK 74146	REAL ESTATE HOLDING	OK	N/A	N/A	N/A	N/A			N/A			N/A
(27) OPEN MRI OF MICHIGAN (38-3544539) 411 W. 13 MILE ROAD, MADISON HEIGHTS, MI 48071	MRI CENTER	MI	N/A	N/A	N/A	N/A			N/A			N/A
(28) ORTHOPEDIC SURGERY CENTER OF THE FOX VALLEY LLC (84-2016212) 2223 LIME KILN ROAD, SUITE 101, GREEN BAY, WI 54311	SURGERY CENTER	WI	N/A	N/A	N/A	N/A			N/A			N/A
(29) PET, LLC (59-3788701) 5149 NORTH 9TH AVENUE SUITE 124, PENSACOLA, FL 32504	MEDICAL SERVICES	FL	N/A	N/A	N/A	N/A			N/A			N/A

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(30) PREMIER RADIOLOGY WISCONSIN LLC (83-3180104) 500 W BROWN DEER ROAD, SUITE 202, BAYSIDE, WI 53217	RADIOLOGY	WI	N/A	N/A	N/A	N/A			N/A			N/A
(31) PRESENCE LAKESHORE GASTROENTEROLOGY, LLC (81-1750563) 150 N. RIVER ROAD, SUITE 210, DES PLAINES, IL 60016	MEDICAL SERVICE	IL	N/A	N/A	N/A	N/A			N/A			N/A
(32) PROFESSIONAL CLINICAL LABORATORIES, LLC (30-0711211) 113 E 4TH ST., MICHIGAN CITY, IN 46360	MEDICAL SERVICES	IN	N/A	N/A	N/A	N/A			N/A			N/A
(33) RADS OF AMERICA, LLC (20-0597581) P.O. BOX 249, GOODLETTSVILLE, TN 37070-0249	AMBULATORY SURGERY CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(34) SAINT THOMAS HOME RECOVERY CARE, LLC (84-2100096) 49 MUSIC SQUARE WEST , SUITE 401, NASHVILLE, TN 37203	MEDICAL AND REHABILITATION SERVICES	TN	N/A	N/A	N/A	N/A			N/A			N/A
(35) SOUTH COAST REAL ESTATE VENTURE, LLC (45-5599047) 5907 HIGHWAY 90, MOSS POINT, MS 39563	OWN REAL ESTATE FOR A PHYSICIAN OFFICE BUILDING	MS	N/A	N/A	N/A	N/A			N/A			N/A
(36) ST. VINCENT'S OUTPATIENT SURGERY SERVICES, LLC (20-0708162) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	OUTPATIENT SURGERY	AL	N/A	N/A	N/A	N/A			N/A			N/A
(37) ST. VINCENT'S SLEEP DISORDER CENTER (63-1282288) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	SLEEP DISORDER CENTER	AL	N/A	N/A	N/A	N/A			N/A			N/A
(38) ST.VINCENT HEART CENTER OF INDIANA, LLC (36-4492612) 10580 N MERIDIAN STREET, INDIANAPOLIS, IN 46290	HEART HOSPITAL	IN	N/A	N/A	N/A	N/A			N/A			N/A
(39) STHS SLEEP CENTER, LLC (20-3664894) 102 WOODMONT BOULEVARD, SUITE 800, NASHVILLE, TN 37205	OPERATES A SLEEP CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(40) THE MICHIGAN INSTITUTE FOR ADVANCED SURGERY, LLC (03-0444972) 1375 S. LAPEER RD., #109, LAKE ORION, MI 48360	OUTPATIENT SERVICES	MI	N/A	N/A	N/A	N/A			N/A			N/A
(41) TOWNE CENTRE SURGERY CENTER, LLC (20-4943843) 4599 TOWNE CENTRE, SAGINAW, MI 48604	OUTPATIENT SERVICES	MI	N/A	N/A	N/A	N/A			N/A			N/A
(42) TRI-STATE COMMUNITY CLINICS, LLC (27-0885968) 8601 N KENTUCKY AVENUE, STE J, EVANSVILLE, IN 47711	PRIMARY CARE PHYSICIAN PRACTICES	IN	N/A	N/A	N/A	N/A			N/A			N/A
(43) VIA CHRISTI MERCY CLINIC, LLC (81-2927645) 1 MT CARMEL PLACE, PITTSBURG, KS 66762	MEDICAL SERVICES	KS	N/A	N/A	N/A	N/A			N/A			N/A

**Part IV**

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ADVANTAGE HEALTHCO, INC. (74-2698151) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(2) ADVENT, INC. (38-2971743) 28000 DEQUINDRE, WARREN, MI 48092	RENTAL REAL ESTATE	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(3) AFFILIATED HEALTH SERVICES, INC. (38-2292922) 28000 DEQUINDRE, WARREN, MI 48092	MEDICAL SERVICES	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(4) AFFILIATED MEDICAL SERVICES LABORATORY, INC (48-1239522) 2916 E. CENTRAL, WICHITA, KS 67214	MEDICAL LABORATORY	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(5) AH INCUBATIONS ACCELERATOR, INC. (45-5078523) 101 SOUTH HANLEY ROAD, SUITE 450, ST. LOUIS, MO 63105	MEDICAL SERVICE	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(6) ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT, LLC (94-3465394) 3900 SOUTH GRAND, ST. LOUIS, MO 63118	HOUSING	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(7) ALEXIAN BROTHERS HEALTH PROVIDERS ASSOCIATION, INC. (36-3853286) 2601 NAVISTAR DRIVE, LISLE, IL 60532	MESSENGER MODEL IPA	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(8) ALEXIAN VILLAGE OF ELK GROVE (35-2211303) 3040 W. SALT CREEK, ARLINGTON HEIGHTS, IL 60005	TAX CREDIT FINANCED HOUSING	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(9) AMITA HEALTH CLINICALLY INTEGRATED NETWORK, LLC (80-0967178) 2601 NAVISTAR DRIVE, LISLE, IL 60532	MANAGED CARE	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(10) ASCENSION CAPITAL UK, LIMITED FOUNTAIN HOUSE, 130 FENCHURCH STREET, LONDON, ENGLAND, EC3M 5DJ, UK	INSURANCE	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(11) ASCENSION CARE MANAGEMENT HEALTH PARTNERS TENNESSEE (45-2958482) 102 WOODMONT BOULEVARD, SUITE 700, NASHVILLE, TN 37205	ACCOUNTABLE CARE ORGANIZATION	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(12) ASCENSION CARE MANAGEMENT HEALTH PARTNERS, INC. (45-4413419) 101 SOUTH HANLEY ROAD, SUITE 200, CLAYTON, MO 63105	MEDICAL SERVICE	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(13) ASCENSION CARE MANAGEMENT HOLDINGS, LTD. AND SUBSIDIARIES (38-3269272) 8220 IRVING, STERLING HEIGHTS, MI 48312	INSURANCE AND TPA	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(14) 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	✓	
(15) ASCENSION HEALTH MASTER PENSION TRUST (36-6891022) 11775 BORMAN DRIVE, SUITE 200, ST LOUIS, MO 63146	TRUST	MO	N/A	TRUST	N/A	N/A	N/A	✓	
(16) ASCENSION HEALTH RISK PURCHASING GROUP (27-4176480) 101 SOUTH HANLEY ROAD, SUITE 450, ST. LOUIS, MO 63105	SUPPORTING ORGANIZATION	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	

