

PUBLIC DISCLOSURE COPY

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)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

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

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

D Employer identification number
52-0591657

E Telephone number
(314) 733-8000

F Name and address of principal officer: EDWARD R LOVERN
SAME AS C ABOVE

G Gross receipts \$ 488,216,966

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

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

J Website: ▶ [HTTPS://HEALTHCARE.ASCENSION.ORG/LOCATIONS/MARYLAND/MBAL/BALTIMORE-ASCENSION-SAINT-AGNES-HOSPITAL](https://healthcare.ascension.org/locations/maryland/mbal/baltimore-ascension-saint-agnes-hospital)

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1862

M State of legal domicile: MD

H(c) Group exemption number ▶ 0928


Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO IMPROVE THE HEALTH AND WELL-BEING OF ALL PEOPLE IN THE COMMUNITIES WE SERVE.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>12</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>8</u>
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	<u>3,173</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>9</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>1,649,581</u>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>26,673,315</u>	<u>17,771,891</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>420,542,562</u>	<u>465,915,308</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>(15,486)</u>	<u>300,568</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>4,843,621</u>	<u>4,174,506</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>452,044,012</u>	<u>488,162,273</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>741,060</u>	<u>163,594</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>222,633,298</u>	<u>217,588,672</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>	<u>0</u>	<u>0</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>221,603,544</u>	<u>229,159,700</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>444,977,902</u>	<u>446,911,966</u>
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<u>7,066,110</u>	<u>41,250,307</u>
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>335,903,077</u>	<u>384,873,574</u>
22	Net assets or fund balances. Subtract line 21 from line 20	<u>195,885,872</u>	<u>255,443,064</u>	
		<u>140,017,205</u>	<u>129,430,510</u>	

Part II Signature Block

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

Sign Here

Signature of officer:  Date: 5/14/2022

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

Paid Preparer Use Only

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

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

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

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 316,366,608 including grants of \$ 163,594) (Revenue \$ 467,885,047)
ST. AGNES HEALTHCARE, INC. IS A 274-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING FISCAL YEAR 2021, ST. AGNES HEALTHCARE, INC. TREATED 10,788 ADULTS AND CHILDREN FOR A TOTAL OF 51,610 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 261,427 OUTPATIENT VISITS, WHICH INCLUDED 4,283 OUTPATIENT SURGERIES AND 60,674 EMERGENCY ROOM VISITS. SEE SCHEDULE H FOR A NON-EXHAUSTIVE LIST OF COMMUNITY BENEFIT PROGRAMS AND DESCRIPTIONS.

AS PART OF THE ASCENSION CATHOLIC HEALTH MINISTRY, THE FILING ORGANIZATION SERVED IN SUPPORT OF ASCENSION'S COMMITMENT TO BOTH CARE FOR PATIENTS AND COMMUNITIES AND SUPPORT CAREGIVERS AND OTHER ASSOCIATES THROUGH THE CHALLENGES OF THE COVID-19 GLOBAL PANDEMIC IN FY20 AND FY21.

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

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

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

4e Total program service expenses ▶ 316,366,608

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,173		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► MD
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
SARA O'BRIEN, 4600 EDMUNDSON ROAD, ST. LOUIS, MO 63134-3806, (314) 733-8000

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE T GRACE, MD MEDICAL DIRECTOR	50.0 0.0					✓	927,126	0	43,324	
(2) ANDREW M AVERBACH, MD SURGEON	50.0 0.0					✓	715,514	0	37,433	
(3) CAROLE B MILLER, MD PHYSICIAN	50.0 0.0					✓	632,267	0	30,613	
(4) MARTIN A ALBORNOZ, MD PHYSICIAN	50.0 0.0					✓	609,895	0	42,047	
(5) MICHAEL A ZATINA, MD DIRECTOR, MEDICAL SPECIALTY	50.0 0.0					✓	609,404	0	38,072	
(6) CHRISTOPHER A CHEKOURAS INTERIM PRESIDENT & CEO (END 7/2020)	50.0 0.0			✓			546,308	0	22,120	
(7) KEITH VANDER KOLK FORMER OFFICER (END 6/2019)	0.0 0.0					✓	0	545,193	0	
(8) KENNETH H WILLIAMS, MD DIRECTOR	0.0 50.0	✓					0	494,392	39,014	
(9) NANCY M HAMMOND, MD CMO (END 8/2020)	50.0 0.0					✓	496,832	0	34,393	
(10) SCOTT M FURNISS FORMER OFFICER (END 1/2020)	0.0 50.0					✓	0	459,649	44,481	
(11) KALA K DAVIS-MCDONALD, MD SECRETARY/SECTION CHIEF	50.0 0.0	✓		✓			474,648	0	23,681	
(12) MITCHELL G LOMAX CFO, MINISTRY MARKET	50.0 50.0			✓			79,589	358,330	41,062	
(13) EDWARD R LOVERN PRESIDENT/CEO (START 7/2020)	50.0 0.0	✓		✓			346,133	0	24,619	
(14) YOLANDA COPELAND, RN CNO (END 10/2020)	50.0 0.0					✓	325,004	0	21,196	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GREGORY KELLY, JR TREASURER	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(16) JOHN E WHEELER, JR CHAIR	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(17) CHRISTOPHER CALLAGHAN DIRECTOR	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(18) KATIE COUNSELMAN CAPLE, CPCU, ARM DIRECTOR	1.0 1.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(19) MARGARET HAYES DIRECTOR	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(20) PERRY S FONG DIRECTOR	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(21) RICHARD J HUNT, JR DIRECTOR	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(22) RICHARD S HUDES, MD DIRECTOR	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(23) SISTER CECILLIA TSAO DIRECTOR	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(24)										
(25)										
1b Subtotal								5,762,720	1,857,564	442,055
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								5,762,720	1,857,564	442,055

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 **▶** 352

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KEVIN DICK, 9508 MORNING DEW DR, HAGERSTOWN, MD 21740-1693	CONSTRUCTION SERVICES	1,888,765
COMPLETE MECHANICAL AND ELECTRICAL SOLUTIONS, 11600 NEBEL ST STE 202, ROCKVILLE, MD 20852	MECHANICAL SERVICES	1,744,473
CALIFORNIA EMERGENCY PHYSICIANS MEDICAL, 2100 POWELL STREET 9TH FLOOR, EMERYVILLE, CA 94608	PHYSICIAN SERVICES	916,667
DRS HICKEN CRANLEY & TAYLOR PA, 2330 W JOPPA ROAD, STE 100, LUTHERVILLE, MD 21093	MEDICAL SERVICES	785,313
CEP AMERICA LLC, 2100 POWELL ST STE 400, EMERYVILLE, CA 94608-1844	MEDICAL SERVICES	549,819

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 **▶** 29

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 291,237					
	e	Government grants (contributions)	1e 17,480,654					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f	1g \$					
	h	Total. Add lines 1a-1f ▶		17,771,891				
	Program Service Revenue			Business Code				
2a		NET PATIENT SERVICE REVENUE	621990	425,296,694	425,296,694			
b		SERVICES TO AFFILIATES	561000	20,916,206	20,916,206			
c		INCOME FROM JOINT VENTURES	900099	10,861,946	10,861,946			
d		CARE MANAGEMENT FEES	621990	2,573,647	2,573,647			
e		PHARMACY REVENUE	446110	2,173,753	2,173,753			
f		All other program service revenue	900099	4,093,062	2,443,481	1,649,581		
g	Total. Add lines 2a-2f ▶		465,915,308					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		300,391		300,391		
	4	Income from investment of tax-exempt bond proceeds ▶		0		0		
	5	Royalties ▶		0		0		
	6a	Gross rents	(i) Real	925,409				
			(ii) Personal	0				
			6b	Less: rental expenses	0			
			6c	Rental income or (loss)	925,409			
	d	Net rental income or (loss) ▶		925,409		925,409		
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other	15,613				
			7b	Less: cost or other basis and sales expenses	15,436			
			7c	Gain or (loss)	0	177		
	d	Net gain or (loss) ▶		177		177		
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a 0					
	b	Less: direct expenses	8b 0					
	c	Net income or (loss) from fundraising events . . . ▶		0		0		
	9a	Gross income from gaming activities. See Part IV, line 19	9a 0					
b	Less: direct expenses	9b 0						
c	Net income or (loss) from gaming activities . . . ▶		0		0			
10a	Gross sales of inventory, less returns and allowances	10a 77,305						
		b	Less: cost of goods sold	10b 39,257				
		c	Net income or (loss) from sales of inventory . . . ▶		38,049		38,049	
Miscellaneous Revenue			Business Code					
	11a	EDUCATION REVENUE	611430	1,219,700	1,219,700			
	b	CAFETERIA/VENDING REVENUE	722514	1,040,062		1,040,062		
	c	ESCHEATMENT REVENUE	900099	340,659	340,659			
	d	All other revenue	900099	610,627	409,380	0		
e	Total. Add lines 11a-11d ▶		3,211,048					
12	Total revenue. See instructions ▶		488,162,273	466,235,466	1,649,581	2,505,335		

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	163,594	163,594		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,406,271	589,666	1,816,605	
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	179,311,783	164,417,665	14,894,118	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,521,478	6,896,724	624,754	
9	Other employee benefits	16,329,736	14,973,344	1,356,392	
10	Payroll taxes	12,019,404	10,920,039	1,099,365	
11	Fees for services (nonemployees):				
a	Management	471	471		
b	Legal	89,904		89,904	
c	Accounting	33,145		33,145	
d	Lobbying	8,943		8,943	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	22,554,640	18,450,838	4,103,802	0
12	Advertising and promotion	253,948	174,541	79,407	
13	Office expenses	1,242,613	641,465	601,148	
14	Information technology	454,110	238,973	215,137	
15	Royalties				
16	Occupancy	8,279,176	7,521,914	757,262	
17	Travel	91,765	54,714	37,051	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	316,905	252,724	64,181	
20	Interest	2,367,959		2,367,959	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,455,155	19,492,741	1,962,414	
23	Insurance	8,749,592	17,090	8,732,502	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>MEDICAL SUPPLIES</u>	55,206,726	54,913,237	293,489	
b	<u>MANAGEMENT FEE TO AFFILIATE</u>	39,572,576		39,572,576	
c	<u>PURCHASED SERVICES</u>	39,100,295	10,286,553	28,813,742	
d	<u>PHYSICIAN FEES TO AFFILIATE</u>	20,515,923		20,515,923	
e	All other expenses	8,865,854	6,360,315	2,505,539	0
25	Total functional expenses. Add lines 1 through 24e	446,911,966	316,366,608	130,545,358	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	10,438	1	47,426
	2 Savings and temporary cash investments	4,275,470	2	5,488,768
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	51,369,459	4	57,736,916
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	7,094,244	8	7,991,330
	9 Prepaid expenses and deferred charges	288,023	9	92,886
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 472,908,517		
	b Less: accumulated depreciation	10b 261,441,388	212,516,314	10c 211,467,129
	11 Investments—publicly traded securities	579,883	11	649,907
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	33,466,155	13	44,328,101
	14 Intangible assets	2,372,286	14	1,785,986
	15 Other assets. See Part IV, line 11	23,930,805	15	55,285,125
16 Total assets. Add lines 1 through 15 (must equal line 33)	335,903,077	16	384,873,574	
Liabilities	17 Accounts payable and accrued expenses	46,306,073	17	52,720,061
	18 Grants payable	0	18	0
	19 Deferred revenue	560,296	19	730,244
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	149,019,503	25	201,992,759
	26 Total liabilities. Add lines 17 through 25	195,885,872	26	255,443,064
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	136,064,462	27	126,089,903
	28 Net assets with donor restrictions	3,952,743	28	3,340,607
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
32 Total net assets or fund balances	140,017,205	32	129,430,510	
33 Total liabilities and net assets/fund balances	335,903,077	33	384,873,574	

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	488,162,273
2	Total expenses (must equal Part IX, column (A), line 25)	2	446,911,966
3	Revenue less expenses. Subtract line 2 from line 1	3	41,250,307
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	140,017,205
5	Net unrealized gains (losses) on investments	5	315,244
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(52,152,246)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	129,430,510

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule of Contributors

2020

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

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)(3) (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering “N/A” in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don’t complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization ST. AGNES HEALTHCARE, INC.	Employer identification number 52-0591657
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 276,883	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 14,354	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.)

Name of organization ST. AGNES HEALTHCARE, INC.	Employer identification number 52-0591657
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization ST. AGNES HEALTHCARE, INC.	Employer identification number 52-0591657
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		8,943
j Total. Add lines 1c through 1i			8,943
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Part IV

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

Attach to Form 990.

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ST. AGNES HEALTHCARE, INC.

Employer identification number 52-0591657

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	705,425	700,190	674,950	658,363	624,222
b Contributions					
c Net investment earnings, gains, and losses	67,808	5,235	25,240	16,587	34,141
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	773,233	705,425	700,190	674,950	658,363

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

- a** Board designated or quasi-endowment ▶ 0.00 %
- b** Permanent endowment ▶ 18.00 %
- c** Term endowment ▶ 82.00 %

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

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

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

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	10,252,790		10,252,790
b Buildings	0	282,744,879	141,597,068	141,147,811
c Leasehold improvements	0	9,827,426	6,053,564	3,773,862
d Equipment	0	139,326,305	104,664,437	34,661,868
e Other	0	30,757,117	9,126,319	21,630,798
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				211,467,129

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN MARYLAND PHYSICIANS CARE	40,513,670	
(2) INVESTMENT IN MARYLAND CARE MANAGEMENT	3,814,431	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	44,328,101	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER ASSETS	505,332
(2) DUE FROM AFFILIATES	40,601,247
(3) OTHER RECEIVABLES	1,114,449
(4) SECURITY DEPOSIT	6,906
(5) INTEREST IN INVESTMENTS HELD BY ASCENSION HEALTH ALLIANCE	3,190,449
(6) RIGHT OF USE OPERATING LEASE ASSET	9,830,350
(7) DEFERRED TAX ASSET	36,392
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	55,285,125

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) DUE TO AFFILIATES	116,349,983
(3) GENERAL LIABILITY RESERVE ALLOWANCE	3,000,000
(4) RECOVERY TAIL LIABILITY	670,732
(5) DEBT WITH ASCENSION HEALTH ALLIANCE	70,437,633
(6) OTHER MISCELLANEOUS LIABILITIES	3,748
(7) LONG TERM LEASE LIABILITY	9,959,610
(8) ACCRUED SALES USE TAX LIABILITY	19,242
(9) (SEE STATEMENT)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	201,992,759

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE STATEMENT

Series of horizontal dashed lines for providing supplemental information.

Schedule D

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

Part X

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

(a) Description of liability	(b) Book value
Estimated 3rd Party Payor Settlement	266,811
Accrued Tax/Fees/Penalties Liability	85,000
Asset Retirement Obligations	1,200,000

Part XIII

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

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>WHITEFORD ENDOWMENT - 50% TO BE UTILIZED TO ERECT A WING OR ADDITIONAL BUILDING, ADDITIONAL 50% MAY BE USED TO SUPPORT HOSPITAL OPERATIONS.</p> <p>BROWNE ENDOWMENT - ESTABLISHED FOR USE BY CARDIAC UNIT TO AID THE INDIGENT.</p> <p>GITTINGS ENDOWMENT - CREATED TO PROVIDE A BED IN THE CHILDREN'S WARD.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2021.</p>

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			13,203,637		13,203,637	2.95
b Medicaid (from Worksheet 3, column a)			21,022,204	9,277,338	11,744,866	2.63
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	0	34,225,841	9,277,338	24,948,503	5.58
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			30,303,830	12,434,012	17,869,818	4.00
f Health professions education (from Worksheet 5)			7,395,900		7,395,900	1.65
g Subsidized health services (from Worksheet 6)			4,523,080	3,370,791	1,152,289	0.26
h Research (from Worksheet 7)			550,556	258,008	292,548	0.07
i Cash and in-kind contributions for community benefit (from Worksheet 8)			525,760		525,760	0.12
j Total. Other Benefits	0	0	43,299,126	16,062,811	27,236,315	6.09
k Total. Add lines 7d and 7j	0	0	77,524,967	25,340,149	52,184,818	11.68

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			760,570	32,004	728,566	0.16
2 Economic development					0	0.00
3 Community support			286,247		286,247	0.06
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	0	1,046,817	32,004	1,014,813	0.23

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1**
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** 4,144,944
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. **3** 39,511
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 193,809,937
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 181,750,850
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** 12,059,087
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<p>1 ST. AGNES HEALTHCARE 900 CATON AVENUE, BALTIMORE, MD 21229 HTTPS://HEALTHCARE.ASCENSION.ORG/LOCATIONS/MARYLAND/MDBAL/BALTIMORE-ASCENSION-SAINT-AGNES-HOSPITAL STATE LICENSE NO. : 30-059</p>	✓	✓		✓		✓	✓			
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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

