

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SHEPPARD PRATT HEALTH SYSTEM, INC.		D Employer identification number 52-0591684
	Doing business as		E Telephone number 410-938-3344
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 235,380,356.
	P.O. BOX 6815		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21285		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: RAY DZIESINSKI SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.SHEPPARDPRATT.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1938 M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE INPATIENT BEHAVIORAL HEALTH CARE. PROVIDE RELATED BEHAVIORAL, SPECIAL EDUCATION, AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	3112
	6 Total number of volunteers (estimate if necessary)	6	403
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	325,053.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-208,553.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,242,256.	2,385,340.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	210,900,893.	218,330,837.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,758,942.	1,043,844.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,874,401.	8,222,935.
		224,776,492.	229,982,956.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	11,235.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	142,054,650.	147,543,470.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	592,692.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	68,926,403.	71,583,737.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	210,981,053.	219,138,442.	
19 Revenue less expenses. Subtract line 18 from line 12	13,795,439.	10,844,514.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	300,225,848.	321,861,312.
	22 Net assets or fund balances. Subtract line 21 from line 20	163,091,289.	157,395,644.
	137,134,559.	164,465,668.	

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 14 May 2018
	RAY DZIESINSKI, CHIEF FINANCIAL OFFICER Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name LORI S. BURGHAUSER	Preparer's signature LORI S. BURGHAUSER
	Date 05/11/18	Check if self-employed <input type="checkbox"/> PTIN P00370694
	Firm's name SC&H TAX & ADVISORY SERVICES, LLC	Firm's EIN 41-2069731
	Firm's address 910 RIDGEBROOK ROAD SPARKS, MD 21152	Phone no. 410-403-1500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SHEPPARD PRATT, A NOT-FOR-PROFIT BEHAVIORAL HEALTH SYSTEM, IS DEDICATED TO IMPROVING THE QUALITY OF LIFE OF INDIVIDUALS AND FAMILIES BY COMPASSIONATELY SERVING THEIR MENTAL HEALTH, ADDICTION, SPECIAL EDUCATION, AND COMMUNITY SUPPORT NEEDS.

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

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

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 \$ 195,206,510. including grants of \$ 11,235.) (Revenue \$ 222,950,402.) SHEPPARD PRATT HEALTH SYSTEM PROVIDES INPATIENT BEHAVIORAL HEALTH CARE, OUTPATIENT/ANCILLARY CARE, RESIDENTIAL SERVICES, SPECIAL EDUCATION TO STUDENTS AND RESIDENCY TRAINING PROGRAMS.

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

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

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

4e Total program service expenses 195,206,510.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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>		X
27 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>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns. Includes a large 'Public Disclosure' watermark.

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 [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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 (or 1024 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 [X] 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:
DONNA CORBETT - (410) 938-3344
6501 N. CHARLES STREET, TOWSON, MD 21285

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 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) THE HON. J. F. MOTZ CHAIRPERSON	1.00 0.00	X		X				0.	0.	0.
(2) ALFRED SINGER VICE CHAIRPERSON, TRUSTEE	1.00 0.00	X		X				0.	0.	0.
(3) MARGARET ALLEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(4) EMILE A. BENDIT TRUSTEE	1.00 0.00	X						0.	0.	0.
(5) S. WINFIELD CAIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(6) PENELOPE CORDISH TRUSTEE	1.00 0.00	X						0.	0.	0.
(7) ALAN EVANS TRUSTEE	1.00 0.00	X						0.	0.	0.
(8) SUSAN FENIMORE TRUSTEE	1.00 0.00	X						0.	0.	0.
(9) ALAN GAMSE TRUSTEE	1.00 0.00	X						0.	0.	0.
(10) PHILLIP H. GRANTHAM TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) BOB HAMILTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(12) BONITA HEARN TRUSTEE	1.00 0.00	X						0.	0.	0.
(13) JOSHUA KAKEL TRUSTEE	1.00 0.00	X						0.	0.	0.
(14) NORMA PEDEN KILLEBREW TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) ROBERT KRESSLEIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) BRIAN LE GETTE TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) WILLIAM MORTON TRUSTEE	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) ROBERT SCHAFFTEL TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) GAIL L. SHAWE TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) JOHN W. STEELE, III TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) GARY TALLES TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) PAMELA YOUNG TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) HARSH K. TRIVEDI, M.D. PRESIDENT & CEO	40.00 5.00			X				454,161.	0.	15,751.
(24) GERALD A. NOLL VP, CFO, SECRETARY/TREASURER (PT YR)	40.00 5.00			X				304,075.	0.	59,425.
(25) RAY R. DZIESINSKI VP, CFO, SECRETARY/TREASURER	40.00 5.00			X				50,197.	0.	1,286.
(26) STEPHANIE PROVENZA ASSISTANT SECRETARY	40.00 1.00			X				61,894.	0.	27,230.
1b Sub-total								870,327.	0.	103,692.
c Total from continuation sheets to Part VII, Section A								3,198,514.	0.	558,198.
d Total (add lines 1b and 1c)								4,068,841.	0.	661,890.

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 100

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CENTER FOR EATING DISORDERS PA, 6535 N. CHARLES ST. STE 300, TOWSON, MD 21204	PROFESSIONAL FEES	3,062,429.
UNIVERSITY OF MARYLAND MEDICAL SYSTEM P.O. BOX 64468-4468, BALTIMORE, MD 21264	RESIDENCY TRAINING PROGRAM	2,503,972.
MORGAN-KELLER, 70 THOMAS JOHNSON DRIVE, SUITE 200, FREDERICK, MD 21702	BUILDING CONTRACTOR	2,195,641.
GREATER BALTIMORE MEDICAL CENTER 6701 N. CHARLES ST., TOWSON, MD 21204	LAB & OTHER CLINICAL SERVICES	1,827,782.
SODEXO INC & AFFILIATES P.O. BOX 360170, PITTSBURGH, PA 15251	DIETARY AND CAFETERIA MANAGEMENT	837,993.

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 42

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,385,340.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		2,385,340.				
Program Service Revenue	2 a PATIENT SERVICE REVENUE	Business Code 621990	132,490,348.	132,490,348.			
	b EDUCATIONAL SERVICE REVENUE	611600	53,822,412.	53,822,412.			
	c RTC/RESPITE REVENUE	623000	18,586,961.	18,586,961.			
	d RETREAT REVENUE	621990	13,431,116.	13,431,116.			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		218,330,837.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,406,343.			1,406,343.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	2,081,439.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	2,081,439.				
	d Net rental income or (loss)		2,081,439.			2,081,439.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	5,026,101.				
		(ii) Other	8,800.				
		b Less: cost or other basis and sales expenses	5,322,808.	74,592.			
		c Gain or (loss)	-296,707.	-65,792.			
	d Net gain or (loss)		-362,499.			-362,499.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER OPERATING REVENUE		900099	3,923,698.	2,726,820.		1,196,878.	
	b INTERCORPORATE REVENUE	900099	1,892,745.	1,892,745.			
	c OTHER REVENUE - UNRELATED	900002	325,053.		325,053.		
	d All other revenue						
e Total. Add lines 11a-11d			6,141,496.				
12 Total revenue. See instructions.			229,982,956.	222,950,402.	325,053.	4,322,161.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	11,235.	11,235.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,803,929.		3,803,929.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	114,586,099.	108,477,457.	5,743,507.	365,135.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,226,220.	7,518,513.	682,443.	25,264.
9 Other employee benefits	12,316,946.	11,956,304.	320,466.	40,176.
10 Payroll taxes	8,610,276.	7,869,528.	714,304.	26,444.
11 Fees for services (non-employees):				
a Management				
b Legal	156,934.		156,934.	
c Accounting	359,876.		359,876.	
d Lobbying	34,178.		34,178.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	155,896.		155,896.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	13,350,317.	12,187,692.	1,109,154.	53,471.
12 Advertising and promotion	1,183,741.	113,102.	1,070,639.	
13 Office expenses	3,453,485.	2,791,069.	659,381.	3,035.
14 Information technology	2,789,946.	65,794.	2,724,152.	
15 Royalties				
16 Occupancy	9,036,221.	7,566,255.	1,418,042.	51,924.
17 Travel	334,582.	308,080.	26,220.	282.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	782,798.	586,690.	172,555.	23,553.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,348,125.	12,901,103.	1,446,105.	917.
23 Insurance	867,827.	650.	867,177.	
24 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.)				
a INTERCOMPANY CHARGES	11,453,409.	10,739,898.	713,511.	
b REPAIRS AND MAINTENANCE	3,551,097.	3,055,544.	495,553.	
c SUPPLIES	3,516,196.	3,450,986.	65,210.	
d FOOD	3,426,157.	3,419,638.	6,519.	
e All other expenses	2,782,952.	2,186,972.	593,489.	2,491.
25 Total functional expenses. Add lines 1 through 24e	219,138,442.	195,206,510.	23,339,240.	592,692.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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
Assets	1 Cash - non-interest-bearing	53,842,638.	1	60,287,300.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	21,401,145.	4	22,030,515.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,717,900.	9	7,153,692.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 349,142,169.		
	b Less: accumulated depreciation	10b 185,532,116.		
	11 Investments - publicly traded securities	167,490,257.	10c	163,610,053.
	12 Investments - other securities. See Part IV, line 11	20,316,165.	11	20,320,670.
	13 Investments - program-related. See Part IV, line 11	17,540,751.	12	22,846,785.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	13,916,992.	14	25,612,297.
16 Total assets. Add lines 1 through 15 (must equal line 34)	300,225,848.	15	321,861,312.	
17 Accounts payable and accrued expenses	22,710,766.	16	19,834,872.	
18 Grants payable		17		
19 Deferred revenue		18		
20 Tax-exempt bond liabilities	83,714,907.	19	80,420,179.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	56,665,616.	24	57,140,593.	
26 Total liabilities. Add lines 17 through 25	163,091,289.	25	157,395,644.	
27 Unrestricted net assets	130,068,353.	26	156,638,312.	
28 Temporarily restricted net assets	7,066,206.	27	7,827,356.	
29 Permanently restricted net assets		28		
30 Capital stock or trust principal, or current funds		29		
31 Paid-in or capital surplus, or land, building, or equipment fund		30		
32 Retained earnings, endowment, accumulated income, or other funds		31		
33 Total net assets or fund balances	137,134,559.	32	164,465,668.	
34 Total liabilities and net assets/fund balances	300,225,848.	33	321,861,312.	

Part XI Reconciliation of Net Assets

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

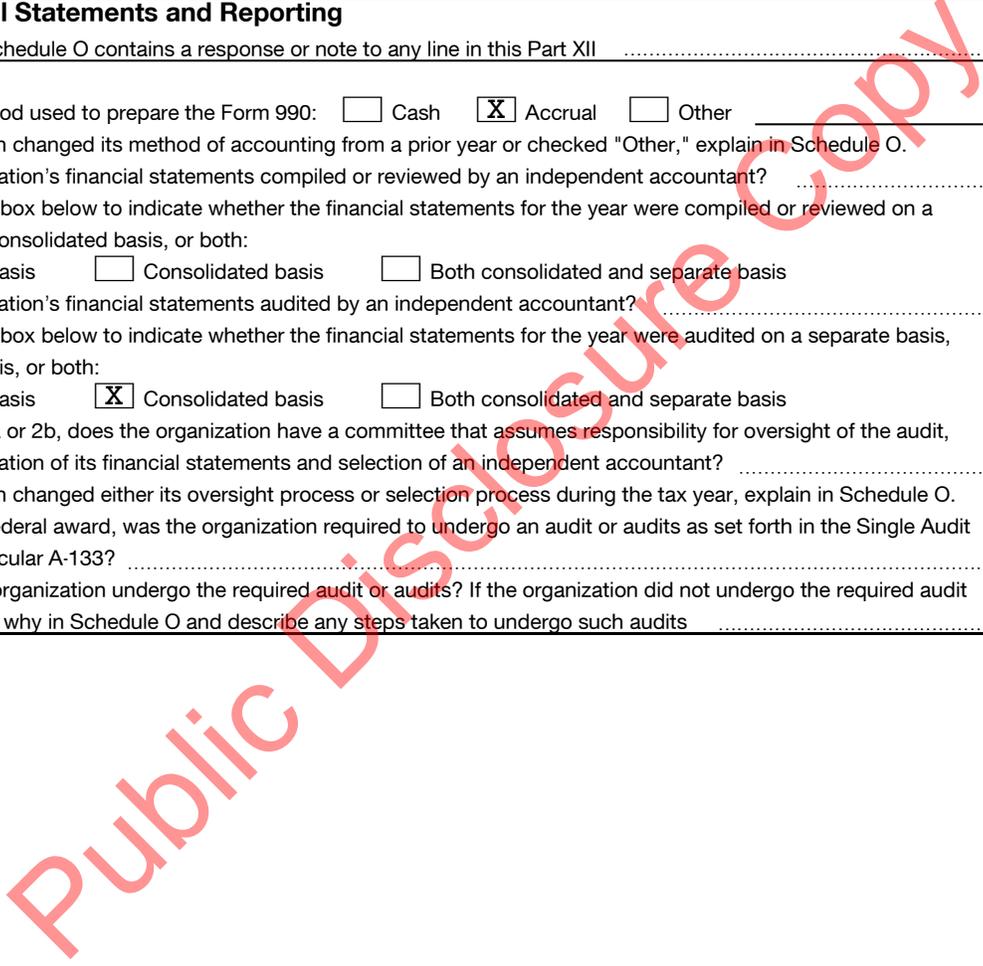
1	Total revenue (must equal Part VIII, column (A), line 12)	1	229,982,956.
2	Total expenses (must equal Part IX, column (A), line 25)	2	219,138,442.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,844,514.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	137,134,559.
5	Net unrealized gains (losses) on investments	5	3,676,994.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	12,809,601.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	164,465,668.

Part XII Financial Statements and Reporting

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

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

Form 990 (2016)



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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c 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>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

Multiple horizontal lines for supplemental information.

Public Disclosure Copy

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number

52-0591684

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

SHEPPARD PRATT HEALTH SYSTEM, INC.