(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
(17) ASCENSION MEDICAL GROUP VIA CHRISTI, P.A. (48-0993446) 3311 EAST MURDOCK, WICHITA, KS 67208	PROFESSIONAL ASSOCIATION	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(18) ASCENSION VENTURES CORPORATION (63-1217059) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	MISC HEALTHCARE SERVICES	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(19) BAPTIST HEALTH CARE VENTURES, INC (62-0469214) 2000 CHURCH STREET, NASHVILLE, TN 37236	HOLDING COMPANY	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(20) 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	✓	
(21) BEECHER BALLENGER SERVICES (38-2497922) ONE GENESYS PARKWAY, GRAND BLANC, MI 48439-8065	HOLDING COMPANY	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(22) CARONDELET MEDICAL GROUP, INC. (86-0836126) 2202 N. FORBES BLVD., TUCSON, AZ 85745	MEDICAL GROUP	AZ	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(23) CARONDELET SPECIALIST GROUP, INC. (28-1558773) 2202 N. FORBES BLVD., TUCSON, AZ 85745	PHYSICIAN PRACTICE	AZ	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(24) CLINICAL HOLDINGS CORP (45-3802297) 101 SOUTH HANLEY ROAD, SUITE 200, CLAYTON, MO 63105	HOLDING COMPANY	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(25) CONSOLIDATED PHARMACY SERVICES, INC. AND SUBSIDIARIES (59-3398033) 4205 BELFORT ROAD, SUITE 4030, JACKSONVILLE, FL 32216	RETAIL PHARMACY & PATIENT TRANSPORT	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(26) CORBETT CORPORATION (16-1268267) 169 RIVERSIDE DRIVE, BINGHAMTON, NY 13905	PROPERTY MANAGEMENT	NY	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(27) CRITTENTON DEVELOPMENT CORPORATION (38-2594115) 2251 N. SQUIRREL RD, STE 310, AUBURN HILLS, MI 48326	REAL ESTATE	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(28) CRITTENTON MEDICAL PHARMACY, INC. (20-3773341) 1135 WEST UNIVERSITY DR. #105, ROCHESTER, MI 48307	PHARMACY SERVICES	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(29) DELL CHILDREN'S HEALTH ALLIANCE (27-1311909) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(30) EASTSIDE VENTURES (63-0846221) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	MISC HEALTHCARE SERVICES	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(31) FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION, INC. (26-1983355) 1 SHIRCLIFF WAY, JACKSONVILLE, FL 32204	CONDOMINIUM ASSOCIATION	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(32) FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC. (34-1983857) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	CONDO ASSOCIATION	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(33) GENESYS PRACTICE PARTNERS (03-0516871) 5445 ALI DRIVE, DEPT #200, GRAND BLANC, MI 48439	EMPLOYED PHY PRACTICE	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(34) GULF COAST DIVERSIFIED, INC. (59-2432798) 5154 NORTH 9TH AVENUE, PENSACOLA, FL 32507	INVESTMENT	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(35) HEALTHNET OF ALABAMA, INC. (63-1027511) P.O. BOX 830605, BIRMINGHAM, AL 35283-0605	PREFERRED PROVIDER ORGANIZATION	AL	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
(36) HOWARD YOUNG CLINICS, INC. (39-1969706) 240 MAPLE STREET, WOODRUFF, WI 54568	HEALTHCARE	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(37) INDIAN CREEK CENTER, INC. (48-0956627) 101 S HANLEY, STE 200, ST. LOUIS, MO 63105	MANAGEMENT	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(38) INTEGRATED HEALTHCARE SYSTEMS, INC (48-0941549) 3311 EAST MURDOCK, WICHITA, KS 67208	CLINIC SERVICES	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(39) MADISON MEDICAL AFFILIATES, INC. (39-1855720) 4425 N. PORT WASHINGTON RD., GLENDALE, WI 53212	HEALTHCARE	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(40) MID-STATE PROPERTIES, INC. (62-1232018) 2000 CHURCH STREET, NASHVILLE, TN 37236	INACTIVE	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(41) MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES, INC. (46-1130426) 6801 AIRPORT BLVD., MOBILE, AL 36608	HEALTHCARE SERVICES	MS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(42) OMNI MEDICAL GROUP, INC. (73-1335536) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(43) PHYSICIAN SUPPORT SERVICES, INC. (73-1437252) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(44) PHYSICIANS OF PASCO CONDOMINIUMS ASSOC. (45-3691641) 520 NORTH 4TH AVENUE, PASCO, WA 99301	PROPERTY MANAGEMENT	WA	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(45) PRESENCE PROPERTIES INC (36-3520630) 100 NORTH RIVER ROAD, DES PLAINES, IL 60016	MEDICAL	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(46) PRESENCE SERVICE CORPORATION (36-4314354) 2380 E DEMPSTER STREET, DES PLAINES, IL 60016	MEDICAL	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(47) PRESENCE VENTURES INC (37-1168085) 100 NORTH RIVER ROAD, DES PLAINES, IL 60016	MEDICAL	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(48) PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION, INC. (20-8042108) 4425 N PORT WASHINGTON RD, GLENDALE, WI 53212	CONDO ASSOCIATION	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(49) PROVIDENCE PARK, INC. (63-0886846) P.O. BOX 850429, MOBILE, AL 36685	REAL ESTATE	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(50) REGIONAL MEDICAL LABORATORIES, INC. (73-1131608) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(51) RESOURCE PHARMACIES, INC. (52-1410076) 1150 VARNUM STREET, N.E., WASHINGTON, DC 20017	RETAIL PHARMACY	DC	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(52) SETON INSURANCE COMPANY (47-5395483) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(53) SETON ACCOUNTABLE CARE ORGANIZATION, INC. (74-2677756) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(54) SETON HEALTH ALLIANCE (45-3047469) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(55) SETON HEALTH PLAN, INC. (74-2725348) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HMO	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(56) SETON MSO, INC. (74-2870455) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(57) SETON PHARMACY, INC. (59-3001427) 4205 BELFORT ROAD, SUITE 4030, JACKSONVILLE, FL 32216	RETAIL PHARMACY	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(58) SETON PHYSICIAN HOSPITAL NETWORK (74-2643825) 1345 PHILOMENA STREET, AUSTIN, TX 78723	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(59) SOVA, INC. (26-1319638) 102 WOODMONT BOULEVARD, SUITE 700, NASHVILLE, TN 37205	HEALTH SERVICES	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(60) ST. AGNES HEALTH VENTURES, INC. (52-1733632) 900 CATON AVENUE, BALTIMORE, MD 21229	HOLDING COMPANY	MD	ST. AGNES HEALTHCARE, INC.	C CORPORATION	8,423	1,241,716	100.00	✓	
(61) ST. JOHN ANESTHESIA SERVICES, INC. (20-3690446) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(62) ST. JOHN PHYSICIANS, INC. (73-1321032) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(63) ST. JOHN URGENT CARE CLINICS, INC. (20-4990275) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(64) ST. JOSEPH HEALTH ENTERPRISES (38-2686747) 200 HEMLOCK ROAD, TAWAS CITY, MI 48764	OTHER MEDICAL	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(65) ST. MARY'S HEALTH (38-3477017) 800 S. WASHINGTON AVENUE, SAGINAW, MI 48601	DORMANT	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(66) ST. MARY'S MEDICAL GROUP, INC (35-2076827) 3700 WASHINGTON AVE, EVANSVILLE, IN 47750	INVESTMENT	IN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(67) ST. VINCENT'S STRATEGIC VENTURES, INC. (59-3133073) 4205 BELFORT ROAD, SUITE 4030, JACKSONVILLE, FL 33213	LEASING	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(68) SUNFLOWER ASSURANCE, LTD P.O. BOX 1085, GRAND CAYMAN, BAHAMAS, KY1-1102, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(69) TEXTILE SYSTEMS, INC. (38-2705047) 817 WALBRIDGE, KALAMAZOO, MI 49007	LAUNDRY SERVICES	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(70) THELEN CORPORATION (36-3266316) 3040 SALT CREEK LANE, ARLINGTON HEIGHTS, IL 60005	OWNS/ LEASES PROPERTY; JOINT VENTURE PARTNER	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(71) TRAVEL SERVICES CORPORATION (26-3764978) P.O. BOX 45998, ST. LOUIS, MO 63145-5998	TRAVEL SERVICES	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(72) US HEALTH HOLDINGS LTD AND SUBSIDIARIES (38-3269272) 8220 IRVING, STERLING HEIGHTS, MI 48312	INSURANCE AND TPA	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(73) UTICA SERVICES, INC. (73-1057650) 1923 SOUTH UTICA AVENUE, TULSA, OK 74104	MEDICAL SERVICES	OK	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(74) VCH IOWA, P.C. (27-3983977) 8200 E. THORN DRIVE, WICHITA, KS 67226	PROFESSIONAL ASSOCIATION	IA	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(75) VCH IOWA, P.C. TRUST (27-6937322) 8200 E. THORN DRIVE, WICHITA, KS 67226	BENEFICIARY TRUST	IA	N/A	TRUST	N/A	N/A	N/A	✓	
(76) VIA CHRISTI CLINIC SERVICES, INC (27-3984287) 8200 E. THORN DRIVE, WICHITA, KS 67226	CLINIC SERVICES	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(77) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE, INC. (48-2872857) 8200 E. THORN DRIVE, WICHITA, KS 67226	ACO	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(78) VINCENTIAN VENTURES OF NORTH ALABAMA, INC (63-0965456) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	MISC HEALTHCARE SERVICES	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(79) VINCENTURES, INC. (06-1211417) 95 MERRITT BOULEVARD, TRUMBULL, CT 06611	INACTIVE	CT	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(80) WHEATON FRANCISCAN ENTERPRISES, INC. (39-1985204) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	HOLDING CO	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(81) WHEATON FRANCISCAN HOLDINGS, INC. (39-1836357) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	HOLDING CO	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(82) WHEATON FRANCISCAN MEDICAL GROUP - SUSSEX, INC. (39-1361100) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	HEALTHCARE	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(83) WHEATON FRANCISCAN PROVIDER NETWORK, INC. (39-1952140) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	PROVIDER CONTRACT	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(84) WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION, INC. (30-0659830) 10101 SOUTH 27TH STREET, FRANKLIN, WI 53123	CONDO ASSOCIATION	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(85) L. GILBRAITH INSURANCE SPC LTD. 68 W BAY ROAD; PO BOX 1109, GRAND CAYMAN, KY11120, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A	✓	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) ST. AGNES FOUNDATION	C	1,274,838	FAIR MARKET VALUE
(7) OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC	P	134,172	FAIR MARKET VALUE
(8) ST. VINCENT'S MEDICAL CENTER	Q	238,052	FAIR MARKET VALUE
(9) PROVIDENCE HOSPITAL	P	95,697	FAIR MARKET VALUE
(10) PROVIDENCE HOSPITAL	Q	816,186	FAIR MARKET VALUE

**ASCENSION**

**CONSOLIDATED FINANCIAL STATEMENTS AND  
SUPPLEMENTARY INFORMATION**

Years Ended June 30, 2019 and 2018  
With Reports of Independent Auditors

# Ascension

## Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2019 and 2018

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## Report of Independent Auditors

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

We have audited the accompanying consolidated financial statements of Ascension Health Alliance d/b/a Ascension, which comprise the consolidated balance sheets as of June 30, 2019 and 2018, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### **Management’s Responsibility for the Financial Statements**

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

### **Auditor’s Responsibility**

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

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

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



## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Ascension Health Alliance d/b/a Ascension at June 30, 2019 and 2018, and the consolidated results of its operations and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

*Ernst + Young LLP*

September 11, 2019

Ascension

Consolidated Balance Sheets  
(Dollars in Thousands)

	June 30,	
	2019	2018
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 896,262	\$ 850,958
Short-term investments	92,072	83,166
Accounts receivable	3,172,747	3,163,172
Inventories	409,129	414,169
Due from brokers (see Notes 4 and 5)	324,977	91,919
Estimated third-party payor settlements	178,556	129,693
Other (see Notes 4 and 5)	959,477	780,713
Total current assets	<u>6,033,220</u>	5,513,790
Long-term investments (see Notes 4 and 5)	19,786,061	19,404,559
Property and equipment, net	10,851,422	10,597,730
Other assets:		
Investment in unconsolidated entities	1,233,209	1,139,306
Capitalized software costs, net	641,533	793,322
Other (see Notes 4 and 5)	1,173,051	1,078,905
Total other assets	<u>3,047,793</u>	3,011,533
Total assets	<u>\$ 39,718,496</u>	<u>\$ 38,527,612</u>

Continued on next page.

# Ascension

## Consolidated Balance Sheets (continued) (Dollars in Thousands)

	<b>June 30,</b>	
	<b>2019</b>	<b>2018</b>
<b>Liabilities and net assets</b>		
Current liabilities:		
Current portion of long-term debt	\$ 125,577	\$ 100,919
Long-term debt subject to short-term remarketing arrangements*	1,043,150	738,770
Accounts payable and accrued liabilities (see Notes 4 and 5)	2,951,322	2,915,838
Estimated third-party payor settlements	599,959	683,229
Due to brokers (see Notes 4 and 5)	369,213	253,264
Current portion of self-insurance liabilities	269,561	288,975
Other	465,499	407,496
Total current liabilities	5,824,281	5,388,491
Noncurrent liabilities:		
Long-term debt (senior and subordinated)	6,760,464	7,123,611
Self-insurance liabilities	675,860	756,028
Pension and other postretirement liabilities	1,580,867	914,045
Other (see Notes 4 and 5)	1,352,740	1,227,680
Total noncurrent liabilities	10,369,931	10,021,364
Total liabilities	16,194,212	15,409,855
Net assets:		
Without donor restrictions:		
Controlling interest	20,776,747	20,446,065
Noncontrolling interests	1,988,121	1,930,466
Total net assets without donor restrictions	22,764,868	22,376,531
Net assets with donor restrictions	759,416	741,226
Total net assets	23,524,284	23,117,757
Total liabilities and net assets	\$ 39,718,496	\$ 38,527,612

\*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, 2020. In the event that bonds are not remarketed upon the exercise of put options or the scheduled mandatory tenders, management would utilize other sources to access the necessary liquidity. Potential sources include liquidating investments, a draw on the line of credit totaling \$1 billion, and issuing commercial paper. The commercial paper program is supported by \$300 million of the \$1 billion line of credit.