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

Part V Facility Information *(continued)*

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

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

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

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>TO BETTER TARGET COMMUNITY RESOURCES ON THE SERVICE AREA'S MOST PRESSING HEALTH NEEDS, THE HOSPITAL PARTICIPATED IN A GROUP DISCUSSION WITH ORGANIZATIONAL DECISION MAKERS AND COMMUNITY LEADERS TO PRIORITIZE THE SIGNIFICANT COMMUNITY HEALTH NEEDS WHILE CONSIDERING SEVERAL CRITERIA: ALIGNMENT WITH ASCENSION HEALTH STRATEGIES OF HEALTHCARE THAT LEAVES NO ONE BEHIND; CARE FOR THE POOR AND VULNERABLE; OPPORTUNITIES FOR PARTNERSHIP; AVAILABILITY OF EXISTING PROGRAMS AND RESOURCES; OPPORTUNITIES FOR PARTNERSHIP; ADDRESSING DISPARITIES OF SUBGROUPS; AVAILABILITY OF EVIDENCE-BASED PRACTICES; AND COMMUNITY INPUT. THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AS IDENTIFIED THROUGH THE CHNA. SEE SCHEDULE H, PART V, LINE 7 FOR THE LINK TO THE CHNA AND SCHEDULE H, PART V, LINE 11 FOR HOW THOSE NEEDS ARE BEING ADDRESSED.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE</p> <p>DESCRIPTION: DESCRIPTION: THE ASSESSMENT PROCESS INVOLVED BOTH QUANTITATIVE AND QUALITATIVE COMPONENTS. ASA'S CHNA INCLUDED PRIMARY DATA COLLECTION (A PUBLIC SURVEY AND FOCUS GROUP DISCUSSIONS); SECONDARY RESEARCH (CONDUENT HEALTHY COMMUNITIES ANALYSIS OF HEALTH DETERMINANTS AND OUTCOMES, BALTIMORE CITY HEALTH DEPARTMENT MORTALITY MAPPING, AND ANALYSIS OF HOSPITAL UTILIZATION DATA); AND PRIORITIZATION (PRESENTATION OF FINDINGS AND SOLICITATION OF FEEDBACK FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED).</p> <p>ASA ENGAGED THE PARTICIPATION OF THE PUBLIC THROUGH A STRUCTURED ONLINE SURVEY CONDUCTED IN OCTOBER 2020. DUE TO COVID-19 RESTRICTIONS, THE SURVEY WAS FIELDLED SOLELY ELECTRONICALLY. THERE WERE 3,170 RESPONDENTS ACROSS BALTIMORE CITY, WITH 1,202 RESPONDENTS (38%) RESIDING IN THE ASA SERVICE AREA. THE SURVEY QUESTIONS ARE INCLUDED IN APPENDIX 2 OF THE CHNA AVAILABLE AT HTTPS://HEALTHCARE.ASCENSION.ORG/-/MEDIA/HEALTHCARE/COMPLIANCE-DOCUMENTS/MARYLAND/2021-ASCENSION-SAINT-AGNES-CHNA-REPORT.PDF.</p> <p>ASA ALSO ENGAGED THE PARTICIPATION OF THE PUBLIC THROUGH FOCUS GROUP DISCUSSIONS. IN OCTOBER 2020, SEVENTEEN FOCUS GROUPS WERE HELD WITH LEADERS AND MEMBERS OF COMMUNITY ORGANIZATIONS, NEIGHBORHOOD ASSOCIATIONS, AND FAITH-BASED ORGANIZATIONS. PARTICIPANTS WERE RECRUITED TO UNDERSTAND THE NEEDS OF VULNERABLE POPULATIONS. FOUR OF THE GROUPS FOCUSED ON NEEDS AMONG OLDER ADULTS, THREE OF THE GROUPS FOCUSED ON NEEDS AMONG BALTIMORE'S LATINO/HISPANIC COMMUNITY, AND OTHER GROUPS FOCUSED ON THE NEEDS OF: INDIVIDUALS WITH DISABILITIES, INDIVIDUALS WITH PRIOR JUSTICE SYSTEM INVOLVEMENT, MEMBERS OF THE LGBTQ COMMUNITY, INDIVIDUALS WHO HAVE EXPERIENCED HOMELESSNESS, AND INDIVIDUALS WITH A HISTORY OF SUBSTANCE USE DISORDER, AMONG OTHERS.</p> <p>ASA ENGAGED CONDUENT HEALTHY COMMUNITIES INSTITUTE TO PROVIDE COMMUNITY HEALTH INDICATOR DATA FOR BALTIMORE CITY AND BALTIMORE COUNTY FOR FURTHER INSIGHT ON THE COMMUNITY ASA SERVES. THE HEALTHY COMMUNITIES INSTITUTE PROVIDED SOCIONEED INDEX SCORES AND HEALTH AND QUALITY OF LIFE TOPIC SCORES. THE SCORES ARE CALCULATED THROUGH A VARIETY OF FEDERAL AND STATE MEASUREMENTS.</p> <p>ASA ANALYZED HOSPITAL UTILIZATION DATA USING NATIONALLY RECOGNIZED MEASURES THAT EXAMINE HOSPITAL UTILIZATION TO HELP ASSESS ACCESS TO HEALTH CARE IN THE COMMUNITY.</p> <p>IN ADDITION, THE BALTIMORE CITY HEALTH DEPARTMENT COMPILED MAPS SHOWING CHANGES IN MORTALITY RATES OVER TIME. THE MAPS HELP VISUALIZE HEALTH DISPARITIES THROUGHOUT THE CITY BASED.</p> <p>THROUGH THREE SEPARATE CONVENINGS IN MARCH AND APRIL 2021, ASA SOUGHT INPUT FROM EXTERNAL STAKEHOLDERS REPRESENTING THE BROAD INTEREST OF ASA COMMUNITIES. AT THESE CONVENINGS ASA REVIEWED AND SOLICITED INPUT ON PRIMARY AND SECONDARY RESEARCH FINDINGS AND SOUGHT INPUT ON THE PRIORITIZATION OF COMMUNITY HEALTH NEEDS THROUGH FY 2024. THE FIRST CONVENING WAS HELD WITH THE ASA COMMUNITY COUNCIL, WHOSE 25 MEMBERS INCLUDE A BROAD ARRAY OF HEALTH CARE PROVIDERS-INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, NON-PROFIT ORGANIZATIONS, AND OTHER ORGANIZATIONS DEVOTED TO ADDRESSING SOCIAL DETERMINANTS OF HEALTH. THE SUBSEQUENT TWO CONVENINGS WERE HELD WITH VILLAGE OF VIOLETVILLE COMMUNITY ASSOCIATION AND VIOLETVILLE AND SAINT AGNES COMMUNITY ASSOCIATION TO GAIN MEMBERS' FEEDBACK ON UNMET NEEDS AND SEEK INPUT ON THE ALLOCATION OF COMMUNITY BENEFIT RESOURCES. INTERNAL STAKEHOLDERS REPRESENTING CLINICAL CARE, POPULATION HEALTH, CARE MANAGEMENT, AND PASTORAL CARE ALSO PROVIDED INPUT.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE</p> <p>DESCRIPTION: THE HOSPITAL CONDUCTED ITS CHNA IN CONJUNCTION WITH LIFEBRIDGE HEALTH SYSTEM, JOHNS HOPKINS HEALTH SYSTEM, UNIVERSITY OF MARYLAND MEDICAL SYSTEM, AND MEDSTAR HEALTH.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE</p> <p>DESCRIPTION: THE HOSPITAL CONDUCTED ITS CHNA IN CONJUNCTION WITH THE BALTIMORE CITY HEALTH DEPARTMENT, ASA COMMUNITY COUNCIL, VILLAGE OF VIOLETVILLE COMMUNITY ASSOCIATION, AND VIOLETVILLE AND SAINT AGNES COMMUNITY ASSOCIATION.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 7D - OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE</p> <p>DESCRIPTION: ST. AGNES HEALTHCARE NOW HAS A FORMAL COMMUNITY ADVISORY COUNCIL AND HAS PRESENTED THE RESULTS TO THIS COUNCIL, WHICH HAS REPRESENTATION FROM MOST , IF NOT ALL, OF THE COMMUNITY ASSOCIATIONS AS WELL AS OTHER COMMUNITY LEADERS.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE - 1</p> <p>DESCRIPTION: AFTER USING BOTH PRIMARY AND SECONDARY RESEARCH METHODS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY AND TAKING INTO ACCOUNT THE INPUT RECEIVED FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, ST. AGNES HEALTHCARE IDENTIFIED THREE THREE COMMUNITY HEALTH NEED PRIORITIES TO BE FOR THE FY 2022 THROUGH FY 2024 CYCLE ARE:</p> <ul style="list-style-type: none"> -ADDRESS MENTAL HEALTH AND SUBSTANCE USE DISORDER; -PREVENT DIABETES AND IMPROVE HEALTH OUTCOMES FOR INDIVIDUALS WITH DIABETES; AND -BUILD PERSON-CENTERED HEALTHY NEIGHBORHOODS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH. <p>MANY OF THE NEEDS IDENTIFIED IN THE FY 2016 AND FY 2018 CHNAS REMAIN SIGNIFICANT. GIVEN THE SCALE AND COMPLEXITY OF ADDRESSING THESE ISSUES, ST. AGNES HEALTHCARE LEADERSHIP BELIEVES IN THE IMPORTANCE OF MAINTAINING CONTINUITY AROUND THE PRIORITIES. THUS, THERE IS CONTINUED FOCUS ON ADDRESSING MENTAL HEALTH AND SUBSTANCE USE DISORDER. IN ADDITION, BUILDING PERSON-CENTERED HEALTHY NEIGHBORHOODS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH CONTINUES TO REFLECT ST. AGNES HEALTHCARE'S EXISTING EFFORTS AND IS ALIGNED WITH OUR CATHOLIC HEALTH MISSION OF SERVING OUR COMMUNITY WITH A SPECIAL FOCUS ON THOSE WHO ARE POOR OR VULNERABLE. ASA LEADERSHIP REORIENTED THE FY 2018 PRIORITY TO REDUCE OBESITY AND THE IMPACT OF CHRONIC DISEASE TO FOCUS ON DIABETES. THIS IS CONSISTENT WITH STATE OF MARYLAND HEALTH PRIORITIES.</p> <p>NATIONAL, STATE AND LOCAL HEALTH POLICIES AND OBJECTIVES WERE USED TO VALIDATE AND ALIGN OUR PRIORITIES AND OBJECTIVES. THE ASA PRIORITIES CONTINUE TO CLOSELY ALIGN WITH LOCAL, STATE AND NATIONAL PRIORITIES AS FOUND IN HEALTHY BALTIMORE 2020, STATE OF MARYLAND STATE HEALTH IMPROVEMENT PLAN (SHIP) VISION AREAS AND HEALTHY PEOPLE 2020, DESCRIBED IN APPENDIX 3 AND AVAILABLE AT HTTPS://HEALTHCARE.ASCENSION.ORG/-/MEDIA/HEALTHCARE/COMPLIANCE-DOCUMENTS/MARYLAND/2021-ASCENSION-SAINT-AGNES-CHNA-REPORT.PDF.</p> <p>THE IMPLEMENTATION STRATEGY FOR EACH OF THE THREE PRIORITIZED NEEDS IS BELOW. DATA FOR THE FIRST COMPLETED FISCAL YEAR ARE NOT YET AVAILABLE.</p> <p>(1) ADDRESS MENTAL HEALTH AND SUBSTANCE USE DISORDER. STRATEGY: BUILD A PATH TOWARD A COMPREHENSIVE CONTINUUM OF CARE FOR MENTAL HEALTH NEEDS AND SUBSTANCE USE DISORDER BY STRENGTHENING PROGRAMS IN VARIOUS HOSPITAL DIVISIONS WITH SBIRT AND BUPRENORPHINE INDUCTION. CREATE AND STRENGTHEN COMMUNITY PROGRAMMING WITH THE HEALTH INSTITUTE AND COMMUNITY PARTNERS.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> -PROVIDE SBIRT TO ST. AGNES HEALTHCARE PATIENTS DURING INPATIENT STAYS, IN THE ED, AND THROUGH PRIMARY CARE AND OB/GYN PRACTICES. -INCREASE ACCESS TO MEDICATION ASSISTED TREATMENT FOR PATIENTS WITH OPIOID USE DISORDER TREATED IN THE ED AND INPATIENT SETTINGS. -INCREASE MENTAL HEALTH VISITS IN THE ASCENSION MEDICAL GROUP AND HEALTH INSTITUTE PROGRAMS. -CONDUCT NALOXONE TRAINING ON CAMPUS AND THROUGHOUT THE COMMUNITY. -PROVIDE TRAUMA-INFORMED CARE TRAININGS FOR ASA STAFF. <p>ANTICIPATED OUTCOMES:</p> <ul style="list-style-type: none"> -INCREASE BY 10% THE PROPORTION OF PATIENTS WITH OPIOID DEPENDENCY WHO HAVE NALOXONE PRESCRIPTIONS FILLED UPON DISCHARGE. -INCREASE TO 25% THE PROPORTION OF PATIENTS ENROLLED WITH THE ASCENSION MEDICAL GROUP BEHAVIORAL HEALTH HOPE COUNSELING PROGRAM WHO REMAIN CONNECTED TO CARE FOR THREE VISITS. -ST. AGNES HEALTHCARE STAFF AND THE LARGER COMMUNITY WILL BE BETTER ABLE TO MEET INDIVIDUALS' MENTAL HEALTH AND SUBSTANCE USE DISORDER NEEDS. <p>(2) PREVENT DIABETES AND IMPROVE HEALTH OUTCOMES FOR INDIVIDUALS WITH DIABETES.</p> <p>STRATEGY: PROVIDE INCREASED OUTREACH, EDUCATION, AND MEDICAL INTERVENTION, ON CAMPUS AND IN THE COMMUNITY, TO INDIVIDUALS WHO FACE PHYSICAL AND MENTAL EFFECTS OF DIABETES OR PREDIABETES AND WHO SEEK A CHANGE IN HEALTH STATUS.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> -EXPAND FOOD RX TO MEET THE NUTRITIONAL NEEDS OF MORE PATIENTS WITH DIABETES OR PREDIABETES. -EXPAND THE ST. AGNES HEALTHCARE DIABETES PREVENTION PROGRAM (DPP). -DEVELOP A ST. AGNES HEALTHCARE CARE PATHWAY FOR DIABETES CARE MANAGEMENT. -INCREASE CARE MANAGEMENT SERVICES FOR PRIMARY CARE PATIENTS WITH DIABETES. -CONTINUE TO OFFER THE DIABETES IN PREGNANCY PROGRAM TO PROVIDE NUTRITION THERAPY, HEALTH

Return Reference - Identifier	Explanation
	<p>-EDUCATION, AND MONITORING FOR PREGNANT WOMEN WITH OR AT RISK FOR DIABETES.</p> <p>ANTICIPATED OUTCOMES:</p> <p>-REDUCE DIABETES COMPOSITE PQI1 BY 2.5% BY CY 2023 AND BY 5% BY CY 2025, EQUATING TO A TOTAL REDUCTION OF 52 PATIENT ADMISSIONS.</p> <p>-EXPAND DIABETES SELF-MANAGEMENT EDUCATION (DSME) TO PROVIDE 2,884 UNIQUE INDIVIDUALS AT LEAST ONE DSME VISIT BY YEAR-END CY 2023.</p> <p>-EXPAND DPP TO ENROLL 351 UNIQUE INDIVIDUALS WHO HAVE ATTENDED AT LEAST ONE SESSION BY YEAR-END CY 2023.</p> <p>-DPP 5% WEIGHT LOSS GOAL: 316 UNIQUE INDIVIDUALS (FROM COHORTS STARTING CYS 2021 - 2024) BY YEAR-END CY 2025.</p> <p>-PROPORTION OF PATIENTS WITH UNCONTROLLED DIABETES, DEFINED AS A1C LEVELS GREATER THAN 8%: 22% FOR ALL PATIENTS, AND 24% FOR AFRICAN AMERICAN PATIENTS.</p> <p>-AMONG MOTHERS PARTICIPATING IN THE DIABETES IN PREGNANCY PROGRAM, 9% OF NEWBORNS BORN LARGE FOR GESTATIONAL AGE.</p> <p>(3) BUILD PERSON-CENTERED HEALTHY NEIGHBORHOODS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH.</p> <p>STRATEGY: COLLABORATE WITH COMMUNITY AGENCIES TO PROVIDE ACCESS TO HEALTH PROGRAMS AND RESOURCES THAT ADDRESS SOCIAL DETERMINANTS AND IMPROVE HEALTH OUTCOMES.</p> <p>ACTIONS:</p> <p>-ESTABLISH VIOLENCE PREVENTION PROGRAMMING FOR PATIENTS SUFFERING FROM VIOLENT INJURIES.</p> <p>-PROVIDE HEALTH SERVICES IN THE COMMUNITY TO HELP MEET LOCAL NEIGHBORHOOD NEEDS.</p> <p>-GROW THE VOLUNTEER CHAPERONED RIDE PROGRAM TO REDUCE TRANSPORTATION BARRIERS TO ACCESSING HEALTHCARE.</p> <p>-EXPAND ACCESS TO TECHNOLOGY INFRASTRUCTURE FOR INDIVIDUALS TO ACCESS TELEHEALTH.</p> <p>-IDENTIFY A PARTNER TO PROVIDE AFFORDABLE HOUSING ON ASA-OWNED PROPERTY.</p> <p>-CONNECT PATIENTS TO COMMUNITY RESOURCES THAT ADDRESS SOCIAL DETERMINANTS OF HEALTH.</p> <p>ANTICIPATED OUTCOMES:</p> <p>-AMONG INDIVIDUALS RECEIVING ANNUAL WELLNESS VISITS, 80% WILL BE SCREENED FOR SOCIAL DETERMINANT OF HEALTH NEEDS.</p> <p>-IMPLEMENT CORE ELEMENTS OF VIOLENCE PREVENTION PROGRAMMING BY THE END OF FY 2022, PROVIDING INITIAL INTERVENTION TO 100 PATIENTS.</p> <p>-FOR PATIENTS SERVED BY THE CHAPERONED RIDE PROGRAM, DECREASE THE MISSED OR CANCELED APPOINTMENT RATE BY 35% COMPARED TO THE PERIOD PRIOR TO CHAPERONED RIDE PARTICIPATION.</p> <p>-SUPPORT THE POST-ACUTE AND SOCIAL DETERMINANT NEEDS AMONG ASA PATIENTS BY APPLYING TO OPERATE A PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PAC) SITE AND EXPANDING CARE MANAGEMENT SERVICES.</p> <p>-BY THE END OF FY 2022, EXPAND HEALTH SERVICES PROVIDED IN THE COMMUNITY.</p> <p>-DECREASE THE PREVENTION QUALITY INDICATOR RATE TO THE STATEWIDE RATE.</p> <p>THE ST. AGNES HEALTH INSTITUTE CONTINUES TO FOCUS ON PARTNERING WITH THE COMMUNITY TO KEEP INDIVIDUALS AT THEIR BEST HEALTH. BY BRINGING TOGETHER COMMUNITY ENGAGEMENT AND ENTERPRISE-WIDE CARE MANAGEMENT RESOURCES, ASA STRIVES TO BE AS RELEVANT TO OUR COMMUNITY WHEN THEY ARE WELL AS WHEN THEY ARE SICK. THE HEALTH INSTITUTE IS GUIDED BY OUR MISSION TO SERVE ALL PERSONS, PARTICULARLY THOSE THAT ARE MOST VULNERABLE, AND TO PROVIDE HEALTHCARE THAT LEAVES NO ONE BEHIND. WITH GREATER CARE COORDINATION, THE HEALTH INSTITUTE IS CONNECTING COMMUNITY MEMBERS AND PATIENTS TO THE SERVICES, PHYSICIANS, COMMUNITY-BASED ORGANIZATIONS AND RESOURCES WHERE AND WHEN THEY NEED IT MOST. THE ST. AGNES HEALTH INSTITUTE IS FOCUSING ON FOUR PRIMARY AREAS IN SUPPORT OF THE PRIORITY COMMUNITY HEALTH NEEDS: COMMUNITY ENGAGEMENT, CARE MANAGEMENT, CHRONIC DISEASE MANAGEMENT, AND BEHAVIORAL HEALTH. THE HEALTH INSTITUTE EVOLVES TO MEET NEW NEEDS AND FORM NEW PARTNERSHIPS TO MEET THE DEMANDS OF A HEALTHY COMMUNITY.</p> <p>THE ST. AGNES HEALTHCARE CHNA IDENTIFIED SOME NEEDS NOT SPECIFICALLY ADDRESSED ABOVE. THESE INCLUDE:</p> <p>-ECONOMIC OPPORTUNITY;</p> <p>-AFFORDABLE HOUSING AND SAFE NEIGHBORHOODS; AND</p> <p>-AFFORDABLE HEALTH CARE.</p> <p>ST. AGNES HEALTHCARE FOCUSED ITS THREE PRIORITIZED NEEDS ON AREAS THAT FALL WITHIN THE CORE COMPETENCY OF THE HOSPITAL AND HEALTH SYSTEM. ASA WILL RELY ON REFERRAL RELATIONSHIPS WITH OTHER ORGANIZATIONS THAT HAVE THE CORE COMPETENCIES TO ADDRESS AREAS SUCH AS HOUSING AND ECONOMIC OPPORTUNITY. FOR EXAMPLE, THE ST. AGNES HEALTHCARE</p>

Return Reference - Identifier	Explanation
	<p>IMPLEMENTATION STRATEGY INCLUDES IDENTIFYING A PARTNER TO PROVIDE AFFORDABLE HOUSING ON ASA-OWNED PROPERTY.</p> <p>ST. AGNES HEALTHCARE'S EXISTING INITIATIVES TO SCREEN FOR SOCIAL DETERMINANTS OF HEALTH AND REFER INDIVIDUALS TO AVAILABLE COMMUNITY RESOURCES WILL CONTINUE TO ADDRESS THE ABOVE AREAS. AS DESCRIBED IN THE OUTCOMES FOR PRIORITIZED NEED 3, ST. AGNES HEALTHCARE WILL CONTINUE TO SCREEN PATIENTS FOR SOCIAL DETERMINANT OF HEALTH NEEDS AND REFER THEM TO AVAILABLE COMMUNITY SERVICES.</p> <p>(CONTINUED)</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ST. AGNES HEALTHCARE - 2</p> <p>DESCRIPTION: MANY OF ST. AGNES HEALTHCARE'S PRIOR INITIATIVES HAVE FOCUSED ON OVERWEIGHT/OBESITY, HEART DISEASE, AND BLOOD PRESSURE. ASA IS REORIENTING ITS FOCUS TO DIABETES TO BE CONSISTENT WITH STATE OF MARYLAND HEALTH PRIORITIES. HOWEVER, WITHIN OUR DIABETES INITIATIVES WE WILL STILL ADDRESS THESE OTHER CHRONIC HEALTH CONDITIONS.</p> <p>DURING FISCAL YEAR 2021, ST. AGNES HEALTHCARE FOCUSED ON THE FOLLOWING IN WORKING TOWARD ADDRESSING THE IDENTIFIED NEEDS FROM THE PRIOR CHNA CYCLE:</p> <p>1) ADDRESS MENTAL HEALTH AND SUBSTANCE USE DISORDER.</p> <p>IN FY21, OF PATIENTS SEEN THROUGH THE EMERGENCY DEPT AND INPATIENT, 81% OF PATIENTS WERE SCREENED, YIELDING A 13% POSITIVE SCREEN RATE. OF THOSE SCREENING POSITIVE, 59% RECEIVED A BRIEF INTERVENTION AND 3% ACCEPTED A REFERRAL TO TREATMENT. OF THOSE REFERRED, 89% WERE LINKED TO TREATMENT.</p> <p>AT THE END OF FY21, IN A NEW INITIATIVE, OF PATIENTS SEEN THROUGH OUR OB/GYN PRACTICES, 27% OF PATIENTS SCREENED, YIELDED A 38% POSITIVE SCREEN RATE.</p> <p>2)REDUCE OBESITY AND IMPACT OF CHRONIC DISEASES</p> <p>DIABETES PREVENTION PROGRAM - THE PRIMARY OBJECTIVE OF THE DIABETES PREVENTION PROGRAM IS TO PREVENT OR DELAY THE ONSET OF TYPE 2 DIABETES IN INDIVIDUALS BY PROVIDING AN EVIDENCE-BASED AND HIGH-QUALITY LIFESTYLE CHANGE PROGRAM TO REDUCE THEIR RISK OF TYPE 2 DIABETES AND IMPROVE THEIR OVERALL HEALTH.</p> <p>IN FY21, OF 245 PARTICIPANTS, 102 PARTICIPANTS LOST 2% OR MORE OF THEIR BODY WEIGHT UPON COMPLETION OF 6 MONTHS IN THE PROGRAM. 50 PARTICIPANTS MET A GOAL OF 150 MINUTES OF BRISK PHYSICAL ACTIVITY EACH WEEK UPON COMPLETION OF 12 MONTHS IN THE PROGRAM.</p> <p>DIABETES INNOVATION TANK - TARGETED INTERVENTIONS TO DECREASE A1C THAT IS GREATER THAN 8 FOR AFRICAN AMERICAN MARYLAND PRIMARY CARE PROGRAM (MDPCP) ELIGIBLE PATIENTS. RECRUITED AND ENROLLED 60 INDIVIDUALS TO PARTICIPATE IN THREE TARGETED DIABETES MANAGEMENT INITIATIVES AIMED AT REDUCING A1CS IN THE MDPCP ATTRIBUTED AFRICAN AMERICAN PATIENT POPULATION WITHIN OUR ASCENSION MEDICAL GROUP PRACTICES. 50% ACHIEVED A DECREASE IN A1C TO 8 OR BELOW.</p> <p>BARIATRIC OBESITY PROGRAM - PRIMARY OBJECTIVE IS TO REDUCE MORBID OBESITY AND IMPROVE HEALTH OUTCOMES FOR INDIVIDUALS BY REDUCTION OF BMI BY AT LEAST 20% WITHIN ONE YEAR OF BARIATRIC SURGERY. PARTICIPANTS IN BARIATRIC SEMINARS RECEIVED EDUCATION ON OBESITY AS A DISEASE STATE, HOW TO ACCESS MEDICAL, NUTRITIONAL AND SURGICAL CARE FOR MORBID OBESITY. IN FY21, 551 BARIATRIC SEMINARS AND 198 BARIATRIC SURGERIES PERFORMED. 51% OF BARIATRIC PATIENTS LOWERED THEIR BMI BY 20% WITHIN ONE YEAR OF BARIATRIC SURGERY.</p> <p>3) CREATING PERSON-CENTERED HEALTHY NEIGHBORHOODS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH .</p> <p>COMMUNITY VACCINE CLINICS - PROVIDED COVID - 19 VACCINE AND FLU VACCINE IN COMMUNITY SETTINGS TO IMPROVE ACCESS TO CARE BY BRINGING THE VACCINE INTO THE COMMUNITY IN PARTNERSHIP WITH LOCAL NON-PROFIT, FAITH-BASED AND COMMERCIAL ENTITIES. DURING FY21, 26,103 VACCINES WERE ADMINISTERED.</p> <p>VIOLENCE PREVENTION PROGRAM - ADDRESS THE SOCIAL NEEDS OF VICTIMS OF VIOLENCE WHO PRESENT TO THE E.D. AND PREVENT FURTHER VIOLENCE IN THE COMMUNITY. PROGRAM INITIATED IN LATE FY21 WHEN TRAINING OF NEW STAFF WAS INITIATED.</p> <p>TRUSTED RIDE CHAPERONE PROGRAM - ASSIST OLDER ADULT PATIENTS AND ADULTS WITH DISABILITIES WHO NEED EXTRA SUPPORT DURING TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS. REDUCES MISSED AND CANCELED APPOINTMENTS TO IMPROVE HEALTH OUTCOMES. DURING FY21, 1,890 CHAPERONE APPOINTMENTS WERE CONDUCTED.</p> <p>LYFT RIDE SERVICES - OUTPATIENT AND INPATIENT - PROVIDE ACCESS TO LYFT FOR THOSE PATIENTS UPON IN-PATIENT HOSPITAL DISCHARGE, AND DISCHARGE FROM HOSPITAL-BASED SERVICES, WITHOUT ACCESS, OR RELIABLE ACCESS, TO TRANSPORTATION. ENSURES SAFE TRANSPORT HOME RESULTING IN IMPROVED HEALTH OUTCOMES AS THE PATIENT BEGINS THEIR CONVALESCENCE. AND FOR OUTPATIENT PRACTICES, PROVIDE ACCESS TO LYFT TRANSPORTATION TO AMG PCP APPOINTMENTS FOR THOSE PATIENTS WITHOUT ACCESS, OR RELIABLE ACCESS, TO TRANSPORTATION. ENSURES SAFE TRANSPORT OF PATIENTS TO MEDICAL APPOINTMENTS AND THEN A RETURN TRIP HOME. REDUCES MISSED AND CANCELED APPOINTMENTS RESULTING IN IMPROVED HEALTH OUTCOMES. PROVIDED 3,996 LYFT RIDES TO PRIMARY CARE AND/OR SPECIALIST APPOINTMENTS AND PROVIDED 12,720 LYFT RIDES TO/FROM HOSPITAL SERVICES.</p> <p>MY BROTHER'S KEEPER CLINIC - PROVIDE PRIMARY CARE AND OTHER HEALTH SERVICES IN THE COMMUNITY TO SEVERELY UNDERSERVED COMMUNITY MEMBERS WITH POOR SOCIAL DETERMINANTS OF HEALTH AND HIGH RATES OF UNMANAGED CHRONIC DISEASE.142 UNIQUE INDIVIDUALS SERVED BY EXPANDING HEALTH SERVICES IN THE COMMUNITY.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p>https://healthcare.ascension.org/financial-assistance</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p>https://healthcare.ascension.org/financial-assistance</p>

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

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? 6

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

Provide the following information.