52-0591684

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,449,654.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 510,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 178,663.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 167,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 39,712.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 31,998.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

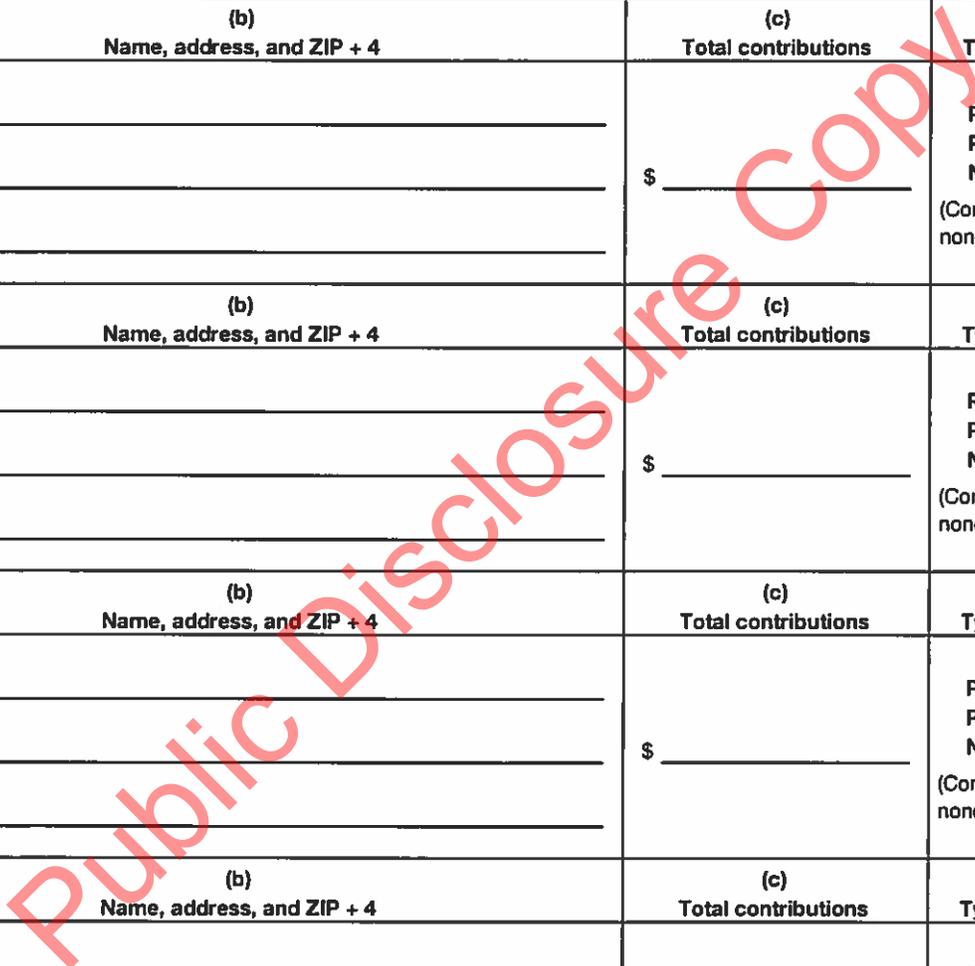
Employer identification number

SHEPPARD PRATT HEALTH SYSTEM, INC.

52-0591684

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 7,496.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Public Disclosure Copy

Name of organization SHEPPARD PRATT HEALTH SYSTEM, INC.	Employer identification number 52-0591684
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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 info once) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

(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

2016

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** www.irs.gov/form990.

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

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

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

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

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

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

Name of organization SHEPPARD PRATT HEALTH SYSTEM, INC.	Employer identification number 52-0591684
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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.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		25,568.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		8,610.
j Total. Add lines 1c through 1i			34,178.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

SHEPPARD PRATT RETAINS A LAW FIRM AS A REGISTERED LOBBYIST FOR \$25,568

TO KEEP THE ORGANIZATION INFORMED AS TO ANY NEW LEGISLATION THAT MAY

IMPACT THE OPERATIONS OF THE HOSPITAL. SHEPPARD PRATT ALSO PAYS DUES TO

THE MARYLAND HOSPITAL ASSOCIATION AND THE NATIONAL ASSOCIATION OF

PSYCHIATRIC HEALTH SYSTEMS. A PORTION OF THOSE DUES (\$8,610 IN FY17)

Part IV Supplemental Information *(continued)*

ARE USED FOR LOBBYING ACTIVITIES.

Public Disclosure Copy

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.**

OMB No. 1545-0047

2016

Open to Public Inspection

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	1
b Total acreage restricted by conservation easements	0.00
c Number of conservation easements on a certified historic structure included in (a)	1
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 1

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

▶ \$ 688,357.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					3,249,789.
b Contributions					1,451.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					3,251,240.
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,527,253.		15,527,253.
b Buildings		253,908,314.	137,197,730.	116,710,584.
c Leasehold improvements				
d Equipment		56,539,614.	40,895,896.	15,643,718.
e Other		23,166,988.	7,438,490.	15,728,498.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				163,610,053.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS LIMITED OR		
(B) RESTRICTED AS TO USE	5,192,792.	END-OF-YEAR MARKET VALUE
(C) INTEREST IN NET ASSETS OF		
(D) FOUNDATION	7,703,111.	END-OF-YEAR MARKET VALUE
(E) INVESTMENTS IN		
(F) PARTNERSHIPS/HEDGE FUNDS	9,950,882.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	22,846,785.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	13,431,785.
(2) OTHER ASSETS	2,458,031.
(3) THIRD PARTY PAYOR SETTLEMENT RECEIVABLE	9,755,493.
(4) NET RECEIVABLES / (PAYABLES)	-33,012.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	25,612,297.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SELF-INSURANCE LIABILITY	9,770,568.
(3) CAPITAL LEASE OBLIGATIONS	6,433,756.
(4) ACCRUED PENSION LIABILITY	25,232,025.
(5) DUE TO AFFILIATES	2,903,238.
(6) SHORT TERM DEBT	12,900,000.
(7) DEFERRED FINANCING COSTS	-98,994.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	57,140,593.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	237,129,674.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,676,994.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	3,403,932.	
e	Add lines 2a through 2d	2e		7,080,926.
3	Subtract line 2e from line 1		3	230,048,748.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-65,792.	
c	Add lines 4a and 4b	4c		-65,792.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	229,982,956.

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

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

1	Total expenses and losses per audited financial statements		1	221,570,405.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c	65,792.	
d	Other (Describe in Part XIII.)	2d	2,522,067.	
e	Add lines 2a through 2d	2e		2,587,859.
3	Subtract line 2e from line 1		3	218,982,546.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	155,896.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		155,896.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	219,138,442.

Part XIII Supplemental Information.

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

PART II, LINE 9:

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

PART III, LINE 4:

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

PART V, LINE 4:

AT THE END OF FISCAL YEAR 2013, THE ORGANIZATION TRANSFERRED ALL OF THE

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS TO SHEPPARD & ENOCH PRATT FOUNDATION, INC.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PHYSICIANS PA OVERHEAD RECOVERY ALLOCATION	2,522,067.
NET ASSETS RELEASED FROM RESTRICTION	1,037,761.
INVESTMENT EXPENSES	-155,896.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	3,403,932.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

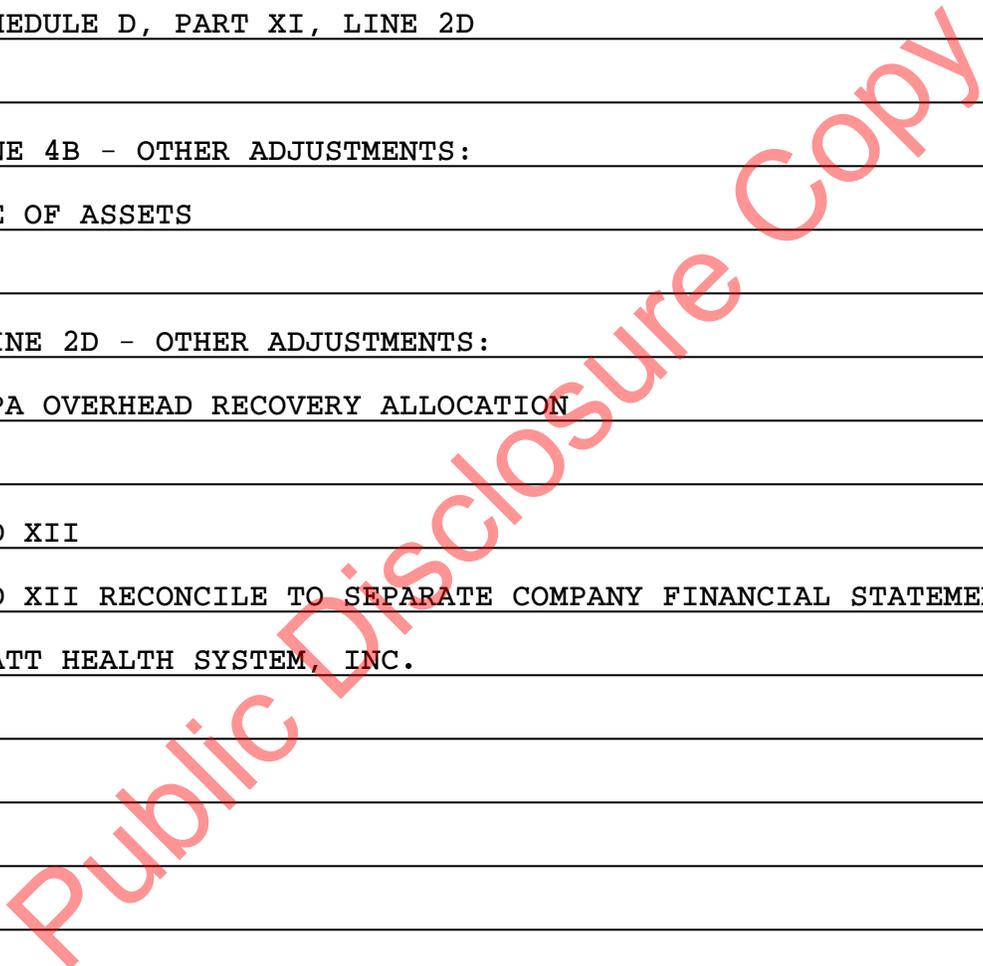
LOSS ON SALE OF ASSETS	-65,792.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

PHYSICIANS PA OVERHEAD RECOVERY ALLOCATION	2,522,067.
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PARTS XI AND XII

PARTS XI AND XII RECONCILE TO SEPARATE COMPANY FINANCIAL STATEMENTS OF SHEPPARD PRATT HEALTH SYSTEM, INC.



**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			4005182.		4005182.	1.83%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			4005182.		4005182.	1.83%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			730,098.	596,771.	133,327.	.06%
f Health professions education (from Worksheet 5)			2170319.	384,509.	1785810.	.81%
g Subsidized health services (from Worksheet 6)			1329934.	452,477.	877,457.	.40%
h Research (from Worksheet 7)			114,084.		114,084.	.05%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			390,130.		390,130.	.18%
j Total. Other Benefits			4734565.	1433757.	3300808.	1.50%
k Total. Add lines 7d and 7j			8739747.	1433757.	7305990.	3.33%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group SHEPPARD PRATT HOSPITAL

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.SHEPPARDPRATT.ORG/ABOUT/CHNA</u>		
b <input type="checkbox"/> Other website (list url):		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>HTTPS://WWW.SHEPPARDPRATT.ORG/ABOUT/CHNA</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group SHEPPARD PRATT HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input type="checkbox"/> The FAP was widely available on a website (list url): _____		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.SHEPPARDPRATT.ORG</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.SHEPPARDPRATT.ORG</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2016

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group SHEPPARD PRATT HOSPITAL

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group SHEPPARD PRATT HOSPITAL

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

Schedule H (Form 990) 2016

Public Disclosure Copy

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group SHEPPARD PRATT AT ELLICOTT CITY

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.SHEPPARDPRATT.ORG/ABOUT/CHNA</u>		
b <input type="checkbox"/> Other website (list url):		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>HTTPS://WWW.SHEPPARDPRATT.ORG/ABOUT/CHNA</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group SHEPPARD PRATT AT ELLICOTT CITY

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input type="checkbox"/> The FAP was widely available on a website (list url): _____		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.SHEPPARDPRATT.ORG</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.SHEPPARDPRATT.ORG</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2016

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group SHEPPARD PRATT AT ELLICOTT CITY

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group SHEPPARD PRATT AT ELLICOTT CITY

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

Schedule H (Form 990) 2016

Public Disclosure Copy

Part V Facility Information (continued)

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

SHEPPARD PRATT HOSPITAL:

PART V, SECTION B, LINE 5: SHEPPARD PRATT'S COMMUNITY HEALTH NEEDS

ASSESSMENT INCLUDED INTERVIEWS WITH QUALITATIVE RESEARCH PARTICIPANTS SUCH AS EXPERTS WITH INSIGHT REGARDING THE HEALTH NEEDS OF THE COMMUNITY, HOSPITAL LEADERS, FOCUS GROUPS AND KEY STAKEHOLDERS REPRESENTING PUBLIC HEALTH, MEDICAL SERVICES, NON-PROFIT AND SOCIAL ORGANIZATIONS AS WELL AS CHILDREN AND YOUTH AGENCIES. INFORMATION FROM THESE INTERVIEWS WERE USED TO PRIORITIZE ISSUES IN ORDER TO DEVELOP THE IMPLEMENTATION PLAN.

SHEPPARD PRATT AT ELLICOTT CITY:

PART V, SECTION B, LINE 5: SHEPPARD PRATT'S COMMUNITY HEALTH NEEDS

ASSESSMENT INCLUDED INTERVIEWS WITH QUALITATIVE RESEARCH PARTICIPANTS SUCH AS EXPERTS WITH INSIGHT REGARDING THE HEALTH NEEDS OF THE COMMUNITY, HOSPITAL LEADERS, FOCUS GROUPS AND KEY STAKEHOLDERS REPRESENTING PUBLIC HEALTH, MEDICAL SERVICES, NON-PROFIT AND SOCIAL ORGANIZATIONS AS WELL AS CHILDREN AND YOUTH AGENCIES. INFORMATION FROM THESE INTERVIEWS WERE USED TO PRIORITIZE ISSUES IN ORDER TO DEVELOP THE IMPLEMENTATION PLAN.

SHEPPARD PRATT HOSPITAL:

PART V, SECTION B, LINE 6A: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS A

COLLABORATION LED BY SHEPPARD PRATT HEALTH SYSTEM, INC. WHICH INCLUDED RELATED HOSPITAL FACILITIES SHEPPARD PRATT HOSPITAL AND SHEPPARD PRATT AT ELLICOTT CITY.

SHEPPARD PRATT AT ELLICOTT CITY:

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 6A: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS A COLLABORATION LED BY SHEPPARD PRATT HEALTH SYSTEM, INC. WHICH INCLUDED RELATED HOSPITAL FACILITIES SHEPPARD PRATT HOSPITAL AND SHEPPARD PRATT AT ELLICOTT CITY.

SHEPPARD PRATT HOSPITAL:

PART V, SECTION B, LINE 11: COMMUNITY BENEFIT INITIATIVES TO BE IMPLEMENTED AS A RESULT OF THE FINDINGS OF THE FISCAL YEAR 2016 (TAX YEAR 2015) CHNA-IMPLEMENTATION IN FY 2016.