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

# Ascension

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

	<b>Year Ended June 30,</b>	
	<b>2019</b>	<b>2018</b>
Operating revenue:		
Net patient service revenue	\$ 23,706,590	\$ 21,665,860
Other revenue	1,616,217	1,493,096
Total operating revenue	25,322,807	23,158,956
Operating expenses:		
Salaries and wages	10,133,885	9,407,216
Employee benefits	1,996,444	1,856,103
Purchased services	2,730,431	2,320,700
Professional fees	1,306,585	1,258,652
Supplies	3,721,362	3,387,222
Insurance	288,598	237,275
Interest	268,338	238,981
Provider tax	629,983	531,703
Depreciation and amortization	1,212,908	1,132,378
Other	2,499,162	2,518,918
Total operating expenses before impairment, restructuring and nonrecurring losses, net	24,787,696	22,889,148
Income from operations before self-insurance trust fund investment return and impairment, restructuring and nonrecurring losses, net	535,111	269,808
Self-insurance trust fund investment return	24,554	28,000
Income from recurring operations	559,665	297,808
Impairment, restructuring and nonrecurring losses, net	(177,157)	(193,047)
Income from operations	382,508	104,761
Nonoperating gains (losses):		
Investment return, net	1,108,597	1,589,337
Contributions from business combinations	26,025	734,127
Other	(112,774)	(53,239)
Total nonoperating gains (losses), net	1,021,848	2,270,225
Excess of revenues and gains over expenses and losses	1,404,356	2,374,986
Less noncontrolling interests	177,741	213,948
Excess of revenues and gains over expenses and losses attributable to controlling interest	1,226,615	2,161,038

*Continued on next page.*

## Ascension

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

	Year Ended June 30,	
	2019	2018
Net assets without donor restrictions, controlling interest:		
Excess of revenues and gains over expenses and losses	\$ 1,226,615	\$ 2,161,038
Transfers to sponsors and other affiliates, net	(4,958)	(5,189)
Net assets released from restrictions for property acquisitions	69,958	51,458
Pension and other postretirement liability adjustments	(956,059)	313,638
Change in unconsolidated entities' net assets	4,242	1,612
Other	(12,289)	5,740
Increase in net assets without donor restrictions, controlling interest	327,509	2,528,297
Gain (loss) from discontinued operations	3,173	(16,155)
Increase in net assets without donor restrictions, controlling interest	330,682	2,512,142
Net assets without donor restrictions, noncontrolling interest:		
Excess of revenues and gains over expenses and losses	177,741	213,948
Net distributions of capital	(133,501)	(57,689)
Membership interest changes, net	18,603	(27,653)
Contributions from business combinations	-	5,478
Other	(5,188)	(1,979)
Increase in net assets without donor restrictions, noncontrolling interests	57,655	132,105
Net assets with donor restrictions:		
Contributions and grants	120,536	109,466
Investment return	19,595	27,398
Net assets released from restrictions	(118,869)	(104,873)
Contributions from business combinations	-	31,350
Other	(3,072)	(3,955)
Increase in net assets with donor restrictions	18,190	59,386
Increase in net assets	406,527	2,703,633
Net assets, beginning of year	23,117,757	20,414,124
Net assets, end of year	\$ 23,524,284	\$ 23,117,757

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

# Ascension

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

	Year Ended June 30,	
	2019	2018
<b>Operating activities</b>		
Increase in net assets	\$ 406,527	\$ 2,703,633
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,212,908	1,132,378
Amortization of bond premiums and debt issuance costs	(23,881)	(18,814)
Loss on extinguishment of debt	100	9,850
Pension and other postretirement liability adjustments	956,059	(313,638)
Contributions from business combinations	(17,938)	(770,955)
Unrealized (gains) losses on investments, net	(494,356)	(506,736)
Change in fair value of interest rate swaps	27,459	(49,019)
Change in equity of unconsolidated entities	(188,337)	(95,224)
Gain on sale of assets, net	(35,262)	(34,796)
Impairment and nonrecurring expenses	7,780	11,482
Transfers to sponsor and other affiliates, net	4,958	5,189
Donor restricted contributions, investment return and other	(132,339)	(152,401)
Other restricted activity	1,405	(31,988)
Distributions of noncontrolling interest, net	133,501	57,689
Other	(273)	(234)
Increase (decrease) in:		
Short-term investments	(8,906)	64,739
Accounts receivable	(49,101)	(63,629)
Inventories and other current assets	49,825	43,202
Due from brokers	(233,058)	105,276
Investments classified as trading	85,377	(1,170,443)
Other assets	(86,800)	(134,160)
Increase (decrease) in:		
Accounts payable and accrued liabilities	68,556	(153,406)
Estimated third-party payor settlements, net	(129,989)	31,963
Due to brokers	115,949	137,481
Other current liabilities	38,125	35,633
Self-insurance liabilities	(99,582)	(30,182)
Other noncurrent liabilities	(194,891)	(196,950)
Net cash provided by continuing operating activities	1,413,816	615,940
Net cash provided by discontinued operations	14,278	14,540
Net cash provided by operating activities	1,428,094	630,480

*Continued on next page.*

## Ascension

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

	<b>Year Ended June 30,</b>	
	<b>2019</b>	<b>2018</b>
<b>Investing activities</b>		
Property, equipment, and capitalized software additions, net	(1,447,151)	\$ (1,170,085)
Proceeds from sale of property and equipment	44,076	15,335
Distributions from unconsolidated entities, net	99,148	208,663
Net proceeds from sale/acquisition of other assets	12,500	298,825
Net cash used in investing activities	(1,291,427)	(647,262)
<b>Financing activities</b>		
Issuance of debt	225,236	695,501
Repayment of debt	(312,502)	(789,442)
Debt issuance costs paid	(573)	(3,091)
Decrease in assets under bond indenture agreements	2,596	15,869
Transfers to sponsors and other affiliates, net	(4,958)	(5,189)
Donor restricted contributions, investment return, and other	132,339	154,176
Distributions of noncontrolling interest, net	(133,501)	(57,689)
Net cash (used in) provided by financing activities	(91,363)	10,135
Net increase (decrease) in cash and cash equivalents	45,304	(6,647)
Cash and cash equivalents at beginning of year	850,958	857,605
Cash and cash equivalents at end of year	\$ 896,262	\$ 850,958

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

# Ascension

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

June 30, 2019

### 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 the sole corporate member and parent organization of Ascension Health (d/b/a Ascension Healthcare), a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Ministry Markets, located in 21 states and the District of Columbia.

Ascension serves as the member or shareholder of various subsidiaries as listed below:

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

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

# Ascension

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

### 1. Organization and Mission (continued)

#### Sponsorship

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

#### Mission

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

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

# Ascension

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

### 1. Organization and Mission (continued)

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

The amount of traditional charity care provided, determined on the basis of cost, was \$605,987 and \$576,267 for the year ended June 30, 2019 and 2018, respectively. The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost is reported in the accompanying supplementary information.

### 2. Significant Accounting Policies

#### Principles of Consolidation

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

	<b>Year Ended June 30,</b>	
	<b>2019</b>	<b>2018</b>
Other revenue	<b>\$181,427</b>	\$106,584
Nonoperating gains	<b>8,019</b>	5,248

#### 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.

## Ascension

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

#### 2. Significant Accounting Policies (continued)

##### 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.

##### New Accounting Standards Adopted

The System adopted Financial Accounting Standards Board (FASB) Accounting Standard Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)* using the full retrospective method of application, and our accounting policies related to revenues were revised accordingly effective July 1, 2018, as discussed below. The most significant impact of adopting the new standard is to the presentation of the System's Consolidated Statements of Operations and Changes in Net Assets, where the provision for doubtful accounts is no longer a separate line item and net patient service revenue is presented net of estimated implicit price concessions (formerly referred to as bad debt allowance). While the standard requires disclosure of the aggregate amount of transaction price allocated to performance obligations that are partially satisfied at the end of the reporting period and adjustments of expected consideration from patients and third party payors for the effects of any financing components, management elected not to disclose as the effects of both are not considered significant. The adoption of the new standard did not have an impact on the System's recognition of net revenues for any periods prior to adoption and eliminated the presentation of the allowance for doubtful accounts on the Consolidated Balance Sheets.

In August 2016, the FASB issued ASU 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. This ASU is intended to improve the net asset classification requirements and the information presented in the financial statements and notes about a not-for-profit entity's liquidity, financial performance and cash flows. In adoption of the standard, Ascension revised the disclosures of net assets with and without donor restrictions, liquidity resources, presentation of investment income, net of investment expenses, and presentation of expenses by both their natural and functional classification. On July 1, 2018, this standard was adopted by the System on a retrospective basis. The prior period consolidated financial statements presented were adjusted to reflect the changes in net assets with and without donor restrictions.

## Ascension

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

#### 2. Significant Accounting Policies (continued)

##### New Accounting Standards Not Yet Adopted

In February 2016, FASB issued ASU 2016-02, *Leases (Topic 842)*, and a related ASU 2018-11, *Leases (Topic 842): Targeted Improvements*, in July 2018. The guidance in these ASUs requires the rights and obligations arising from all lease contracts to be recognized as assets and liabilities on the balance sheet and provides an option to apply the guidance on an entity's effective date instead of the earliest comparative period presented in the entity's financial statements. This standard is effective for the System, beginning July 1, 2019. The System is finalizing its analysis of certain key assumptions that will be utilized to transition to this guidance on the effective date, including discount rates. The primary effect of adopting this guidance will be the recognition of right-of-use assets and obligations for current operating leases.

In March 2017, the FASB issued ASU 2017-07, *Compensation – Retirement Benefits (Topic 715)*. This standard is effective for the System, beginning July 1, 2019. This ASU changes how employers that sponsor defined benefit pension and post-retirement benefit plans present the cost of the benefits in the consolidated statements of operations and changes in net assets. The service cost component of net periodic benefit cost related to these plans will be reported in the same financial statement line as other compensation costs arising from services rendered during the period. The other components of net periodic benefit cost are required to be presented separately from service cost and outside of operating income.