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

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

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY</p>	<p>GIBBONS COMMONS IS A VIBRANT, 32-ACRE, MIXED-USE COMMUNITY WITH HOUSING AND RECREATIONAL SPACE. COLLABORATING WITH LIKE-MINDED ORGANIZATIONS, BRINGING TO THE COMMUNITY:</p> <p>1)HOUSING- BON SECOURS GIBBONS APARTMENTS, BUILT AND MANAGED BY BON SECOURS BALTIMORE HEALTH SYSTEM AND ENTERPRISE HOMES, OFFERS WORKFORCE HOUSING ON THE PROPERTY THAT MEETS THE NEED OF LOWER AND LOWER-MIDDLE INCOME FAMILIES. THIS FOUR-STORY FACILITY OFFERS 80 ONE-, TWO- AND THREE-BEDROOM APARTMENTS; COMMUNITY AND RECREATIONAL SPACE; AND UNDERGROUND PARKING FOR ALL RESIDENTS.</p> <p>2) BABE RUTH FIELD-PROVIDING MUCH NEEDED GREEN AND RECREATION SPACE FOR THE COMMUNITY WHILE HONORING THE PROPERTY'S RICH HISTORY, MOST NOTABLY BABE RUTH. BUILT BY THE CAL RIPKEN, SR. FOUNDATION AND MANAGED BY THE Y OF CENTRAL MARYLAND, THIS NEW TURF FIELD IS POSITIONED ON THE EXACT SITE WHERE RUTH PLAYED IN THE EARLY 1900'S AND PROVIDES SPACE FOR COMMUNITY RESIDENTS TO PLAY BASEBALL, FOOTBALL AND LACROSSE.</p> <p>THE AMOUNTS REPORTED FOR COMMUNITY SUPPORT RELATE TO THE FEDERAL HOSPITAL PREPAREDNESS PROGRAM AND THE PUBLIC HEALTH EMERGENCY PREPAREDNESS ALIGNED COOPERATIVE AGREEMENTS.</p>
<p>SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT</p>	<p>AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2021 WAS \$5,258,155 AT CHARGES, (\$4,144,944 AT COST).</p>
<p>SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY</p>	<p>THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL EXPERIENCE, ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>THE ORGANIZATION IS PART OF THE ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT (IMPLICIT PRICE CONCESSIONS) EXPENSE IS LOCATED IN FOOTNOTE #2, PAGES 14-17.</p>
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT. ASCENSION HEALTH AND ITS RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT.</p>
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>ST. AGNES HEALTHCARE, INC. FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE. A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE. ONCE QUALIFYING DOCUMENTATION IS RECEIVED THE PATIENT'S ACCOUNT IS ADJUSTED. PATIENT ACCOUNTS FOR THE QUALIFYING PATIENT IN THE PREVIOUS SIX MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE. ONCE A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>THE ASSESSMENT PROCESS INVOLVED BOTH QUANTITATIVE AND QUALITATIVE COMPONENTS. ASA'S CHNA INCLUDED PRIMARY DATA COLLECTION (A PUBLIC SURVEY AND FOCUS GROUP DISCUSSIONS); SECONDARY RESEARCH (CONDUENT HEALTHY COMMUNITIES ANALYSIS OF HEALTH DETERMINANTS AND OUTCOMES, BALTIMORE CITY HEALTH DEPARTMENT MORTALITY MAPPING, AND ANALYSIS OF HOSPITAL UTILIZATION DATA); AND PRIORITIZATION (PRESENTATION OF FINDINGS AND SOLICITATION OF FEEDBACK FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED).</p> <p>ASA ENGAGED THE PARTICIPATION OF THE PUBLIC THROUGH A STRUCTURED ONLINE SURVEY CONDUCTED IN OCTOBER 2020. DUE TO COVID-19 RESTRICTIONS, THE SURVEY WAS FIELDED SOLELY ELECTRONICALLY. THERE WERE 3,170 RESPONDENTS ACROSS BALTIMORE CITY, WITH 1,202 RESPONDENTS (38%) RESIDING IN THE ASA SERVICE AREA. THE SURVEY QUESTIONS ARE INCLUDED IN APPENDIX 2 OF THE CHNA AVAILABLE AT HTTPS://HEALTHCARE.ASCENSION.ORG/-/MEDIA/HEALTHCARE/COMPLIANCE-DOCUMENTS/MARYLAND/2021-ASCENSION-SAINT-AGNES-CHNA-REPORT.PDF.</p> <p>ASA ALSO ENGAGED THE PARTICIPATION OF THE PUBLIC THROUGH FOCUS GROUP DISCUSSIONS. IN OCTOBER 2020, SEVENTEEN FOCUS GROUPS WERE HELD WITH LEADERS AND MEMBERS OF COMMUNITY ORGANIZATIONS, NEIGHBORHOOD ASSOCIATIONS, AND FAITH-BASED ORGNAIZATIONS. PARTICIPANTS WERE RECRUITED TO UNDERSTAND THE NEEDS OF VULNERABLE POPULATIONS. FOUR OF THE GROUPS FOCUSED ON NEEDS AMONG OLDER ADULTS, THREE OF THE GROUPS FOCUSED ON NEEDS AMONG BALTIMORE'S LATINO/HISPANIC COMMUNITY, AND OTHER GROUPS FOCUSED ON THE NEEDS OF: INDIVIDUALS WITH DISABILITIES, INDIVIDUALS WITH PRIOR JUSTICE SYSTEM INVOLVEMENT, MEMBERS OF THE LGBTQ COMMUNITY, INDIVIDUALS WHO HAVE EXPERIENCED HOMELESSNESS, AND INDIVIDUALS WITH A HISTORY OF SUBSTANCE USE DISORDER, AMONG OTHERS.</p> <p>ASA ENGAGED CONDUENT HEALTHY COMMUNITIES INSTITUTE TO PROVIDE COMMUNITY HEALTH INDICATOR DATA FOR BALTIMORE CITY AND BALTIMORE COUNTY FOR FURTHER INSIGHT ON THE COMMUNITY ASA SERVES. THE HEALTHY COMMUNITIES INSTITUTE PROVIDED SOCIONEED INDEX SCORES AND HEALTH AND QUALITY OF LIFE TOPIC SCORES. THE SCORES ARE CALCULATED THROUGH A VARIETY OF FEDERAL AND STATE MEASUREMENTS.</p> <p>ASA ANALYZED HOSPITAL UTILIZATION DATA USING NATIONALLY RECOGNIZED MEASURES THAT EXAMINE HOSPITAL UTILIZATION TO HELP ASSESS ACCESS TO HEALTH CARE IN THE COMMUNITY.</p> <p>IN ADDITION, THE BALTIMORE CITY HEALTH DEPARTMENT COMPILED MAPS SHOWING CHANGES IN MORTALITY RATES OVER TIME. THE MAPS HELP VISUALIZE HEALTH DISPARITIES THROUGHOUT THE CITY BASED.</p> <p>THROUGH THREE SEPARATE CONVENINGS IN MARCH AND APRIL 2021, ASA SOUGHT INPUT FROM EXTERNAL STAKEHOLDERS REPRESENTING THE BROAD INTEREST OF ASA COMMUNITIES. AT THESE CONVENINGS ASA REVIEWED AND SOLICITED INPUT ON PRIMARY AND SECONDARY RESEARCH FINDINGS AND SOUGHT INPUT ON THE PRIORITIZATION OF COMMUNITY HEALTH NEEDS THROUGH FY 2024. THE FIRST CONVENING WAS HELD WITH THE ASA COMMUNITY COUNCIL, WHOSE 25 MEMBERS INCLUDE A BROAD ARRAY OF HEALTH CARE PROVIDERS-INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, NON-PROFIT ORGANIZATIONS, AND OTHER ORGANIZATIONS DEVOTED TO ADDRESSING SOCIAL DETERMINANTS OF HEALTH. THE SUBSEQUENT TWO CONVENINGS WERE HELD WITH TWO DIFFERENT COMMUNITY ASSOCIATIONS. INTERNAL STAKEHOLDERS REPRESENTING CLINICAL CARE, POPULATION HEALTH, CARE MANAGEMENT, AND PASTORAL CARE ALSO PROVIDED INPUT.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>ST. AGNES HEALTHCARE, INC. DISPLAYS SIGNAGE, IN BOTH ENGLISH AND SPANISH IN ALL REGISTRATION AREAS THAT INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE PROGRAMS AND CONTACT INFORMATION. THE SIGNAGE IS ACCOMPANIED BY BROCHURES THAT EXPLAIN THE VARIOUS FINANCIAL ASSISTANCE PROGRAMS THAT ARE AVAILABLE. THE MARYLAND STATE FINANCIAL ASSISTANCE APPLICATION IS ALSO AVAILABLE. REGISTRATION AREAS ARE ROUTINELY CHECKED TO INSURE THESE MATERIALS ARE PROMINENTLY DISPLAYED. ST. AGNES HEALTHCARE, INC. HAS EMPLOYEES WHO ARE RESPONSIBLE FOR SCREENING ADMISSIONS TO IDENTIFY PATIENTS WHO MAY BE ELIGIBLE FOR CHARITY, MEDICAID, OR OTHER STATE PROGRAMS. ONCE THESE PATIENTS ARE IDENTIFIED, ST. AGNES HEALTHCARE, INC. EMPLOYEES ASSIST THEM WITH COMPLETING THE ELIGIBILITY PROCESS.</p> <p>ALL INPATIENTS ARE PROVIDED THE PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET AT THE TIME OF ADMISSION. IT IS ALSO MAILED TO THE PATIENT WITH THE SUMMARY BILL THAT IS SENT AFTER DISCHARGE. THE INFORMATION SHEET IS PROVIDED IN BOTH ENGLISH AND SPANISH AND PROVIDES THE PATIENT WITH INFORMATION REGARDING ST. AGNES HEALTHCARE INC'S FINANCIAL ASSISTANCE POLICY, HOW TO APPLY FOR FINANCIAL ASSISTANCE AND MEDICAL ASSISTANCE AND THE PATIENT'S RIGHTS AND OBLIGATIONS. A PUBLIC NOTICE IS ALSO PUBLISHED ANNUALLY IN THE BALTIMORE SUN NEWSPAPER NOTIFYING THE PUBLIC OF THE AVAILABILITY OF UNCOMPENSATED CARE AT ST. AGNES HEALTHCARE, INC.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>THE COMMUNITY BENEFIT SERVICE AREA IS COMPRISED OF THE ZIP CODES THAT ACCOUNT FOR 70% OF ASA HOSPITAL DISCHARGES. THE ASA SERVICE AREA CHANGED BETWEEN FY 2018 AND FY 2021. THE ZIP CODE 21226 CURTIS BAY IS NO LONGER INCLUDED; IN FY 2018 IT WAS THE FURTHEST SOUTH COMMUNITY IN THE ASA SERVICE AREA. NEW ZIP CODES IN FY 2021 INCLUDE 21075 ELKRIDGE, REPRESENTING A SOUTHWESTWARD EXPANSION INTO HOWARD COUNTY, AND 21244 WINDSOR MILL AND 21250 BALTIMORE/UMBC. THESE REPRESENT A WESTWARD SHIFT INTO BALTIMORE COUNTY.</p> <p>THE NEEDS OF THE ASA SERVICE AREA ARE HIGHLY VARIABLE FROM COMMUNITY TO COMMUNITY. ASA FOCUSES UPON THE NEEDS WHERE WE CAN HAVE THE GREATEST IMPACT ON COMMUNITY HEALTH. THIS GUIDES THE ALLOCATION OF RESOURCES AND DEVELOPMENT OF NEW HEALTHCARE PROGRAMS.</p> <p>ARBUS (ZIP CODE 21227): ARBUS IS AN OLDER SUBURBAN COMMUNITY, LOCATED SOUTH OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 34,139. THE TRADITIONALLY BLUE COLLAR COMMUNITY IS PART OF THE BALTIMORE COUNTY HEALTH JURISDICTION. SAINT AGNES HEALTHCARE, INC. IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>BALTIMORE/UMBC (ZIP CODE 21250): THE 21250 ZIP CODE IS HOME TO THE UNIVERSITY OF MARYLAND, BALTIMORE COUNTY (UMBC) CAMPUS, ADJACENT TO CATONSVILLE. UMBC ENROLLS APPROXIMATELY 13,500 STUDENTS, ONE QUARTER OF WHOM LIVE ON CAMPUS. ON-CAMPUS HEALTH RESOURCES INCLUDE UNIVERSITY HEALTH SERVICES, WHICH PROVIDES DIAGNOSIS AND TREATMENT OF ACUTE ILLNESSES AND INJURIES, TREATMENT AND MONITORING OF CHRONIC ILLNESSES, IMMUNIZATIONS, PREVENTATIVE CARE, ROUTINE GYNECOLOGICAL CARE, ALLERGY SHOTS, LABORATORY TESTING, AND LIMITED PHARMACY SERVICES. THE UMBC COUNSELING CENTER PROVIDES SHORT-TERM INDIVIDUAL AND GROUP COUNSELING, AND PSYCHIATRIC SERVICES FOR STUDENTS ENGAGED IN COUNSELING.</p> <p>BROOKLYN-LINTHICUM (ZIP CODE 21225): BROOKLYN-LINTHICUM IS AN OLDER URBAN/SUBURBAN COMMUNITY, LOCATED SOUTHEAST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 33,550. THE INDUSTRIAL AND BLUE COLLAR COMMUNITY HAS SEEN AN INCREASE IN THE UNINSURED POPULATION AND IS PART OF BOTH THE BALTIMORE CITY AND BALTIMORE COUNTY HEALTH JURISDICTIONS. HARBOR HOSPITAL IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>CATONSVILLE (ZIP CODE 21228): CATONSVILLE IS AN OLDER SUBURBAN COMMUNITY, LOCATED WEST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 49,758, WITH A GROWING PROPORTION OF SENIORS. THE TRADITIONALLY WHITE COLLAR COMMUNITY IS PART OF THE BALTIMORE COUNTY HEALTH JURISDICTION. ASA IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>ELKRIDGE (ZIP CODE 21075): ELKRIDGE IS AN OLDER SUBURBAN COMMUNITY WITH HISTORICAL AND RECREATIONAL AREAS. IT LOCATED IN HOWARD COUNTY, ADJACENT TO ANNE ARUNDEL AND BALTIMORE COUNTIES. ELKRIDGE HAS A POPULATION OF APPROXIMATELY 16,000, WITH HIGHER INCOMES THAN OTHER PORTIONS OF THE ASA SERVICE AREA. THE MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY \$66,000, AND LESS THAN 3% OF THE POPULATION US UNDER THE POVERTY LINE. THE POPULATION IS OVER 80% WHITE.</p> <p>SOUTH BALTIMORE CITY (ZIP CODE 21223, 21230): SOUTH BALTIMORE CITY IS AN OLDER URBAN COMMUNITY, LOCATED EAST/SOUTHEAST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 59,923. THE URBAN COMMUNITY IS PROJECTED TO EXPERIENCE POPULATION DECLINES. SOUTH BALTIMORE CITY IS PART OF THE BALTIMORE CITY HEALTH JURISDICTION. BALTIMORE WASHINGTON MEDICAL CENTER AND MEDSTAR HARBOR HOSPITAL ARE THE PRIMARY HOSPITALS PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>SOUTHWEST BALTIMORE CITY (ZIP CODE 21229): SOUTHWEST BALTIMORE CITY IS AN OLDER URBAN COMMUNITY, LOCATED AT CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 44,537. SIMILAR TO OTHER URBAN AREAS, SOUTHWEST BALTIMORE IS PROJECTED TO EXPERIENCE POPULATION DECLINES. SOUTHWEST BALTIMORE CITY IS PART OF THE BALTIMORE CITY HEALTH JURISDICTION. SAINT AGNES HEALTHCARE, INC. IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>WEST BALTIMORE CITY (ZIP CODE 21215, 21216, 21217): WEST BALTIMORE CITY IS AN OLDER URBAN COMMUNITY, LOCATED NORTH OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 123,222. SIMILAR TO OTHER URBAN AREAS, WEST BALTIMORE IS PROJECTED TO EXPERIENCE POPULATION DECLINES. WEST BALTIMORE CITY IS PART OF THE BALTIMORE CITY HEALTH JURISDICTION. SINAI HOSPITAL, UNIVERSITY OF MARYLAND AND BON SECOURS HOSPITAL ARE THE PRIMARY HOSPITAL PROVIDERS BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p> <p>WINDSOR MILL (ZIP CODE 21244): WINDSOR MILL IS A SUBURBAN COMMUNITY IN BALTIMORE COUNTY, NEAR WOODLAWN. IT HAS A POPULATION OF APPROXIMATELY 34,000. APPROXIMATELY 77% OF THE POPULATION IS UNDER 55 YEARS OF AGE. MEDIAN HOUSEHOLD INCOME IS \$44,000.</p> <p>WOODLAWN (ZIP CODE 21207): WOODLAWN IS A SUBURBAN COMMUNITY, LOCATED NORTHWEST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 47,456, WITH A GROWING PROPORTION OF SENIORS. WOODLAWN IS PART OF THE BALTIMORE COUNTY HEALTH JURISDICTION. NORTHWEST HOSPITAL IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>ST. AGNES HEALTHCARE, INC. FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY IN VARIOUS WAYS. A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY RESIDES IN ST. AGNES HEALTHCARE, INC'S SERVICE AREA AND IS NEITHER COMPOSED OF EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION. ADDITIONALLY, ST. AGNES HEALTHCARE, INC. HAS AN OPEN MEDICAL STAFF AND CREDENTIALS ALL QUALIFIED MEDICAL STAFF, INCLUDING COMMUNITY BASED PROVIDERS. ST. AGNES HEALTHCARE, INC. APPLIES SURPLUS FUNDS TO IMPROVE PATIENT CARE IN VARIOUS WAYS. FOR INSTANCE, SURPLUS FUNDS ARE USED TO REINVEST IN THE LATEST EQUIPMENT AND TECHNOLOGIES TO IMPROVE PATIENT SAFETY, COMFORT, AND OUTCOMES. SURPLUS FUNDS ARE ALSO USED TO RENOVATE EXISTING FACILITIES AND CONSTRUCT NEW FACILITIES IN ORDER TO IMPROVE THE HEALTHCARE ENVIRONMENT. AS A MEMBER OF A NATIONAL HEALTH SYSTEM, ASCENSION HEALTH, SURPLUS FUNDS GENERATED BY ST. AGNES HEALTHCARE, INC. MAY ALSO BE DIRECTED TO ASCENSION HEALTH TO APPLY TOWARDS STRATEGIC INITIATIVES OR TO BE RE-DISTRIBUTED TO OTHER MEMBER HEALTHCARE PROVIDERS WITHIN ASCENSION HEALTH. THIS ALLOWS ST. AGNES HEALTHCARE, INC. TO NOT ONLY SERVICE THE SURROUNDING COMMUNITY, BUT ALSO HELP FUND THE CARE FOR THE UNDERPRIVILEGED THROUGHOUT MANY PARTS OF THE UNITED STATES.</p>
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	<p>ST. AGNES HEALTHCARE, INC. IS A MEMBER OF ASCENSION. ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011. ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 19 STATES AND THE DISTRICT OF COLUMBIA.</p> <p>ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON. THE PARTICIPATING ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, ST. LOUISE PROVINCE; THE CONGREGATION OF ST. JOSEPH; THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET; THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC. - AMERICAN PROVINCE; AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE.</p> <p>SETON MEDICAL GROUP INC. PROVIDES PRIMARY CARE, GYNECOLOGY AND OBSTETRICS CARE FOR PATIENTS IN THE SAINT AGNES HEALTHCARE, INC'S SERVICE AREA. SAINT AGNES HEALTHCARE, INC. IS THE SOLE CORPORATE MEMBER OF SAINT AGNES FOUNDATION, THE PHILANTHROPIC ARM OF SAINT AGNES HEALTHCARE, INC.</p>
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	<p>SAINT AGNES HEALTHCARE, INC. FILES A COMMUNITY BENEFITS REPORT WITH THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), THE REGULATORY AGENCY IN THE STATE OF MARYLAND. THE REPORT IS THEN MADE PUBLIC BY THE HSCRC. ADDITIONALLY, COMMUNITY BENEFIT INFORMATION IS AVAILABLE IN THE SAINT AGNES HEALTHCARE, INC. ANNUAL REPORT AND THE SAINT AGNES HEALTHCARE, INC. FACT SHEET. BOTH DOCUMENTS ARE AVAILABLE ON THE HOSPITAL WEBSITE.</p>

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ST. AGNES HEALTHCARE, INC.

Employer identification number

52-0591657

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BALTIMORE MEDICAL SYSTEM INC PO BOX 1593, MERRIFIELD, VA 22116	52-1358241	501(C)(3)	88,047				(SEE STATEMENT)
(2) (SEE STATEMENT)	52-1519025	501(C)(3)	59,942				(SEE STATEMENT)
(3) BROTHER'S BROTHER FOUNDATION 1200 GALVESTON AVE, PITTSBURG, PA 15233-1604	34-6562544	501(C)(3)		15,605	BOOK VALUE	INVENTORY	(SEE STATEMENT)
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Cat. No. 50055P

Schedule I (Form 990) 2020

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	DISCRETIONARY GRANTS OR ASSISTANCE TO OTHER ORGANIZATIONS ARE APPROVED BY EITHER THE CHIEF EXECUTIVE OFFICER OR THE CHIEF FINANCIAL OFFICER.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BEHAVIOR HEALTH SYSTEM BALTIMORE, INC. 100 S. CHARLES STREET, TOWER II 8TH FLOOR, BALTIMORE, MD 21201
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BALTIMORE MEDICAL SYSTEM INC: OPERATIONAL SUPPORT TO PROVIDE HEALTH CARE TO DISADVANTAGED COMMUNITIES IN BALTIMORE CITY AND COUNTY
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BEHAVIOR HEALTH SYSTEM BALTIMORE, INC.: GREATER BALTIMORE REGIONAL INTEGRATED CRISIS SYSTEM PROGRAM
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BROTHER'S BROTHER FOUNDATION: MEDICAL SUPPLIES FOR REDISTRIBUTION
SCHEDULE I, PART II, LINE 1(H) - PURPOSE OF GRANTS	ALL GRANTS THAT ARE MADE THROUGH THE FILING ORGANIZATION ARE DONE SO TO CARRY OUT THE ACTIVITIES AND PURPOSES OF THE FILING ORGANIZATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. AGNES HEALTHCARE, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

52-0591657

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GEORGE T GRACE, MD MEDICAL DIRECTOR	(i)	827,029	85,062	15,035	17,100	26,224	970,450	0
	(ii)	0	0	0	0	0	0	0
2 ANDREW M AVERBACH, MD SURGEON	(i)	707,701	0	7,813	17,100	20,333	752,947	0
	(ii)	0	0	0	0	0	0	0
3 CAROLE B MILLER, MD PHYSICIAN	(i)	583,462	40,992	7,813	18,525	12,088	662,880	0
	(ii)	0	0	0	0	0	0	0
4 MARTIN A ALBORNOZ, MD PHYSICIAN	(i)	566,638	35,444	7,813	17,100	24,947	651,942	0
	(ii)	0	0	0	0	0	0	0
5 MICHAEL A ZATINA, MD DIRECTOR, MEDICAL SPECIALTY	(i)	594,369	0	15,035	18,525	19,547	647,476	0
	(ii)	0	0	0	0	0	0	0
6 CHRISTOPHER A CHEKOURAS INTERIM PRESIDENT & CEO (END 7/2020)	(i)	241,792	97,213	207,303	7,679	14,441	568,428	0
	(ii)	0	0	0	0	0	0	0
7 KEITH VANDER KOLK FORMER OFFICER (END 6/2019)	(i)	0	0	0	0	0	0	0
	(ii)	0	0	545,193	0	0	545,193	0
8 KENNETH H WILLIAMS, MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	436,503	45,211	12,678	16,236	22,778	533,406	0
9 NANCY M HAMMOND, MD CMO (END 8/2020)	(i)	259,746	76,802	160,284	18,525	15,868	531,225	0
	(ii)	0	0	0	0	0	0	0
10 SCOTT M FURNISS FORMER OFFICER (END 1/2020)	(i)	0	0	0	0	0	0	0
	(ii)	325,686	72,643	61,320	17,319	27,162	504,130	0
11 KALA K DAVIS-MCDONALD, MD SECRETARY/SECTION CHIEF	(i)	370,956	102,440	1,252	14,115	9,566	498,329	0
	(ii)	0	0	0	0	0	0	0
12 MITCHELL G LOMAX CFO, MINISTRY MARKET	(i)	79,451	0	138	4,951	6,797	91,337	0
	(ii)	220,672	136,939	719	11,063	18,251	387,644	0
13 EDWARD R LOVERN PRESIDENT/CEO (START 7/2020)	(i)	241,489	20,000	84,644	13,115	11,504	370,752	0
	(ii)	0	0	0	0	0	0	0
14 YOLANDA COPELAND, RN CNO (END 10/2020)	(i)	203,907	52,836	68,261	15,352	5,844	346,200	0
	(ii)	0	0	0	0	0	0	0
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	YOLANDA COPELAND, RN, NANCY M. HAMMOND, MD, AND CHRISTOPHER A CHEKOURAS RECEIVED GROSS-UP PAYMENTS THAT WERE TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL.
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	<p>A RELATED ORGANIZATION OF THE FILING ORGANIZATION, USES ONE OR MORE OF THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL:</p> <ul style="list-style-type: none"> - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE <p>PLEASE REFER TO THE FORM 990, PART VI, LINE 15A DISCLOSURE IN SCHEDULE O FOR ADDITIONAL DETAILS ON HOW COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS ESTABLISHED.</p>
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	<p>THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS FROM THE ORGANIZATION OR A RELATED ORGANIZATION DURING THE CALENDAR YEAR 2020:</p> <p>CHRISTOPHER A CHEKOURAS - \$157,035 NANCY M HAMMOND, MD - \$120,523 KEITH VANDER KOLK - \$545,193</p>
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>ELIGIBLE EXECUTIVES PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS. THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION. BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED. DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID.</p> <p>NO INDIVIDUALS RECEIVED PAYMENT FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE CURRENT YEAR.</p>

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

Transactions With Interested Persons

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

ST. AGNES HEALTHCARE, INC.