FOR THE TOWSON CAMPUS, THERE WERE 29 IDENTIFIED COMMUNITY BENEFIT INITIATIVES. AS A RESULT OF THE RANKING METHODOLOGY DEPLOYED, THE FOLLOWING SIX INITIATIVES, REPRESENTING ISSUES OF BASIC ACCESS TO CARE, GAPS IN SPECIALIZED SERVICES, AND SYSTEMS ISSUES WERE PRIORITIZED AS THE NEW INITIATIVES ON WHICH TO FOCUS OVER THE NEXT THREE YEAR PERIOD:

-OUTPATIENT SERVICES FOR GENERAL PSYCHIATRIC CONDITIONS AND ALL AGE GROUPS (BASIC ACCESS ISSUE)

-OUTPATIENT SERVICES FOR TREATMENT OF OPIOID DEPENDENCY (BASIC ACCESS ISSUE)

-STIGMA REDUCTION (SYSTEMS ISSUE)

-AFTERCARE SERVICES AND CARE COORDINATION POST DISCHARGE (SPECIALIZED SERVICES)

-ACCESS TO MENTAL HEALTH SERVICES DELIVERED ON AN INTEGRATED CARE BASIS (I.E., IN PRIMARY CARE SETTINGS) (ACCESS ISSUE)

-ADOLESCENT SUBSTANCE ABUSE SERVICES ACROSS THE CONTINUUM OF OP, IP, IOP PHP (SPECIALIZED SERVICES)

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

IN ADDITION TO THESE SIX PRIORITIZED INITIATIVES, 23 ADDITIONAL RECOMMENDATIONS WERE RANKED BY NEED AND FEASIBILITY. THE NEXT SET OF NINE INITIATIVES WERE DETERMINED TO HAVE HIGH NEED AND BENEFIT TO THE COMMUNITY AS WELL AS HIGH FEASIBILITY POTENTIAL. HOWEVER, GIVEN SHEPPARD PRATT'S FINITE RESOURCES AND CAPACITY TO IMPLEMENT THEM, THERE ARE NO PLANS CURRENTLY TO INTRODUCE THESE INITIATIVES, BUT THEY WILL CONTINUE TO BE CONSIDERED OVER TIME. NOTE THAT TWO OF THESE RECOMMENDATIONS ARE CATEGORIZED AS SYSTEMS ISSUES AND REQUIRE SIGNIFICANT INVESTMENT OF TIME IN CREATING PUBLIC POLICY SUPPORT AND REIMBURSEMENT.

-24/7 CRISIS RESPONSE SERVICES (BASIC ACCESS ISSUE)

-OUTPATIENT SERVICES FOR HOMELESS INDIVIDUALS (BASIC ACCESS ISSUE)

-SERVICES FOR INDIVIDUALS WITH BRAIN INJURIES (SPECIALIZED SERVICES)

-AUTISM SPECTRUM SERVICES FOR CHILDREN AND FAMILIES INCLUDING SCREENING, OUTPATIENT AND FAMILY SUPPORT (SPECIALIZED SERVICES)

-AUTISM SPECTRUM SERVICES FOR OLDER ADOLESCENTS AND YOUNG ADULTS WITH A BEHAVIORAL MANAGEMENT FOCUS (SPECIALIZED SERVICES)

-INTEGRATED OUTPATIENT CARE FOR CO-OCCURRING DISORDERS (SUD AND MI) FOR ADULTS (SPECIALIZED SERVICES)

-EMERGENCY DEPARTMENT DIVERSION STRATEGIES & SERVICES FOR BEHAVIORAL HEALTH EMERGENCIES (SYSTEMS ISSUE)

-IN-HOME BEHAVIORAL HEALTH SERVICES FOR SENIORS (SPECIALIZED SERVICES)

-MENTAL HEALTH COURTS IN EVERY COUNTY (SYSTEMS ISSUE)

THE REMAINING 14 RECOMMENDATIONS WERE RANKED AS EITHER LOW NEED (DUE TO AVAILABILITY OF COMPARABLE SERVICES) OR LOWER FEASIBILITY IN TERMS OF THE ABILITY TO SUCCESSFULLY IMPLEMENT OR OPERATIONALIZE THE SOLUTION. FOR

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

THESE INITIATIVES, SHEPPARD PRATT WILL NOT IMPLEMENT SOLUTIONS BUT WILL CONTINUE TO CONSIDER MORE VIABLE OPTIONS TO MEET THESE IDENTIFIED NEEDS OVER TIME.

-LONG TERM INPATIENT BEDS FOR CHRONIC PSYCHIATRIC CONDITIONS (SYSTEMS ISSUE)

-TRANSITIONAL SERVICES FOR ADOLESCENTS SUCH AS INTENSIVE OUTPATIENT, TRANSITIONAL HOUSING (SPECIALIZED SERVICES)

-SOBER HOMES (SPECIALIZED SERVICES)

-INTENSIVE OUTPATIENT SERVICES FOR GENERAL PSYCHIATRIC CONDITIONS (SPECIALIZED SERVICE) [THIS EXISTS TO SOME DEGREE]

-DAY HOSPITAL PROGRAMS FOR SENIORS (SPECIALIZED SERVICES)

-INTENSIVE, NON-TRADITIONAL SERVICE DELIVERY FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS (SYSTEMS ISSUE)

-CULTURALLY COMPETENT BEHAVIORAL HEALTH SERVICES FOR GROWING IMMIGRANT POPULATIONS (SPECIALIZED SERVICES)

-TRANSPORTATION OPTIONS FOR TREATMENT FACILITY TRANSFERS (SPECIALIZED SERVICES) [THIS EXISTS TO SOME DEGREE]

-SCHOOL BASED EARLY INTERVENTION PROGRAMS FOR BEHAVIORAL HEALTH AND SUBSTANCE ABUSE (SPECIALIZED SERVICES)

-CHILD PSYCHIATRY SERVICES, ESPECIALLY IN-HOME SERVICES (SPECIALIZED SERVICES)

-OUTPATIENT SERVICES FOR TRAUMA (SPECIALIZED SERVICES)

-ADOLESCENT WRAP-AROUND SERVICES (SPECIALIZED SERVICES)

-CRISIS BEDS FOR CHILDREN (SYSTEMS ISSUE)

-TRAUMA SERVICES FOR SPECIAL POPULATIONS: AUTISM SPECTRUM, NON-ENGLISH SPEAKERS, INDIVIDUALS WITH LEARNING DISABILITIES AND DEVELOPMENTALLY

DELAYED CHILDREN AND ADULTS (SPECIALIZED SERVICES)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

OF THE SIX ISSUES PRIORITIZED AS THE NEW INITIATIVES ON WHICH TO FOCUS OVER THE NEXT THREE YEAR PERIOD IN THE TOWSON SERVICE AREA, TO DATE SHEPPARD PRATT HAS FOCUSED ON STIGMA REDUCTION AND ACCESS TO MENTAL HEALTH SERVICES DELIVERED ON AN INTEGRATED CARE BASIS.

STIGMA REDUCTION

A SURVEY OF ATTITUDES TOWARD MENTAL ILLNESS WAS CONDUCTED IN LATE FY17 TO ESTABLISH A BASELINE FOR THE DEVELOPMENT OF FUTURE ANTI-STIGMA EDUCATION CAMPAIGNS. THERE WERE 374 SURVEYS COMPLETED WITH AN 87% COMPLETION RATE. A REDUCTION IN STIGMA ASSOCIATED WITH SEEKING MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT IS THE DESIRED OUTCOME AND WILL BE MEASURED BY FUTURE SURVEYS.

ACCESS TO MENTAL HEALTH SERVICES DELIVERED ON AN INTEGRATED CARE BASIS PRIMARY RESEARCH CONDUCTED FOR THE FISCAL YEAR 2016 (TAX YEAR 2015) CHNAS FOR BOTH THE TOWSON AND ELLICOTT CITY CAMPUSES IDENTIFIED A LACK OF COMMUNICATION AND COORDINATION BETWEEN MEDICAL AND BEHAVIORAL HEALTH CARE SERVICE PROVIDERS. IT ALSO IDENTIFIED A STIGMA ON THE PART OF SOME MEDICAL SERVICE PROVIDERS THAT RESULTS IN THE INAPPROPRIATE IDENTIFICATION AND REFERRAL OF PATIENTS WHO NEED BEHAVIORAL HEALTH CARE. IN RESPONSE, WE DEVELOPED AN INTEGRATED CARE MODEL IN COLLABORATION WITH PRIMARY CARE ASSOCIATES OF GBMC IN ORDER TO BROADEN ACCESS TO CARE AND SUPPORT THE INTEGRATION OF SOMATIC AND BEHAVIORAL CARE. A SECONDARY OBJECTIVE WAS TO REDUCE STIGMA ON THE PART OF MEDICAL PROVIDERS AND TO REDUCE STIGMA RELATED TO THE UNDERSTANDING AND TREATMENT OF MENTAL ILLNESS AND RELATED CONDITIONS. SERVICES BEGAN IN 9 SEPARATE PRIMARY CARE MEDICAL HOMES IN FY17, AND THERE WERE 738 PEOPLE REACHED BY THE INITIATIVE. THE TENTH LOCATION WAS OPENED IN EARLY FY18.

Part V Facility Information (continued)

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

SHEPPARD PRATT AT ELLICOTT CITY:

PART V, SECTION B, LINE 11: COMMUNITY BENEFIT INITIATIVES TO BE IMPLEMENTED AS A RESULT OF THE FINDINGS OF THE FISCAL YEAR 2016 (TAX YEAR 2015) CHNA-IMPLEMENTATION IN FY 2016.

THERE WERE 25 IDENTIFIED COMMUNITY BENEFIT INITIATIVES THAT CAME FORWARD FROM THE SHEPPARD PRATT AT ELLICOTT CITY CHNA. AS A RESULT OF THE RANKING METHODOLOGY DEPLOYED, THE FOLLOWING SIX INITIATIVES, REPRESENTING ISSUES OF BASIC ACCESS TO CARE, GAPS IN SPECIALIZED SERVICES AND SYSTEMS ISSUES WERE PRIORITIZED AS THE NEW INITIATIVES ON WHICH TO FOCUS OVER THE THREE YEAR PERIOD WITH PLANNING AND IMPLEMENTATION WHICH BEGAN IN FY 2017:

- STIGMA REDUCTION (SYSTEMS ISSUE)
- AFTERCARE SERVICES AND CARE COORDINATION POST DISCHARGE (SPECIALIZED SERVICES)
- OUTPATIENT SERVICES FOR GENERAL PSYCHIATRIC CONDITIONS AND ALL AGE GROUPS. (BASIC ACCESS ISSUE)
- ACCESS TO MENTAL HEALTH SERVICES DELIVERED ON AN INTEGRATED CARE BASIS (ACCESS ISSUE)
- TRANSITIONAL SERVICES FOR ADOLESCENTS SUCH AS INTENSIVE OUTPATIENT, TRANSITIONAL HOUSING (SPECIALIZED SERVICES)
- INTEGRATED CARE FOR COOCCURRING DISORDERS (SUD AND MI) FOR ADULTS-OUTPATIENT (SPECIALIZED SERVICES)

IN ADDITION TO THESE SIX PRIORITIZED INITIATIVES, THERE WERE 18 OTHER RECOMMENDATIONS THAT WERE RANKED BY NEED AND FEASIBILITY. BASED ON THE RANKING PROCESS, FOUR OF THESE INITIATIVES WERE DETERMINED TO BE LOW NEED; THOSE RECOMMENDATIONS WILL NOT BE PURSUED. WITH RESPECT TO THE REMAINING

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

15 RECOMMENDATIONS, BECAUSE OF LIMITED RESOURCES AND THE INTENSITY OF FOCUS ON THE DEVELOPMENT OF THE ELKRIDGE CAMPUS, SHEPPARD PRATT WILL NOT PURSUE THESE OTHER IDENTIFIED NEEDS AT THIS TIME BUT WILL INCORPORATE SOME OF THEM INTO MULTI-YEAR PLANNING FOR THE EXPANDED CAMPUS IN ELKRIDGE.

RANKED AS HIGH NEED (WILL BE CONSIDERED WITH LONGER RANGE VISION DUE TO LIMITED HEALTH SYSTEM RESOURCES):

- ADOLESCENT WRAP-AROUND SERVICES (SPECIALIZED SERVICES)
- MENTAL HEALTH COURTS IN EVERY COUNTY (SYSTEMS ISSUE)
- IN-HOME BEHAVIORAL HEALTH SERVICES FOR SENIORS (ELLICOTT CITY - INCLUDES SUBSTANCE ABUSE) - (SPECIALIZED SERVICES)
- AUTISM SPECTRUM SERVICES FOR OLDER ADOLESCENTS AND YOUNG ADULTS WITH A BEHAVIORAL MANAGEMENT FOCUS (SPECIALIZED SERVICES)
- LONG TERM INPATIENT BEDS FOR CHRONIC PSYCHIATRIC CONDITIONS (SYSTEMS ISSUE)
- TRAUMA SERVICES FOR SPECIAL POPULATIONS: AUTISM SPECTRUM, NON-ENGLISH SPEAKERS, INDIVIDUALS WITH LEARNING DISABILITIES AND DEVELOPMENTALLY DELAYED CHILDREN AND ADULTS (SPECIALIZED SERVICES)
- SCHOOL BASED EARLY INTERVENTION PROGRAMS FOR BEHAVIORAL HEALTH AND SUBSTANCE ABUSE (SPECIALIZED SERVICES)
- CULTURALLY COMPETENT BEHAVIORAL HEALTH SERVICES FOR GROWING IMMIGRANT POPULATIONS
- INTENSIVE, NON-TRADITIONAL SERVICE DELIVERY FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS (SYSTEMS ISSUE)
- 24/7 CRISIS RESPONSE SERVICES (BASIC ACCESS ISSUE)
- OUTPATIENT SERVICES FOR TRAUMA (SPECIALIZED SERVICES)
- AUTISM SPECTRUM SERVICES FOR CHILDREN AND FAMILIES INCLUDING SCREENING,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

OUTPATIENT AND FAMILY SUPPORT (SPECIALIZED SERVICES)

-EMERGENCY DEPARTMENT DIVERSION STRATEGIES AND SERVICES FOR BEHAVIORAL HEALTH EMERGENCIES (SYSTEMS ISSUE)

-SOBER HOMES (SPECIALIZED SERVICES)

FOUR IDENTIFIED NEEDS WILL NOT BE PURSUED AT THIS TIME DUE TO LOW NEED

DETERMINATION:

-TRANSPORTATION OPTIONS FOR TREATMENT FACILITY TRANSFERS (SPECIALIZED SERVICES)

-DAY HOSPITAL PROGRAMS FOR SENIORS (SPECIALIZED SERVICES)

-CRISIS BEDS FOR CHILDREN (SYSTEMS ISSUE)

-CHILD PSYCHIATRY SERVICES, ESPECIALLY IN-HOME SERVICES (SPECIALIZED SERVICES)

OF THE SIX ISSUES PRIORITIZED AS THE NEW INITIATIVES ON WHICH TO FOCUS IN THE ELLICOTT CITY SERVICE AREA OVER THE NEXT THREE YEAR PERIOD, TO DATE WE HAVE FOCUSED ON STIGMA REDUCTION AND OUTPATIENT SERVICES FOR GENERAL PSYCHIATRIC CONDITIONS AND ALL AGE GROUPS.