##### 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**

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

Long-term investments include assets limited as to use of approximately \$1,343,000 and \$1,391,000 at June 30, 2019 and June 30, 2018, respectively, comprised primarily of investments placed in trust and held by captive insurance companies for the payment of self-insured claims and investments which are limited as to use, as designated by donors.

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

##### **Property and Equipment**

Property and equipment are stated at cost or, if donated, at fair market value at the date of the gift. Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets. The range of estimated useful lives used in computing depreciation is as follows: buildings and leasehold improvements, 2 to 40 years; and equipment, 2 to 20 years. Depreciation expense for the year ended June 30, 2019 and 2018 was \$986,864 and \$900,676, 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:

	<b>June 30, 2019</b>	<b>June 30, 2018</b>
Land and improvements	\$ 1,256,944	\$ 1,252,833
Buildings and equipment	<b>19,309,205</b>	18,684,610
	<b>20,566,149</b>	19,937,443
Less accumulated depreciation	<b>10,605,708</b>	10,019,090
	<b>9,960,441</b>	9,918,353
Construction in progress	<b>890,981</b>	679,377
Total property and equipment, net	<b>\$ 10,851,422</b>	\$ 10,597,730

Several capital projects have remaining construction and related equipment purchase commitments of approximately \$590,100 as of June 30, 2019.

#### Intangible Assets

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

Capitalized software costs in the following table include software in progress of \$96,717 and \$143,562 at June 30, 2019 and June 30, 2018, respectively:

	<b>June 30, 2019</b>	<b>June 30, 2018</b>
Capitalized software costs	\$ 2,342,789	\$ 2,319,947
Less accumulated amortization	<b>1,701,256</b>	1,526,625
Capitalized software costs, net	<b>641,533</b>	793,322
Goodwill	<b>255,581</b>	212,061
Other, net	<b>44,319</b>	23,361
Intangible assets included in other assets	<b>299,900</b>	235,422
Total intangible assets, net	<b>\$ 941,433</b>	\$ 1,028,744

## Ascension

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

#### 2. Significant Accounting Policies (continued)

Intangible assets whose lives are indefinite, primarily goodwill, are not amortized and are evaluated for impairment at least annually or when circumstances indicate a possible impairment may exist, while intangible assets with definite lives, primarily capitalized computer software costs, are amortized over their expected useful lives. Amortization expense for these intangible assets for the year ended June 30, 2019 and 2018 was \$226,044 and \$231,702, respectively.

Estimated future amortization of intangible assets with definite lives, excluding software in progress, as of June 30, 2019 is as follows:

Year ending June 30:	
2019	\$ 191,260
2020	154,299
2021	113,218
2022	61,151
2023	23,630
Thereafter	<u>36,425</u>
Total	<u>\$ 579,983</u>

During the year ended June 30, 2018, the System substantially completed a significant multi-year, System-wide enterprise resource planning project (Symphony). Capitalized costs of Symphony were approximately \$363,000 at both June 30, 2019 and June 30, 2018 and are being amortized on a straight-line basis over the expected useful life of the software. Accumulated amortization of Symphony was approximately \$235,000 and \$195,000 at June 30, 2019 and June 30, 2018, respectively. See the Impairment, Restructuring, and Nonrecurring Losses discussion below for additional information about costs associated with Symphony.

#### Noncontrolling Interests

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

## Ascension

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

#### **2. Significant Accounting Policies (continued)**

##### **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, which include endowment funds. The income from these funds is used primarily to purchase equipment and to provide charity care and other health and educational services. Contributions with donor-imposed restrictions that are met in the same reporting period are reported as net assets without donor restrictions. Net assets with donor restrictions consist solely of controlling interests of the System.

##### **Performance Indicator**

The performance indicator is the excess of revenues and gains over expenses and losses. Changes in net assets without donor restrictions that are excluded from the performance indicator primarily include pension and other postretirement liability adjustments, transfers to or from sponsors and other affiliates, net assets released from restrictions for property acquisitions, and change in unconsolidated entities' net assets.

##### **Operating and Nonoperating Activities**

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

# Ascension

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

### 2. Significant Accounting Policies (continued)

#### Net Patient Service Revenue and Accounts Receivable

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

The transaction price is determined based on gross charges for services provided, reduced by contractual adjustments provided to third-party payers, discounts provided to uninsured patients in accordance with our charity care policy, and implicit price concessions provided primarily to uninsured patients. Patients who have health care insurance may also have discounts applied related to their copayment or deductible. Implicit price concessions are recorded as a direct reduction to net patient service revenue and are based primarily on historical collection experience. Estimates of contractual adjustments and discounts are determined by major payor classes for inpatient and outpatient revenues based on contractual agreements, discount policies and historical experience. Management continually reviews the contractual estimation process to consider and incorporate updates to laws and regulations and frequent changes in commercial and managed care contractual terms resulting from contract renegotiations and renewals.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue related to prior periods increased net patient service revenue by \$127,562 and \$60,037 for the year ended June 30, 2019 and 2018, 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.

## Ascension

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

#### 2. Significant Accounting Policies (continued)

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

Net patient service revenue earned for the years ended June 30, 2019 and 2018, is as follows:

	<b>Year Ended June 30,</b>	
	<b>2019</b>	<b>2018</b>
Inpatient care	<b>\$ 11,483,963</b>	\$ 10,466,751
Ambulatory care	<b>9,067,023</b>	8,238,071
Physician practices	<b>2,677,659</b>	2,591,780
Long-term care	<b>477,945</b>	369,258
Total net patient service revenue	<b>\$ 23,706,590</b>	\$ 21,665,860

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:

	<b>Net Patient Service Revenue</b>		<b>Accounts Receivable</b>	
	<b>June 30,</b>		<b>June 30,</b>	<b>June 30,</b>
	<b>2019</b>	<b>2018</b>	<b>2019</b>	<b>2018</b>
Medicare - traditional and managed	<b>36 %</b>	36 %	<b>28 %</b>	27 %
Medicaid - traditional and managed	<b>14</b>	13	<b>11</b>	12
Other commercial and managed care	<b>44</b>	44	<b>41</b>	40
Self-Pay and other	<b>6</b>	7	<b>20</b>	21
	<b>100 %</b>	100 %	<b>100 %</b>	100 %

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.

# 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. Accounts are written off when all reasonable internal and external collection efforts have been performed.

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

### Other Operating Revenue

Other operating revenues are recorded at amounts the System expects to collect in exchange for providing goods or services not directly associated with patient care and recorded over the time in which obligations to provide goods or services are satisfied. The amounts recognized reflect consideration due from customers, third party payors, and others. Components of other operating revenue are included in the following table for the years ended June 30, 2019 and 2018:

	Year Ended June 30,	
	2019	2018
Cafeteria and vending	84,226	80,254
Contracted services	180,971	165,954
Donations and grants	146,508	146,461
Gains on sales of property and equipment	49,251	47,624
Insurance plans	79,368	74,623
Joint venture income	181,427	106,584
Lab services	81,789	77,447
Rental income	98,210	82,776
Retail pharmacy	317,805	280,824
Supplemental care programs	204,197	200,468
Other	192,465	230,081
Total other revenue	\$ 1,616,217	\$ 1,493,096

## Ascension

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

#### **2. Significant Accounting Policies (continued)**

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

#### **Impairment, Restructuring, and Nonrecurring Losses**

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

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

Nonrecurring expenses associated with Symphony primarily include deployment costs to implement Symphony in certain Health Ministries.

During the year ended June 30, 2019, the System recorded total impairment, restructuring, and nonrecurring losses, net of \$177,157. This amount was comprised primarily of \$12,801 of nonrecurring expenses associated with Symphony, one-time termination benefits and other restructuring expenses of \$93,979, and other nonrecurring expenses of \$70,377.

During the year ended June 30, 2018, the System recorded total impairment, restructuring, and nonrecurring losses, net of \$193,047. This amount was comprised primarily of \$11,881 of nonrecurring expenses associated with Symphony, one-time termination benefits and other restructuring expenses of \$97,565, and other nonrecurring expenses of \$83,601.

#### **Amortization**

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

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

# Ascension

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

### 2. Significant Accounting Policies (continued)

#### Income Taxes

The member healthcare entities of the System are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or Section 501(c)(2), and their related income is exempt from federal income tax under Section 501(a). The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2019.

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

The System had deferred tax assets of approximately \$399,000 and \$386,000 for federal and state income tax purposes primarily related to net operating loss carryforwards for the years ended June 30, 2019 and 2018, respectively. Net operating losses incurred prior to July 1, 2018 have expiration dates through 2038, while net operating losses incurred during the current fiscal year and in any future periods can be carried forward indefinitely, under The Act. A valuation allowance of approximately \$394,000 and \$384,000 was recorded due to the uncertainty regarding use of the deferred tax assets for the years ended June 30, 2019 and 2018, respectively.

#### Regulatory Compliance

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

#### Reclassifications

Certain reclassifications were made to the accompanying June 30, 2018 consolidated financial statements to conform to the June 30, 2019 presentation.

## Ascension

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

#### 2. Significant Accounting Policies (continued)

##### 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, 2019, the System evaluated subsequent events through September 11, 2019, representing the date on which the accompanying consolidated financial statements were issued.

#### 3. Organizational Changes

##### Business Combinations

###### *Bay County Health System, LLC – Florida*

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

###### *Presence Health Network – Illinois*

Effective March 1, 2018, certain entities formerly controlled by Presence Health Network (Presence) were acquired by Ascension Healthcare in a series of transactions. These transactions were accounted for as an acquisition during the year ended June 30, 2018 in accordance with Accounting Standards Codification (ASC) Topic 958-805, *Business Combinations – Not-for-Profit Entities* and acquired assets and liabilities were recorded at fair value.

The fair value of net assets of \$770,955 was recognized in the Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2018, as a nonoperating contribution from business combinations of \$734,127, contributions of net assets without donor restrictions, noncontrolling interests of \$5,478, and contributions of net assets with donor restrictions of \$31,350.

For the year ended June 30, 2018, Ascension recognized four months of revenues from Presence totaling \$802,573, and a deficit of revenues and gains over expenses and losses totaling \$18,395, of which \$18,714 was attributable to controlling interest.

## Ascension

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

#### 3. Organizational Changes (continued)

The following unaudited pro forma financial information presents the combined results of operations of Ascension and Presence for the year ended June 30, 2018 as though the business combination transaction had occurred on June 30, 2017. This pro forma financial information is not necessarily indicative of the results of operations that would occur if these entities were consolidated into the System during those periods, nor is it necessarily indicative of future operating results.