Employer identification number

52-0591657

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SHEILA M. HUNT	WIFE OF RICHARD J. HUNT, JR., DIRECTOR	\$71,435	EMPLOYEE COMPENSATION		✓

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

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the Organization
ST. AGNES HEALTHCARE, INC.

Employer Identification Number
52-0591657

Return Reference - Identifier	Explanation
- PAGE 1, BOX C - DOING BUSINESS AS	<ul style="list-style-type: none"> * ASCENSION SAINT AGNES COMMUNITY HEALTH PARTNERS * MARYLAND INSTITUTE OF PLASTIC SURGERY * SAINT AGNES HEALTHCARE * ASCENSION ST. AGNES * ASCENSION ST. AGNES HOSPITAL
FORM 990, PAGE 1 - PHYSICAL ADDRESS	THE PHYSICAL ADDRESS FOR THIS ENTITY IS 900 CATON AVENUE, BALTIMORE, MD 21229. THE ADDRESS ON PAGE 1 IS FOR MAILING PURPOSES ONLY.
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	COMMUNITIES. WE ARE ADVOCATES FOR A COMPASSIONATE AND JUST SOCIETY THROUGH OUR ACTIONS AND OUR WORDS.
FORM 990, PART IV, LINE 20B - AUDITED FINANCIAL STATEMENTS	THE ACTIVITY OF ST. AGNES HEALTHCARE IS REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE. NO INDIVIDUAL AUDIT OF ST. AGNES HEALTHCARE IS COMPLETED. THEREFORE, THE ATTACHED AUDITED FINANCIAL STATEMENTS ARE OF ASCENSION HEALTH ALLIANCE AND AFFILIATES, WHICH INCLUDE THE ACTIVITY OF ST. AGNES HEALTHCARE.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	ST. AGNES HEALTHCARE HAS A SOLE CORPORATE MEMBER, ASCENSION HEALTH.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	ST. AGNES HEALTHCARE HAS A SOLE CORPORATE MEMBER, ASCENSION HEALTH, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF ST. AGNES HEALTHCARE.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	ASCENSION HEALTH HAS DESIGNED A SYSTEM AUTHORITY MATRIX WHICH ASSIGNS AUTHORITY FOR KEY DECISIONS THAT ARE NECESSARY IN THE OPERATION OF THE SYSTEM. SPECIFIC AREAS THAT ARE IDENTIFIED IN THE AUTHORITY MATRIX ARE: NEW ORGANIZATIONS & MAJOR TRANSACTIONS; GOVERNING DOCUMENTS; APPOINTMENTS/REMOVALS; EVALUATION; DEBT LIMITS; STRATEGIC & FINANCIAL PLANS; ASSETS; SYSTEM POLICIES & PROCEDURES. THESE AREAS ARE SUBJECT TO CERTAIN LEVELS OF APPROVAL BY ASCENSION PER THE SYSTEM AUTHORITY MATRIX.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS WHICH MAY INCLUDE, AS NEEDED, FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN. A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO DESIGNATED MANAGEMENT TEAM MEMBERS WITH EXPERIENCE IN TAX IN LIEU OF THE FULL BOARD.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE WILL DECIDE IF CONFLICTS OF INTEREST EXIST. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE.
FORM 990, PART VI, LINE 15A - PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, AS WELL AS THAT OF ANY OTHER OFFICERS OR SENIOR EXECUTIVES (IF ANY), IS DIRECTED BY A RELATED ORGANIZATION. THE RELATED ORGANIZATION'S BOARD COMMITTEE RESPONSIBLE FOR COMPENSATION OVERSEES THE PROCESS, UTILIZING INDEPENDENT DELEGATES WITHIN THE ORGANIZATION AS APPROPRIATE, DEPENDING ON THE ROLE. IN SOME CASES, THE PROCESS MAY UTILIZE COMPARABILITY DATA AND ANALYSIS FROM A NATIONAL THIRD-PARTY COMPENSATION FIRM; OR, IF MORE APPROPRIATE FOR THE ROLE, IT MAY INSTEAD UTILIZE OTHER APPLICABLE SOURCES OF MARKET COMPARABILITY DATA AS NEEDED TO VERIFY REASONABLENESS. THE PROCESS ALSO INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE ANALYSIS AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. COMPENSATION IS REVIEWED AT LEAST ANNUALLY AND THE PROCESS IS ADMINISTERED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS.

Return Reference - Identifier	Explanation					
FORM 990, PART VI, LINE 15B - PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, AS WELL AS THAT OF ANY OTHER OFFICERS OR SENIOR EXECUTIVES (IF ANY), IS DIRECTED BY A RELATED ORGANIZATION. THE RELATED ORGANIZATION'S BOARD COMMITTEE RESPONSIBLE FOR COMPENSATION OVERSEES THE PROCESS, UTILIZING INDEPENDENT DELEGATES WITHIN THE ORGANIZATION AS APPROPRIATE, DEPENDING ON THE ROLE. IN SOME CASES, THE PROCESS MAY UTILIZE COMPARABILITY DATA AND ANALYSIS FROM A NATIONAL THIRD-PARTY COMPENSATION FIRM; OR, IF MORE APPROPRIATE FOR THE ROLE, IT MAY INSTEAD UTILIZE OTHER APPLICABLE SOURCES OF MARKET COMPARABILITY DATA AS NEEDED TO VERIFY REASONABLENESS. THE PROCESS ALSO INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE ANALYSIS AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. COMPENSATION IS REVIEWED AT LEAST ANNUALLY AND THE PROCESS IS ADMINISTERED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS.					
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON WRITTEN REQUEST.					
FORM 990, PART VII, SECTION A - HOURS WORKED	MITCHELL LOMAX WORKED FOR MULTIPLE ORGANIZATIONS DURING THE YEAR AND DEVOTED 50 HOURS PER WEEK TO EACH DURING THE PORTIONS OF THE YEAR THAT HE WORKED FOR EACH ORGANIZATION.					
FORM 990, PART VII, SECTION A - RELATED ENTITIES	THE ORGANIZATION UTILIZES AN AFFILIATE AS THE COMMON PAY AGENT. EMPLOYEES REPORTED IN PART VII MAY HAVE DUTIES THAT IMPACT MULTIPLE RELATED ENTITIES. TOTAL AVERAGE HOURS WORKED AND COMPENSATION AND BENEFITS PAID ARE REPORTED. IN DOING SO, IF AVAILABLE, A COMMON LAW EMPLOYER ANALYSIS IS USED TO DETERMINE WHETHER THE HOURS AND COMPENSATION/BENEFITS ARE REPORTABLE AS ATTRIBUTABLE DIRECTLY TO THE FILING ORGANIZATION OR ANOTHER ENTITY; OTHERWISE, THE BEST AVAILABLE INFORMATION HAS BEEN USED AS THE BASIS FOR ALLOCATIONS UTILIZED IN THE REPORTING.					
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%; text-align: center;">(a) Description</th> <th style="width: 20%; text-align: center;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>TRANSFERS WITH AFFILIATES</td> <td style="text-align: right;">- 52,152,246</td> </tr> </tbody> </table>		(a) Description	(b) Amount	TRANSFERS WITH AFFILIATES	- 52,152,246
	(a) Description	(b) Amount				
TRANSFERS WITH AFFILIATES	- 52,152,246					
FORM 990, PART XII, LINE 2C - AUDIT COMMITTEE	ST. AGNES HEALTHCARE, INC. IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE. THE FINANCE AND AUDIT COMMITTEE OF ASCENSION HEALTH ALLIANCE'S BOARD ASSUMES RESPONSIBILITY FOR THE CONSOLIDATED ORGANIZATION AS A WHOLE.					

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
ST. AGNES HEALTHCARE, INC.

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number
52-0591657

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GIBBONS COMMONS, LLC (52-0591657) 900 CATON AVENUE, BALTIMORE, MD 21229	REAL PROPERTY TO SUPPORT COMMUNITY ACTIVITIES	MD	32,004	16,912,947	ST. AGNES HEALTHCARE, INC.
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST	P	8,293,073	FAIR MARKET VALUE
(1) ASCENSION HEALTH IS, INC.	Q	75,952	FAIR MARKET VALUE
(2) SETON MEDICAL GROUP, INC.	P	759,035	FAIR MARKET VALUE
(3) SETON MEDICAL GROUP, INC.	Q	211,954	FAIR MARKET VALUE
(4) SETON MEDICAL GROUP, INC.	R	8,443,152	FAIR MARKET VALUE
(5) (SEE STATEMENT)			
(6)			

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

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

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

Part II

Identification of Related Tax-Exempt Organizations (continued)

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

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(13) ALEXIAN BROTHERS MEDICAL GROUP SPECIALTY CARE (81-1110738) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(14) ALEXIAN BROTHERS OF SAN JOSE, INC. (94-1530037) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ACUTE CARE HOSPITAL (SOLD IN 1998)	TX	501(C)(3)	12 TYPE I	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(15) ALEXIAN BROTHERS SENIOR MINISTRIES (36-4484290) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTS THE PROVISION OF HEALTHCARE FOR RELATED CORPORATIONS	IL	501(C)(3)	12 TYPE II	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(16) ALEXIAN BROTHERS SERVICES, INC. (43-1295333) 3040 W SALT CREEK LN, ARLINGTON HEIGHTS, IL 60005	HUD HOUSING	MO	501(C)(3)	10	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(17) ALEXIAN BROTHERS SHERBROOKE VILLAGE (43-1592502) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(18) ALEXIAN BROTHERS SPECIALTY GROUP (80-0710751) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(19) ALEXIAN VILLAGE OF MILWAUKEE, INC. (39-1351584) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CONTINUING CARE RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(20) ALEXIAN VILLAGE OF TENNESSEE (62-1136742) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CONTINUING CARE RETIREMENT COMMUNITY	TN	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(21) ALVERNO PROVENA HOSPITAL LABORATORIES, INC. (20-3238867) 2434 INTERSTATE PLAZA DRIVE, HAMMOND, IN 46234	HEALTH CARE	IN	501(C)(3)	3	PRESENCE CENTRAL & SUBURBAN HOSPITALS NETWORK AND PRESENCE CHICAGO HOSPITALS NETWORK	✓	
(22) AMERICAN SPORTS MEDICINE INSTITUTE, INC. (63-0952490) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SPORTS MEDICINE	AL	501(C)(3)	7	ST. VINCENT'S BIRMINGHAM	✓	
(23) ARTHUR MERKLE - CLARA KNIPPRATH NURSING HOME (36-2841358) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	IL	501(C)(3)	10	PRESENCE LIFE CONNECTIONS	✓	
(24) ASCENSION ALL SAINTS HOSPITAL FOUNDATION, INC. (39-1570877) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	7	ASCENSION ALL SAINTS HOSPITAL, INC.	✓	
(25) ASCENSION ALL SAINTS HOSPITAL, INC. (39-1264986) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(26) ASCENSION BORGESS ALLEGAN FOUNDATION (38-2802463) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION MICHIGAN	✓	
(27) ASCENSION ALLEGAN HOSPITAL (38-1359180) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(28) ASCENSION ALLEGAN PROFESSIONAL HEALTH SERVICES, INC. (20-5800012) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MI	501(C)(3)	12 TYPE I	ASCENSION MICHIGAN	✓	
(29) ASCENSION ARIZONA (86-0455920) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AZ	501(C)(3)	3	ASCENSION HEALTH	✓	
(30) ASCENSION BORGESS FOUNDATION (23-7222558) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION BORGESS HOSPITAL	✓	
(31) ASCENSION BORGESS HOSPITAL (38-1360526) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE SERVICES	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(32) ASCENSION BORGESS LEE FOUNDATION (38-2860459) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION BORGESS-LEE HOSPITAL	✓	
(33) ASCENSION BORGESS-LEE HOSPITAL (38-1490190) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE SERVICES	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(34) ASCENSION BRIGHTON CENTER FOR RECOVERY (38-1576680) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(35) ASCENSION CALUMET HOSPITAL, INC. (39-0905385) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(36) ASCENSION CARE MANAGEMENT INSURANCE HOLDINGS (46-1121862) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MO	501(C)(3)	12 TYPE I	ASCENSION CARE MANAGEMENT LLC	✓	
(37) ASCENSION DEPAUL HOLDINGS OF EL PASO (74-2734755) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(38) ASCENSION EAGLE RIVER HOSPITAL, INC. (39-0985690) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(39) ASCENSION EASTWOOD BEHAVIORAL HEALTH (38-1958763) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	7	ST. JOHN PROVIDENCE	✓	
(40) ASCENSION FOUNDATION (86-2197504) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	MO	501(C)(3)	12 TYPE II	ASCENSION HEALTH ALLIANCE	✓	
(41) ASCENSION GENESYS FOUNDATION (38-3591148) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(42) ASCENSION GENESYS HOSPITAL (38-2377821) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(43) ASCENSION GOOD SAMARITAN HOSPITAL FOUNDATION, INC. (39-1627755) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE II	ASCENSION GOOD SAMARITAN HOSPITAL, INC.	✓	
(44) ASCENSION GOOD SAMARITAN HOSPITAL, INC. (39-0808503) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(45) ASCENSION HEALTH (31-1662309) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE		✓
(46) ASCENSION HEALTH - IS INC (65-1257719) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(47) ASCENSION HEALTH ALLIANCE (45-3358926) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	12 TYPE I	N/A		✓
(48) ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE TRUST (36-7046706) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(49) ASCENSION HEALTH GLOBAL MISSION (65-1205990) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(50) ASCENSION HEALTH SENIOR CARE (43-1227406) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT COMPANY	MO	501(C)(3)	12 TYPE II	ASCENSION HEALTH	✓	
(51) ASCENSION LIVING - LAKESHORE AT SIENA, INC. (82-4710412) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(52) ASCENSION MACOMB OAKLAND HOSPITAL (38-3322109) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(53) ASCENSION MEDICAL GROUP GENESYS (83-1617112) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(54) ASCENSION MEDICAL GROUP MICHIGAN (38-3494637) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(55) ASCENSION MEDICAL GROUP PROMED (38-3193801) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE SERVICES	MI	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(56) ASCENSION MEDICAL GROUP-FOX VALLEY WISCONSIN, INC. (39-1127163) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CLINICAL HEALTHCARE SERVICES	WI	501(C)(3)	3	AFFINITY HEALTH SYSTEM	✓	
(57) ASCENSION MEDICAL GROUP-NORTHERN WISCONSIN, INC. (39-1965593) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL GROUP	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(58) ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN, INC. (39-1791586) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL GROUP	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(59) ASCENSION MICHIGAN (38-2631907) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MI	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(60) ASCENSION MICHIGAN CMG (38-2601348) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ST. JOHN PROVIDENCE	✓	
(61) ASCENSION MINISTRY AND MISSION FUND (27-3174701) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	✓	
(62) ASCENSION NE WISCONSIN, INC. (39-0816818) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(63) ASCENSION OUR LADY OF VICTORY HOSPITAL, INC. (39-0807065) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(64) ASCENSION PROVIDENCE (74-1109636) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE SERVICES	TX	501(C)(3)	3	ASCENSION TEXAS	✓	
(65) ASCENSION PROVIDENCE FOUNDATION (38-3526629) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	7	ST. JOHN PROVIDENCE	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(66) ASCENSION PROVIDENCE HOSPITAL (38-1358212) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(67) ASCENSION PROVIDENCE ROCHESTER FOUNDATION (38-2627336) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING	MI	501(C)(3)	12 TYPE I	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	✓	
(68) ASCENSION PROVIDENCE ROCHESTER HOSPITAL (38-1359247) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	GENERAL HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(69) ASCENSION RIVER DISTRICT HOSPITAL (38-3160564) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(70) ASCENSION SACRED HEART-ST. MARY'S HOSPITALS, INC. (39-1390638) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(71) ASCENSION SE WISCONSIN HOSPITAL, INC. (39-0816857) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(72) ASCENSION SETON (74-1109643) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	3	ASCENSION TEXAS	✓	
(73) ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH (38-2262856) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	3	ST. JOHN PROVIDENCE	✓	
(74) ASCENSION ST. CLARE'S HOSPITAL, INC. (72-1531917) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(75) ASCENSION ST. ELIZABETH FOUNDATION, INC. (39-1256677) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	7	AFFINITY HEALTH SYSTEM	✓	
(76) ASCENSION ST. FRANCIS HOSPITAL, INC. (39-0907740) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(77) ASCENSION ST. JOHN FOUNDATION (20-2961579) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	7	ST. JOHN PROVIDENCE	✓	
(78) ASCENSION ST. JOHN HOSPITAL (38-1359063) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(79) ASCENSION ST. JOSEPH FOUNDATION (01-0790428) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE I	ASCENSION ST. JOSEPH'S HOSPITAL	✓	
(80) ASCENSION ST. JOSEPH HOSPITAL (38-1443395) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(81) ASCENSION ST. MARY'S FOUNDATION (38-2246366) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MI	501(C)(3)	12 TYPE III-FI	ASCENSION ST. MARY'S HOSPITAL	✓	
(82) ASCENSION ST. MARY'S HOSPITAL (38-0997730) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(83) ASCENSION ST. MICHAEL'S HOSPITAL FOUNDATION, INC. (39-1657410) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	12 TYPE I	ASCENSION ST. MICHAEL'S HOSPITAL, INC.	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(84) ASCENSION ST. MICHAEL'S HOSPITAL, INC. (39-0808443) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(85) ASCENSION STANDISH HOSPITAL (38-1671120) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MI	501(C)(3)	3	ASCENSION MICHIGAN	✓	
(86) ASCENSION TEXAS (45-4364243) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(87) ASCENSION TEXAS HEART & VASCULAR INSTITUTE (27-3220767) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE II	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(88) ASCENSION VIA CHRISTI HEALTH PARTNERS, INC. (48-0958974) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MANAGEMENT COMPANY	KS	501(C)(3)	10	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(89) ASCENSION VIA CHRISTI HEALTH, INC. (48-1172107) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	KS	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(90) ASCENSION VIA CHRISTI HOSPITAL MANHATTAN, INC. (48-1186704) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(91) ASCENSION VIA CHRISTI HOSPITAL PITTSBURG, INC. (48-0543778) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(92) ASCENSION VIA CHRISTI HOSPITAL ST. TERESA, INC. (27-1965272) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(93) ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC. (48-1172106) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(94) ASCENSION VIA CHRISTI PROPERTY SERVICES, INC. (48-0948571) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PROPERTY MANAGEMENT	KS	501(C)(4)		ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC.	✓	
(95) ASCENSION VIA CHRISTI REHABILITATION HOSPITAL, INC. (48-1158274) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REHABILITATION HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA, INC.	✓	
(96) ASCENSION WELFARE BENEFITS TRUST (43-1601369) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	VEBA	MO	501(C)(9)		ASCENSION HEALTH ALLIANCE	✓	
(97) ASCENSION WISCONSIN FOUNDATION, INC. (39-1494981) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	7	COLUMBIA ST. MARY'S, INC.	✓	
(98) ASCENSION WISCONSIN LABORATORIES, INC. (39-1701402) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	LABORATORY	WI	501(C)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(99) ASCENSION WISCONSIN PHARMACY, INC. (39-1613624) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHARMACY	WI	501(C)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC.	✓	
(100) BAPTIST HEALTH CARE AFFILIATES, INC. (58-1509251) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	COMMUNITY HEALTH PROMOTION	TN	501(C)(3)	12 TYPE I	SAINT THOMAS NETWORK	✓	