STIGMA REDUCTION

A SURVEY OF ATTITUDES TOWARD MENTAL ILLNESS WAS CONDUCTED IN LATE FY17 TO ESTABLISH A BASELINE FOR THE DEVELOPMENT OF FUTURE ANTI-STIGMA EDUCATION CAMPAIGNS. THERE WERE 374 SURVEYS COMPLETED WITH AN 87% COMPLETION RATE.

A REDUCTION IN STIGMA ASSOCIATED WITH SEEKING MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT IS THE DESIRED OUTCOME AND WILL BE MEASURED BY FUTURE SURVEYS.

OUTPATIENT SERVICES FOR GENERAL PSYCHIATRIC CONDITIONS AND ALL AGE GROUPS

THE RESEARCH CONDUCTED IN THE DEVELOPMENT OF THE FISCAL YEAR 2016 (TAX

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

YEAR 2015) CHNA FOR SHEPPARD PRATT ELLICOTT CITY REVEALED THAT ALTHOUGH MANY INDIVIDUALS HAVE PRIVATE HEALTH INSURANCE, THERE ARE FEWER PROVIDERS WHO ACCEPT MEDICAID/MEDICARE. CHILD AND GERIATRIC PSYCHIATRY WERE HIGHLIGHTED AS SOME OF THE GREATER AREAS OF NEED AMONG LOWER INCOME HOUSEHOLDS. TO EXPAND THE AVAILABILITY OF OUTPATIENT MENTAL HEALTH SERVICES FOR GENERAL PSYCHIATRIC CONDITIONS, PARTICULARLY FOR THE CHILD AND GERIATRIC POPULATIONS WITH PUBLIC INSURANCE, SHEPPARD PRATT PROVIDED CHILD PSYCHIATRY TIME AT NO CHARGE TO WAY STATION'S HOWARD COUNTY MENTAL HEALTH CLINIC TO HELP THEM MEET THE NEED FOR URGENT CRISIS ASSESSMENT OF CHILDREN DURING FY17. THIS SERVICE IS PROVIDED VIA THE MEDIUM OF TELEMEDICINE FROM OUR TOWSON LOCATION TO HOWARD COUNTY.

SHEPPARD PRATT HOSPITAL:

PART V, SECTION B, LINE 16A: BOX 16A IS UNCHECKED TO CLARIFY THE FACT THAT ALTHOUGH A PLAIN LANGUAGE SUMMARY OF THE SHEPPARD PRATT HEALTH SYSTEM-PATIENT FINANCIAL POLICY IS POSTED TO THE SHEPPARD PRATT WEBSITE, THE COMPLETE FINANCIAL ASSISTANCE POLICY HAS NOT YET BEEN POSTED. THE ORGANIZATION HAS REVIEWED THE COMPLETE POLICY, AND WILL MAKE IT AVAILABLE ON THE WEBSITE IN THE NEAR TERM.

SHEPPARD PRATT AT ELLICOTT CITY:

PART V, SECTION B, LINE 16A: BOX 16A IS UNCHECKED TO CLARIFY THE FACT THAT ALTHOUGH A PLAIN LANGUAGE SUMMARY OF THE SHEPPARD PRATT HEALTH SYSTEM-PATIENT FINANCIAL POLICY IS POSTED TO THE SHEPPARD PRATT WEBSITE, THE COMPLETE FINANCIAL ASSISTANCE POLICY HAS NOT YET BEEN POSTED. THE ORGANIZATION HAS REVIEWED THE COMPLETE POLICY, AND WILL MAKE IT AVAILABLE ON THE WEBSITE IN THE NEAR TERM.

Part V Facility Information (continued)

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

SHEPPARD PRATT HOSPITAL:

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

SHEPPARD PRATT AT ELLICOTT CITY:

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

SHEPPARD PRATT HOSPITAL:

PART V, SECTION B, LINE 22D: WITH THE EXCEPTION OF MEDICARE AND MEDICAID, THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION SETS HOSPITAL RATES IN THE STATE OF MARYLAND FOR ALL PAYERS.

SHEPPARD PRATT AT ELLICOTT CITY:

PART V, SECTION B, LINE 22D: WITH THE EXCEPTION OF MEDICARE AND MEDICAID, THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION SETS HOSPITAL RATES IN THE STATE OF MARYLAND FOR ALL PAYERS.

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? 16

Name and address	Type of Facility (describe)
1 MANN RESID. TREATMENT CENTER & SCHOOL 6501 NORTH CHARLES STREET BALTIMORE, MD 21204	LICENSED RESIDENTIAL TREATMENT CENTER/SP. ED. SCHOOL
2 JEFFERSON RESID. TREATMENT CTR/SCHOOL 2940 POINT OF ROCKS ROAD, P.O. BOX 9 JEFFERSON, MD 21755	LICENSED RESIDENTIAL TREATMENT CENTER/SP. ED. SCHOOL
3 THE RETREAT AT SHEPPARD PRATT 6501 NORTH CHARLES STREET BALTIMORE, MD 21204	16-BED LICENSED ASSISTED LIVING PROGRAM
4 FORBUSH SCHOOL AT GLYNDON HIGH SCHOOL 12039 REISTERSTOWN ROAD BALTIMORE, MD 21136	12-MONTH NON-PUBLIC PROGRAM FOR SPECIAL EDUCATION AND RELATED SERVICES
5 FROST SCHOOL & OAKMONT & LODGE PROG. 4915 ASPEN HILL ROAD ROCKVILLE, MD 20853	12-MTH SPECIAL ED. DAY SCH FOR STUDENTS WITH BEHAVIORAL & EMOTIONAL DISABILI
6 FORBUSH SCHOOL AT GLYNDON 407 CENTRAL AVENUE REISTERSTOWN, MD 21136	12-MTH SPECIAL ED. DAY SCH FOR STUDENTS WITH BEHAVIORAL & EMOTIONAL DISABILI
7 FORBUSH SCHOOL AT HUNT VALLEY 11201 PEPPER ROAD HUNT VALLEY, MD 21031	12-MONTH SPECIAL EDUCATION DAY SCHOOL FOR STUDENTS WITH AUTISM
8 FORBUSH SCHOOL AT PRINCE GEORGE'S CO. 4819 WALDEN LANE LANHAM, MD 20706	12-MONTH SPECIAL EDUCATION DAY SCHOOL FOR STUDENTS WITH AUTISM
9 JEFFERSON SCHOOL AT FINAN CENTER 10100 COUNTRY CLUB ROAD SOUTHEAST CUMBERLAND, MD 21502	12-MTH SPECIAL ED. DAY SCH FOR STUDENTS WITH BEHAVIORAL & EMOTIONAL DISABILI
10 FORBUSH SCHOOL AT OAKMONT - UPPER 610 EAST DIAMOND AVENUE GAITHERSBURG, MD 20877	12-MONTH SPECIAL EDUCATION DAY SCHOOL FOR STUDENTS WITH AUTISM

Schedule H (Form 990) 2016

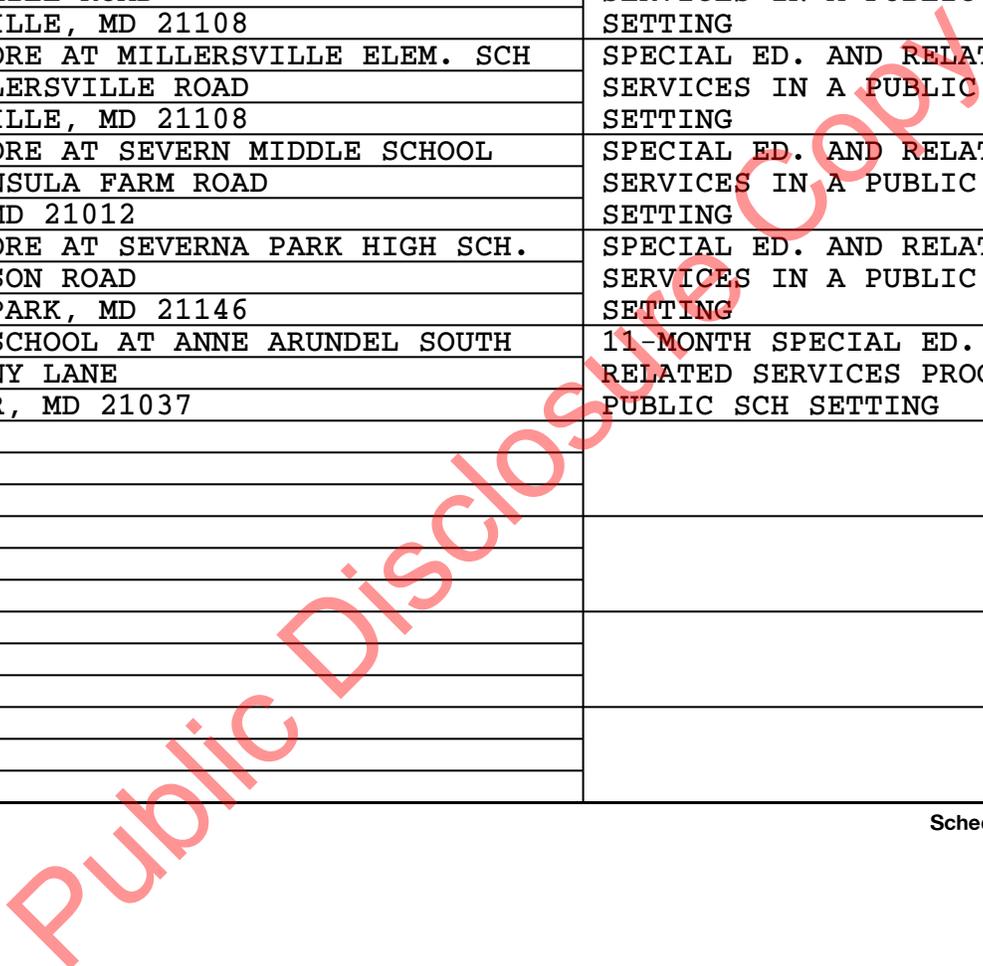
Part V Facility Information *(continued)*

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? 16

Name and address	Type of Facility (describe)
11 RUXTON HOUSE 1506 LABELLE AVENUE BALTIMORE, MD 21204	8-BED LICENSED GROUP HOME
12 FORBUSH SCHOOL AT ANNE ARUNDEL 648 OLD MILL ROAD MILLERSVILLE, MD 21108	SPECIAL ED. AND RELATED SERVICES IN A PUBLIC SCH SETTING
13 HANNAH MORE AT MILLERSVILLE ELEM. SCH 1601 MILLERSVILLE ROAD MILLERSVILLE, MD 21108	SPECIAL ED. AND RELATED SERVICES IN A PUBLIC SCH SETTING
14 HANNAH MORE AT SEVERN MIDDLE SCHOOL 241 PENINSULA FARM ROAD ARNOLD, MD 21012	SPECIAL ED. AND RELATED SERVICES IN A PUBLIC SCH SETTING
15 HANNAH MORE AT SEVERNA PARK HIGH SCH. 60 ROBINSON ROAD SEVERNA PARK, MD 21146	SPECIAL ED. AND RELATED SERVICES IN A PUBLIC SCH SETTING
16 FORBUSH SCHOOL AT ANNE ARUNDEL SOUTH 140 STEPNY LANE EDGEWATER, MD 21037	11-MONTH SPECIAL ED. AND RELATED SERVICES PROGRAM IN A PUBLIC SCH SETTING



Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (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.

PART I, LINE 3C:

SHEPPARD PRATT HEALTH SYSTEM USES AN ASSET TEST IN CONJUNCTION WITH THE 250% FPG FACTOR TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE. INDIVIDUALS WITH ASSETS LESS THAN \$10,000 AND FAMILIES WITH ASSETS LESS THAN \$25,000 ARE ELIGIBLE FOR FREE OR DISCOUNTED CARE. THE EQUITY VALUE OF AN APPLICANT'S PRINCIPAL RESIDENCE IS EXCLUDED FROM THE ASSET TEST.

PART I, LINE 7:

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

PART I, LN 7A COL(D): MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL, EXCEPT FOR THE GOVERNMENTAL CARVE-OUT FOR PSYCHIATRIC HOSPITALS. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM

Part VI Supplemental Information

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INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

PART I, LINE 7G:

DURING FY 2017, SHEPPARD PRATT'S RESIDENCY TRAINING PROGRAM CONTINUED TO OFFER THE RESIDENT'S OUTPATIENT CLINIC WHICH PROVIDES SERVICES FREE OF CHARGE, OR FOR A SMALL CO-PAY. SERVICES INCLUDE AN INITIAL EVALUATION AS WELL AS MEDICATION MANAGEMENT SESSIONS. RECIPIENTS OF THIS PSYCHIATRIC SERVICE AGREE TO BE TREATED BY A M.D. PSYCHIATRY RESIDENT WHOSE SERVICE IS SUPERVISED BY A LICENSED PSYCHIATRIST. THE RECIPIENT MUST BE AT LEAST 6 YEARS OF AGE AND AGREE TO BE SCREENED AT THE INTAKE FOR OUTPATIENT TREATMENT CRITERIA. DURING FY 2017, THE PROGRAM PROVIDED A TOTAL OF 4,231 SERVICES.

TELEPSYCHIATRY PROVIDED TO RURAL REGIONS OF MARYLAND:

SHEPPARD PRATT'S TELEBEHAVIORAL SERVICES PROGRAM PROVIDES BOTH TELEHEALTH (DISTANCE PROFESSIONAL EDUCATION) AND TELEPSYCHIATRY (REAL-TIME

Part VI Supplemental Information

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PSYCHIATRIC SERVICES). SHEPPARD PRATT MAINTAINS ISDN AND IP LINE CONNECTIVITY AND A BRIDGING UNIT TO ENSURE CONNECTIVITY THROUGH ALL CIRCUMSTANCES. UTILIZING VIDEOCONFERENCING EQUIPMENT, SHEPPARD PRATT PROVIDES PSYCHIATRIC TREATMENT SERVICES TO CHILDREN, ADOLESCENT, AND ADULT PATIENTS IN HEALTH DEPARTMENTS AND CLINICS LOCATED IN FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS AND MENTAL HEALTH PROVIDER SHORTAGE AREAS. IN FY 2017, 533 NEW CLIENTS WERE SEEN AND 2,485 HOURS OF SERVICE WERE PROVIDED INCLUDING 2,058 FOLLOW UPS. PRIOR TO THE PROVISION OF TELEPSYCHIATRY SERVICES, MANY CLIENTS WERE FORCED TO USE AREA EMERGENCY ROOMS AFTER THEIR SYMPTOMS BECAME OVERWHELMING; IT WAS ALSO NOT UNCOMMON FOR CLIENTS TO BE JAILED FOR SOME OF THEIR BEHAVIORS. ADDITIONALLY, SHEPPARD PRATT'S TELEBEHAVIORAL SERVICES, TELEHEALTH COMPONENT HAS PROVIDED RURAL PROVIDERS ACCESS TO SHEPPARD PRATT'S COMPLEMENTARY FY 2017 PROFESSIONAL EDUCATION: 31 WEDNESDAY AND FRIDAY LECTURE SESSIONS WERE PROVIDED TO A VARIETY OF RURAL LOCATIONS UTILIZING A VIDEOCONFERENCING BRIDGE; 249 NON-SHEPPARD PRATT CLINICAL PROFESSIONALS ACCESSED THESE FREE CME SESSIONS VIA VIDEOCONFERENCING WHICH MAY NOT HAVE BEEN OTHERWISE AVAILABLE LOCALLY.