	<b>Year Ending June 30, 2018</b>
Total operating revenue	<b>\$ 24,780,242</b>
Excess of revenues and gains over expenses and losses attributable to controlling interest	<b>1,462,912</b>
Increase in net assets without donor restrictions, controlling interest	<b>1,841,128</b>
Increase in net assets without donor restrictions, noncontrolling interest	<b>126,428</b>
Increase in net assets with donor restrictions, controlling interest	<b>17,842</b>

The pro forma excess of revenues and gains over expenses and losses and other changes in net assets above includes certain adjustments attributable to the business combination transactions.

#### Divestitures

During the year ended June 30, 2019 and 2018, Ascension, including certain of its wholly owned subsidiaries, completed the sale of, or undertook actions to sell or transfer ownership of, certain assets and liabilities in Bridgeport, Connecticut and Pasco, Washington, as follows.

#### *Assets Held for Sale*

On September 28, 2018, Ascension Healthcare entered into an asset sale agreement to sell certain assets and liabilities and substantially all related operations of St. Vincent's Medical Center, an Ascension Healthcare subsidiary located in Bridgeport, Connecticut, to Hartford HealthCare Corporation. The sale is expected to close after all necessary regulatory approvals are obtained. Assets and liabilities held for sale at June 30, 2019 were \$265,816 and \$39,938, respectively, and are included in other current assets and other current liabilities in the accompanying Consolidated Balance Sheet.

## Ascension

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

#### **3. Organizational Changes (continued)**

##### *Discontinued Operations*

On September 1, 2018, Ascension completed the sale of substantially all assets and certain liabilities of Our Lady of Lourdes Hospital at Pasco in Pasco, Washington, d/b/a Lourdes Health Network, to RCCH HealthCare Partners. Assets and liabilities held for sale, included in other current assets and other current liabilities at June 30, 2018 were \$33,184 and \$24,518, respectively.

The gain (loss) from discontinued operations was \$3,173 and (\$16,155) for the years ended June 30, 2019 and 2018, respectively.

##### **Other**

On January 3, 2018, Ascension sold its interest in Health City Cayman Islands LTD under a contribution and redemption agreement with Narayana Hrudayalaya Limited, Narayana Cayman Holdings LTD and Health City Cayman Islands LTD.

#### **4. Pooled Investment Fund**

At June 30, 2019 and June 30, 2018, a significant portion of the System's investments consists of the System's interest in the Alpha Fund, a limited liability company organized in the state of Delaware. Certain System investments, including some held by the Health Ministries and their consolidated foundations, are managed outside of the Alpha Fund.

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

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

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

## Ascension

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

#### 4. Pooled Investment Fund (continued)

Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2019, contractual agreements of the Alpha Fund expire between July 2019 and March 2025. The remaining unfunded capital commitments of the Alpha Fund total approximately \$1,721,000 for 216 individual funds as of June 30, 2019. Due to the uncertainty surrounding whether the contractual commitments will require funding during the contractual period, future minimum payments to meet these commitments cannot be reasonably estimated. These committed amounts are expected to be primarily satisfied by the liquidation of existing investments in the Alpha Fund.

In the normal course of business, the Fund enters into derivative contracts (derivatives) for trading purposes following Fund guidelines. Derivatives in which the Fund may invest include options, futures contracts, swaps, forward settling mortgage-backed securities, and index-based instruments. Advisers selected by AIM to manage the Fund's assets may actively trade futures contracts, options, and foreign currency forward contracts. AIM may direct these advisers to execute derivative transactions. These transactions are used to hedge against changes in the interest rates, security prices, currency fluctuations, and other market developments to manage risk or for the purposes of earning additional income. Derivatives are either exchange-traded or over the counter contracts. Exchange-traded derivatives are standard contracts traded on a regulated exchange. Over the counter contracts are private contracts negotiated with counterparties. See the Fair Value Measurements note for a discussion of how fair value for the Alpha Fund's derivatives is determined. At June 30, 2019 and June 30, 2018, the gross notional value of Alpha Fund derivatives outstanding was approximately \$9,347,000 and \$7,215,000, respectively.

The fair value of Alpha Fund derivatives in an asset position was \$75,647 and \$27,533 at June 30, 2019 and June 30, 2018, respectively, while the fair value of Alpha Fund derivatives in a liability position was \$57,771 and \$71,584 at June 30, 2019 and June 30, 2018, respectively. These derivatives are included in long-term investments in the accompanying Consolidated Balance Sheets at June 30, 2019 and June 30, 2018.

The Alpha Fund also participates in a securities lending program, whereby a portion of the Alpha Fund's investments are loaned to selected established brokerage firms in return for securities from the brokers as collateral for the investments loaned, usually on a short-term basis. The fair value of collateral held by the Alpha Fund associated with such lending agreements amounts to \$391,125 at June 30, 2019.

Due from brokers and due to brokers on the Consolidated Balance Sheets at June 30, 2019 and June 30, 2018, represent the Alpha Fund's positions and amounts due from or to various brokers, primarily for security transactions not yet settled, and cash held by brokers for securities sold, not yet purchased.

## Ascension

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

#### 5. Cash and Investments

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

	<b>June 30, 2019</b>	<b>June 30, 2018</b>
Cash and cash equivalents	\$ 896,262	\$ 850,958
Short-term investments	92,072	83,166
Long-term investments	19,786,061	19,404,559
Subtotal	<u>20,774,395</u>	<u>20,338,683</u>
Other Alpha Fund assets and liabilities:		
In other current assets	41,461	38,161
In accounts payable and other accrued liabilities	(11,542)	(12,403)
In other noncurrent liabilities	(20)	(3,321)
Due (to) from brokers, net	(44,236)	(161,345)
Total cash and investments, net	<u>20,760,058</u>	<u>20,199,775</u>
Less noncontrolling interests of Alpha Fund	<u>1,755,068</u>	<u>1,714,371</u>
System cash and investments, including assets limited as to use	<u>19,004,990</u>	<u>18,485,404</u>
Less assets limited as to use:		
Under bond indenture agreement	1,039	3,635
Self-insurance trust funds	639,006	697,588
With donor restrictions	703,017	689,988
Total assets limited as to use	<u>1,343,062</u>	<u>1,391,211</u>
System unrestricted cash and investments, net	<u><u>\$ 17,661,928</u></u>	<u><u>\$ 17,094,193</u></u>

## Ascension

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

#### 5. Cash and Investments (continued)

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

	June 30, 2019	June 30, 2018
Cash and cash equivalents and short-term investments	\$ 1,089,466	\$ 1,137,098
Pooled short-term investment funds	728,104	965,960
U.S. government, state, municipal and agency obligations	2,741,689	2,752,951
Corporate and foreign fixed income securities	1,675,874	1,983,790
Asset-backed securities	3,078,928	1,610,733
Equity securities	5,358,824	5,766,018
Alternative investments and other investments:		
Private equity and real estate funds	2,768,605	2,334,655
Hedge funds	1,839,334	2,325,236
Commodities funds and other investments	1,493,571	1,462,242
Total alternative investments and other investments	6,101,510	6,122,133
Total cash and cash equivalents, short-term investments, and long-term investments	\$ 20,774,395	\$ 20,338,683

Investment return recognized by the System for the year ended June 30, 2019 and 2018, is summarized in the following table. Total investment return includes the System's return on certain investments held and managed outside the Alpha Fund and the investment return of the Alpha Fund. System investment return represents the System's total investment return, net of the investment return earned by the noncontrolling interests of other Alpha Fund members.

	Year Ended June 30,	
	2019	2018
Interest and dividends	\$ 441,982	\$ 363,227
Net gains on investments reported at fair value	691,169	1,254,110
Restricted investment return and unrealized gains, net	19,595	27,398
Investment return, net	1,152,746	1,644,735
Less return earned by noncontrolling interests of Alpha Fund	80,592	113,207
System investment return, net	\$ 1,072,154	\$ 1,531,528

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

## Ascension

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

#### 6. Financial Assets and Liquidity Resources

As of June 30, 2019, 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:

	<b>June 30, 2019</b>
Financial assets:	
Cash and cash equivalents	\$ 896,262
Short term investments	92,072
Accounts receivable	3,172,747
Due from brokers	324,977
Other current assets	959,477
Long term investments	19,786,061
Total financial assets	25,231,596
Less:	
Assets limited as to use and other restricted funds	(1,456,257)
Noncontrolling interests of Alpha Fund	(1,755,068)
Investments with liquidity more than one year	(3,516,214)
Total financial assets available within one year	18,504,057
 Liquidity resources:	
Unused lines of credit	1,000,000
Total financial assets and liquidity resources available within one year	\$ 19,504,057

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

## Ascension

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

#### 7. Fair Value Measurements

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

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

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

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

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

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

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

## Ascension

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

#### **7. Fair Value Measurements (continued)**

There were no significant transfers between Levels 1 and 2 during the year ended June 30, 2019 and 2018.

As of June 30, 2019, and June 30, 2018, the assets and liabilities listed in the fair value hierarchy tables below use the following valuation techniques and inputs:

##### *Cash and Cash Equivalents and Short-Term Investments*

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

##### *Pooled Short-term Investment Fund*

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

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

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

##### *Corporate and Foreign Fixed Income Securities*

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

## Ascension

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

#### **7. Fair Value Measurements (continued)**

##### *Asset-backed Securities*

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

##### *Equity Securities*

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

##### *Alternative Investments and Other Investments*

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

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

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

## Ascension

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

#### **7. Fair Value Measurements (continued)**

##### *Benefit Plan Assets*

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

##### *Interest Rate Swap Assets and Liabilities*

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

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

##### *Investments Sold, Not Yet Purchased*

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

## Ascension

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

#### 7. Fair Value Measurements (continued)

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

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

# Ascension

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

### 7. Fair Value Measurements (continued)

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

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

The amount of total gains or losses for the period included in nonoperating gains (losses) attributable to the changes in unrealized gains or losses relating to assets still held at June 30, 2019	\$ -	\$ (604)	\$ (4,904)	\$ (10,038)	\$ -	\$ 317	\$ -
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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)