(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
(101) BAPTIST HOSPITAL FOUNDATION OF NASHVILLE, INC. (58-1861378) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	INACTIVE	TN	501(C)(3)	12 TYPE I	SAINT THOMAS WEST HOSPITAL	✓	
(102) BLUE LADIES MINERALS, INC. (74-2971975) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	OWN OIL AND MINERAL RIGHTS, REAL ESTATE	TX	501(C)(3)	12 TYPE III-FI	SETON FUND OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, INC.	✓	
(103) BORGESS AMBULATORY CARE CORPORATION (38-2468823) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY	MI	501(C)(3)	3	BORGESS HEALTH ALLIANCE, INC.	✓	
(104) BORGESS HEALTH ALLIANCE, INC. (38-2335286) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	MI	501(C)(3)	12 TYPE II	ASCENSION MICHIGAN	✓	
(105) BORGESS NURSING HOME INC. (38-2555589) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MI	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(106) CARONDELET FOUNDATION, INC. (86-0749574) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	AZ	501(C)(3)	12 TYPE I	ASCENSION ARIZONA	✓	
(107) CARONDELET HEALTH (43-1276738) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	MO	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(108) CARONDELET LONG-TERM CARE FACILITIES, INC. (74-2505427) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MO	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(109) CARONDELET REGIONAL MEDICAL, P.C. (81-4769136) 427 GUY PARK AVENUE, AMSTERDAM, NY 12010-1054	MEDICAL GROUP	NY	501(C)(3)	3	ST. MARY'S HEALTHCARE	✓	
(110) CARROLL MANOR (83-2068871) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	DC	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(111) CATALPA HEALTH, INC. (45-4681563) N4642 COUNTY N, APPLETON, WI 54914	BEHAVIORAL HEALTH SERVICES	WI	501(C)(3)	3	AFFINITY HEALTH SYSTEM	✓	
(112) CENTER FOR GERONTOLOGY (38-2514708) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ADULT DAY CARE	MI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(113) CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. (35-1869951) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FREESTANDING OUTPATIENT CENTER	IN	501(C)(3)	12 TYPE III-FI	ST. VINCENT HEALTH, INC.	✓	
(114) CMC FOUNDATION OF CENTRAL TEXAS (20-0468031) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(115) COLUMBIA COLLEGE OF NURSING, INC. (39-1596986) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	COLLEGE	WI	501(C)(3)	2	COLUMBIA ST. MARY'S HOSPITAL MILWAUKEE, INC.	✓	
(116) COLUMBIA ST. MARY'S HOSPITAL MILWAUKEE, INC. (39-0806315) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	COLUMBIA ST. MARY'S, INC.	✓	
(117) COLUMBIA ST. MARY'S HOSPITAL OZAUKEE, INC. (39-0807063) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	COLUMBIA ST. MARY'S, INC.	✓	
(118) COLUMBIA ST. MARY'S, INC. (39-1834639) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM	WI	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(119) CORNERSTONE ASSISTED LIVING, INC. (48-1241079) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	

(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
(120) DELL CHILDREN'S MEDICAL GROUP (74-2800601) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(121) DR. KATE NEWCOMB CONVALESCENT CENTER, INC. (39-1357365) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	NURSING/ASSISTED LIVING SERVICES	WI	501(C)(3)	10	HOWARD YOUNG HEALTH CARE, INC.	✓	
(122) FIELD NEUROSCIENCES INSTITUTE (38-2790703) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MI	501(C)(3)	12 TYPE II	ASCENSION ST. MARY'S HOSPITAL	✓	
(123) GENESYS AMBULATORY HEALTH SERVICES (38-2371754) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(124) GENESYS CONVALESCENT CENTER (38-2317364) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CONVALESCENT CENTER	MI	501(C)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	✓	
(125) GENESYS HEALTH SYSTEM (38-3339703) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM PARENT	MI	501(C)(3)	12 TYPE II	ASCENSION MICHIGAN	✓	
(126) GULF COAST HEALTH SYSTEM (63-0934712) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM	AL	501(C)(3)	12 TYPE III-FI	ST. VINCENT'S HEALTH SYSTEM	✓	
(127) HAVEN OF OUR LADY OF PEACE, INC. (59-3620346) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	NURSING HOME	FL	501(C)(3)	10	SACRED HEART HEALTH SYSTEM	✓	
(128) HOWARD YOUNG HEALTH CARE, INC. (39-1499115) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOME OFFICE	WI	501(C)(3)	12 TYPE II	MINISTRY HEALTH CARE, INC.	✓	
(129) JANE PHILLIPS MEMORIAL MEDICAL CENTER, INC. (73-0606129) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(130) JANE PHILLIPS NOWATA HOSPITAL, INC. (73-1440267) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(131) LAVERNA TERRACE HOUSING CORPORATION (36-3438977) 18927 HICKORY CREEK DRIVE, SUITE 300, MOKENA, IL 60448	LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS	IL	501(C)(3)	10	PRESENCE LIFE CONNECTIONS	✓	
(132) LOURDES FOUNDATION (91-1528577) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	WA	501(C)(3)	12 TYPE I	OUR LADY OF LOURDES HOSPITAL AT PASCO	✓	
(133) LOURDES REALTY COMPANY, INC. (22-2873637) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RENTAL OF HEALTH CARE FACILITIES	NY	501(C)(2)		OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC.	✓	
(134) MEDICAL SERVICES ENHANCEMENT, INC. (14-1776546) 425 GUY PARK AVENUE, AMSTERDAM, NY 12010	MEDICAL OFFICE BUILDING	NY	501(C)(25)		ST. MARY'S HEALTHCARE	✓	
(135) MEDICARE VALUE PARTNERS (36-3495969) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE HEALTH PARTNERS SERVICES	✓	
(136) MERCY HEALTH FOUNDATION, INC. (23-7140261) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	10	AFFINITY HEALTH SYSTEM	✓	

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						Yes	No
(137) METRO PHYSICIANS, INC. (94-3436893) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL GROUP	WI	501(C)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN, INC.	✓	
(138) MINISTRY HEALTH CARE, INC. (39-1490371) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT CORPORATION	WI	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(139) OUR LADY OF LOURDES HOSPITAL AT PASCO (91-0349750) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE	WA	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(140) OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC (15-0532221) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	NY	501(C)(3)	3	ASCENSION HEALTH	✓	
(141) OUR LADY OF PEACE, INC. (16-1608735) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	NY	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(142) OWASSO MEDICAL FACILITY, INC. (20-3700131) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(143) PRESENCE AMBULATORY SERVICES (36-4286236) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(144) PRESENCE BEHAVIORAL HEALTH (36-2709982) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(145) PRESENCE CARE @ HOME (46-0483587) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(146) PRESENCE CARE TRANSFORMATION CORPORATION (36-3366652) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MGMT SUPPORT	IL	501(C)(3)	12 TYPE III-FI	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(147) PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK (36-4195126) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(148) PRESENCE CHICAGO HOSPITALS NETWORK (36-2235165) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(149) PRESENCE HEALTH PARTNERS SERVICES (36-2644178) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	12 TYPE II	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(150) PRESENCE HEALTHCARE SERVICES (36-3330928) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	3	PRESENCE CARE TRANSFORMATION CORPORATION	✓	

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						Yes	No
(151) PRESENCE HOME CARE (46-0483581) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(152) PRESENCE LIFE CONNECTIONS (37-1127787) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(153) PRESENCE SENIOR SERVICES CHICAGOLAND (23-7061646) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	IL	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(154) PRIMARY PHYSICIAN NETWORK, LLC (20-8775914) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, INC.	✓	
(155) PROVIDENCE BUILDING CORPORATION (63-0914564) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(2)		GULF COAST HEALTH SYSTEM	✓	
(156) PROVIDENCE FOUNDATION (63-0915493) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	7	GULF COAST HEALTH SYSTEM	✓	
(157) PROVIDENCE FOUNDATION, INC. (74-2683112) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE	TX	501(C)(3)	12 TYPE I	ASCENSION PROVIDENCE	✓	
(158) PROVIDENCE HEALTH ALLIANCE (74-2696970) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PRACTICES	TX	501(C)(3)	3	ASCENSION PROVIDENCE	✓	
(159) PROVIDENCE HEALTH FOUNDATION, INC. (52-1275583) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING ORGANIZATION	DC	501(C)(3)	12 TYPE I	PROVIDENCE HOSPITAL	✓	
(160) PROVIDENCE HEALTH SERVICES, INC. (52-1275587) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PRACTICES	DC	501(C)(3)	12 TYPE I	PROVIDENCE HOSPITAL	✓	
(161) PROVIDENCE HOSPITAL (63-0288861) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	GULF COAST HEALTH SYSTEM	✓	
(162) PROVIDENCE HOSPITAL (53-0196636) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	DC	501(C)(3)	3	ASCENSION HEALTH	✓	
(163) PROVIDENCE PARK, INC. (61-1759304) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	TX	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(164) RAINBOW HOSPICE AND PALLIATIVE CARE (36-3296367) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	IL	501(C)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	✓	
(165) SACRED HEART FOUNDATION, INC. (59-2436597) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	FL	501(C)(3)	7	SACRED HEART HEALTH SYSTEM	✓	
(166) SACRED HEART HEALTH SYSTEM, INC. (59-0634434) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(167) SACRED HEART HEALTH VENTURES, INC. (57-1183283) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	INVESTMENT	FL	501(C)(3)	12 TYPE I	SACRED HEART HEALTH SYSTEM	✓	
(168) SACRED HEART REHABILITATION INSTITUTE, INC. (39-0902199) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REHAB SERVICES	WI	501(C)(3)	3	COLUMBIA ST. MARY'S, INC.	✓	

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						Yes	No
(169) SAINT ELIZABETH'S HOSPITAL OF WABASHA, INC. (41-0693877) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	MN	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(170) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD, INC. (39-0847631) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(171) SAINT THOMAS HEALTH (58-1716804) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SYSTEM PARENT	TN	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(172) SAINT THOMAS HEALTH FOUNDATIONS (58-1663055) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	OPERATES FOUNDATION	TN	501(C)(3)	7	SAINT THOMAS NETWORK	✓	
(173) SAINT THOMAS HICKMAN HOSPITAL (58-1737573) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	TN	501(C)(3)	3	BAPTIST HEALTH CARE AFFILIATES, INC.	✓	
(174) SAINT THOMAS HOME HEALTH (62-1836937) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOME HEALTH CARE	TN	501(C)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	✓	
(175) SAINT THOMAS MEDICAL PARTNERS (62-1529858) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE PROVIDER	TN	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(176) SAINT THOMAS MIDTOWN HOSPITAL (62-1869474) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ACUTE CARE HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(177) SAINT THOMAS NETWORK (62-1284994) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH INVESTMENT ENTITY	TN	501(C)(3)	10	SAINT THOMAS HEALTH	✓	
(178) SAINT THOMAS REGIONAL HOSPITALS (47-4063046) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITALS	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(179) SAINT THOMAS RUTHERFORD FOUNDATION (62-1167917) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	TN	501(C)(3)	12 TYPE I	SAINT THOMAS RUTHERFORD HOSPITAL	✓	
(180) SAINT THOMAS RUTHERFORD HOSPITAL (62-0475842) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(181) SAINT THOMAS WEST HOSPITAL (62-0347580) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	TN	501(C)(3)	3	SAINT THOMAS HEALTH	✓	
(182) SALINA REGIONAL HOME MEDICAL SERVICES, LLC (43-1948057) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL EQUIPMENT	KS	501(C)(3)	10	ASCENSION VIA CHRISTI HEALTH PARTNERS, INC.	✓	
(183) SAVELLI PROPERTIES, INC. (36-3308965) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	OWNS OR LEASES PROPERTIES WHERE HEALTHCARE SERVICES ARE DELIVERED	IL	501(C)(2)		ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(184) SETON CLINICAL ENTERPRISE CORPORATION (45-4364681) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE I	ASCENSION TEXAS	✓	
(185) SETON FAMILY OF DOCTORS (26-4562522) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(186) SETON FAMILY OF PEDIATRIC SURGEONS (27-1311790) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(187) SETON FUND OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, INC. (74-2212968) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(188) SETON HAYS FOUNDATION (26-2842608) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(189) SETON HEALTHCARE CORPORATION OF SOUTHEAST MICHIGAN (38-2820107) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	MI	501(C)(3)	10	ST. JOHN PROVIDENCE	✓	
(190) SETON HOSPITALIST SERVICE (45-2498998) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	ASCENSION SETON	✓	
(191) SETON INSURANCE SERVICES CORPORATION (45-4364813) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(192) SETON MANOR, INC. (23-2960726) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	PA	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(193) SETON MEDICAL GROUP, INC. (39-2064992) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(194) SETON MEDICAL MANAGEMENT (63-0937704) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORT PROVIDENCE HOSPITAL	AL	501(C)(3)	12 TYPE II	GULF COAST HEALTH SYSTEM	✓	
(195) SETON ORAL & MAXILLOFACIAL SURGERY (42-1670843) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(196) SETON PROPERTY CORPORATION OF NORTH ALABAMA (23-7326976) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REAL ESTATE	AL	501(C)(2)		ST. VINCENT'S HEALTH SYSTEM	✓	
(197) SETON WILLIAMSON FOUNDATION (20-5330986) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(198) SETON/UT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP (74-2869762) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(199) SJRMC, INC. (82-0204264) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	ID	501(C)(3)	3	ASCENSION HEALTH	✓	
(200) SOUTHERN TIER MEDICAL CARE - NY PC (82-1103087) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE	NY	501(C)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC.	✓	
(201) ST. AGNES FOUNDATION (52-1415083) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MD	501(C)(3)	12 TYPE I	ST. AGNES HEALTHCARE, INC.	✓	
(202) ST. ALEXIUS MEDICAL CENTER (36-4251846) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ACUTE CARE HOSPITAL	IL	501(C)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	✓	
(203) ST. CATHERINE LABOURE MANOR, INC. (59-1878316) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	FL	501(C)(3)	3	ASCENSION HEALTH SENIOR CARE	✓	
(204) ST. JOHN AUXILIARY, INC. (73-0999759) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	10	ST. JOHN HEALTH SYSTEM, INC.	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(205) ST. JOHN BROKEN ARROW, INC. (38-3833117) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(206) ST. JOHN BUILDING CORPORATION (61-1659782) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REAL ESTATE	OK	501(C)(2)		ST. JOHN HEALTH SYSTEM, INC.	✓	
(207) ST. JOHN HEALTH SYSTEM FOUNDATION, INC. (73-1133139) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	OK	501(C)(3)	12 TYPE I	ST. JOHN HEALTH SYSTEM, INC.	✓	
(208) ST. JOHN HEALTH SYSTEM, INC. (73-1215174) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SYSTEM PARENT	OK	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	
(209) ST. JOHN MEDICAL CENTER, INC. (73-0579286) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(210) ST. JOHN PROVIDENCE (38-2244034) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT	MI	501(C)(3)	12 TYPE II	ASCENSION MICHIGAN	✓	
(211) ST. JOHN SAPULPA, INC. (73-0662663) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH CARE	OK	501(C)(3)	3	ST. JOHN HEALTH SYSTEM, INC.	✓	
(212) ST. JOSEPH FOUNDATION OF KOKOMO, INDIANA, INC. (23-7313206) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. JOSEPH HOSPITAL & HEALTH CENTER, INC.	✓	
(213) ST. JOSEPH HOSPITAL & HEALTH CENTER, INC. (35-0992717) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(214) ST. JOSEPH MEDICAL CENTER FOUNDATION (43-1388461) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MO	501(C)(3)	12 TYPE I	CARONDELET HEALTH	✓	
(215) ST. JOSEPH REGIONAL MEDICAL CENTER FOUNDATION, INC. (51-0168321) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	ID	501(C)(3)	12 TYPE I	SJPMC, INC.	✓	
(216) ST. JOSEPH'S MINISTRIES, INC. (52-1835288) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SKILLED NURSING FACILITY	MD	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(217) ST. LUKE'S-ST. VINCENT'S HEALTHCARE, INC. (26-0479484) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(218) ST. MARY'S AT HOME, INC. (35-1899560) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DME/HOME CARE	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, INC.	✓	
(219) ST. MARY'S BUILDING CORPORATION (23-7248362) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REAL ESTATE HOLDING COMPANY	IN	501(C)(2)		ST. MARY'S HEALTH, INC.	✓	
(220) ST. MARY'S HEALTH FOUNDATION, INC. (23-7045370) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, INC.	✓	
(221) ST. MARY'S HEALTH SERVICES, INC. (35-1679526) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	INVESTMENT SERVICES	IN	501(C)(3)	12 TYPE I	ST. MARY'S HEALTH, INC.	✓	
(222) ST. MARY'S HEALTH, INC. (35-0869065) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(223) ST. MARY'S HEALTHCARE (14-1347719) 427 GUY PARK AVENUE, AMSTERDAM, NY 12010-1054	HOSPITAL	NY	501(C)(3)	3	ASCENSION HEALTH	✓	
(224) ST. MARY'S MEDICAL CENTER FOUNDATION (43-1918107) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	MO	501(C)(3)	12 TYPE I	CARONDELET HEALTH	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(225) ST. MARY'S MEDICAL GROUP, LLC (26-1356310) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PROFESSIONAL SERVICES	IN	501(C)(3)	10	ST. VINCENT MEDICAL GROUP, INC.	✓	
(226) ST. MARY'S OHIO VALLEY HEARTCARE, LLC (27-3474697) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTHCARE	IN	501(C)(3)	12 TYPE I	ST. MARY'S MEDICAL GROUP, LLC	✓	
(227) ST. MARY'S WARRICK EMERGENCY MEDICAL SERVICES, INC. (20-5342518) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	AMBULANCE SERVICES	IN	501(C)(4)		ST. MARY'S HEALTH SERVICES, INC.	✓	
(228) ST. MARY'S WARRICK HOSPITAL, INC. (35-1343019) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(229) ST. VINCENT ANDERSON REGIONAL HOSPITAL FOUNDATION, INC. (35-2053693) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC.	✓	
(230) ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC. (46-0877261) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(231) ST. VINCENT CARMEL HOSPITAL, INC. (74-3107055) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(232) ST. VINCENT CLAY HOSPITAL, INC. (35-2112529) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(233) ST. VINCENT DUNN HOSPITAL, INC. (27-2192831) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(234) ST. VINCENT FISHERS HOSPITAL, INC. (45-4243702) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(235) ST. VINCENT FRANKFORT HOSPITAL FOUNDATION, INC. (35-1531734) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT FRANKFORT HOSPITAL, INC.	✓	
(236) ST. VINCENT FRANKFORT HOSPITAL, INC. (35-2099320) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(237) ST. VINCENT HEALTH, INC. (35-2052591) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT COMPANY	IN	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(238) ST. VINCENT HEALTH, WELLNESS AND PREVENTIVE CARE INSTITUTE, INC. (46-1227327) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH AND WELLNESS SERVICES	IN	501(C)(3)	10	ST. VINCENT HEALTH, INC.	✓	
(239) ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. (35-0869066) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(240) ST. VINCENT HOSPITAL FOUNDATION, INC. (35-6088862) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC.	✓	
(241) ST. VINCENT JENNINGS HOSPITAL FOUNDATION, INC. (84-1703732) 301 HENRY STREET, NORTH VERNON, IN 47265	INACTIVE	IN	501(C)(3)	1	ST. VINCENT JENNINGS HOSPITAL, INC.	✓	
(242) ST. VINCENT JENNINGS HOSPITAL, INC. (35-1841606) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(243) ST. VINCENT MADISON COUNTY HEALTH SYSTEM, INC. (35-0876389) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(244) ST. VINCENT MEDICAL GROUP, INC. (27-2039417) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PROFESSIONAL SERVICES	IN	501(C)(3)	10	ST. VINCENT CARMEL HOSPITAL, INC.	✓	
(245) ST. VINCENT MERCY HOSPITAL FOUNDATION, INC. (31-1066871) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT MADISON COUNTY HEALTH SYSTEM, INC.	✓	
(246) ST. VINCENT RANDOLPH HOSPITAL FOUNDATION, INC. (35-2133006) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT RANDOLPH HOSPITAL, INC.	✓	
(247) ST. VINCENT RANDOLPH HOSPITAL, INC. (35-2103153) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(248) ST. VINCENT RAS, INC. (47-1289091) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETAIL AMBULATORY SERVICES	IN	501(C)(3)	10	ST. VINCENT HEALTH, INC.	✓	
(249) ST. VINCENT SALEM HOSPITAL, INC. (27-0847538) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(250) ST. VINCENT SETON SPECIALTY HOSPITAL, INC. (35-1712001) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	LONG TERM CARE HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(251) ST. VINCENT WILLIAMSPORT HOSPITAL FOUNDATION, INC. (74-3130159) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	IN	501(C)(3)	12 TYPE I	ST. VINCENT WILLIAMSPORT HOSPITAL, INC.	✓	
(252) ST. VINCENT WILLIAMSPORT HOSPITAL, INC. (35-0784551) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CRITICAL ACCESS HOSPITAL	IN	501(C)(3)	3	ST. VINCENT HEALTH, INC.	✓	
(253) ST. VINCENT'S AMBULATORY CARE, INC. (59-2292041) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PRACTICE	FL	501(C)(3)	10	ASCENSION MEDICAL GROUP, LLC	✓	
(254) ST. VINCENT'S BIRMINGHAM (63-0288864) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM	✓	
(255) ST. VINCENT'S BLOUNT (63-0909073) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM	✓	
(256) ST. VINCENT'S COLLEGE, INC. (06-1331677) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	INACTIVE	CT	501(C)(3)	10	ST. VINCENT'S MEDICAL CENTER	✓	
(257) ST. VINCENT'S EAST (63-0578923) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	AL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM	✓	
(258) ST. VINCENT'S FOUNDATION OF ALABAMA, INC. (63-0868066) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	AL	501(C)(3)	7	ST. VINCENT'S HEALTH SYSTEM	✓	
(259) ST. VINCENT'S FOUNDATION, INC. (59-2219923) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUND RAISING	FL	501(C)(3)	7	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(260) ST. VINCENT'S HEALTH SYSTEM (63-0931008) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SYSTEM	AL	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH	✓	
(261) ST. VINCENT'S HEALTH SYSTEM, INC. (59-3650609) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT ENTITY	FL	501(C)(3)	12 TYPE II	ASCENSION HEALTH	✓	
(262) ST. VINCENT'S MEDICAL CENTER (06-0646886) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL AND SYSTEM PARENT	CT	501(C)(3)	3	ASCENSION HEALTH	✓	

(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
(263) ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC. (22-2558132) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FUNDRAISING	CT	501(C)(3)	7	ST. VINCENT'S MEDICAL CENTER	✓	
(264) ST. VINCENT'S MEDICAL CENTER, INC. (59-0624449) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(265) ST. VINCENT'S MEDICAL CENTER-CLAY COUNTY, INC. (46-1523194) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	FL	501(C)(3)	3	ST. VINCENT'S HEALTH SYSTEM, INC.	✓	
(266) SVH REAL ESTATE, INC. (20-5002285) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	REAL ESTATE HOLDING COMPANY	IN	501(C)(3)	12 TYPE III-FI	ST. VINCENT HEALTH, INC.	✓	
(267) THE HEALTH SOURCE GROUP (38-2427678) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PRG RELATED INVESTMENTS	MI	501(C)(3)	12 TYPE II	GENESYS HEALTH SYSTEM	✓	
(268) THE HOWARD YOUNG MEDICAL CENTER, INC. (39-0873606) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	WI	501(C)(3)	3	MINISTRY HEALTH CARE, INC.	✓	
(269) THE SETON COVE, INC. (74-2727509) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SPIRITUALITY CENTER	TX	501(C)(3)	12 TYPE II	ASCENSION TEXAS	✓	
(270) TRI-COUNTY CLINICAL (26-4562712) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	DELIVERY OF HEALTH CARE SERVICES	TX	501(C)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	✓	
(271) TWENTY-SIX DOORS, INC. (74-2855201) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	TO HOLD TITLE TO REAL PROPERTY	TX	501(C)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, INC.	✓	
(272) UNIVERSAL HEALTH SERVICES (63-0932323) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN GROUP	AL	501(C)(3)	12 TYPE II	ST. VINCENT'S HEALTH SYSTEM	✓	
(273) VIA CHRISTI FOUNDATION, INC. (36-4943550) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	KS	501(C)(3)	7	ASCENSION VIA CHRISTI HEALTH, INC.	✓	
(274) VIA CHRISTI HEALTHCARE OUTREACH PROGRAM FOR ELDERLY, INC. (48-1236589) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PACE (SNF)	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(275) VIA CHRISTI VILLAGE GEORGETOWN, INC. (48-1129325) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(276) VIA CHRISTI VILLAGE HAYS, INC. (20-2828680) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(277) VIA CHRISTI VILLAGE MANHATTAN, INC. (48-1078862) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(278) VIA CHRISTI VILLAGE MCLEAN, INC. (48-1247723) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(279) VIA CHRISTI VILLAGE PITTSBURG, INC. (74-3070971) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	KS	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(280) VIA CHRISTI VILLAGE PONCA CITY, INC. (73-1153337) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	OK	501(C)(3)	10	VIA CHRISTI VILLAGES, INC.	✓	
(281) VIA CHRISTI VILLAGES, INC. (48-0559086) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MANAGEMENT COMPANY	KS	501(C)(3)	12 TYPE III-FI	ASCENSION HEALTH SENIOR CARE	✓	