Part VI Supplemental Information

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PART II, COMMUNITY BUILDING ACTIVITIES:

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

SHEPPARD PRATT HEALTH SYSTEM ATTENDS LOCAL, REGIONAL AND NATIONAL CONFERENCES IN ORDER TO REACH A BROAD SPECTRUM OF THE COMMUNITY WITH GENERAL PSYCHIATRIC EDUCATION LITERATURE. IN FY 2017, SHEPPARD PRATT SPONSORED SEVEN EDUCATIONAL EVENTS FOR THE COMMUNITY; THESE EVENTS INCLUDED: DR. KIM GORDON: HELP! I'M THE PARENT OF AN ANXIOUS CHILD! A FREE TALK ABOUT CHILDREN AND ANXIETY; THE GOOD, THE BAD AND THE BODY POSITIVE;

Part VI Supplemental Information

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SOCIAL MEDIA'S IMPACT ON RECOVERY AND HOW TO MAKE THE MOST OF IT; AN AFTERNOON WITH GLENNON DOYLE MELTON; LOVE YOUR TREE EATING DISORDERS EVENT; THE STUDENT BODY PREMIERE; CANDLE LIGHT: TATTOOS, QUILTS, AND INSTAGRAM; AND, AMANDA ROSADO, CANDLE LIGHT: HEARTS UNDONE.

SHEPPARD PRATT'S MOBILE CRISIS TEAM RESPONDS TO MENTAL HEALTH EMERGENCIES IN HARFORD COUNTY AT HOMES, WORK OR SCHOOLS. THIS PROGRAM AVERTS UNNECESSARY VISITS TO EMERGENCY ROOMS AND SUBSEQUENT HOSPITALIZATION FOR PERSONS EXPERIENCING A MENTAL HEALTH CRISIS. IN FY 2017, THE MOBILE CRISIS PROGRAM SERVED MORE THAN 4,758 INDIVIDUALS THROUGH A VARIETY OF SERVICES AND EVENTS. THESE EVENTS INCLUDED CLINICAL CALLS, DURING POLICE CALLS, CRITICAL INCIDENT STRESS INCIDENTS, COMMUNITY EDUCATION EVENTS, AND CRISIS INTERVENTION TRAINING PROGRAMS FOR LAW ENFORCEMENT, LOCAL SCHOOL TEACHERS, AND STAFF AT ABERDEEN PROVING GROUND.

TRANSPORTATION SERVICES WERE PROVIDED TO 5,906 PERSONS WHO REQUIRED TRANSPORTATION TO GET TO DOCTOR APPOINTMENTS OR OTHER MEDICAL SERVICES, AND TO RECEIVE CARE AT SHEPPARD PRATT. THIS TOTAL INCLUDES PATIENTS

Part VI Supplemental Information

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TRANSPORTED TO AND FROM OUR DAY HOSPITAL PROGRAMS, PATIENTS WHO WERE PROVIDED AMBULANCE TRANSPORTATION, AS WELL AS PATIENTS TRANSPORTED TO APPOINTMENTS FOR VARIOUS MEDICAL SERVICES OUTSIDE OF THE HOSPITAL. THE FY17 COST FOR THESE SERVICES WAS \$911,065.

SHEPPARD PRATT ALSO ADDRESSES THE HEALTH OF THE COMMUNITY BY ATTENDING PUBLIC EVENTS AND DISTRIBUTING FREE INFORMATION ON WELLNESS, GOOD NUTRITION, BODY IMAGE, AS WELL AS MEDIA LITERACY AS IT IMPACTS THE DIET AND HEALTH OF TODAY'S YOUTH. SHEPPARD PRATT ALSO PROVIDES FREE MEETING SPACE TO AREA SUPPORT GROUPS AND OTHER SOCIAL SERVICE NON-PROFIT AGENCIES THROUGHOUT THE YEAR. IN FY 2017, APPROXIMATELY 13,500 INDIVIDUALS BENEFITED FROM THIS SERVICE.

IN FY 2017, SHEPPARD PRATT'S WEB SITE RESOURCE PAGE RECEIVED MORE THAN 26,000 PAGE VIEWS TO ACCESS INFORMATION ON PARENTING AND CHANGING YOUR CHILD'S BEHAVIOR, SCHOOL TRANSITIONS, A PARENT'S INSTRUCTIONAL VIDEO SERIES AS WELL AS INFORMATION ON DIALECTICAL BEHAVIOR THERAPY (DBT), LINKS TO MENTAL HEALTH RESOURCES, INFORMATIVE BLOGS TO FOLLOW AND OTHER

Part VI Supplemental Information

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- 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.

USEFUL TREATMENT INFORMATION. SHEPPARD PRATT SUPPORTS THE DEVELOPMENT OF THE HEALTHCARE WORKFORCE BY CONTRIBUTING TO THE TOWSON UNIVERSITY FOUNDATION'S HEALTH PROFESSIONS SCHOLARSHIP FUND EACH YEAR. SHEPPARD PRATT MADE A \$4,000 DONATION IN FY17.

SHEPPARD PRATT ALSO DISTRIBUTES HEAL MAGAZINE WHICH SERVES AS A COMMUNITY RESOURCE. THE MAGAZINE, PUBLISHED 3 TO 4 TIMES PER YEAR, SHARES STORIES IN AN EFFORT TO HUMANIZE AND DESTIGMITIZE MENTAL ILLNESS. THE PUBLICATION WAS DISTRIBUTED TO 34,852 HOUSEHOLDS IN FY 2017.

PART III, LINE 2:

SHEPPARD PRATT HEALTH SYSTEM'S POLICY IS TO WRITE OFF ALL ACCOUNTS THAT HAVE BEEN IDENTIFIED AS UNCOLLECTIBLE. AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLE IS RECORDED FOR ACCOUNTS NOT YET WRITTEN OFF THAT ARE ANTICIPATED TO BECOME UNCOLLECTIBLE IN FUTURE PERIODS. INSURANCE COVERAGE AND CREDIT INFORMATION ARE OBTAINED FROM PATIENTS WHEN AVAILABLE. NO COLLATERAL IS OBTAINED FOR ACCOUNTS RECEIVABLE. A COST-TO-CHARGE RATIO IS USED BASED ON FILED MEDICARE COST REPORTS TO DETERMINE AMOUNTS REPORTED AS

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BAD DEBT EXPENSE.

PART III, LINE 4:

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

PART III, LINE 8:

Part VI Supplemental Information

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UNLIKE ACUTE CARE HOSPITALS, SHEPPARD PRATT AS AN INSTITUTION FOR MENTAL DISORDERS (IMD), IS REIMBURSED UNDER THE MEDICARE PROSPECTIVE PAYMENT SYSTEM. MEDICARE PAYS SHEPPARD PRATT LESS THAN ITS COSTS AS SUPPORTED BY THE FINAL FILED FISCAL 2016 COST REPORT FILED WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. SHEPPARD PRATT TREATS ALL MEDICALLY APPROPRIATE MEDICARE PATIENTS AS REQUIRED BY THE CONDITIONS OF PARTICIPATION AND EMTALA.

PART III, LINE 9B:

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

PART VI, LINE 2:

SHEPPARD PRATT HAS COMPLETED TWO COMMUNITY HEALTH NEEDS ASSESSMENTS (2012

Part VI Supplemental Information

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AND 2015). THE FIRST ASSESSMENT WAS PREPARED IN CONJUNCTION WITH GREATER BALTIMORE MEDICAL CENTER AND UNIVERSITY OF MARYLAND ST JOSEPH MEDICAL CENTER (UM-SJMC); THE ASSESSMENT WAS COMPLETED THROUGH A CONTACT WITH HOLLERAN, AN INDEPENDENT RESEARCH FIRM LOCATED IN LANCASTER, PENNSYLVANIA. THIS REPORT PROVIDED HEALTH INFORMATION FROM 18 KEY INFORMANTS AS WELL AS SECONDARY STATISTICAL DATA ABOUT THE POPULATION SERVED IN THE GREATER BALTIMORE AND HOWARD COUNTY AREAS.

FOR THE SECOND ASSESSMENT, SHEPPARD PRATT ELECTED TO CONTRACT INDIVIDUALLY WITH CRESCENDO CONSULTING (PORTLAND, MAINE) IN ORDER TO UNCOVER MORE DETAILED INFORMATION ON THE PSYCHIATRIC SERVICE GAPS IN ITS PRIMARY SERVICE AREAS OF BALTIMORE AND HOWARD COUNTIES. TWO SEPARATE REPORTS WERE PREPARED RELEVANT TO THE TOWSON AND ELLICOTT CITY CAMPUSES. THESE REPORTS GATHERED INFORMATION FROM 24 EXPERTS FOR PSYCHIATRIC SERVICES IN THE FIELDS OF PUBLIC HEALTH, HOSPITAL SERVICES, AND COMMUNITY SERVICES. FOR THE IMPLEMENTATION PLAN, IT HAS YIELDED SIX NEW INITIATIVES FOR EACH CAMPUS.

Part VI Supplemental Information

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SHEPPARD PRATT ALSO CONTINUES TO UTILIZE SERVICE GAP INFORMATION GATHERED THROUGH PATIENT AND FAMILY REQUESTS FOR SERVICE AS RECEIVED THROUGH ITS WEB SITE, CRISIS WALK IN, AND THERAPY REFERRAL SERVICE PROGRAMS.

DURING THIS YEAR, SHEPPARD PRATT'S POPULATION HEALTH EFFORTS HAVE EVOLVED; THE LEAD INDIVIDUALS INVOLVED IN THINKING ABOUT POPULATION HEALTH ARE THE VICE PRESIDENT OF MEDICAL AFFAIRS, THE VICE PRESIDENT OF OPERATIONS AND BUSINESS DEVELOPMENT, AND THE COMMUNITY PROGRAMS COORDINATOR. MUCH OF THE EFFORT IN FY 17 WAS FOCUSED ON THE IMPLEMENTATION OF A COLLABORATIVE CARE PROJECT WITH THE GREATER BALTIMORE MEDICAL CENTER (GBMC), TO INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES IN BALTIMORE COUNTY. WE BEGAN PROVIDING BEHAVIORAL HEALTH SERVICES IN 9 PRIMARY CARE MEDICAL HOMES (PCMHS) OPERATED BY GBMC PRIMARY CARE ASSOCIATES. SERVICES BEGAN IN THE 10TH SITE AT THE BEGINNING OF FY18. THIS INTEGRATED CARE MODEL WILL HELP TO CREATE MORE CAPACITY FOR MENTAL HEALTH SERVICES IN ALLIANCE WITH SOMATIC CARE PROVIDERS, WILL HELP TO REDUCE THE STIGMA THAT IS OFTEN ASSOCIATED WITH SEEKING MENTAL HEALTH TREATMENT, AND WILL HELP TO REDUCE VISITS RELATED TO MENTAL HEALTH CONDITIONS. IN ADDITION SHEPPARD PRATT

Part VI Supplemental Information

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CREATED A NEW OBSERVATION UNIT, THE BEHAVIORAL OBSERVATION SERVICE (BOS), WHICH IS INTENDED TO REDUCE HOSPITAL REFERRALS FOR PATIENTS PRESENTING FOR CO-OCCURRING (MENTAL HEALTH AND ADDICTIONS CARE) AS WELL AS INPATIENT ADMISSIONS FOR SUCH CARE. AFTER BEING MEDICALLY STABILIZED IN OBSERVATION STATUS, THE PATIENT CAN BE EVALUATED TO DETERMINE MOST APPROPRIATE LEVEL OF CARE.

SHEPPARD PRATT HAS ALSO EXPANDED ITS EFFORTS TO REDUCE INPATIENT MENTAL HEALTH UTILIZATION THROUGH THE PROVISION OF MORE ROBUST AFTERCARE SERVICES AND POST DISCHARGE PHONE CALLS.

PART VI, LINE 3:

EACH PATIENT IS PROVIDED WITH A PATIENT HANDBOOK UPON ADMISSION. THE PATIENT HANDBOOK OUTLINES POLICIES, RULES, AND BASIC INFORMATION ABOUT THE HOSPITAL INCLUDING INSTRUCTIONS ON HOW TO ACCESS FINANCIAL ASSISTANCE/CHARITY CARE. SIGNAGE IS POSTED IN THE ADMISSIONS SUITE IN BOTH PATIENT AND FAMILY WAITING AREAS INFORMING INTERESTED PARTIES THAT FINANCIAL ASSISTANCE IS AVAILABLE. BECAUSE NO TWO PATIENTS HAVE IDENTICAL

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TREATMENT NEEDS, ALL PATIENTS ARE URGED TO SPEAK WITH THEIR THERAPIST OR OTHER HOSPITAL STAFF TO LEARN MORE ABOUT THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. ADDITIONALLY, AS PART OF THE PAYMENT POLICY AND ACTION ON PAST DUE ACCOUNTS, SHEPPARD PRATT'S FINANCIAL OFFICE PERSONNEL ACT AS PATIENT FINANCIAL ADVOCATES AND MAY FORWARD THE FINANCIAL ASSISTANCE PAPERWORK FOR COMPLETION BY ALL RESPONSIBLE PARTIES. FINALLY, PRIOR TO TRANSFER TO A COLLECTION AGENCY, ACCOUNTS ARE REVIEWED AGAIN FOR POSSIBLE FINANCIAL ASSISTANCE.

PART VI, LINE 4:

SHEPPARD PRATT'S SERVICE COMMUNITY CONSISTS OF ANNE ARUNDEL, BALTIMORE, AND HOWARD COUNTIES. ACCORDING TO U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY, 2010-2014 GEOGRAPHY TRACT ESTIMATES, THE TOTAL POPULATION IN THE GREATER BALTIMORE COMMUNITY IS 1,439,991. THE BALTIMORE CITY/COUNTY AREA (TOWSON CAMPUS) IS 53% FEMALE AND 47% MALE. THE ANNE ARUNDEL/HOWARD COUNTY (ELLCOTT CITY CAMPUS) AREA IS 51% FEMALE AND 49% MALE.