### 7. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2018, for all financial assets and liabilities measured at fair value on a recurring basis in the System's consolidated financial statements:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>June 30, 2018</b>				
Cash equivalents	\$ 43,822	\$ 370	\$ -	\$ 44,192
Short-term investments	49,070	100,793	1,130	150,993
Pooled short-term investment funds	965,960	-	-	965,960
U.S. government, state, municipal and agency obligations	-	2,752,951	-	2,752,951
Corporate and foreign fixed income securities	-	1,971,834	11,956	1,983,790
Asset-backed securities	-	1,305,455	305,278	1,610,733
Equity securities	4,705,172	44,329	29,239	4,778,740
Alternative investments and other investments:				
Private equity and real estate funds	1,952	2,400	295,109	299,461
Commodities funds and other investments	(13,648)	(12,221)	1,121	(24,748)
Assets at net asset value:				
Corporate and foreign fixed income securities				-
Equity securities				987,278
Private equity and real estate funds				2,035,194
Hedge funds				2,325,236
Commodities funds and other investments				1,390,328
Cash and other investments not at fair value				<u>1,038,575</u>
Cash and investments				<u>\$ 20,338,683</u>
Benefit plan assets, in other noncurrent assets	\$ 453,193	\$ 762	\$ 47,827	\$ 501,782
Interest rate swaps, in other noncurrent assets	-	1,930	-	1,930
Investments sold, not yet purchased, in other noncurrent liabilities	2,912	409	-	3,321
Interest rate swaps, included in other noncurrent liabilities	-	108,781	-	108,781

# Ascension

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

### 7. Fair Value Measurements (continued)

For the year ended June 30, 2018, the changes in the fair value of the assets and liabilities measured using significant unobservable inputs (Level 3) consisted of the following:

Year Ended	Short-term investments	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities	Private Equity and Real Estate Funds	Commodities Funds and Other Investments	Benefit Plan Assets
<b>June 30, 2018</b>							
Beginning balance	\$ 345	\$ 28,119	\$ 193,211	\$ 4,738	\$ 241,420	\$ 7,493	\$ 54,698
Total realized and unrealized gains (losses):							
Included in nonoperating gains (losses)	-	383	1,585	7,856	101,835	(11,994)	-
Included in changes in net assets	-	-	-	-	-	(173)	-
Purchases	1,130	8,255	239,778	18,547	55,733	3,161	61,744
Issuances	-	-	-	-	650	-	-
Sales	-	(27,625)	(134,369)	(1,902)	(84,658)	2,448	(56,111)
Transfers into Level 3	-	13,638	5,073	-	-	186	44,057
Transfers out of Level 3	(345)	(10,814)	-	-	(19,871)	-	(56,561)
Ending balance	<u>\$ 1,130</u>	<u>\$ 11,956</u>	<u>\$ 305,278</u>	<u>\$ 29,239</u>	<u>\$ 295,109</u>	<u>\$ 1,121</u>	<u>\$ 47,827</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, 2018	<u>\$ -</u>	<u>\$ (735)</u>	<u>\$ (2,029)</u>	<u>\$ 7,725</u>	<u>\$ (6,243)</u>	<u>\$ (3,783)</u>	<u>\$ -</u>

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

# Ascension

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

### 8. Long-Term Debt

Long-term debt at June 30, 2019 and 2018 is comprised of the following and is presented in accordance with the specific master trust indenture to which the debt relates. As further discussed below, certain portions of long-term debt are secured under the Mercy Regional Health Center, Inc. Master Trust Indenture.

	June 30,	
	2019	2018
<b>Tax-exempt hospital revenue bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture:</b>		
Variable rate demand bonds, subject to a seven-day put provision, payable through November 2047; interest (1.90% to 2.00% at June 30, 2019) set at prevailing market rates	\$ 532,815	\$ 519,965
Fixed rate serial, term and mode bonds fixed to maturity payable in installments through November 2051; interest at 3.00% to 5.00%	3,892,290	3,854,395
Fixed rate serial mode bonds payable through 2047 with purchase dates ranging from August 2019 through July 2024; interest at 1.10% to 5.00% through the purchase dates	1,104,500	1,210,955
<b>Tax-exempt hospital revenue bonds – unsecured under Ascension Health Alliance Subordinate Master Trust Indenture:</b>		
Variable rate demand bonds, subject to a seven-day put provision, payable through November 2025; interest (2.00% at June 30, 2019) set at prevailing market rates	30,915	35,065
Fixed rate serial mode bonds with maturity payable installments through November 2027; interest at 4.00%	50,575	51,955
Fixed rate serial mode bonds payable through 2027 with purchase dates through August 2020; interest at 1.25% to 2.80%	269,520	298,140
<b>Taxable bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture:</b>		
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
<b>Total hospital revenue bonds under Senior Master Trust Indenture and Subordinate Master Trust Indenture</b>	<b>7,475,615</b>	<b>7,565,475</b>
<b>Tax-exempt hospital revenue bonds – secured under Mercy Regional Health Center, Inc. Master Trust Indenture:</b>		
Fixed rate serial and term bonds payable in installments through November 2029; interest at 5.00%	18,385	19,615
<b>Total hospital revenue bonds – all Master Trust Indentures</b>	<b>\$ 7,494,000</b>	<b>\$7,585,080</b>

Ascension

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

**8. Long-Term Debt (continued)**

	June 30,	
	2019	2018
<b>Total hospital revenue bonds – all Master Trust Indentures</b>	<b>\$ 7,494,000</b>	<b>\$ 7,585,080</b>
Other debt:		
Obligations under capital leases	100,253	10,340
Other	31,025	46,803
	<b>7,625,278</b>	7,642,233
Unamortized premium, net	341,179	360,164
Less debt issuance cost, net	(37,266)	(39,097)
Less current portion	(125,577)	(100,919)
Less long-term debt subject to short-term remarketing arrangements	(1,043,150)	(738,770)
<b>Long-term debt, less current portion and long-term debt subject to short-term remarketing arrangements</b>	<b>\$ 6,760,464</b>	<b>\$ 7,123,611</b>

	June 30,	
	2019	2018
Ascension Health Alliance Senior Master Trust Indenture long-term debt obligations, including unamortized premium and cost of issuance, net	<b>\$ 6,528,206</b>	\$ 6,741,328
Ascension Health Alliance Subordinate Master Trust Indenture long-term debt obligations, including unamortized premium and cost of issuance, net	95,761	323,050
Mercy Regional Health Center, Inc. Master Trust Indenture long-term debt obligations, including unamortized premium, net	18,141	19,664
Other	118,356	39,569
<b>Long-term debt, less current portion, and long-term debt subject to short-term remarketing arrangements</b>	<b>\$ 6,760,464</b>	<b>\$ 7,123,611</b>

## Ascension

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

#### 8. Long-Term Debt (continued)

Scheduled principal repayments of long-term debt, considering obligations subject to short-term remarketing as due according to their long-term amortization schedule, as of June 30, 2019, are as follows:

Year Ending June 30:	Ascension Health Alliance MTIs	Mercy Regional Health Center, Inc. MTI	Other Debt	Total
2020	\$ 111,370	\$ 1,285	\$ 12,922	\$ 125,577
2021	122,805	1,350	12,432	136,587
2022	130,555	1,420	10,179	142,154
2023	136,020	1,495	10,118	147,633
2024	142,265	1,570	22,513	166,348
Thereafter	6,832,600	11,265	63,114	6,906,979
Total	<u>\$ 7,475,615</u>	<u>\$ 18,385</u>	<u>\$ 131,278</u>	<u>\$ 7,625,278</u>

The carrying values of fixed rate bonds were \$6,930,270 and \$7,030,060 at June 30, 2019 and 2018, respectively. The fair values of these fixed rate bonds were \$7,567,480 and \$7,391,287 at June 30, 2019 and 2018, respectively, representing Level 2 measurements obtained from an independent third party valuation service. The carrying amounts of variable rate bonds and other notes payable approximate fair value.

During the years ended June 30, 2019 and 2018, interest paid was approximately \$299,000 and \$248,000, respectively. Capitalized interest was approximately \$3,500 and \$1,500 for the years ended June 30, 2019 and 2018, respectively.

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

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

## Ascension

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

#### **8. Long-Term Debt (continued)**

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

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

The unsecured variable rate demand bonds of both the Senior and Subordinate Credit Groups, while subject to long-term amortization periods, may be put to the System at the option of the bondholders in connection with certain remarketing dates. To the extent that bondholders may, under the terms of the debt, put their bonds within 12 months after June 30, 2019, the principal amount of such bonds has been classified as a current liability in the accompanying Consolidated Balance Sheets. Management believes the likelihood of a material amount of bonds being put to the System to be remote. However, to address this possibility, management has taken steps to provide various sources of liquidity in the event any bonds would be put, including the line of credit, commercial paper program, and maintaining unrestricted assets as a source of self-liquidity.

In September and October 2017, all previously outstanding bonds issued under the Alexian Brothers and St. John Health System Master Trust Indentures were defeased. Certain entities of Alexian Brothers and St. John Health System have been added to the Ascension Senior Credit Group. In October 2017, Ascension issued \$245,000 of taxable bonds through a reopening of the Series 2016A taxable bond offering, a Senior Credit Group Obligation. The debt was issued primarily to refund the Series 2012 St. John Health System bonds and the Series 2008 and Series 2010 Alexian Brothers bonds. The only remaining bond series outside of the Ascension Master Trust Indenture is the Master Trust Indenture dated January 15, 2013, between Mercy Regional Health Center, Inc. and the Mercy Regional Health Center, Inc. Master Trustee.

## Ascension

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

#### **8. Long-Term Debt (continued)**

In May 2018, Ascension issued an Ascension Credit Group Master Trust Indenture Obligation (the “Ascension Obligation”) to secure the \$1,000,000 Illinois Finance Authority Revenue Bonds, Series 2016C (Presence Health Network) (the “Presence Bonds”). As permitted by the bond trust indenture for the Presence Bonds, the Direct Note Obligation originally issued under the Presence Master Trust Indenture dated as of August 1, 2016 was surrendered and cancelled concurrent with the execution of the Ascension Obligation. The Presence Master Trust Indenture was also cancelled simultaneously.

Due to aggregate financing activity during the fiscal years ended June 30, 2019 and 2018, losses on extinguishment of debt of \$100 and \$9,850, respectively, were recorded, which are included in nonoperating gains (losses) in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

As of June 30, 2019, the Senior Credit Group had two lines of credit totaling \$1,000,000. The first line of credit totals \$300,000 which may be used as a source of funding for unremarketed variable debt (including commercial paper) or for general corporate purposes. The second line of credit totals \$700,000 which may be used for general corporate purposes. Both lines are committed to December 4, 2020 and as of June 30, 2019 and 2018, there were no borrowings under either line of credit.