(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
(282) VOLUNTEERS IN PARTNERSHIP WITH WHEATON FRANCISCAN HEALTHCARE-ALL SAINTS, INC. (93-0838390) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	FOUNDATION	WI	501(C)(3)	10	ASCENSION ALL SAINTS HOSPITAL, INC.	✓	
(283) WAMEGO HOSPITAL ASSOCIATION, INC. (72-1526400) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOSPITAL	KS	501(C)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN, INC.	✓	
(284) WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL AUXILIARY (39-6068950) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	AUXILIARY	WI	501(C)(3)	12 TYPE III-FI	ASCENSION SE WISCONSIN HOSPITAL, INC.	✓	
(285) WHEATON FRANCISCAN HEALTHCARE - TERRACE AT ST. FRANCIS, INC. (39-1486775) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETIREMENT COMMUNITY	WI	501(C)(3)	10	ASCENSION HEALTH SENIOR CARE	✓	
(286) WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN, INC. (39-1568865) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PARENT CORPORATION	IL	501(C)(3)	12 TYPE I	ASCENSION HEALTH	✓	

Part III

Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AHA HEALTHBRIDGE PARTNERS, LLC (85-2872693) 9450 MANCHESTER ROAD, SUITE 207, ST. LOUIS, MO 63119	SPECIALTY HOSPITAL	DE	N/A	N/A	N/A	N/A			N/A			N/A
(2) ALEXIAN REHABILITATION SERVICES, LLC (30-0221481) 935 BEISNER, ELK GROVE VILLAGE, IL 60007	REHABILITATION HOSPITAL	IL	N/A	N/A	N/A	N/A			N/A			N/A
(3) ALLEGAN GENERAL HOSPITAL PAIN ADMINISTRATION SERVICES, LLC (47-3706652) 555 LINN STREET, ALLEGAN, MI 49010	PAIN MANAGEMENT	MI	N/A	N/A	N/A	N/A			N/A			N/A
(4) ALVERNO CLINICAL LABORATORIES, LLC (20-3240648) 2434 INTERSTATE PLAZA DRIVE, HAMMOND, IN 46324	MEDICAL SERVICE	IN	N/A	N/A	N/A	N/A			N/A			N/A
(5) AMBULATORY SURGERY CENTER, L.P. (48-1114690) 818 N EMPORIA, STE 108, WICHITA, KS 67214	SURGERY CENTER	KS	N/A	N/A	N/A	N/A			N/A			N/A
(6) ASCENSION ALABAMA-REGENT ASC JV, LLC (87-1004647) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	AMBULATORY SURGERY CENTER	DE	N/A	N/A	N/A	N/A			N/A			N/A
(7) ASCENSION ALPHA FUND LLC (90-0786464) 4600 EDMUNDSON ROAD, , ST. LOUIS, MO 63134	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			N/A
(8) ASCENSION ATHO CARRY, L.P (84-4224833) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	INVESTMENTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(9) ASCENSION BALTIMORE-REGENT ASC JV, LLC (87-1076612) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	AMBULATORY SURGERY CENTER	DE	ST. AGNES HEALTHCARE INC	RELATED	0	0	✓		N/A	✓		65%
(10) ASCENSION BINGHAMTON-REGENT ASC JV, LLC (87-1050728) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	AMBULATORY SURGERY CENTER	DE	N/A	N/A	N/A	N/A			N/A			N/A
(11) ASCENSION FLORIDA AND GULF COAST-REGENT ASC JV, LLC (87-1668217) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	AMBULATORY SURGERY CENTER	DE	N/A	N/A	N/A	N/A			N/A			N/A
(12) ASCENSION HEALTH AT HOME, LLC (47-1704527) 1A BURTON HILLS BOULEVARD, NASHVILLE, TN 37215	INVESTMENTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(13) ASCENSION INDIANA-REGENT ASC JV, LLC (87-1028503) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	AMBULATORY SURGERY CENTER	DE	N/A	N/A	N/A	N/A			N/A			N/A

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							Yes	No		Yes	No	
(14) ASCENSION KANSAS-REGENT ASC JV, LLC (87-0954491) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	AMBULATORY SURGERY CENTER	DE	N/A	N/A	N/A	N/A			N/A			N/A
(15) ASCENSION MEDICAL GROUP ST. JOHN, LLC (87-2590335) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL GROUP	OK	N/A	N/A	N/A	N/A			N/A			N/A
(16) ASCENSION MICHIGAN-REGENT ASC JV, LLC (87-0879317) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	AMBULATORY SURGERY CENTER	DE	N/A	N/A	N/A	N/A			N/A			N/A
(17) ASCENSION OKLAHOMA-REGENT ASC JV, LLC (87-0934689) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	AMBULATORY SURGERY CENTER	DE	N/A	N/A	N/A	N/A			N/A			N/A
(18) ASCENSION TEXAS-REGENT ASC JV, LLC (87-0898005) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	AMBULATORY SURGERY CENTER	DE	N/A	N/A	N/A	N/A			N/A			N/A
(19) ASCENSION TOWERBROOK HEALTHCARE OPPORTUNITIES, L.P. (98-1500387) 65 EAST 55TH STREET, 19TH FLOOR, NEW YORK, NY 10022	INVESTMENTS	NY	N/A	N/A	N/A	N/A			N/A			N/A
(20) ASCENSION VIA CHRISTI IMAGING MANHATTAN, LLC (48-1251984) 1823 COLLEGE AVENUE, MANHATTAN, KS 66502	RADIOLOGY SERVICES	KS	N/A	N/A	N/A	N/A			N/A			N/A
(21) ASCENSION WISCONSIN EMERUS JV, LLC (38-4118568) 8040 EXCELSIOR DRIVE, SUITE 400, MADISON, WI 53717	ACUTE CARE HOSPITALS	WI	N/A	N/A	N/A	N/A			N/A			N/A
(22) ASCENSION WISCONSIN-REGENT ASC JV, LLC (87-0980162) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	AMBULATORY SURGERY CENTER	DE	N/A	N/A	N/A	N/A			N/A			N/A
(23) AUSTIN CENTER FOR OUTPATIENT SURGERY, LP (58-2028767) 6818 AUSTIN CENTER BLVD, SUITE 100, AUSTIN, TX 78731-3199	ACUTE CARE HOSPITAL	TX	N/A	N/A	N/A	N/A			N/A			N/A
(24) BAPTIST WOMENS HEALTH CENTER, LLC (62-1772195) 1900 CHURCH STREET, SUITE 300, NASHVILLE, TN 37203	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	N/A	N/A	N/A	N/A			N/A			N/A
(25) BELMONT/HARLEM SURGERY CENTER, LLC (41-2237162) 3101 NORTH HARLEM, CHICAGO, IL 60634	MEDICAL SERVICE	IL	N/A	N/A	N/A	N/A			N/A			N/A
(26) BONAVENTURE MEDICAL FOUNDATION, LLC (36-3978153) 2601 NAVISTAR DRIVE, LISLE, IL 60532	MANAGES MANAGED CARE CONTRACTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(27) BORGESS HEALTH PARTNERS, LLC (38-2648846) 28000 DEQUINDRE, WARREN, MI 48092	MANAGED CARE	MI	N/A	N/A	N/A	N/A			N/A			N/A

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(28) CARMEL AMBULATORY SURGERY CENTER, LLC (32-0014795) 13421 OLD MERIDIAN STREET, STE 150, CARMEL, IN 46032	AMBULATORY SURGERY CENTER	IN	N/A	N/A	N/A	N/A			N/A			N/A
(29) CB-AH PARALLEL FUND II, L.P. (04-3585156) 200 CLARENDON STREET, 17TH FLOOR, BOSTON, MA 02116	INVESTMENTS	MA	N/A	N/A	N/A	N/A			N/A			N/A
(30) CEDAR PARK JV PARTNERS, LLC (85-3868373) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	TX	N/A	N/A	N/A	N/A			N/A			N/A
(31) CENTRAL TEXAS LAUNDRY, LLC (36-4778018) 4255 PROFIT STREET, SAN ANTONIO, TX 78219	LAUNDRY SERVICES	TX	N/A	N/A	N/A	N/A			N/A			N/A
(32) CHV II, LP (26-0534243) 4600 EDMUNDSON ROAD, , ST. LOUIS, MO 63134	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			N/A
(33) CHV III LP (45-4486925) 4600 EDMUNDSON ROAD, ST. LOUIS, MO 63134	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			N/A
(34) CHV IV LP (81-3953953) 4600 EDMUNDSON ROAD, ST. LOUIS, MO 63134	INVESTMENTS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(35) COLLABORATIVE HEALTH VENTURES V, L.P. (84-4668723) 4600 EDMUNDSON ROAD, ST. LOUIS, MO 63134	INVESTMENTS	MO	N/A	N/A	N/A	N/A			N/A			N/A
(36) CUMBERLAND BEHAVIORAL HEALTH, LLC (32-0530876) 6100 TOWER CIRCLE, SUITE 1000, FRANKLIN, TN 37067	BEHAVIORAL CLINIC OPERATIONS	TN	N/A	N/A	N/A	N/A			N/A			N/A
(37) ENDOSCOPY CENTER, LLC (32-0029881) 13421 OLD MERIDIAN STREET, STE 150, CARMEL, IN 46032	ENDOSCOPY CENTER	IN	N/A	N/A	N/A	N/A			N/A			N/A
(38) HAYS JV PARTNERS, LLC (85-2037257) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	TX	N/A	N/A	N/A	N/A			N/A			N/A
(39) HOSPITAL CONSOLIDATED LABORATORIES, LLC (38-3318428) 39595 W. 10 MILE RD., NOVI, MI 48375	LAB SERVICES	MI	N/A	N/A	N/A	N/A			N/A			N/A
(40) KANSAS SURGERY AND RECOVERY CENTER, LLC (48-1148580) 2770 NORTH WEBB ROAD , WICHITA, KS 67226	SURGERY CENTER	KS	N/A	N/A	N/A	N/A			N/A			N/A
(41) KENOSHA DIGESTIVE HEALTH CENTER (84-2167873) 1033 N MAYFAIR ROAD, SUITE 101, WAUWATOSA, WI 53226	DIGESTIVE HEALTH	WI	N/A	N/A	N/A	N/A			N/A			N/A
(42) KOKOMO CENTER FOR OUTPATIENT SURGERY, LLC (87-2032935) 4 WESTBROOK CORPORATE CENTER, WESTCHER, IL 60154	SURGERY CENTER	IN	N/A	N/A	N/A	N/A			N/A			N/A

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(43) LOURDES HEALTH SUPPORT, LLC (16-1611707) 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	MEDICAL EQUIPMENT PROVIDER	NY	N/A	N/A	N/A	N/A			N/A			N/A
(44) MIDDLE TENNESSEE IMAGING, LLC (01-0570490) 400 N. HIGHLAND AVENUE, MURFREESBORO, TN 37219	DIAGNOSTIC IMAGING CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(45) MURFREESBORO DIAGNOSTIC IMAGING, LLC (20-0291952) 400 N. HIGHLAND AVENUE, MURFREESBORO, TN 37219	DIAGNOSTIC IMAGING CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(46) MY HEALTH ASCENSION MANAGEMENT, LLC (85-1304904) 28000 DEQUINDRE ROAD, WARREN, MI 48092	URGENT CARE CENTER	MI	N/A	N/A	N/A	N/A			N/A			N/A
(47) NAAB ROAD SURGERY CENTER, LLC (35-1991390) 8260 NAAB ROAD, STE 100, INDIANAPOLIS, IN 46260	AMBULATORY SURGERY CENTER	IN	N/A	N/A	N/A	N/A			N/A			N/A
(48) NORTHWEST HILLS JV PARTNERS, LLC (85-2065271) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	HOLDING COMPANY FOR ACUTE CARE HOSPITAL	TX	N/A	N/A	N/A	N/A			N/A			N/A
(49) OKLAHOMA CANCER SPECIALISTS REAL ESTATE COMPANY, LLC (61-1774455) 12697 E 51ST ST SOUTH, TULSA, OK 74146	REAL ESTATE HOLDING	OK	N/A	N/A	N/A	N/A			N/A			N/A
(50) OPEN MRI OF MICHIGAN (38-3544539) 411 W. 13 MILE ROAD, MADISON HEIGHTS, MI 48071	MRI CENTER	MI	N/A	N/A	N/A	N/A			N/A			N/A
(51) ORTHOPEDIC SURGERY CENTER OF THE FOX VALLEY LLC (84-2016212) 2223 LIME KILN ROAD, SUITE 101, GREEN BAY, WI 54311	SURGERY CENTER	WI	N/A	N/A	N/A	N/A			N/A			N/A
(52) PCAC GI JV, LLC (85-0878312) 2601 NAVISTAR DRIVE, LISLE, IL 60532	AMBULATORY SURGERY CENTER	IL	N/A	N/A	N/A	N/A			N/A			N/A
(53) PET, LLC (59-3788701) 5149 NORTH 9TH AVENUE SUITE 124, PENSACOLA, FL 32504	MEDICAL SERVICES	FL	N/A	N/A	N/A	N/A			N/A			N/A
(54) PFC ASSOCIATES, LLC (52-2018150) 920 VARNUM STREET NE, WASHINGTON, DC 20017	MEDICAL SERVICES	DC	N/A	N/A	N/A	N/A			N/A			N/A
(55) PREMIER RADIOLOGY WISCONSIN LLC (83-3180104) 500 W BROWN DEER ROAD, SUITE 202, BAYSIDE, WI 53217	RADIOLOGY	WI	N/A	N/A	N/A	N/A			N/A			N/A
(56) PRESENCE LAKESHORE GASTROENTEROLOGY, LLC (81-1750563) 150 N. RIVER ROAD, SUITE 210, DES PLAINES, IL 60016	MEDICAL SERVICE	IL	N/A	N/A	N/A	N/A			N/A			N/A

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(57) PROFESSIONAL CLINICAL LABORATORIES, LLC (30-0711211) 2434 INTERSTATE PLAZA DR. , HAMMOND, IN 46324	MEDICAL SERVICES	IN	N/A	N/A	N/A	N/A			N/A			N/A
(58) PROVIDENCE VENTURES, LLC (16-1704029) 26750 PROVIDENCE PKWY, SUITE 100, NOVI, MI 48374	INVESTMENT	MI	N/A	N/A	N/A	N/A			N/A			N/A
(59) RACINE DIGESTIVE HEALTH CENTER, LLC (84-4211105) 1033 N MAYFAIR ROAD, SUITE 101, WAUWATOSA, WI 53226	DIGESTIVE HEALTH	WI	N/A	N/A	N/A	N/A			N/A			N/A
(60) RADS OF AMERICA, LLC (20-0597581) P.O. BOX 249, GOODLETTSVILLE, TN 37070-0249	AMBULATORY SURGERY CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(61) REGIONAL MEDICAL LABORATORY OF SOUTHEAST KANSAS, LLC (52-2328939) P.O. BOX 470194, TULSA, OK 74147-0194	LAB SERVICES	KS	N/A	N/A	N/A	N/A			N/A			N/A
(62) SAINT THOMAS HOME RECOVERY CARE, LLC (84-2100096) 49 MUSIC SQUARE WEST , SUITE 401, NASHVILLE, TN 37203	MEDICAL AND REHABILITATION SERVICES	TN	N/A	N/A	N/A	N/A			N/A			N/A
(63) SAINT THOMAS REHABILITATION HOSPITAL, LLC (81-4303298) 680 S. 4TH STREET, LOUISVILLE, KY 40202	REHABILITATION HOSPITAL	KY	N/A	N/A	N/A	N/A			N/A			N/A
(64) SOUTH COAST REAL ESTATE VENTURE, LLC (45-5599047) 5907 HIGHWAY 90, MOSS POINT, MS 39563	OWN REAL ESTATE FOR A PHYSICIAN OFFICE BUILDING	MS	N/A	N/A	N/A	N/A			N/A			N/A
(65) ST. VINCENT'S OUTPATIENT SURGERY SERVICES, LLC (20-0708162) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	OUTPATIENT SURGERY	AL	N/A	N/A	N/A	N/A			N/A			N/A
(66) ST. VINCENT'S SLEEP DISORDER CENTER (63-1282288) 810 ST. VINCENT'S DRIVE, BIRMINGHAM, AL 35205	SLEEP DISORDER CENTER	AL	N/A	N/A	N/A	N/A			N/A			N/A
(67) ST. VINCENT HEART CENTER OF INDIANA, LLC (36-4492612) 10580 N MERIDIAN STREET, INDIANAPOLIS, IN 46290	HEART HOSPITAL	IN	N/A	N/A	N/A	N/A			N/A			N/A
(68) STHS SLEEP CENTER, LLC (20-3664894) 102 WOODMONT BOULEVARD, SUITE 800, NASHVILLE, TN 37205	OPERATES A SLEEP CENTER	TN	N/A	N/A	N/A	N/A			N/A			N/A
(69) STONEGATE JV PARTNERS, LLC (85-2023852) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	HOLDING COMPANY FOR AMBULATORY SURGERY CENTER INVESTMENT	TX	N/A	N/A	N/A	N/A			N/A			N/A
(70) TOWNE CENTRE SURGERY CENTER, LLC (20-4943843) 4599 TOWNE CENTRE, SAGINAW, MI 48604	OUTPATIENT SERVICES	MI	N/A	N/A	N/A	N/A			N/A			N/A

(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	
(71) VIA CHRISTI MERCY CLINIC, LLC (81-2927645) 1 MT CARMEL PLACE, PITTSBURG, KS 66762	MEDICAL SERVICES	KS	N/A	N/A	N/A	N/A			N/A			N/A

Part IV

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ADVANTAGE HEALTHCO, INC. (74-2698151) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(2) AFFILIATED HEALTH SERVICES, INC. (38-2292922) 28000 DEQUINDRE, WARREN, MI 48092	MEDICAL SERVICES	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(3) AFFILIATED MEDICAL SERVICES LABORATORY, INC (48-1239522) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL LABORATORY	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(4) AH INCUBATIONS ACCELERATOR, INC. (45-5078523) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL SERVICE	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(5) ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT, LLC (94-3465394) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOUSING	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(6) ALEXIAN BROTHERS HEALTH PROVIDERS ASSOCIATION, INC. (36-3853286) 2601 NAVISTAR DRIVE, LISLE, IL 60532	MESSENGER MODEL IPA	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(7) ALEXIAN VILLAGE OF ELK GROVE (35-2211303) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	TAX CREDIT FINANCED HOUSING	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(8) AMITA HEALTH CLINICALLY INTEGRATED NETWORK, LLC (80-0967178) 2601 NAVISTAR DRIVE, LISLE, IL 60532	MANAGED CARE	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(9) ASCENSION CAPITAL UK, LIMITED FOUNTAIN HOUSE, 130 FENCHURCH STREET, LONDON, ENGLAND, EC3M 5DJ, UK	INSURANCE	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(10) ASCENSION CARE MANAGEMENT HEALTH PARTNERS TENNESSEE (45-2958482) 102 WOODMONT BOULEVARD, SUITE 700, NASHVILLE, TN 37205	ACCOUNTABLE CARE ORGANIZATION	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(11) ASCENSION CARE MANAGEMENT HEALTH PARTNERS, INC. (45-4413419) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL SERVICE	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(12) ASCENSION CARE MANAGEMENT HOLDINGS, LTD. AND SUBSIDIARIES (38-3269272) 8220 IRVING, STERLING HEIGHTS, MI 48312	INSURANCE AND TPA	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(13) ASCENSION HEALTH INSURANCE LIMITED P.O. BOX 1159, GRAND CAYMAN, BAHAMAS, KY1-1102, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(14) ASCENSION HEALTH RISK PURCHASING GROUP, INC. (27-4176480) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	SUPPORTING ORGANIZATION	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(15) ASCENSION MEDICAL GROUP VIA CHRISTI, P.A. (48-0993446) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PROFESSIONAL ASSOCIATION	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(16) ASCENSION VENTURES CORPORATION (63-1217059) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MISC HEALTHCARE SERVICES	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(17) ASV ST. JOHN'S COUNTY, INC. (85-4309119) 1 SHIRCLIFF WAY, JACKSONVILLE, FL 32204	ACUTE CARE HOSPITAL	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(18) BAPTIST HEALTH CARE VENTURES, INC (62-0469214) 2000 CHURCH STREET, NASHVILLE, TN 37236	HOLDING COMPANY	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(19) BAYLEY CONDOMINIUM ASSOCIATION (63-1209915) 2121 HIGHLAND AVENUE SOUTH, BIRMINGHAM, AL 35205	CONDOMINIUM ASSOCIATION	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(20) BEECHER BALLENGER SERVICES, INC. AND SUBSIDIARIES (38-2497922) ONE GENESYS PARKWAY, GRAND BLANC, MI 48439-8065	HOLDING COMPANY	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(21) CARONDELET MEDICAL GROUP, INC. (86-0836126) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL GROUP	AZ	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(22) CARONDELET SPECIALIST GROUP, INC. (26-1558773) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PHYSICIAN PRACTICE	AZ	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(23) CHV V CP BLOCKER CORP. (86-3673080) 4600 EDMUNDSON ROAD, ST. LOUIS, MO 63134	INVESTMENT	DE	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(24) CLINICAL HOLDINGS CORPORATION (45-3802297) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(25) CONSOLIDATED PHARMACY SERVICES, INC. AND SUBSIDIARIES (59-3398033) 4205 BELFORT ROAD, SUITE 4030, JACKSONVILLE, FL 32216	RETAIL PHARMACY & PATIENT TRANSPORT	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(26) CORBETT CORPORATION (16-1268267) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PROPERTY MANAGEMENT	NY	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(27) CRITTENTON DEVELOPMENT CORPORATION AND SUBSIDIARIES (38-2594115) 2251 N. SQUIRREL RD, STE 310, AUBURN HILLS, MI 48326	REAL ESTATE	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(28) DELL CHILDREN'S HEALTH ALLIANCE (27-1311909) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(29) FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION, INC. (26-1983355) 1 SHIRCLIFF WAY, JACKSONVILLE, FL 32204	CONDOMINIUM ASSOCIATION	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(30) FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC. (34-1983857) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	CONDO ASSOCIATION	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(31) GULF COAST DIVERSIFIED, INC. (59-2432798) 5154 NORTH 9TH AVENUE, PENSACOLA, FL 32507	INVESTMENT	FL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(32) INDIAN CREEK CENTER, INC. (48-0956627) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MANAGEMENT	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	