NEARLY TWO OF THREE (63.1%) BALTIMORE CITY RESIDENTS ARE AFRICAN AMERICAN

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WHILE ABOUT THREE OF TEN (30.3%) ARE WHITE. WITHIN THE TOWSON SERVICE AREA, BALTIMORE COUNTY HAS THE OPPOSITE RACIAL MAKEUP. MORE THAN ONE IN FIVE (22.9%) HOWARD COUNTY RESIDENTS SPEAKS A PRIMARY LANGUAGE OTHER THAN ENGLISH. (AMERICAN COMMUNITY SURVEY 2010).

BALTIMORE, ANNE ARUNDEL AND HOWARD COUNTIES EACH HAVE A MEDIAN AGE SIMILAR TO THE MARYLAND AVERAGE OF 38.1 YRS WHILE BALTIMORE CITY HAS A LOWER MEDIAN AGE OF 34.5 YRS. REGARDING EDUCATION, CLOSE TO ONE THIRD OF BALTIMORE CITY ADULTS HAVE ONLY A HIGH SCHOOL DIPLOMA (29.1%) WHILE 19.1% HAVE SOME COLLEGE AND CLOSE TO ONE THIRD (32.1%) HAVE A COLLEGE DEGREE. IN HOWARD COUNTY, ONLY 14.5% OF RESIDENTS HAVE ONLY A HIGH SCHOOL DIPLOMA AND 66% HAVE A COLLEGE DEGREE. MARYLAND'S COLLEGE DEGREE RATE IS 43.6% AND ITS HIGH SCHOOL ONLY DEGREE RATE IS 25.7%. IN BALTIMORE CITY, 34.62% OF CHILDREN ARE LIVING BELOW THE FEDERAL POVERTY LEVEL COMPARED TO 11.6% IN BALTIMORE COUNTY, 7.11% IN ANNE ARUNDEL COUNTY, AND 6.14% IN HOWARD COUNTY; THE STATE REPORTS 13.17% OF CHILDREN LIVE UNDER THE FEDERAL POVERTY LEVEL. ACCORDING TO MARYLAND'S VITAL STATISTICS, DEATHS PER 100,000 FROM SUICIDE RANGE FROM A HIGH OF 10.5 IN BALTIMORE COUNTY TO A

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LOW OF 7.3 IN BALTIMORE CITY.

IN THE TOWSON FACILITY SERVICE AREA, THE MEDIAN INCOME IS \$66,940 IN BALTIMORE COUNTY AND \$41,819 IN BALTIMORE CITY, WHICH ARE BOTH LOWER THAN THE MARYLAND AVERAGE OF \$79,149. IN THE ELLICOTT CITY SERVICE AREA, THE MEDIAN INCOME IS \$89,031 IN ANNE ARUNDEL COUNTY AND \$110,113 IN HOWARD COUNTY.

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

BINGE DRINKING IS DEFINED AS MALES HAVING FIVE OR MORE DRINKS ON ONE OCCASION, OR FEMALES HAVING FOUR OR MORE DRINKS ON ONE OCCASION. EXCESSIVE

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ALCOHOL CONSUMPTION IN THE TOWSON SERVICE AREA IS RELATIVELY CONSISTENT WITH THE STATE PERCENTAGE (14.2%), ALTHOUGH BALTIMORE CITY'S PERCENTAGE (15.7%) IS SLIGHTLY HIGHER. IN THE ELLICOTT CITY SERVICE AREA THERE IS A SIGNIFICANT DIFFERENCE IN THE PREVALENCE OF BINGE DRINKING BETWEEN THE TWO COUNTIES AND AS COMPARED TO THE STATEWIDE PREVALENCE RATE. HOWARD COUNTY HAS A 9.5% PREVALENCE RATE WHICH IS 4.7% LESS THAN THE STATEWIDE RATE OF 14.2%. ANNE ARUNDEL COUNTY HAS A 18.4% PREVALENCE RATE, WHICH IS 4.2% HIGHER THAN THE STATE AND 8.9% HIGHER THAN HOWARD COUNTY.

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

PART VI, LINE 5:

SHEPPARD PRATT HAS EVOLVED SERVICES BEYOND THE TRADITIONAL INPATIENT OR OUTPATIENT BOUNDARIES AS IT CONTINUES ITS COMMITMENT TO THE FOUNDERS' CHARTER TO "CARRY FORWARD, IMPROVE, THE AMELIORATED SYSTEM OF TREATMENT OF THE INSANE WITH THOUGHTFUL, PROACTIVE SERVICES". THE SYSTEM PROVIDES A POSITIVE IMPACT ON THOUSANDS OF INDIVIDUALS, THEIR FAMILIES AND

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COMMUNITIES BY PROVIDING ACCESS TO A CREATIVE MIX OF COMMUNITY BENEFIT-DRIVEN BEHAVIORAL HEALTH SERVICES WHEN, WHERE AND IN WHATEVER FORM IS BEST SUITED TO THOSE IN NEED. IN FY 2016, SHEPPARD PRATT WAS AGAIN RECOGNIZED BY U.S. NEWS AND WORLD REPORT AS ONE OF THE NATION'S TOP TEN HOSPITALS FOR PSYCHIATRIC CARE AND RANKED AS #6, THE ONLY PSYCHIATRIC SPECIALTY HOSPITAL IN THE TOP TEN WHICH IS NOT OTHERWISE AFFILIATED WITH A LARGER GENERAL HOSPITAL SYSTEM.

IN FY 2017, SHEPPARD PRATT PROVIDED SERVICE FOR 8,674 INPATIENT ADMISSIONS RESULTING IN SERVICE TO 105,307 INPATIENT DAYS; 87,783 OUTPATIENT AND DAY HOSPITAL VISITS; 37,835 RESIDENTIAL TREATMENT CENTER DAYS; AND, 143,037 STUDENT DAYS. 56% OF INPATIENT SERVICES WERE PROVIDED TO MEDICARE OR MEDICAID RECIPIENTS AND 2% OF THE HOSPITAL'S PATIENTS WERE UNINSURED. SHEPPARD PRATT'S CRISIS WALK IN CLINIC (CWIC) CONTINUES TO RESPOND TO THE NEED FOR WALK-IN PSYCHIATRIC ASSESSMENTS. CWIC PROVIDES AN EVALUATION OUTSIDE THE RIGORS OF A MEDICAL EMERGENCY ROOM SETTING. THE PROGRAM OPERATES MONDAYS THROUGH FRIDAYS FROM 10:30 AM TO 10:00 PM; AND, SATURDAY 1:00 P.M. TO 5:00 P.M. CWIC PROVIDES A PSYCHIATRIST TO EVALUATE COMMUNITY

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MEMBERS IN NEED OF CRISIS ASSESSMENT AND TRIAGE. IN FY 2017, 4212

COMMUNITY MEMBERS PRESENTED TO THE CLINIC FOR EVALUATION.

IN ADDITION, LAST YEAR SHEPPARD PRATT CREATED A NEW OBSERVATION UNIT, THE BEHAVIORAL OBSERVATION SERVICE, WHICH IS INTENDED TO REDUCE HOSPITAL REFERRALS FOR PATIENTS PRESENTING FOR CO-OCCURRING (MENTAL HEALTH AND ADDICTIONS CARE) AS WELL AS INPATIENT ADMISSIONS FOR SUCH CARE. AFTER BEING MEDICALLY STABILIZED IN OBSERVATION STATUS, THE PATIENT CAN BE EVALUATED TO DETERMINE MOST APPROPRIATE LEVEL OF CARE.

SHEPPARD PRATT'S FLAGSHIP CAMPUS IS LOCATED AT 6501 NORTH CHARLES STREET, BALTIMORE, MD AND IS THE FOUNDING LOCATION OF THE SYSTEM WITH A MAJORITY OF SERVICES PROVIDED FROM THIS CAMPUS. SERVICES INCLUDE INPATIENT, PARTIAL DAY HOSPITALIZATION, INTENSIVE OUTPATIENT, ELECTRO-CONVULSIVE THERAPY (ECT), CRISIS EVALUATION, TELEPSYCHIATRY, RESIDENTIAL TREATMENT, AND PHYSICIAN OUTPATIENT APPOINTMENTS. A SECOND INPATIENT CAMPUS, SHEPPARD PRATT AT ELLICOTT CITY IS LOCATED AT 4100 COLLEGE AVENUE, IN ELLICOTT CITY, MARYLAND AND PROVIDES BOTH INPATIENT AND PARTIAL DAY HOSPITALIZATION SERVICES. THE TWO INPATIENT HOSPITAL PROGRAMS ARE

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LICENSED TO OPERATE A TOTAL OF 414 LICENSED BEDS. INPATIENT SERVICES PROVIDE A WIDE ARRAY OF PSYCHIATRY DIAGNOSTIC CATEGORIES INCLUDING UNITS SPECIFICALLY DESIGNED FOR CHILDREN, ADOLESCENTS, YOUNGSTERS WITH CO-OCCURRING MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES, YOUNG ADULTS, GERIATRICS, ADULTS, AS WELL AS SUBSPECIALTY ADULT PROGRAMS FOR CO-OCCURRING SUBSTANCE ABUSE AND MENTAL ILLNESS, PSYCHOTIC DISORDERS, DEVELOPMENTAL DISORDERS, TRAUMA DISORDERS AND EATING DISORDERS (FOR ADULTS AND ADOLESCENTS).

THERAPY REFERRAL SERVICES PROGRAMMING (TRS): TRS IS A FREE, CONFIDENTIAL TELEPHONE SERVICE THAT PROVIDES THE PUBLIC WITH REFERRALS TO MENTAL HEALTH RESOURCES FOR THE BALTIMORE METROPOLITAN AREA INCLUDING SHEPPARD PRATT PROGRAMS. IN FY 2017, THIS PROGRAM PROVIDED THE PUBLIC WITH REFERRAL INFORMATION FOR EXTERNAL PROGRAMS 12,181 TIMES. ADDITIONAL SHEPPARD PRATT PROGRAMMING ACCESSED THROUGH THIS SERVICE INCLUDES URGENT ASSESSMENTS FOR INDIVIDUALS WHO NEED TO BE EVALUATED ON A CRITICAL BASIS WITHIN 48 HRS AND THE SCHEDULED CRISIS INTERVENTION PROGRAM WHICH PROVIDES APPOINTMENTS SCHEDULED WITHIN THE SAME DAY AS THE CALL IS RECEIVED. SHEPPARD PRATT

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CONTINUES TO HOST A CONSUMER COUNCIL WITH COMMUNITY PARTICIPANTS INCLUDING FORMER PATIENTS AND PATIENT FAMILY MEMBERS. THE GROUP MEETS MONTHLY AND PROVIDES INPUT ON A VARIETY OF MENTAL HEALTH CARE TOPICS.

PART VI, LINE 6:

THE AFFILIATE AGENCIES OF SHEPPARD AND ENOCH PRATT FOUNDATION ARE NON-PROFIT HEALTH AND SOCIAL SERVICE AGENCIES FOCUSING THEIR SERVICES AT THE COMMUNITY LEVEL. THEIR COLLECTIVE PRIMARY MISSION IS TO PROVIDE REHABILITATIVE TREATMENT, HOUSING AND VOCATIONAL SUPPORT TO INDIVIDUALS WITH CHRONIC MENTAL ILLNESS. EACH AGENCY OPERATES UNDER THE CONTROL OF A LOCAL BOARD OF DIRECTORS FOCUSED ON THE NEEDS OF THEIR COMMUNITIES. THE AFFILIATES PROVIDE SERVICES IN BALTIMORE, CARROLL, HOWARD, FREDERICK, MONTGOMERY, PRINCE GEORGE'S AND WASHINGTON COUNTIES AS WELL AS BALTIMORE CITY. THEY WORK COLLABORATIVELY IN SPECIAL PROJECTS DESIGNED TO ENHANCE EMPLOYMENT OPPORTUNITIES FOR RETURNING VETERANS. IN ADDITION TO THE TRADITIONAL MENTAL HEALTH SERVICES, THEY PROVIDE SUBSTANCE ABUSE TREATMENT, CASE MANAGEMENT, SCREENING FOR DEPARTMENTS OF SOCIAL SERVICES, EARLY HEAD START AND DAY CARE. DURING THIS YEAR, THEY CONTINUED WORK AS

Part VI Supplemental Information

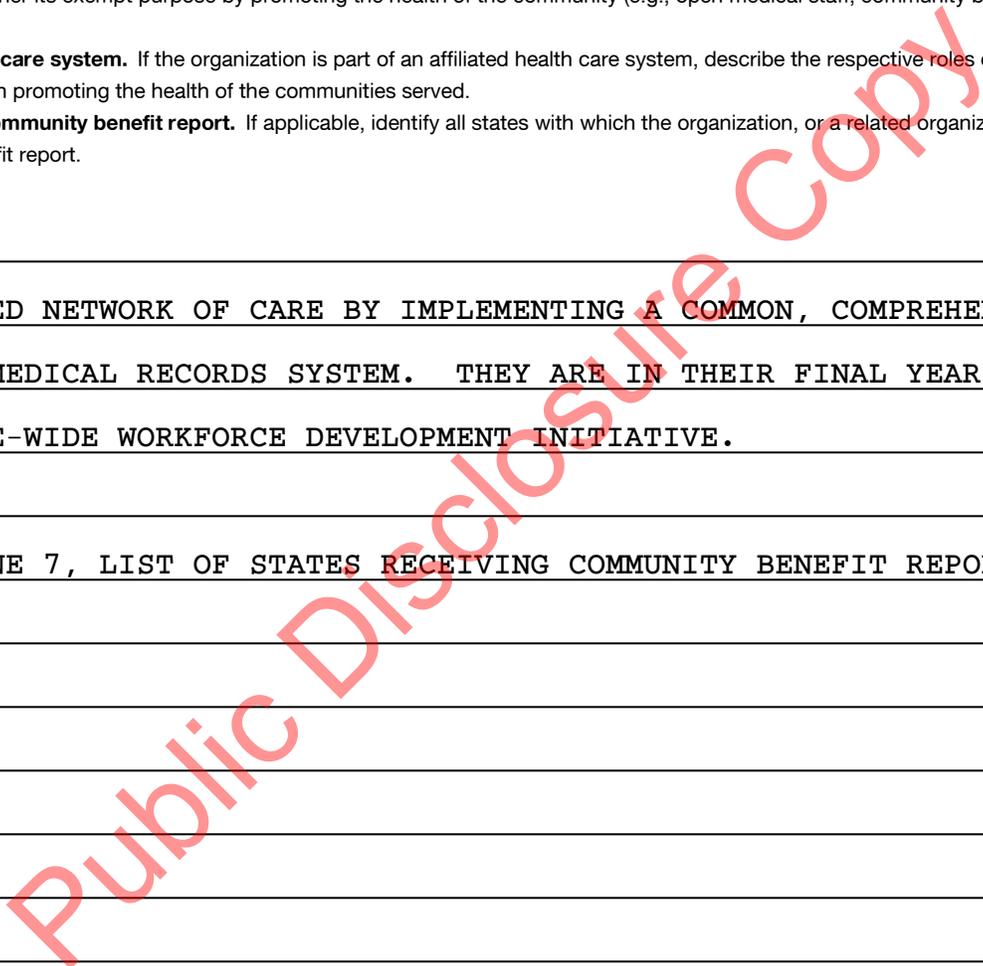
Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (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.