As of June 30, 2019, the Senior Credit Group had a \$100,000 revolving line of credit related to its letters of credit program toward which a bank commitment of \$100,000 extends to November 14, 2019. The revolving line of credit may be accessed solely in the form of Letters of Credit issued by the bank for the benefit of the members of the Credit Groups. Of this \$100,000 revolving line of credit, letters of credit totaling \$79,337 have been issued as of June 30, 2019. No borrowings were outstanding under the letters of credit as of June 30, 2019 and 2018.

#### **9. Derivative Instruments**

The System uses interest rate swap agreements to manage interest rate risk associated with its outstanding debt. Interest rate swaps with varying characteristics are outstanding under the Master Trust Indenture of the System. These swaps have historically been used to effectively convert interest rates on variable rate bonds to fixed rates and rates on fixed rate bonds to variable rates. At June 30, 2019 and June 30, 2018, the notional values of outstanding interest rate swaps were \$1,020,775 and \$1,084,975, respectively.

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

## Ascension

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

#### **9. Derivative Instruments (continued)**

The fair value of interest rate swaps in an asset position was \$3,174 and \$1,930 at June 30, 2019 and June 30, 2018, respectively. The fair value of interest rate swaps in a liability position was \$137,484 and \$108,781 at June 30, 2019 and June 30, 2018, respectively.

The System's interest rate swap agreements include collateral requirements for each counterparty under such agreements, based upon specific contractual criteria, subject to master netting arrangements. Collateral requirements are calculated based on the System's credit ratings. The applicable credit rating is the Senior Credit Group long-term debt credit ratings (Senior Debt Credit Ratings), as obtained from each of two major credit rating agencies. Credit rating and the net liability position of total interest rate swap agreements outstanding with each counterparty determine the amount of collateral to be posted. No collateral was posted at June 30, 2019 and June 30, 2018.

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

#### **10. Retirement Plans**

Certain System entities participate in defined-benefit pension plans (the System Plans), which are noncontributory, defined-benefit pension plans. Benefits are based on each participant's years of service and compensation. At June 30, 2019, primarily all of the System Plans' assets are invested in the Master Pension Trust (the Trust). At June 30, 2018, the System Plans' assets were also invested in one additional other trust (the Other Trust).

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

Contributions to the System Plans are based on actuarially determined amounts sufficient to meet the benefits to be paid to participants. Most System defined benefit plans were frozen effective December 31, 2012. Two of the System Plans remain ongoing at June 30, 2019.

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

## Ascension

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

#### 10. Retirement Plans (continued)

The following table sets forth the combined benefit obligations and assets of the System Plans at June 30, 2019 and 2018, components of net periodic benefit costs for the years then ended, and a reconciliation of the amounts recognized in the accompanying consolidated financial statements.

	<b>Year Ended June 30,</b>	
	<b>2019</b>	<b>2018</b>
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$ 9,441,554	\$ 9,173,650
Service Cost	682	6,418
Interest Cost	389,386	352,931
Assumption change	711,560	(535,210)
Actuarial loss	40,486	51,229
Acquisitions	-	893,732
Curtailment	-	(3,780)
Benefits paid	(572,020)	(497,416)
Projected benefit obligation at end of year	<b>10,011,648</b>	9,441,554
Change in plan assets:		
Fair value of plan assets at beginning of year	8,602,710	7,919,767
Actual return on plan assets	468,256	405,550
Employer contributions	4,157	5,601
Acquisitions	-	769,208
Benefits paid	(572,020)	(497,416)
Fair value of plan assets at end of year	<b>8,503,103</b>	8,602,710
Net amount recognized at end of year and funded status	<b>\$ (1,508,545)</b>	\$ (838,844)
Accumulated benefit obligation at end of year	<b>\$ 10,010,998</b>	\$ 9,438,370

## Ascension

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

#### 10. Retirement Plans (continued)

The System Plans' funded status as a percentage of both the projected and accumulated benefit obligations was 84.9% and 91.1% at June 30, 2019 and 2018, respectively.

Included in net assets without donor restrictions at June 30, 2019 and 2018, are the following amounts that have not yet been recognized in net periodic pension cost for the System Plans:

	<b>Year Ended June 30,</b>	
	<b>2019</b>	<b>2018</b>
Unrecognized prior service credit	\$ 8	\$ (2,509)
Unrecognized actuarial loss	<b>2,506,799</b>	1,576,969
	<b>\$ 2,506,807</b>	\$ 1,574,460

Changes in plan assets and benefit obligations recognized in net assets without donor restrictions for System Plans during 2019 and 2018 include:

	<b>Year Ended June 30,</b>	
	<b>2019</b>	<b>2018</b>
Current year actuarial (gain) loss	\$ 1,001,500	\$ (206,792)
Amortization of actuarial (loss) gain	(71,671)	(73,786)
Amortization of prior service credit	2,518	2,776
	<b>\$ 932,347</b>	\$ (277,802)

	<b>Year Ended June 30,</b>	
	<b>2019</b>	<b>2018</b>
<b>Components of net periodic benefit cost</b>		
Service cost	\$ 682	\$ 6,418
Interest cost	<b>389,386</b>	352,931
Expected return on plan assets	(717,710)	(686,518)
Amortization of prior service credit	(2,518)	(2,776)
Amortization of actuarial loss	<b>65,952</b>	74,540
Settlement loss (gain)	5,719	(754)
Net periodic benefit cost	<b>\$ (258,489)</b>	\$ (256,159)

## Ascension

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

#### 10. Retirement Plans (continued)

The prior service credit and actuarial loss included in net assets without donor restrictions and expected to be recognized in net periodic pension cost during the year ending June 30, 2019, are \$700 and \$111,170, respectively.

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

	June 30,	
	2019	2018
<b>To determine benefit obligations:</b>		
Discount rate	3.55%	4.30%
<b>To determine net periodic benefit cost:</b>		
Discount rate	4.30%	3.87%
Expected return on plan assets	8.37%	8.37%

The expected long-term rate of return on the System Plans' assets is based on historical and projected rates of return for current and planned asset categories in the investment portfolio. Assumed projected rates of return for each asset category were selected after analyzing historical experience and future expectations of the returns and volatility for assets of that category using benchmark rates. Based on the target asset allocation among the asset categories, the overall expected rate of return for the portfolio was developed and adjusted for historical and expected experience of active portfolio management results compared to benchmark returns and for the effect of expenses paid from plan assets.

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

## Ascension

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

#### 10. Retirement Plans (continued)

In accordance with the System Plans' asset diversification targets, as presented in the table that follows, the Trust holds certain alternative investments, consisting of various hedge funds, real asset funds, private equity funds, commodity funds, private credit funds, and certain other private funds. These investments do not have observable market values. As such, each of these investments is valued at net asset value (NAV) as determined by each fund's investment manager, which approximates fair value. Management elected to use the NAV per share, or equivalent, for fair value. Collectively, these funds have liquidity terms ranging from daily to annual with notice periods ranging from 1 to 180 days. Due to redemption restrictions, investments of certain private funds, whose fair value was approximately \$1,176,000 at June 30, 2019, cannot currently be redeemed. However, the potential for the System Plans to sell their interest in real asset funds and private equity funds in a secondary market prior to the end of the fund term does exist.

The investments in these alternative investment funds may also include contractual commitments to provide capital contributions during the investment period, which is typically five years, and may extend to the end of the fund term. During these contractual periods, investment managers may require the System Plans to invest in accordance with the terms of the agreement. Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2019, investment periods expire between August 2019 and January 2025. The remaining unfunded capital commitments of the Trust total approximately \$695,000 for 133 individual contracts as of June 30, 2019. The weighted-average asset allocation for the System Plans in the Trust at the end of fiscal 2019 and 2018 and the target allocation for fiscal 2019, by asset category, are as follows:

Asset Category	Target Allocation 2020	Percentage of Plan Assets at June 30,	
		2019	2018
Growth	57%	57%	60%
Deflation	28%	31%	25%
Inflation	15%	12%	15%
Total	100%	100%	100%

## Ascension

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

#### 10. Retirement Plans (continued)

The System Plans' assets in the Other Trust were invested in portfolios designated to best serve the participants of the System Plans' through a long-term investment strategy designed to ensure that funds are available to pay benefits as they become due and to maximize the total return at a prudent level of investment risk. The System Plans' assets invested in the Other Trust were diversified among various asset classes based upon established investment guidelines. All of the assets in the Other Trust were transferred to the Trust during the year ended June 30, 2019. The allocation of the System Plans' assets in the Other Trust at the end of fiscal 2018, by asset category, are as follows:

<b>Asset Category</b>	<b>Percentage of Plan Assets at June 30, 2018</b>
Equity securities	<b>68%</b>
Fixed-income securities and real assets	<b>31%</b>
Cash and cash equivalents	<b>1%</b>
Total	<b>100%</b>

The following tables summarize fair value measurements at June 30, 2019 and 2018, by asset class and by level, for the System Plans' assets and liabilities. As also discussed in the Fair Value Measurements note, the System follows the three-level fair value hierarchy to categorize plan assets and liabilities recognized at fair value, which prioritizes 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)

**10. Retirement Plans (continued)**

	Level 1	Level 2	Level 3	Total
<b>June 30, 2019</b>				
Short-term investments	\$ 614,483	\$ 12,993	\$ -	\$ 627,476
Derivatives receivable	2,123	144,629	1,590	148,342
U.S. government, state, municipal and agency obligations	-	1,594,359	-	1,594,359
Corporate and foreign fixed income securities	-	539,310	1,057	540,367
Asset-backed securities	-	1,353,768	18,134	1,371,902
Equity securities	1,959,773	4,434	14	1,964,221
Assets at net value:				
Corporate and foreign fixed income securities				13,097
Equity securities				138,360
Private equity and real estate funds				1,314,431
Hedge funds				900,388
Commodities funds and other investments				32,396
Other receivables				187,571
Total				<u>8,832,910</u>
Derivatives payable	2,841	210,938	641	214,420
Other payables				115,387
Total				<u>329,807</u>
Fair value of plan assets				<u>\$ 8,503,103</u>

## Ascension

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

#### 10. Retirement Plans (continued)

	Level 1	Level 2	Level 3	Total
<b>June 30, 2018</b>				
Short-term investments	\$ 480,368	\$ 57,743	\$ -	\$ 538,111
Derivatives receivable	3,461	93,046	-	96,507
U.S. government, state, municipal and agency obligations	-	1,392,245	-	1,392,245
Corporate and foreign fixed income securities	-	741,841	1,034	742,875
Asset-backed securities	-	676,429	6,078	682,507
Equity securities	2,702,687	7,073	1,778	2,711,538
Assets at net value:				
Corporate and foreign fixed income securities				10,256
Equity securities				238,192
Private equity and real estate funds				1,091,535
Hedge funds				1,057,421
Commodities funds and other investments				131,694
Other receivables				336,253
Total				<u>9,029,134</u>
Derivatives payable	5,061	313,649	391	319,101
Investments sold, not yet purchased	1,110	-	-	1,110
Other payables				106,213
Total				<u>426,424</u>
Fair value of plan assets				<u>\$ 8,602,710</u>