(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
(33) INTEGRATED HEALTHCARE SYSTEMS, INC (48-0941549) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CLINIC SERVICES	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(34) MADISON MEDICAL AFFILIATES, INC. (39-1855720) 4425 N. PORT WASHINGTON RD., GLENDALE, WI 53212	HEALTHCARE	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(35) MID-STATE PROPERTIES, INC. (62-1232018) 2000 CHURCH STREET, NASHVILLE, TN 37236	INACTIVE	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(36) MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES, INC. (46-1130426) 6801 AIRPORT BLVD., MOBILE, AL 36608	HEALTHCARE SERVICES	MS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(37) PRESENCE SERVICE CORPORATION (36-4314354) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(38) PRESENCE VENTURES, INC. AND SUBSIDIARY (37-1168085) 100 NORTH RIVER ROAD, DES PLAINES, IL 60016	MEDICAL	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(39) PROVIDENCE PARK, INC. (63-0886846) P.O. BOX 850429, MOBILE, AL 36685	REAL ESTATE	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(40) RESOURCE PHARMACIES, INC. (52-1410076) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	RETAIL PHARMACY	DC	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(41) SETON INSURANCE COMPANY (47-5395483) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(42) SETON HEALTH ALLIANCE (45-3047469) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(43) SETON HEALTH PLAN, INC. (74-2725348) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HMO	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(44) SETON MSO, INC. (74-2870455) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(45) SETON PHYSICIAN HOSPITAL NETWORK AND SUBSIDIARIES (74-2643825) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HEALTH SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(46) SOVA, INC. (26-1319638) 102 WOODMONT BOULEVARD, SUITE 700, NASHVILLE, TN 37205	HEALTH SERVICES	TN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(47) ST. AGNES HEALTH VENTURES, INC. (52-1733632) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	HOLDING COMPANY	MD	ST. AGNES HEALTHCARE, INC.	C CORPORATION	201	1,243,508	100%	✓	
(48) ST. JOSEPH HEALTH ENTERPRISES (38-2686747) 200 HEMLOCK ROAD, TAWAS CITY, MI 48764	OTHER MEDICAL	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(49) ST. MARY'S HEALTH (38-3477017) 800 S. WASHINGTON AVENUE, SAGINAW, MI 48601	DORMANT	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(50) ST. MARY'S MEDICAL GROUP, INC (35-2076827) 3700 WASHINGTON AVE, EVANSVILLE, IN 47750	INVESTMENT	IN	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(51) SUNFLOWER ASSURANCE, LTD P.O. BOX 1085, GRAND CAYMAN, BAHAMAS, KY1-1102, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A	✓	

(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
(52) TEXTILE SYSTEMS, INC. (38-2705047) 817 WALBRIDGE, KALAMAZOO, MI 49007	LAUNDRY SERVICES	MI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(53) THE PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION, INC. (20-8042108) 4425 N. PORT WASHINGTON RD., GLENDALE, WI 53212	CONDO ASSOCIATION	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(54) THELEN CORPORATION (36-3266316) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	OWNS/ LEASES PROPERTY; JOINT VENTURE PARTNER	IL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(55) TRAVEL SERVICES CORPORATION (26-3764978) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	TRAVEL SERVICES	MO	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(56) UTICA SERVICES, INC. AND SUBSIDIARIES (73-1057650) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MEDICAL SERVICES	OK	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(57) VCH IOWA, P.C. (27-3983977) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	PROFESSIONAL ASSOCIATION	IA	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(58) VCH IOWA, P.C. TRUST (27-6937322) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	BENEFICIARY TRUST	IA	N/A	TRUST	N/A	N/A	N/A	✓	
(59) VIA CHRISTI CLINIC SERVICES, INC (27-3984287) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	CLINIC SERVICES	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(60) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE, INC. (46-2872857) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	ACO	KS	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(61) VINCENTIAN VENTURES OF NORTH ALABAMA, INC. AND SUBSIDIARIES (63-0965456) C/O TAX DEPARTMENT, P.O. BOX 45998, ST. LOUIS, MO 63145-5998	MISC HEALTHCARE SERVICES	AL	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(62) WHEATON FRANCISCAN HOLDINGS, INC. AND SUBSIDIARIES (39-1836357) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	HOLDING CO	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(63) WHEATON FRANCISCAN PROVIDER NETWORK, INC. (39-1952140) 400 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212	PROVIDER CONTRACT	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(64) WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION, INC. (30-0659830) 10101 SOUTH 27TH STREET, FRANKLIN, WI 53212	CONDO ASSOCIATION	WI	N/A	C CORPORATION	N/A	N/A	N/A	✓	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) ST. AGNES FOUNDATION, INC.	C	276,883	FAIR MARKET VALUE
(7) PROVIDENCE HOSPITAL	O	98,000	FAIR MARKET VALUE

Part VII

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

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

ASCENSION

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Years Ended June 30, 2021 and 2020
With Reports of Independent Auditors

Ascension

Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2021 and 2020

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St. Louis, MO 63105

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Report of Independent Auditors

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

We have audited the accompanying consolidated financial statements of Ascension Health Alliance d/b/a Ascension, which comprise the consolidated balance sheets as of June 30, 2021 and 2020, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Ascension Health Alliance d/b/a Ascension at June 30, 2021 and 2020, and the consolidated results of its operations and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

September 15, 2021

Ascension

Consolidated Balance Sheets
(Dollars in Thousands)

	June 30, 2021	June 30, 2020
Assets		
Current assets:		
Cash and cash equivalents	\$ 670,022	\$ 625,814
Short-term investments	97,222	103,264
Accounts receivable	3,253,061	2,761,239
Inventories	534,263	502,601
Due from brokers (see Notes 5 and 6)	97,225	108,575
Estimated third-party payor settlements	208,630	124,999
Other (see Notes 5 and 6)	1,120,666	790,693
Total current assets	<u>5,981,089</u>	5,017,185
Long-term investments (see Notes 5 and 6)	26,768,323	21,272,811
Property and equipment, net	11,066,802	11,351,194
Other assets:		
Right-of-use assets - leases	1,313,370	1,262,380
Investment in unconsolidated entities	1,363,777	1,258,472
Capitalized software costs, net	525,824	597,005
Other (see Notes 5 and 6)	1,380,054	1,129,247
Total other assets	<u>4,583,025</u>	4,247,104
Total assets	<u>\$48,399,239</u>	\$ 41,888,294

Continued on next page.

Ascension

Consolidated Balance Sheets (Dollars in Thousands)

	June 30, 2021	June 30, 2020
Liabilities and net assets		
Current liabilities:		
Current portion of long-term debt	\$ 92,406	\$ 96,537
Long-term debt subject to short-term remarketing arrangements*	627,390	842,010
Current portion of lease obligations	245,535	236,569
Accounts payable and accrued liabilities (see Notes 5 and 6)	3,028,487	3,139,198
Estimated third-party payor settlements	756,700	650,543
Due to brokers (see Notes 5 and 6)	219,503	59,881
Current portion of self-insurance liabilities	314,960	237,548
Current portion of Medicare advanced payments	1,271,737	1,994,958
Other	686,804	682,316
Total current liabilities	7,243,522	7,939,560
Noncurrent liabilities:		
Long-term debt (senior and subordinated)	6,805,332	6,773,381
Lease obligations, less current portion	1,097,255	1,037,883
Self-insurance liabilities	760,043	739,674
Pension and other postretirement liabilities	965,579	2,237,185
Medicare advanced payments	512,380	-
Other (see Notes 5 and 6)	1,738,913	1,573,363
Total noncurrent liabilities	11,879,502	12,361,486
Total liabilities	19,123,024	20,301,046
Net assets:		
Without donor restrictions:		
Controlling interest	25,705,637	18,838,776
Noncontrolling interests	2,726,836	1,963,884
Total net assets without donor restrictions	28,432,473	20,802,660
Net assets with donor restrictions	843,742	784,588
Total net assets	29,276,215	21,587,248
Total liabilities and net assets	\$ 48,399,239	\$ 41,888,294

*Consists of variable rate demand bonds with put options that may be exercised at the option of the bondholders, with stated repayment installments through 2047, as well as certain serial mode bonds with scheduled remarketing/mandatory tender dates occurring prior to June 30, 2022. In the event that bonds are not remarketed upon the exercise of put options for the variable bonds or scheduled mandatory tender bonds, management would utilize other sources to access the necessary liquidity. Potential sources include a drawdown on the \$600 million lines of credit, issuing commercial paper, and liquidating investments.

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

Ascension

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

	The years ended June 30,	
	2021	2020
Operating revenue:		
Net patient service revenue	\$ 24,446,874	\$ 22,778,729
Other revenue	2,790,557	2,482,785
Total operating revenue	27,237,431	25,261,514
Operating expenses:		
Salaries and wages	10,872,664	10,436,710
Employee benefits	2,362,150	2,250,752
Purchased services	2,970,386	2,935,873
Professional fees	1,295,422	1,319,701
Supplies	4,031,382	3,662,249
Insurance	344,804	323,539
Interest	225,821	251,667
Provider tax	659,632	637,475
Depreciation and amortization	1,316,904	1,261,680
Other	2,605,868	2,632,988
Total operating expenses before impairment, restructuring and nonrecurring losses, net	26,685,033	25,712,634
Income (loss) from operations before self-insurance trust fund investment return and impairment, restructuring and nonrecurring losses, net	552,398	(451,120)
Self-insurance trust fund investment return	141,101	(14,150)
Income (loss) from recurring operations	693,499	(465,270)
Impairment, restructuring and nonrecurring losses, net	(17,239)	(174,126)
Income (loss) from operations	676,260	(639,396)
Nonoperating gains (losses):		
Investment return, net	5,863,823	(418,209)
Other	(71,714)	91,460
Total nonoperating gains (losses), net	5,792,109	(326,749)
Excess (deficit) of revenues and gains over expenses and losses	6,468,369	(966,145)
Less noncontrolling interests	794,968	73,711
Excess (deficit) of revenues and gains over expenses and losses attributable to controlling interest	5,673,401	(1,039,856)

Continued on next page.

Ascension

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

	The years ended June 30,	
	2021	2020
Net assets without donor restrictions, controlling interest:		
Excess (deficit) of revenues and gains over expenses and losses	\$ 5,673,401	\$ (1,039,856)
Transfers to sponsors and other affiliates, net	(1,989)	(13,445)
Net assets released from restrictions for property acquisitions	43,691	34,026
Pension and other postretirement liability adjustments	1,121,357	(917,197)
Change in unconsolidated entities' net assets	40,334	(904)
Membership interest changes, net	-	(687)
Other	(9,933)	92
Increase (decrease) in net assets without donor restrictions, controlling interest	6,866,861	(1,937,971)
 Net assets without donor restrictions, noncontrolling interest:		
Excess of revenues and gains over expenses and losses	794,968	73,711
Net distributions of capital	(32,016)	(96,749)
Membership interest changes, net	-	(1,199)
Increase (decrease) in net assets without donor restrictions, noncontrolling interests	762,952	(24,237)
 Net assets with donor restrictions:		
Contributions and grants	92,878	105,674
Investment return	95,718	5,680
Net assets released from restrictions	(81,846)	(78,538)
Other	(47,596)	(7,644)
Increase in net assets with donor restrictions	59,154	25,172
 Increase (decrease) in net assets	7,688,967	(1,937,036)
Net assets, beginning of year	21,587,248	23,524,284
 Net assets, end of year	\$ 29,276,215	\$ 21,587,248

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

Ascension

Consolidated Statements of Cash Flows (Dollars in Thousands)

	The years ended June 30,	
	2021	2020
Operating activities		
Increase (decrease) in net assets	\$ 7,688,967	\$ (1,937,036)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,316,904	1,261,680
Amortization of bond premiums, discounts, and debt issuance cost	(40,882)	(27,143)
Loss on extinguishment of debt	19,636	2,853
Pension and other postretirement liability adjustments	(1,121,357)	917,197
Unrealized (gains) losses on unrestricted investments, net	(3,384,470)	885,828
Change in fair value of interest rate swaps	(44,945)	34,692
Change in equity of unconsolidated entities	(252,096)	(166,980)
Gain on sale of assets, net	(63,236)	(551)
Impairment and nonrecurring expenses	15,922	66,256
Transfers to sponsor and other affiliates, net	1,989	13,445
Donor restricted contributions, investment return and other	(103,806)	(62,009)
Distributions of noncontrolling interest, net	32,016	96,749
Other	67,322	26,125
(Increase) decrease in:		
Short-term investments	6,042	(11,192)
Accounts receivable	(565,575)	422,705
Inventories and other current assets	(161,544)	(100,798)
Due from brokers	11,350	216,402
Investments classified as trading	(2,188,027)	(2,429,452)
Other assets	(142,936)	11,771
Increase (decrease) in:		
Accounts payable and accrued liabilities	113,906	24,360
Estimated third-party payor settlements, net	23,826	96,741
Due to brokers	159,622	(309,332)
Medicare advanced payments	(199,136)	1,994,958
Other current liabilities	(52,988)	240,123
Self-insurance liabilities	97,781	31,801
Other noncurrent liabilities	42,127	(47,222)
Net cash provided by operating activities	<u>1,276,412</u>	<u>1,251,971</u>

Continued on next page.

Ascension

Consolidated Statements of Cash Flows (Dollars in Thousands)

	The years ended June 30,	
	2021	2020
Investing activities		
Property, equipment, and capitalized software additions, net	\$ (1,461,689)	\$ (1,764,833)
Proceeds from sale of property and equipment	48,081	12,167
Distributions from unconsolidated entities, net	107,650	95,253
Net proceeds from sale/acquisition of other assets	153,235	236,250
Net cash used in investing activities	<u>(1,152,723)</u>	<u>(1,421,163)</u>
Financing activities		
Issuance of debt	456,225	1,966,408
Repayment of debt, including financing lease obligations	(598,433)	(2,076,335)
(Increase) decrease in assets under bond indenture agreements	(85)	(53)
Transfers to sponsors and other affiliates, net	(1,989)	(13,445)
Donor restricted contributions, investment return, and other	103,806	62,009
Distributions of noncontrolling interest, net	(32,016)	(96,749)
Net cash used in financing activities	<u>(72,492)</u>	<u>(158,165)</u>
Net increase (decrease) in cash, cash equivalents, and restricted cash	51,197	(327,357)
Cash, cash equivalents, and restricted cash at beginning of year	676,716	1,004,073
Cash, cash equivalents, and restricted cash at end of year	<u>\$ 727,913</u>	<u>\$ 676,716</u>
Cash and cash equivalents	\$ 670,022	\$ 625,814
Restricted cash, included in long-term investments	57,891	50,902
Cash, cash equivalents, and restricted cash at end of year	<u>\$ 727,913</u>	<u>\$ 676,716</u>

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

Ascension

Notes to Consolidated Financial Statements (Dollars in Thousands)

1. Organization and Mission

Organizational Structure

Ascension Health Alliance, d/b/a Ascension (Ascension), is a Missouri nonprofit corporation formed on September 13, 2011. Ascension is a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Ministry Markets, located in 19 states and the District of Columbia. Ascension also serves as the direct or indirect member or shareholder of various subsidiaries including, but not limited to:

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

Ascension is also the majority investor in Ascension Alpha Fund, LLC (Alpha Fund), a limited liability company organized in the state of Delaware, as discussed in the Pooled Investment Fund note. Ascension and its member organizations are hereafter referred to collectively as the System.

Sponsorship

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

Ascension

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

1. Organization and Mission (continued)

Mission

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

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

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

The amount of traditional charity care provided, determined on the basis of cost, was \$493,781 and \$664,944 for the years ended June 30, 2021 and 2020, respectively. The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost is reported in the accompanying supplementary information.

Ascension

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

2. Significant Accounting Policies

Principles of Consolidation

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

Use of Estimates

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

Fair Value of Financial Instruments

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

Cash and Cash Equivalents

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

Short-Term Investments

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

Inventories

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

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

Long-Term Investments and Investment Return

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

Long-term investments include assets limited as to use of \$1,560,296 and \$1,376,582 at June 30, 2021 and 2020, respectively, comprised primarily of investments placed in trust and held by captive insurance companies for the payment of self-insured claims. Long-term investments also include donor restricted cash and cash equivalents.

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

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair market value at the date of the gift. Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets. The range of estimated useful lives used in computing depreciation is as follows: buildings and leasehold improvements, 2 to 40 years; and equipment, 2 to 20 years. Depreciation expense for the years ended June 30, 2021 and 2020 was approximately \$1,095,000 and \$1,037,000, respectively.

Ascension

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

2. Significant Accounting Policies (continued)

A summary of property and equipment is as follows:

	June 30, 2021	June 30, 2020
Land and improvements	\$ 1,372,957	\$ 1,345,273
Buildings and equipment	21,327,952	20,343,912
	22,700,909	21,689,185
Less accumulated depreciation	12,138,572	11,512,931
	10,562,337	10,176,254
Construction in progress	504,465	1,174,940
Total property and equipment, net	\$ 11,066,802	\$ 11,351,194

Several capital projects have remaining construction and related equipment purchase commitments of approximately \$577,000 as of June 30, 2021.

Intangible Assets

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

Capitalized software costs in the following table include software in progress of \$103,977 and \$101,763 at June 30, 2021 and 2020, respectively:

	June 30, 2021	June 30, 2020
Capitalized software costs	\$ 2,473,145	\$ 2,531,331
Less accumulated amortization	1,947,321	1,934,326
Capitalized software costs, net	525,824	597,005
Goodwill	356,726	265,853
Other, net	37,308	39,871
Intangible assets included in other assets	394,034	305,724
Total intangible assets, net	\$ 919,858	\$ 902,729

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

Intangible assets whose lives are indefinite, primarily goodwill, are not amortized and are evaluated for impairment at least annually or when circumstances indicate a possible impairment may exist. Intangible assets with definite lives, primarily capitalized computer software costs, are amortized over their expected useful lives. Amortization expense for these intangible assets for the years ended June 30, 2021 and 2020 was approximately \$222,000 and \$225,000, respectively.

Estimated future amortization of intangible assets with definite lives, excluding software in progress, as of June 30, 2021 is as follows:

The years ending June 30:	
2022	\$ 186,739
2023	116,291
2024	59,855
2025	43,417
2026	17,764
Thereafter	24,936
Total	<u>\$ 449,002</u>

Noncontrolling Interests

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

Net Assets

Net Assets Without Donor Restrictions

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

Ascension

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

2. Significant Accounting Policies (continued)

Net Assets With Donor Restrictions

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

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

Performance Indicator

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

Operating and Nonoperating Activities

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

Net Patient Service Revenue and Accounts Receivable

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

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

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

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

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue related to prior periods increased net patient service revenue by \$134,646 and \$106,355 for the years ended June 30, 2021 and 2020, respectively.

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

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

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

Net patient service revenue earned for the years ended June 30, 2021 and 2020, is as follows:

	The years ended June 30,	
	2021	2020
Inpatient care	\$ 11,696,872	\$ 10,954,561
Ambulatory care	9,494,150	8,716,511
Physician practices	2,832,188	2,596,214
Long-term care	423,664	511,443
Total net patient service revenue	<u>\$ 24,446,874</u>	<u>\$ 22,778,729</u>

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

	Net Patient Service Revenue		Accounts	
	The years ended		Receivable	
	June 30,		June 30,	June 30,
	2021	2020	2021	2020
Medicare - traditional and managed	36.7 %	37.1 %	30.3 %	30.5 %
Medicaid - traditional and managed	13.0	13.1	9.8	10.6
Other commercial and managed care	42.7	43.1	46.0	42.2
Self-Pay and other	7.6	6.7	13.9	16.7
	<u>100.0 %</u>	<u>100.0 %</u>	<u>100.0 %</u>	<u>100.0 %</u>

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

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

Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts. Accounts are written off when all reasonable internal and external collection efforts have been performed. The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators.

Ascension

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

2. Significant Accounting Policies (continued)

Management relies on the results of detailed reviews of historical write-offs and collections of revenues and accounts receivable as a primary source of information in estimating the collectability of accounts receivable. Management updates the hindsight analysis at least quarterly, using primarily a rolling twelve-month collection history and write-off data. These routine, quarterly changes in estimates have not resulted in material adjustments to the valuations of accounts receivable or period-to-period comparisons of results of operations.

Other Operating Revenue

Other operating revenues are recorded at amounts the System expects to collect in exchange for providing goods or services not directly associated with patient care and recorded over the time in which obligations to provide goods or services are satisfied. The amounts recognized reflect consideration due from customers, third party payors, and others. Components of other operating revenue are included in the following table for the years ended June 30, 2021 and 2020:

	The years ended June 30,	
	2021	2020
Cafeteria and vending	\$ 58,099	\$ 73,812
Provider Relief Funds (<i>see Note 3</i>)	912,912	883,216
Contracted services	206,825	219,764
Donations and grants	80,518	114,590
Gains on asset sales	87,714	8,808
Insurance plans	77,343	77,040
Joint venture income	218,943	168,127
Lab services	89,852	76,048
Lease and rental income	84,940	88,581
Retail pharmacy	456,228	403,305
Supplemental care programs	288,063	203,274
Other	229,120	166,220
Total other revenue	\$ 2,790,557	\$ 2,482,785

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

Ascension

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

2. Significant Accounting Policies (continued)

Impairment, Restructuring, and Nonrecurring Losses

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

Impairment, restructuring, and nonrecurring losses consist primarily of one-time termination benefits and other restructuring and nonrecurring expenses.

Amortization

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

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

Income Taxes

The member healthcare entities of the System are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or Section 501(c)(2), and their related income is exempt from federal income tax under Section 501(a). The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2021.

The System had deferred tax assets of approximately \$496,000 and \$426,000 for federal and state income tax purposes primarily related to net operating loss carryforwards for the years ended June 30, 2021 and 2020, respectively. Net operating losses incurred prior to July 1, 2018 have expiration dates through 2038, while net operating losses incurred during the current fiscal year and in any future periods can be carried forward indefinitely, under the Tax Cuts and Jobs Act of 2017. A valuation allowance of approximately \$494,000 and \$424,000 was recorded due to the uncertainty regarding use of the deferred tax assets for the years ended June 30, 2021 and 2020, respectively.

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

Regulatory Compliance

Ascension periodically undergoes investigations or audits by federal, state and local agencies involving compliance with a variety of laws and regulations. These investigations seek to determine compliance with, among other things, laws and regulations relating to Medicare and Medicaid reimbursement, including billing practice for certain services.

While no assurance can be given concerning the outcome of any current investigation, management believes that adequate reserves have been established, when available information indicates that a loss is probable and the range of loss can be reasonably estimated, and the outcome of any current investigations will not have a material effect on the Consolidated Financial Statements of the System.

Reclassifications

Certain reclassifications were made to the June 30, 2020 Consolidated Financial Statements to conform to the June 30, 2021 presentation.

Subsequent Events

The System evaluates the impact of subsequent events, which are events that occur after the Consolidated Balance Sheet date, but before the Consolidated Financial Statements are issued, for potential recognition or disclosure in the Consolidated Financial Statements as of the Consolidated Balance Sheet date. For the year ended June 30, 2021, the System evaluated subsequent events through September 15, 2021, representing the date on which the Consolidated Financial Statements were issued.

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

3. COVID-19 Pandemic and CARES Act Funding

On March 11, 2020, the World Health Organization designated the COVID-19 outbreak as a global pandemic. In response to COVID-19, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed into law on March 27, 2020. The CARES Act authorizes funding to hospitals and other healthcare providers to be distributed through the Public Health and Social Services Emergency Fund (Provider Relief Fund).

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

3. COVID-19 Pandemic and CARES Act Funding (continued)

Payments from the Provider Relief Fund are to be used to prevent, prepare for, and respond to coronavirus, and shall reimburse the recipient for health care related expenses and lost revenues attributable to coronavirus. Additionally, funds are available to reimburse providers for COVID-19 related treatment of uninsured patients.