AN INTEGRATED NETWORK OF CARE BY IMPLEMENTING A COMMON, COMPREHENSIVE
 ELECTRONIC MEDICAL RECORDS SYSTEM. THEY ARE IN THEIR FINAL YEAR OF A
 5-YEAR STATE-WIDE WORKFORCE DEVELOPMENT INITIATIVE.

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

MD



**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ELLCOTT CITY PARTNERSHIP 8321 MAIN STREET ELLCOTT CITY, MD 21043	52-1183660		11,235.	0.			GRANT TO SUPPORT THE VICTIMS OF THE 2016 ELLCOTT CITY FLOOD

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

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

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

Schedule I (Form 990) (2016)

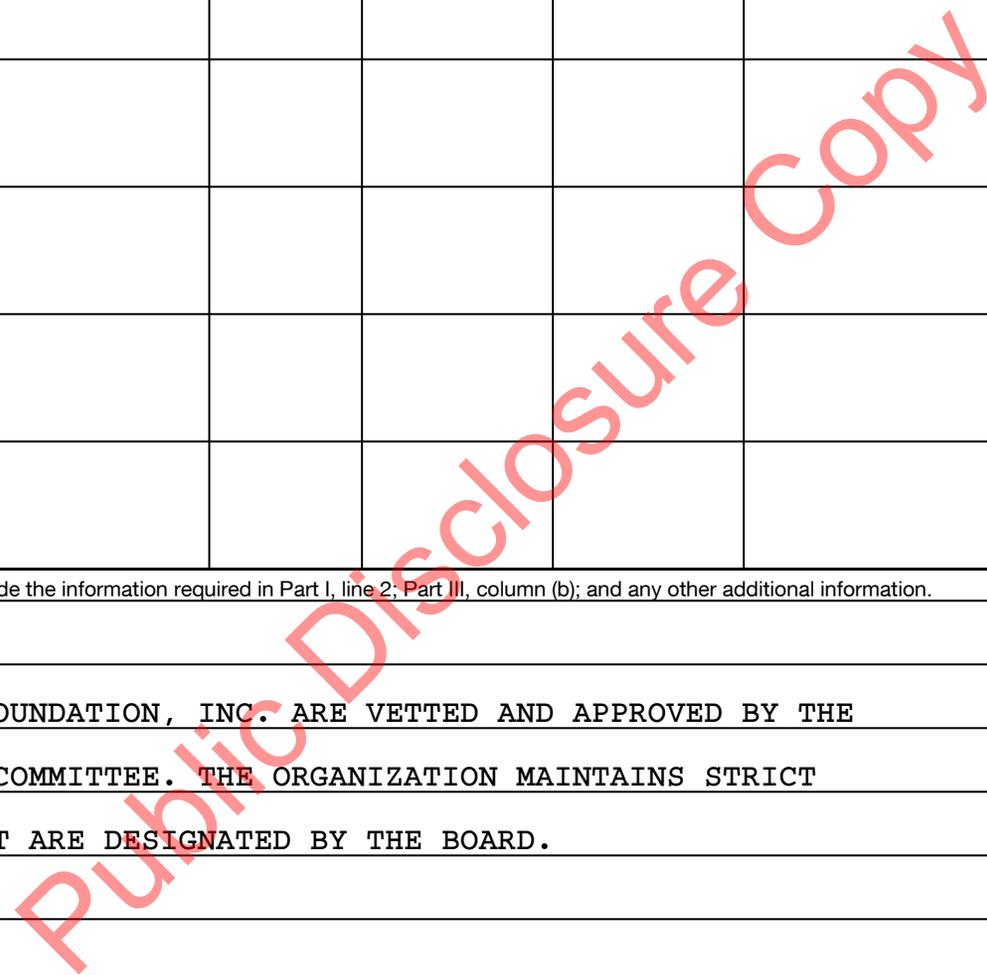
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

ALL GRANTS AWARDED BY FOUNDATION, INC. ARE VETTED AND APPROVED BY THE PHILANTHROPY OR GRANTS COMMITTEE. THE ORGANIZATION MAINTAINS STRICT ACCOUNTING OF FUNDS THAT ARE DESIGNATED BY THE BOARD.



**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number
52-0591684

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- 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? **5a** Yes No
- b** Any related organization? **5b** Yes No
- 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? **6a** Yes No
- b** Any related organization? **6b** Yes No
- 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 **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1b		
2		
4a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2016

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) HARSH K. TRIVEDI, M.D. PRESIDENT & CEO	(i)	384,197.	50,000.	19,964.	0.	15,751.	469,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GERALD A. NOLL VP, CFO, SECRETARY/TREASURER (PT YR)	(i)	300,590.	0.	3,485.	38,250.	21,175.	363,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BONNIE KATZ SR. VP, STRATEGY & BUSINESS DEV	(i)	363,822.	0.	6,412.	76,162.	17,336.	463,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERNESTINE COSBY VP CLINICAL SERVICES	(i)	250,611.	0.	8,507.	125,030.	11,472.	395,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CATHERINE R. DOUGHTY VP HUMAN RESOURCES	(i)	219,763.	0.	3,533.	17,275.	823.	241,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAMES TRUSCELLO DIRECTOR OF DAY SCHOOL PROGRAMS	(i)	191,913.	0.	6,697.	51,578.	17,437.	267,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) M. THOMAS GRAHAM DIRECTOR OF MANN RES PROGRAM	(i)	173,848.	0.	5,612.	14,043.	8,172.	201,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MOSES E. IKEJIOFOR FLOAT NURSE	(i)	179,560.	0.	346.	7,979.	11,258.	199,143.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANTONIO DEPAOLO DIRECTOR OF LEAN TRANSFORMATION	(i)	173,595.	0.	1,597.	8,834.	17,766.	201,792.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SHERRY L. MCGRAW STAFF NURSE	(i)	168,086.	0.	803.	12,430.	60.	181,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JAMES KENNETH WALTERS DIRECTOR OF PHARMACY	(i)	162,531.	0.	2,952.	37,637.	18,635.	221,755.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) THOMAS I. RUSSLER DIRECTOR PLANT OP. SAFETY & SECURITY	(i)	130,513.	0.	34,052.	11,909.	15,284.	191,758.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) STEVEN S. SHARFSTEIN, M.D. FORMER PRESIDENT & CEO	(i)	713,163.	0.	400,598.	74,602.	2,476.	1,190,839.	358,019.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINES 4A-B:

DURING CALENDAR YEAR 2016, THE FOLLOWING EMPLOYEES RECEIVED A SEVERANCE PAYMENT:

THOMAS RUSSLER \$30,109

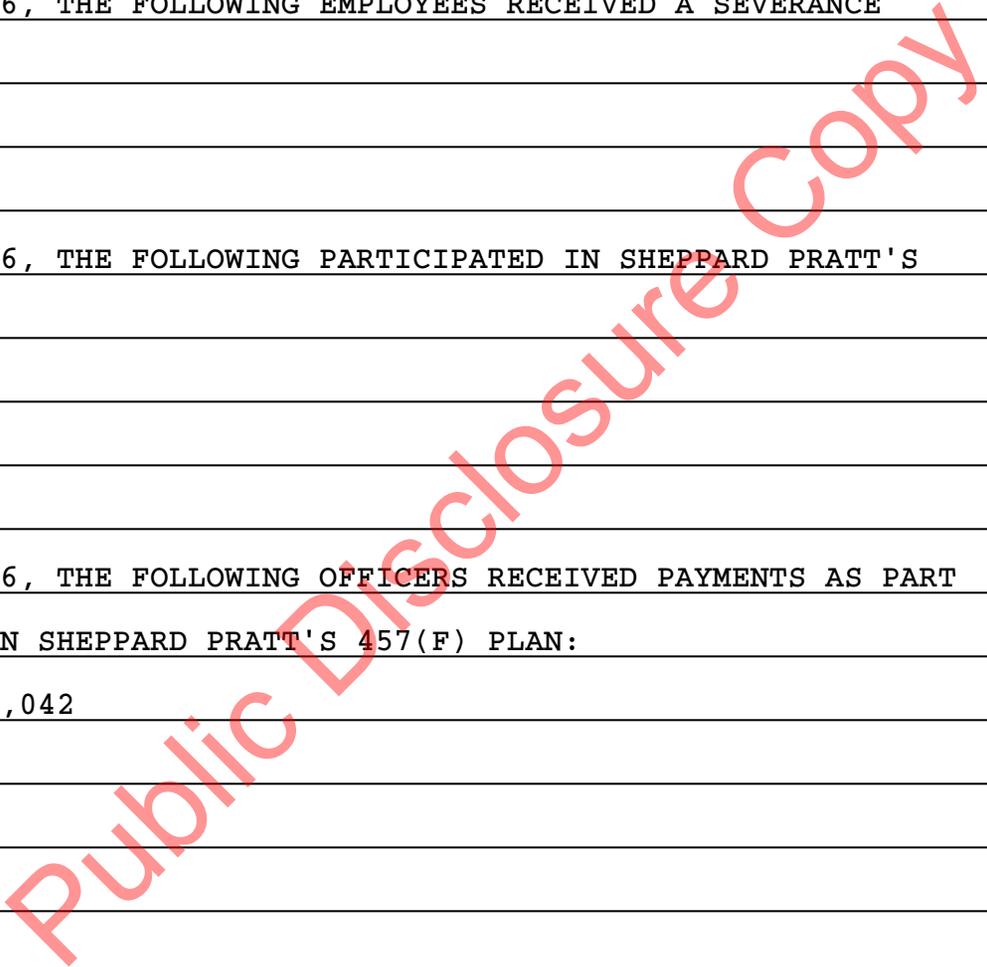
DURING CALENDAR YEAR 2016, THE FOLLOWING PARTICIPATED IN SHEPPARD PRATT'S 457(F) PLAN:

GERALD A. NOLL \$25,000

BONNIE KATZ \$25,000

DURING CALENDAR YEAR 2016, THE FOLLOWING OFFICERS RECEIVED PAYMENTS AS PART OF THEIR PARTICIPATION IN SHEPPARD PRATT'S 457(F) PLAN:

STEVEN SHARFSTEIN \$393,042



Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MD HEALTH & HIGHER EDUCATIONAL FACILITIES	52-0936091	NONE	03/01/12	34032000.	ADVANCE REFUND SERIES 2003A BOND		X		X		X
B MD HEALTH & HIGHER EDUCATIONAL FACILITIES	52-0936091	NONE	03/01/12	62182000.	CURRENT REFUND SERIES 2003B/2009		X		X		X
C											
D											

Part II Proceeds										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
1 Amount of bonds retired	1,993,000.		13,800,821.							
2 Amount of bonds legally defeased										
3 Total proceeds of issue	34,032,000.		62,182,000.							
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	516.		640.							
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds										
11 Other spent proceeds	34,031,484.		62,181,360.							
12 Other unspent proceeds										
13 Year of substantial completion	2005		2010							
14 Were the bonds issued as part of a current refunding issue?	X		X							
15 Were the bonds issued as part of an advance refunding issue?		X		X						
16 Has the final allocation of proceeds been made?	X		X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use									
	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X					
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X	X						

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X			X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

PART I, LINE A & B

THE BONDS DESCRIBED IN LINES A AND B WERE ISSUED AS A SINGLE ISSUE (THE "BONDS"). PURSUANT TO REGULATION SECTIONS 1.141-13(D), 1.148-9(H) AND 1.150-1(C)(3) OF THE INCOME TAX REGULATIONS, THE ISSUER ELECTED TO TREAT THE BONDS AS FIVE SEPARATE ISSUES. ONE OF THE MULTIPURPOSE ISSUES CORRELATES TO COLUMN A THROUGHOUT PARTS II, III AND IV. FOUR OF THE MULTIPURPOSE ISSUES CORRELATES TO COLUMN B THROUGHOUT PARTS II, III AND IV.

PART 1, LINE A, COLUMN (F)

SERIES 2003A BONDS - 05/29/2003

PART 1, LINE B, COLUMN (F)

SERIES 2003A BONDS - 05/29/2003; SERIES 2009 BONDS - 12/17/2009

PART III, COLUMN B, LINES 4, 5 AND 6

THE FOLLOWING IS THE ANSWER TO LINES 4, 5 AND 6 FOR EACH OF THE FOUR SEPARATE MULTIPURPOSE ISSUES:

2003B/1992/1985 REFUNDING PORTION \$3,368,295 - LESS THAN 15% (1986 ACT TRANSITION RULE REFUNDING)

2003B/1995/1992 REFUNDING PORTION \$16,445,204 - LESS THAN 5%

2003B/2003/1999 REFUNDING PORTIN \$19,813,500 - LESS THAN 5%

2009 REFUNDING PORTION \$22,555,000 - LESS THAN 5%

PART IV, LINE 2C, COLUMN A AND B

7/21/2016

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number

52-0591684

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

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

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

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

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

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

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

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

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

THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE FORM 990 AT THE
APRIL MEETING. FOLLOWING FINANCE COMMITTEE REVIEW OF THE FORM 990, THE
FORM 990 IS POSTED TO THE SHEPPARD PRATT WEBSITE PORTAL FOR THE BOARD OF
DIRECTORS REVIEW PRIOR TO FILING.

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

IF IN THE NORMAL COURSE OF CONDUCTING A BOARD MEETING, AN AGENDA TOPIC IS
DETERMINED TO PRESENT A CONFLICT OF INTEREST, THE INTERESTED BOARD MEMBER

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

Schedule O (Form 990 or 990-EZ) (2016)

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

IS REQUIRED TO DISQUALIFY HIM OR HERSELF FROM ANY FURTHER DISCUSSION ON THE MATTER. THE CHAIRPERSON WILL SELECT A DISINTERESTED PERSON TO INVESTIGATE ALTERNATIVES TO THE TRANSACTION THAT POSES THE POTENTIAL CONFLICT. IF AFTER EXERCISING DUE DILIGENCE THE BOARD DETERMINES THAT ITS UNABLE TO SECURE A MORE ADVANTAGEOUS TRANSACTION WITH AN ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD WILL DETERMINE WHETHER OR NOT TO ENTER INTO THE TRANSACTION, IF IT IS IN THE BEST INTEREST OF THE ORGANIZATION.