# Ascension

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

### 10. Retirement Plans (continued)

For the years ended June 30, 2018 and 2017, the changes in the fair value of the System Plans' assets measured using significant unobservable inputs (Level 3) consisted of the following:

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

Actual return on plan assets relating to plan assets still held at June 30, 2019	<u>\$ 1,590</u>	<u>\$ -</u>	<u>\$ (236)</u>	<u>\$ (1,917)</u>
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	Net Derivatives	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities
<b>June 30, 2018</b>				
Beginning balance	\$ (203)	\$ 931	\$ 4,523	\$ 12,481
Total actual return on assets	8,376	(472)	640	1,166
Purchases, issuances, and settlements	(8,564)	(1,044)	617	(12,420)
Transfers (out of) into Level 3	-	1,619	298	551
Ending balance	<u>\$ (391)</u>	<u>\$ 1,034</u>	<u>\$ 6,078</u>	<u>\$ 1,778</u>

Actual return on plan assets relating to plan assets still held at June 30, 2018	<u>\$ -</u>	<u>\$ 4</u>	<u>\$ 638</u>	<u>\$ (4)</u>
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## Ascension

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

#### 10. Retirement Plans (continued)

The Trust has entered into a series of swap agreements with a net notional amount of approximately \$2,706,100. The combined targeted duration of these swaps and the Trust's fixed income investments approximates the duration of the liabilities of the Trust. Currently, 50% of the dollar duration of the liability is subject to this economic hedge. The purpose of this strategy is to economically hedge the change in the net funded status for a significant portion of the liability that can occur due to changes in interest rates.

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

Expected employer contributions 2020	\$	702
Expected benefit payments:		
2020		868,402
2021		669,920
2022		692,403
2023		680,410
2024		668,360
2025-2029		3,112,170

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

#### Defined-Contribution Plans

System entities participate in contributory and noncontributory defined-contribution plans covering all eligible associates. There are three primary types of contributions to these plans: employer automatic contributions, employee contributions, and employer matching contributions. Benefits for employer automatic contributions are determined as a percentage of a participant's salary and, for certain entities, increases over specified periods of employee service. These benefits are funded annually, and participants become fully vested over a period of time. Benefits for employer matching contributions are determined as a percentage of an eligible participant's contributions each payroll period. These benefits are funded each payroll period, and participants become fully vested in these employer contributions over time. Expenses for the defined-contribution plans were \$382,456 and \$391,397 during 2019 and 2018, 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)

#### **11. Self-Insurance Programs**

Certain System hospitals and other entities participate in pooled risk programs to insure professional and general liability risks and workers' compensation risks to the extent of certain self-insured limits. Within these pooled risk programs, various insurance policies have been purchased to provide coverage in excess of the self-insured limits. The System provides this self-insurance through various trust funds and captive insurance companies. Actuarially determined amounts, discounted at 5.5%, are contributed to the trust funds and the captive insurance companies to provide for the estimated cost of claims. The associated loss reserves recorded for estimated self-insured professional, general liability, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported, which were discounted at 5.5% in 2019 and 2018.

Entities acquired in the Presence business combination did not participate in the Ascension pooled risk program prior to July 1, 2018. At June 30, 2019, the loss reserves for estimated self-insured professional, general liability, and workers' compensation claims reported prior to July 1, 2018 for Presence entities were actuarially determined and recorded on an undiscounted basis. The self-insured professional and general liabilities for these claims are retained up to \$20,000 per occurrence with no aggregate and subject to reinsurance by commercial carriers up to \$170,000.

#### **Professional and General Liability Programs**

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

The wholly owned onshore revocable trust has a self-insured retention up to \$10,000 per occurrence with no aggregate. Excess coverage is provided through AHIL with limits up to \$250,000. AHIL retains 75% of the first \$5,000 per incident and in the aggregate for professional liability. The excess coverage is reinsured by commercial carriers.

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

## Ascension

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

#### **11. Self-Insurance Programs (continued)**

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

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

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is professional and general liability claim and insurance expense of \$258,473 and \$185,050 for the years ended June 30, 2019 and 2018, respectively. Included in current and long-term self-insurance liabilities on the accompanying Consolidated Balance Sheets are professional and general liability loss reserves of \$785,021 and \$867,297 at June 30, 2019 and 2018, 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 accompanying Consolidated Statements of Operations and Changes in Net Assets is workers' compensation claim and insurance expense of \$60,092 and \$31,064 for the years ended June 30, 2019 and 2018, respectively. Included in current and long-term self-insurance liabilities on the accompanying Consolidated Balance Sheets are workers' compensation loss reserves of \$135,809 and \$135,052 at June 30, 2019 and 2018, respectively.

## Ascension

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

#### 12. Lease Commitments

Certain System entities are lessees under operating lease agreements for the use of space in buildings owned by third parties, including medical office buildings (MOBs) and medical and information technology equipment. In addition, certain System entities have subleased space within buildings where the entity has a current operating lease commitment. Certain System entities are also lessors under operating lease agreements, primarily ground leases related to third-party-owned MOBs on land owned by the System entity.

The System's future minimum noncancelable payments associated with operating leases with terms of one year or more where a System entity is the lessee, as well as future minimum noncancelable receipts associated with operating leases where a System entity is the sublessor or lessor, are presented in the table that follows. Future minimum payments and receipts relate to noncancelable leases with terms of one year or more.

	<b>Future Payments Where the System is Lessee</b>	<b>Future Receipts Where the System is Sublessor/Lessor</b>	<b>Net Future Payments</b>
Year ending June 30:			
2020	\$ 238,801	\$ 40,062	\$ 198,739
2021	220,172	31,590	188,582
2022	185,614	25,784	159,830
2023	153,824	20,259	133,565
2024	117,774	15,059	102,715
Thereafter	494,523	249,120	245,403
Total	\$1,410,708	\$ 381,874	\$ 1,028,834

Rental expense under operating leases amounted to \$460,426 and \$425,750 in 2019 and 2018, respectively.

#### 13. Related Parties

The System has agreements with related parties for revenue cycle management services and clinical engineering services. The System expensed approximately \$1,076,000 and \$877,000 for these services during the years ended June 30, 2019 and 2018.

## Ascension

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

#### 14. Contingencies and Commitments

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

The System enters into agreements with non-employed physicians that include minimum revenue guarantees. The terms of the guarantees vary. The maximum amount of future payments that the System could be required to make under these guarantees is approximately \$6,000.

The System entered into Master Service Agreements for information technology services provided by third parties. The maximum amount of future payments that the System could be required to make under these agreements is approximately \$234,700.

Guarantees and other commitments represent contingent commitments issued by Ascension Health Alliance Senior and Subordinate Credit Groups, generally to guarantee the performance of an affiliate to a third party in borrowing arrangements such as commercial paper issuances, bond financing, and other transactions. The terms of guarantees are equal to the terms of the related debt, which can be as long as 21 years. The following represents the remaining guarantees and other commitments of the Senior and Subordinate Credit Groups at June 30, 2019:

Hospital de la Concepción 2017 Series A debt guarantee	\$	23,330
St. Vincent de Paul Series 2000 A debt guarantee		28,300
Other guarantees and commitments		28,800

## Ascension

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

#### 15. Functional Expenses

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

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

	<b>Health care services</b>	<b>Management support services</b>	<b>Total</b>
Salaries, wages, and employee benefits	\$ 11,223,019	\$ 907,310	\$ 12,130,329
Purchased services and professional fees	2,969,789	1,067,227	4,037,016
Supplies	3,718,193	3,169	3,721,362
Other	4,443,955	455,034	4,898,989
<b>Total operating expenses</b>	<b>\$ 22,354,956</b>	<b>\$ 2,432,740</b>	<b>\$ 24,787,696</b>

Expenses by functional classification for the year ended June 30, 2018 consist of the following:

	<b>Health care services</b>	<b>Management support services</b>	<b>Total</b>
Salaries, wages, and employee benefits	\$ 10,418,477	\$ 844,842	\$ 11,263,319
Purchased services and professional fees	2,617,701	961,651	3,579,352
Supplies	3,385,079	2,143	3,387,222
Other	4,171,544	487,711	4,659,255
<b>Total operating expenses</b>	<b>\$ 20,592,801</b>	<b>\$ 2,296,347</b>	<b>\$ 22,889,148</b>

# Supplementary Information

*(unaudited)*



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## 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 consolidated 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 consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

*Ernst & Young LLP*

September 11, 2019

Ascension

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

Years Ended June 30, 2019 and 2018

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

	Year Ended June 30,	
	2019	2018*
Traditional charity care provided	\$ 605,987	\$ 576,267
Unpaid cost of public programs for persons living in poverty	904,895	1,061,482
Other programs for persons living in poverty and other vulnerable persons	154,552	171,757
Community benefit programs	343,486	320,817
Care of persons living in poverty and other community benefit programs	<u>\$ 2,008,920</u>	<u>\$ 2,130,323</u>

\*Restated

# Exempt Organization Declaration and Signature for Electronic Filing

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

# 2018

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

ST. AGNES HEALTHCARE, INC.

Employer identification number

52-0591657

## Part I Type of Return and Return Information (Whole Dollars Only)

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

<b>1a</b>	Form 990 check here ▶	<input checked="" type="checkbox"/>	<b>b</b>	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b>	<u>440,606,290</u>
<b>2a</b>	Form 990-EZ check here ▶	<input type="checkbox"/>	<b>b</b>	Total revenue, if any (Form 990-EZ, line 9) . . . . .	<b>2b</b>	_____
<b>3a</b>	Form 1120-POL check here ▶	<input type="checkbox"/>	<b>b</b>	Total tax (Form 1120-POL, line 22). . . . .	<b>3b</b>	_____
<b>4a</b>	Form 990-PF check here ▶	<input type="checkbox"/>	<b>b</b>	Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b>	_____
<b>5a</b>	Form 8868 check here ▶	<input type="checkbox"/>	<b>b</b>	Balance due (Form 8868, line 3c) . . . . .	<b>5b</b>	_____

## Part II Declaration of Officer

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

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

<b>Sign Here</b> ▶		<u>05/12/2020</u>	▶ <b>TAX OFFICER</b>
	Signature of officer	Date	

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

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

<b>ERO's Use Only</b>	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.

<b>Paid Preparer Use Only</b>	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.