THE ORGANIZATION REQUIRES ALL TRUSTEES AND KEY EXECUTIVE PERSONNEL TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE CFO WHO SUMMARIZES THE REPORTED CONFLICTS. THIS INFORMATION IS THEN PRESENTED TO THE CEO AND THE CHAIRMAN OF THE BOARD FOR REVIEW.

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

SALARIES OF THE CEO AND TOP MANAGEMENT ARE REVIEWED BY THE EMPLOYEE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THIS COMMITTEE IS COMPRISED OF INDEPENDENT TRUSTEES. THE TRUSTEES REVIEW COMPENSATION FOR REASONABLENESS. THEY USE COMPARATIVE INDUSTRY DATA AND FORM 990S OF OTHER ORGANIZATIONS IN THEIR REVIEW PROCESS. THE PROCESS FOR EMPLOYEE COMPENSATION INCLUDES DEVELOPMENT OF COMPENSATION RECOMMENDATIONS BASED ON MARKET SURVEYS AND OTHER COMPARATIVE INDUSTRY DATA AS WELL AS WRITTEN EMPLOYMENT CONTRACTS. THE SALARY INFORMATION FOR THIS GROUP IS OBTAINED BY A CONSULTANT THAT IS ENGAGED BY THE EXECUTIVE COMPENSATION COMMITTEE. THIS CONSULTANT USES CURRENT MARKET COMPENSATION SURVEYS AND OTHER COMPARATIVE INDUSTRY DATA TO MAKE RECOMMENDATIONS. THE RECOMMENDATIONS ARE THEN PRESENTED TO THE EXECUTIVE COMPENSATION COMMITTEE FOR APPROVAL. THE EXECUTIVE COMPENSATION COMMITTEE REPORTS THAT COMPENSATION WAS APPROVED TO

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

THE FULL BOARD. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING FOR DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS.

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

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

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

TRANSFER FROM SHEPPARD PRATT INVESTMENT, INC.	4,203,624.
CHANGES IN PENSION LIABILITY	12,020,415.
INTEREST IN ASSETS OF FOUNDATION	761,150.
ASSETS RELEASED FROM RESTRICTION-SHEPPARD AND ENOCH PRATT FOUNDATION, INC.	1,074,412.
TRANSFER TO SHEPPARD PRATT PHYSICIANS PA, INC.	-5,250,000.
TOTAL TO FORM 990, PART XI, LINE 9	12,809,601.

FORM 990, PART XII, 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

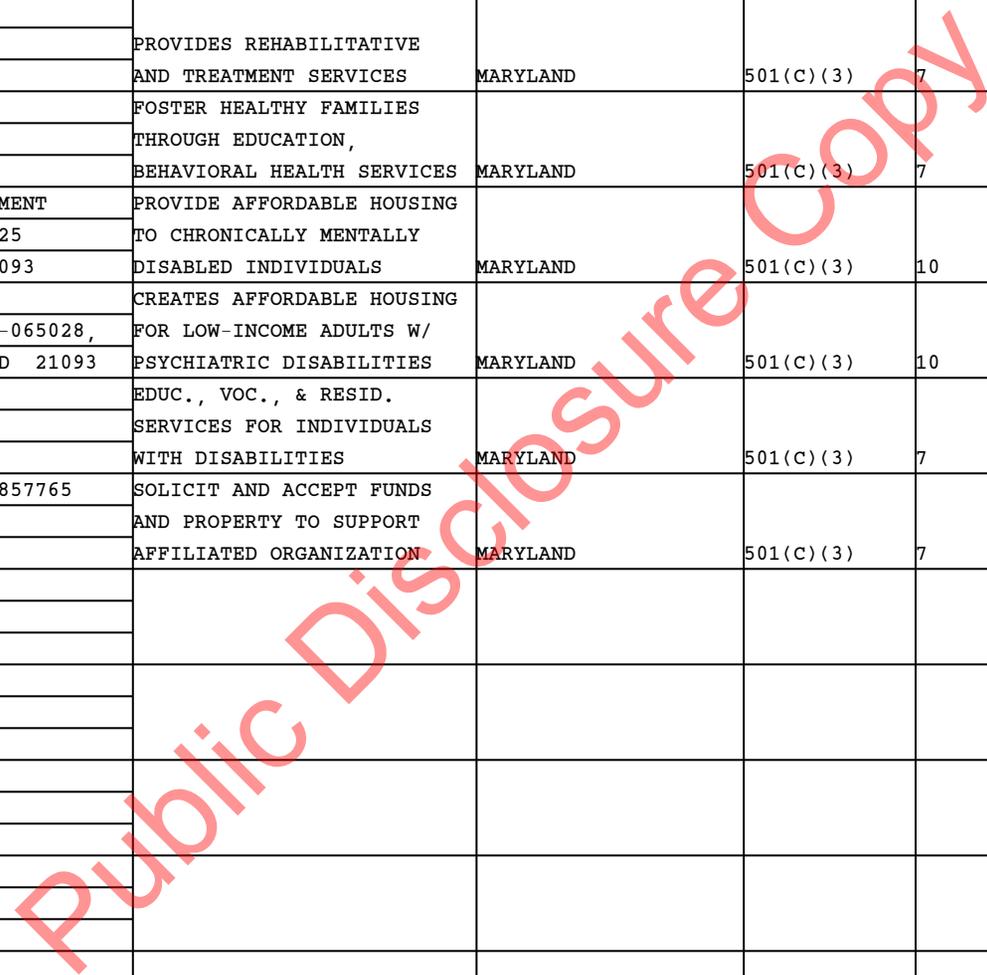
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SHEPPARD & ENOCH PRATT FOUNDATION - 52-1357109, PO BOX 6815, BALTIMORE, MD 21285	CONDUCT FUNDRAISING ACTIVITIES TO SUPPORT AFFILIATED ORGANIZATIONS	MARYLAND	501(C)(3)	7	N/A		X
SHEPPARD PRATT PHYSICIANS PA - 52-1392214 PO BOX 6815 BALTIMORE, MD 21285	PROVIDE HEALTHCARE TO PATIENTS & RESIDENCY TRAINING TO MEDICAL PROF.	MARYLAND	501(C)(3)	10	SHEPPARD & ENOCH PRATT FOUNDATION		X
SHEPPARD PRATT INVESTMENT, INC. - 52-1388935 PO BOX 6815 BALTIMORE, MD 21285	HOLD AND MANAGE ENDOWMENT FUNDS OF RELATED NONPROFIT ENTITIES	MARYLAND	501(C)(3)	12A	SHEPPARD & ENOCH PRATT FOUNDATION		X
MOSAIC COMMUNITY SERVICES, INC. - 52-1388141 1925 GREENSPRING DRIVE TIMONIUM, MD 21093	PROVIDES THERAPEUTIC RESIDENTIAL REHAB & SUPPORT SERVICES	MARYLAND	501(C)(3)	7	SHEPPARD & ENOCH PRATT FOUNDATION		X

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

Schedule R (Form 990) 2016

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
WAY STATION, INC. - 52-1162749 PO BOX 3826 FREDERICK, MD 21705	PROVIDES REHABILITATIVE AND TREATMENT SERVICES	MARYLAND	501(C)(3)	7	SHEPPARD & ENOCH PRATT FOUNDATION		X
FAMILY SERVICES, INC. - 52-0730225 610 EAST DIAMOND AVE GAITHERSBURG, MD 20877	FOSTER HEALTHY FAMILIES THROUGH EDUCATION, BEHAVIORAL HEALTH SERVICES	MARYLAND	501(C)(3)	7	SHEPPARD & ENOCH PRATT FOUNDATION		X
REVISIONS COMMUNITY HOUSING DEVELOPMENT ORGANIZATION, INC. - 52-1849336, 1925 GREENSPRING DRIVE, TIMONIUM, MD 21093	PROVIDE AFFORDABLE HOUSING TO CHRONICALLY MENTALLY DISABLED INDIVIDUALS	MARYLAND	501(C)(3)	10	MOSAIC COMMUNITY SERVICES, INC.		X
DULANEY STATION COMMUNITY HOUSING DEVELOPMENT ORGANIZATION, INC. - 02-065028, 1925 GREENSPRING DRIVE, TIMONIUM, MD 21093	CREATES AFFORDABLE HOUSING FOR LOW-INCOME ADULTS W/ PSYCHIATRIC DISABILITIES	MARYLAND	501(C)(3)	10	MOSAIC COMMUNITY SERVICES, INC.		X
ALLIANCE INC - 52-1277262 8003 CORPORATE DRIVE NOTTINGHAM, MD 21236	EDUC., VOC., & RESID. SERVICES FOR INDIVIDUALS WITH DISABILITIES	MARYLAND	501(C)(3)	7	MOSAIC COMMUNITY SERVICES, INC.		X
WAY STATION FOUNDATION, INC. - 52-1857765 230 W. PATRICK ST. PO BOX 3826 FREDERICK, MD 21705	SOLICIT AND ACCEPT FUNDS AND PROPERTY TO SUPPORT AFFILIATED ORGANIZATION	MARYLAND	501(C)(3)	7	WAY STATION, INC.		X



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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SHEPPARD PRATT PREFERRED RESOURCES, INC. - 52-1757742, 6501 N. CHARLES STREET, TOWSON, MD 21285	INACTIVE	MD	N/A	C CORP	N/A	N/A	N/A		X

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SHEPPARD PRATT INVESTMENTS, INC.	C	4,203,624.	FMV
(2) SHEPPARD PRATT INVESTMENTS, INC.	D	12,900,000.	FMV
(3) SHEPPARD PRATT INVESTMENTS, INC.	E	2,831,010.	FMV
(4)			
(5)			
(6)			

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SHEPPARD PRATT HEALTH SYSTEM, INC. Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 6815 City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21285	D Employer identification number (Employees' trust, see instructions.) 52-0591684 E Unrelated business activity codes (See instructions.) 900002
--	---------------------	---	---

C Book value of all assets at end of year 321,861,312.	F Group exemption number (See instructions.)	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	---	--

H Describe the organization's primary unrelated business activity. ▶ **RENTAL OF PERSONAL PROPERTY AND FOOD SERVICE**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶ **SEE STATEMENT 1**

J The books are in care of ▶ **DONNA CORBETT** Telephone number ▶ **(410) 938-3344**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6	325,053.	533,606.
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	325,053.	533,606.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)	21	22a	22b
14 Compensation of officers, directors, and trustees (Schedule K)			14
15 Salaries and wages			15
16 Repairs and maintenance			16
17 Bad debts			17
18 Interest (attach schedule)			18
19 Taxes and licenses			19
20 Charitable contributions (See instructions for limitation rules)			20
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23 Depletion			23
24 Contributions to deferred compensation plans			24
25 Employee benefit programs			25
26 Excess exempt expenses (Schedule I)			26
27 Excess readership costs (Schedule J)			27
28 Other deductions (attach schedule)			28
29 Total deductions. Add lines 14 through 28			0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			-208,553.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2			31
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			-208,553.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			-208,553.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	(1) \$ _____ (2) \$ _____ (3) \$ _____	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$ _____	
(2) Additional 3% tax (not more than \$100,000)	\$ _____	
c Income tax on the amount on line 34		35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Tax on Non-Compliant Facility Income. See instructions		39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d		41e
42 Subtract line 41e from line 40		42 0.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		43
44 Total tax. Add lines 42 and 43		44 0.
45a Payments: A 2015 overpayment credited to 2016	45a	
b 2016 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other		
Total	45g	
46 Total payments. Add lines 45a through 45g		46
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48 0.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49 0.
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		50

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

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year		\$

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

Sign Here
 Signature of officer: _____ Date: _____ Title: **CHIEF FINANCIAL OFFICER**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: **LORI S. BURGHAUSER** Preparer's signature: **LORI S. BURGHAUSER** Date: **05/11/18** Check if self-employed PTIN: **P00370694**
 Firm's name: **SC&H TAX & ADVISORY SERVICES, LLC** Firm's EIN: **41-2069731**
 Firm's address: **910 RIDGEBROOK ROAD SPARKS, MD 21152** Phone no.: **410-403-1500**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) CONFERENCE CENTER

(2)

(3)

(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	SEE STATEMENT 3
(1)	325,053.	533,606.
(2)		
(3)		
(4)		
Total	0.	325,053.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
325,053.		533,606.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Form 990-T (2016)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

Nonexempt Controlled Organizations

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

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Public Disclosure COPY

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 1

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

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 2

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
06/30/02	79,464.	0.	79,464.	79,464.
06/30/03	166,442.	0.	166,442.	166,442.
06/30/04	140,650.	0.	140,650.	140,650.
06/30/05	153,861.	0.	153,861.	153,861.
06/30/06	21,195.	0.	21,195.	21,195.
06/30/07	130,299.	0.	130,299.	130,299.
06/30/08	166,844.	0.	166,844.	166,844.
06/30/09	293,733.	0.	293,733.	293,733.
06/30/10	277,691.	0.	277,691.	277,691.
06/30/11	271,784.	0.	271,784.	271,784.
06/30/12	273,372.	0.	273,372.	273,372.
06/30/13	294,646.	0.	294,646.	294,646.
06/30/14	236,988.	0.	236,988.	236,988.
06/30/15	143,351.	0.	143,351.	143,351.
06/30/16	193,859.	0.	193,859.	193,859.
NOL CARRYOVER AVAILABLE THIS YEAR			2,844,179.	2,844,179.
			2,844,179.	2,844,179.

Public Disclosure Copy

FORM 990-T

DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION/OCCUPANCY COSTS		196,378.	
EQUIPMENT		4,080.	
INFO SYSTEMS		18,444.	
INTERDPT BENEFITS		41,322.	
LICENSES		320.	
MISCELLANEOUS		5,716.	
PROFESSIONAL FEES		776.	
PURCHASED SERVICE WORKER		9,724.	
SALARIES		155,482.	
SPECIAL FUNCTIONS		97.	
SUPPLIES		88,221.	
SUPPORT SERVICES		10,830.	
TELEPHONE		1,261.	
UNIFORMS		451.	
REGISTRATION C/E		183.	
REPAIRS		321.	
- SUBTOTAL -	1		533,606.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			533,606.

Public Disclosure Copy

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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

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

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. SHEPPARD PRATT HEALTH SYSTEM, INC.	Employer identification number (EIN) or 52-0591684
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 6815	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21285	

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

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

DONNA CORBETT

• The books are in the care of ▶ **6501 N. CHARLES STREET - TOWSON, MD 21285**
Telephone No. ▶ **(410) 938-3344** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

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

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

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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

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

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. SHEPPARD PRATT HEALTH SYSTEM, INC.	Employer identification number (EIN) or 52-0591684
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 6815	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21285	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
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