For the years ended June 30, 2021 and 2020, the System recognized revenue associated with Provider Relief Fund payments of \$912,912 and \$883,216, respectively, which is included in other operating revenue in the Consolidated Statement of Operations and Changes in Net Assets. Management continues to monitor compliance with the terms and conditions of the Provider Relief Fund. If unable to attest to or comply with current or future terms and conditions, the System's ability to retain some or all of the distributions received may be impacted.

In April 2020, the System requested Medicare advanced payments under the Centers for Medicare and Medicaid Services' Accelerated and Advanced Payment Program (Program) designed to increase cash flow to Medicare providers and suppliers impacted by COVID-19. The Program allowed eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. The System received approximately \$2,000,000 of advanced payments in April 2020. In April 2021, recoupments of advanced payments began in accordance with the terms and conditions of the Program.

4. Organizational Changes

Divestitures

During the years ended June 30, 2021 and 2020, Ascension, including certain of its wholly owned subsidiaries, completed the sale of, or undertook actions to sell or transfer ownership of, certain assets and liabilities as follows.

Assets Held for Sale / Sold

In January 2021, Ministry Health Care, Inc. (Ministry), a wholly owned subsidiary of Ascension, and Aspirus, Inc. (Aspirus) entered into an agreement whereby Ministry will transition its sole membership interest in seven hospitals and related clinical and other business representing substantially all operations in the Northern and Central Wisconsin markets to Aspirus. Assets and liabilities held for sale at June 30, 2021 are \$355,312 and \$30,930, respectively, and are included in other current assets and other current liabilities in the Consolidated Balance Sheet. This transition closed on August 1, 2021.

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

4. Organizational Changes (continued)

Effective August 1, 2020, Ascension completed the sale of certain assets and liabilities and substantially all related operations of Ascension St. Clare's Hospital, Inc. (St. Clare's), an Ascension Wisconsin subsidiary, as well as interests in two related joint ventures to MCHS Hospitals, Inc. (MCHS), a subsidiary of Marshfield Clinic, Inc. Assets and liabilities held for sale at June 30, 2020 were \$91,057 and \$2,023, respectively, and were included in other current assets and other current liabilities in the Consolidated Balance Sheet.

Effective October 1, 2019, Ascension completed the sale of certain assets and liabilities and substantially all related operations of St. Vincent's Medical Center, an Ascension subsidiary located in Bridgeport, Connecticut, to Hartford HealthCare Corporation.

Membership Donation

Effective September 1, 2020, Ascension completed the separation of St. Mary's Healthcare (St. Mary's), a wholly owned subsidiary of Ascension located in Amsterdam, New York. The separation was accounted for as a donation of unrestricted net assets of approximately \$135,000 included in other nonoperating gains (losses) and restricted net assets of approximately \$13,000 included in other net assets with donor restrictions in the Consolidated Statements of Operations and Changes in Net Assets.

5. Pooled Investment Fund

At June 30, 2021 and 2020, respectively, a significant portion of the System's investments consists of its interest in the Alpha Fund. Certain System investments, including some held by the Ministry Markets and their consolidated foundations, are managed outside of the Alpha Fund.

The Alpha Fund includes the investment interests of the System and other Alpha Fund members. AIM, a wholly owned subsidiary of the System, serves as the manager and primary investment advisor of the Alpha Fund, overseeing the investment strategies offered to the Alpha Fund's members. AIM provides expertise in the areas of asset allocation, selection and monitoring of outside investment managers, and risk management. The Alpha Fund is consolidated in the System's Consolidated Financial Statements.

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

Ascension

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

5. Pooled Investment Fund (continued)

Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2021, contractual agreements expire between July 2021 and May 2027.

The remaining unfunded capital commitments total approximately \$1,810,000 for 250 individual funds as of June 30, 2021. Due to the uncertainty surrounding whether the contractual commitments will require funding during the contractual period, future minimum payments to meet these commitments cannot be reasonably estimated. These committed amounts are expected to be primarily satisfied by the liquidation of existing investments in the Alpha Fund.

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

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

See the Fair Value Measurements note for a discussion of how fair value for the Alpha Fund's derivatives is determined. At June 30, 2021 and 2020, the gross notional value of Alpha Fund derivatives outstanding was approximately \$11,879,000 and \$9,948,000, respectively.

The fair value of Alpha Fund derivatives in an asset position was \$167,757 and \$45,395 at June 30, 2021 and 2020, respectively, while the fair value of Alpha Fund derivatives in a liability position was \$40,360 and \$97,298 at June 30, 2021 and 2020, respectively. These derivatives are included in long-term investments in the Consolidated Balance Sheets.

During the year ended June 30, 2020, the Alpha Fund participated in a securities lending program, whereby a portion of the Alpha Fund's investments were loaned to selected established brokerage firms in return for securities from the brokers as collateral for the investments loaned, usually on a short-term basis. Participation in the securities lending program ceased during the year ended June 30, 2020, and no loans were outstanding as of June 30, 2021 or 2020.

Ascension

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

5. Pooled Investment Fund (continued)

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

6. Cash and Investments

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

	June 30, 2021	June 30, 2020
Cash and cash equivalents	\$ 670,022	\$ 625,814
Short-term investments	97,222	103,264
Long-term investments	26,768,323	21,272,811
Subtotal	27,535,567	22,001,889
Other Alpha Fund assets and liabilities:		
In other current assets	32,969	38,600
In accounts payable and other accrued liabilities	(11,071)	(10,413)
In other noncurrent liabilities	(643)	(525)
Due (to) from brokers, net	(122,278)	48,694
Total cash and investments, net	27,434,544	22,078,245
Less noncontrolling interests of Alpha Fund	2,155,382	1,707,465
System cash and investments, including assets limited as to use	25,279,162	20,370,780
Less assets limited as to use:		
Under bond indenture agreement	1,177	1,092
Self-insurance trust funds	844,013	632,222
With donor restrictions	715,106	743,268
Total assets limited as to use	1,560,296	1,376,582
System unrestricted cash and investments, net	\$ 23,718,866	\$ 18,994,198

Ascension

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

6. Cash and Investments (continued)

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

	June 30, 2021	June 30, 2020
Cash and cash equivalents and short-term investments	\$ 837,416	\$ 914,967
Pooled short-term investment funds	1,502,891	835,156
U.S. government, state, municipal and agency obligations	4,056,443	3,944,488
Corporate and foreign fixed income securities	2,798,810	2,038,195
Asset-backed securities	2,814,692	2,701,379
Equity securities	8,507,145	5,436,613
Alternative investments and other investments:		
Private equity and real estate funds	4,193,658	3,423,494
Private credit and energy funds	1,450,386	1,274,227
Hedge funds	989,114	1,356,772
Other investments	385,012	76,598
Total alternative investments and other investments	7,018,170	6,131,091
Total cash and cash equivalents, short-term investments, and long-term investments	\$ 27,535,567	\$ 22,001,889

Investment return recognized by the System for the years ended June 30, 2021 and 2020, is summarized in the following table. Total investment return includes the System's return on certain investments held and managed outside the Alpha Fund and the investment return of the Alpha Fund. System investment return represents the System's total investment return, net of the investment return earned by the noncontrolling interests of other Alpha Fund members.

	The years ended June 30,	
	2021	2020
Interest and dividends	\$ 377,061	\$ 411,105
Net gains (losses) on investments reported at fair value	5,627,863	(843,463)
Restricted investment return and unrealized gains (losses), net	95,718	5,680
Total investment return	6,100,642	(426,678)
Less return earned by noncontrolling interests of Alpha Fund	466,196	(15,592)
System investment return	\$ 5,634,446	\$ (411,086)

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

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

7. Financial Assets and Liquidity Resources

As of June 30 2021, and 2020, respectively, financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, principal payments on debt, and capital expenditures not financed with debt, are as follows:

	June 30, 2021	June 30, 2020
Financial assets:		
Cash and cash equivalents	\$ 670,022	\$ 625,814
Short-term investments	97,222	103,264
Accounts receivable	3,253,061	2,761,239
Due from brokers	97,225	108,575
Other current assets	1,120,666	790,693
Long-term investments	26,768,323	21,272,811
Total financial assets	32,006,519	25,662,396
Less:		
Assets limited as to use and other restricted funds	(1,653,166)	(1,476,023)
Noncontrolling interests of Alpha Fund	(2,155,382)	(1,707,465)
Investments with liquidity more than one year	(4,897,829)	(4,044,787)
Total financial assets available within one year	23,300,142	18,434,121
Liquidity resources:		
Unused lines of credit	600,000	1,000,000
Total financial assets and liquidity resources available within one year	\$ 23,900,142	\$ 19,434,121

As part of the System's investment policy, highly liquid investments are held to enhance the System's ability to satisfy liquidity. The System also maintains lines of credit.

Ascension

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

8. Fair Value Measurements

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

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

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

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

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

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

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

Ascension

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

8. Fair Value Measurements (continued)

As of June 30, 2021, and 2020, the assets and liabilities listed in the fair value hierarchy tables below use the following valuation techniques and inputs:

Cash and Cash Equivalents and Short-Term Investments

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

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

Pooled Short-Term Investment Fund

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

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

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

Corporate and Foreign Fixed Income Securities

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

Asset-backed Securities

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

Ascension

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

8. Fair Value Measurements (continued)

Equity Securities

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

Alternative Investments and Other Investments

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

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

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

Benefit Plan Assets

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

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

8. Fair Value Measurements (continued)

Interest Rate Swap Assets and Liabilities

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

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

Investments Sold, Not Yet Purchased

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

Ascension

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

8. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2021, for all financial assets and liabilities measured at fair value on a recurring basis in the System's Consolidated Financial Statements:

	Level 1	Level 2	Level 3	Total
June 30, 2021				
Cash equivalents	\$ 19,508	\$ 3,826	\$ -	\$ 23,334
Short-term investments	78,134	9,962	-	88,096
Pooled short-term investment funds	1,502,891	-	-	1,502,891
U.S. government, state, municipal and agency obligations	-	4,056,443	-	4,056,443
Corporate and foreign fixed income securities	-	2,790,801	8,009	2,798,810
Asset-backed securities	-	2,335,419	479,273	2,814,692
Equity securities	6,570,042	13,912	33,151	6,617,105
Alternative investments and other investments:				
Private equity and real estate funds	-	2,500	733,753	736,253
Other investments	215,024	96,079	3,711	314,814
Assets at net asset value:				
Equity securities				1,890,040
Private equity and real estate funds				3,456,906
Private credit and energy funds				1,450,386
Hedge funds				989,114
Other investments				5,343
Cash and other investments not at fair value				791,340
Cash and investments				<u>\$ 27,535,567</u>
Benefit plan assets, in other noncurrent assets	\$ 657,870	\$ 17,381	\$ 58,504	\$ 733,755
Interest rate swaps, in other noncurrent assets	-	2,497	-	2,497
Investments sold, not yet purchased, in other noncurrent liabilities	175	469	-	644
Interest rate swaps, included in other noncurrent liabilities	-	126,554	-	126,554

Ascension

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

8. Fair Value Measurements (continued)

For the year ended June 30, 2021, the changes in the fair value of the assets and liabilities measured using significant unobservable inputs (Level 3) consisted of the following:

	Corporate and Foreign Fixed Income Securities	Asset- Backed Securities	Equity Securities	Private Equity and Real Estate Funds	Other Investments	Benefit Plan Assets
The year ended June 30, 2021						
Beginning balance	\$ 7,489	\$ 734,511	\$ 20,921	\$ 351,731	\$ 3,817	\$ 59,435
Realized and unrealized gains (losses):						
Included in nonoperating gains (losses)	6,102	57,997	2,751	497,064	557	-
Included in changes in net assets	-	-	-	(108)	(16)	-
Purchases	7,689	174,999	8,799	79,229	735	3,402
Issuances	-	-	-	332	-	-
Sales	(15,500)	(415,244)	(1,134)	(140,604)	(72)	(8,971)
Transfers into Level 3	2,229	3,720	1,814	15	-	7,995
Transfers out of Level 3	-	(76,710)	-	(53,906)	(1,310)	(3,357)
Ending balance	<u>\$ 8,009</u>	<u>\$ 479,273</u>	<u>\$ 33,151</u>	<u>\$ 733,753</u>	<u>\$ 3,711</u>	<u>\$ 58,504</u>

The amount of total gains or losses for the period included in nonoperating gains (losses) attributable to the changes in unrealized gains or losses relating to assets still held at June 30, 2021

<u>\$ (1,357)</u>	<u>\$ 35,713</u>	<u>\$ 2,850</u>	<u>\$ -</u>	<u>\$ (65)</u>	<u>\$ -</u>
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The basis for recognizing and valuing transfers into or out of Level 3, in the Level 3 rollforward, is as of the beginning of the period in which the transfers occur.

Ascension

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

8. Fair Value Measurements (continued)

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

	Level 1	Level 2	Level 3	Total
June 30, 2020				
Cash equivalents	\$ 34,959	\$ 440	\$ -	\$ 35,399
Short-term investments	65,862	125,331	-	191,193
Pooled short-term investment funds	835,156	-	-	835,156
U.S. government, state, municipal and agency obligations	-	3,944,488	-	3,944,488
Corporate and foreign fixed income securities	-	2,030,706	7,489	2,038,195
Asset-backed securities	-	1,966,868	734,511	2,701,379
Equity securities	4,322,277	54,056	20,921	4,397,254
Alternative investments and other investments:				
Private equity and real estate funds	3,474	2,500	351,731	357,705
Other investments	29,076	(57,778)	3,817	(24,885)
Assets at net asset value:				
Equity securities				1,039,359
Private equity and real estate funds				3,065,326
Private credit and energy funds				1,274,227
Hedge funds				1,356,772
Other investments				6,177
Cash and other investments not at fair value				784,144
Cash and investments				<u>\$ 22,001,889</u>
Benefit plan assets, in other noncurrent assets	\$ 495,956	\$ 15,901	\$ 59,435	\$ 571,292
Interest rate swaps, in other noncurrent assets	-	2,785	-	2,785
Investments sold, not yet purchased, in other noncurrent liabilities	28	496	-	524
Interest rate swaps, included in other noncurrent liabilities	-	171,787	-	171,787

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

8. Fair Value Measurements (continued)

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

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

The amount of total gains or losses for the period included in nonoperating gains (losses) attributable to the changes in unrealized gains or losses relating to assets still held at June 30, 2020

	\$ (1,798)	\$ (65,062)	\$ 1,217	\$ -	\$ (1,612)	\$ -
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The basis for recognizing and valuing transfers into or out of Level 3, in the Level 3 rollforward, is as of the beginning of the period in which the transfers occur.

Ascension

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

9. Long-Term Debt

Long-term debt at June 30, 2021 and 2020 is comprised of the following and is presented in accordance with the specific master trust indenture to which the debt relates.

	June 30, 2021	June 30, 2020
Tax-exempt hospital revenue bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture:		
Variable rate demand bonds, subject to a seven-day put provision, payable through November 2047; interest (0.02% to 0.04% at June 30, 2021) set at prevailing market rates	\$ 490,085	\$ 500,090
Fixed rate serial, term, and mode bonds fixed to maturity payable in installments through November 2047; interest at 3.00% to 5.00%	2,941,765	3,141,475
Fixed rate serial mode bonds payable through 2047 with purchase dates ranging from November 2021 through December 2024; interest at 1.55% to 5.00% through the purchase dates	592,260	889,180
Tax-exempt hospital revenue bonds – unsecured under Ascension Health Alliance Subordinate Master Trust Indenture:		
Variable rate demand bonds issued under the Subordinate Master Trust Indenture, subject to a seven-day put provision, payable through November 2025; interest (0.03% at June 30, 2021) set at prevailing market rates	22,215	26,635
Fixed rate serial, term, and mode bonds issued under the Subordinate Master Trust Indenture fixed to maturity payable in installments through November 2027; interest at 4.00% to 5.00%	115,740	129,475
Fixed rate serial mode bonds payable through 2027 with purchase dates as of August 2020; interest at 1.35%	-	48,010
Taxable bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture:		
Taxable fixed rate term bonds payable as of November 2053; interest at 4.847%	425,000	425,000
Taxable fixed rate term bonds payable as of November 2046; interest at 3.945%	1,170,000	1,170,000
Taxable fixed rate term bonds payable through November 2039; interest at 2.532% to 3.106%	1,447,600	1,010,600
Total hospital revenue bonds under Senior Master Trust Indenture and Subordinate Master Trust Indenture	7,204,665	7,340,465
Tax-exempt hospital revenue bonds – secured under Mercy Regional Health Center, Inc. Master Trust Indenture:		
Fixed rate serial and term bonds payable in installments through November 2029; interest at 5.00%	-	17,100
Total hospital revenue bonds – all Master Trust Indentures	\$ 7,204,665	\$ 7,357,565

Ascension

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

9. Long-Term Debt (continued)

	June 30, 2021	June 30, 2020
Total hospital revenue bonds – all Master Trust Indentures	\$ 7,204,665	\$ 7,357,565
Other	36,992	36,535
	<u>7,241,657</u>	<u>7,394,100</u>
Unamortized premium, net	319,350	354,807
Less debt issuance cost, net	(35,879)	(36,979)
Less current portion	(92,406)	(96,537)
Less long-term debt subject to short-term remarketing arrangements	(627,390)	(842,010)
Long-term debt, less current portion and long-term debt subject to short-term remarketing arrangements	\$ 6,805,332	\$ 6,773,381

	June 30, 2021	June 30, 2020
Ascension Health Alliance Senior Master Trust Indenture long-term debt obligations, including unamortized premium and cost of issuance, net	\$ 6,669,541	\$ 6,595,160
Ascension Health Alliance Subordinate Master Trust Indenture long-term debt obligations, including unamortized premium and cost of issuance, net	104,480	126,442
Mercy Regional Health Center, Inc. Master Trust Indenture long-term debt obligations, including unamortized premium, net	-	16,581
Other	31,311	35,198
Long-term debt, less current portion, and long-term debt subject to short-term remarketing arrangements	\$ 6,805,332	\$ 6,773,381

Ascension

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

9. Long-Term Debt (continued)

Scheduled principal repayments of long-term debt, considering obligations subject to short-term remarketing as due according to their long-term amortization schedule, as of June 30, 2021, are as follows:

	Ascension Health		Other Debt	Total		
The years ending June 30:	Alliance MTIs					
2022	\$	86,725	\$	5,681	\$	92,406
2023		92,655		5,846		98,501
2024		97,860		7,837		105,697
2025		104,415		4,884		109,299
2026		110,140		1,639		111,779
Thereafter		6,712,870		11,105		6,723,975
Total	\$	7,204,665	\$	36,992	\$	7,241,657

The fair values of these fixed rate bonds were \$7,778,076 and \$7,858,587 at June 30, 2021 and 2020, respectively, representing Level 2 measurements obtained from an independent third-party valuation service. The carrying amounts of variable rate bonds and other notes payable approximate fair value.

During the years ended June 30, 2021 and 2020, interest paid was approximately \$274,000 and \$288,000, respectively. Capitalized interest was approximately \$4,600 and \$5,200 for the years ended June 30, 2021 and 2020, respectively.

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

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

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

9. Long-Term Debt (continued)

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

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

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

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

The unsecured variable rate demand bonds of both the Senior and Subordinate Credit Groups, while subject to long-term amortization periods, may be put to the System at the option of the bondholders in connection with certain remarketing dates. To the extent that bondholders may, under the terms of the debt, put their bonds within twelve months after June 30, 2021, the principal amount of such bonds has been classified as a current liability in the Consolidated Balance Sheets. Management believes the likelihood of a material amount of bonds being put to the System to be remote. However, to address this possibility, management has taken steps to provide various sources of liquidity in the event any bonds would be put, including the line of credit, commercial paper program, and maintaining unrestricted assets as a source of self-liquidity.

In April 2021, the Senior Credit Group issued \$437,000 taxable bonds. The debt was issued primarily to retire long-term interest rate bonds scheduled for mandatory tender and remarketing

Ascension

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

9. Long-Term Debt (continued)

between April 2021 and April 2022, subject to market conditions, and refund the Wisconsin 2013A and Kansas 2013 bonds in April 2021.

In April 2020, The Senior Credit Group issued \$300,000 of taxable bonds, as a reopening of the October 2019 taxable issuance. The debt was issued primarily to provide funding for the redemption of five series of bonds secured under the Senior and Subordinate Master Trust Indentures, upon their respective mandatory tender dates ranging from May through November 2020. As of June 30, 2020, \$183,410 of the mandatory tender bonds had been retired, and all of the bonds have been retired as of June 30, 2021.

Due to aggregate financing activity during the fiscal years ended June 30, 2021 and 2020, losses on extinguishment of debt of \$19,636 and \$2,853, respectively, were recorded, which are included in nonoperating gains (losses) in the Consolidated Statements of Operations and Changes in Net Assets.

As of June 30, 2021, the Senior Credit Group had two lines of credit totaling \$600,000. The first line of credit totals \$100,000, which may be used as a source of funding for unremarketed variable debt (including commercial paper) or for general corporate purposes. The second line of credit totals \$500,000, which may be used for general corporate purposes.

Both lines are committed to December 1, 2021 and as of June 30, 2021 and 2010, there were no outstanding borrowings under either line of credit.

As of June 30, 2021, the Senior Credit Group had a \$100,000 revolving line of credit related to its letters of credit program toward which a bank commitment of \$100,000 extends to November 11, 2021. The revolving line of credit may be accessed solely in the form of Letters of Credit issued by the bank for the benefit of the members of the Credit Groups. Of this \$100,000 revolving line of credit, letters of credit totaling \$82,954 have been issued as of June 30, 2021. No borrowings were outstanding under the letters of credit as of June 30, 2021 and 2020.

10. Derivative Instruments

The System uses interest rate swap agreements to manage interest rate risk associated with its outstanding debt. Interest rate swaps with varying characteristics are outstanding under the Master Trust Indenture of the System. These swaps have historically been used to effectively convert interest rates on variable rate bonds to fixed rates and rates on fixed rate bonds to variable rates. At June 30, 2021 and 2020, the notional values of outstanding interest rate swaps were \$894,445 and \$953,750, respectively.

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

10. Derivative Instruments (continued)

The System recognizes the fair value of its interest rate swaps in the Consolidated Balance Sheets as assets, recorded in other noncurrent assets, or liabilities, recorded in other noncurrent liabilities, as appropriate. The fair value of interest rate swaps in an asset position was \$2,497 and \$2,785 at June 30, 2021 and 2020, respectively. The fair value of interest rate swaps in a liability position was \$126,554 and \$171,787 at June 30, 2021 and 2020, respectively.

The System's interest rate swap agreements include collateral requirements for each counterparty under such agreements, based upon specific contractual criteria, subject to master netting arrangements. Collateral requirements are calculated based on the System's credit ratings. The applicable credit rating is the Senior Credit Group long-term debt credit ratings (Senior Debt Credit Ratings), as obtained from each of two major credit rating agencies. Credit rating and the net liability position of total interest rate swap agreements outstanding with each counterparty determine the amount of collateral to be posted. No collateral was posted as of June 30, 2021 and 2020.

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

11. Leases

The System is a party to primarily real estate and medical and information technology equipment leases as a lessee and real estate leases as a lessor. Many leases include rental escalation clauses or renewal options which are factored into the determination of lease payments when appropriate. As most of the System's operating leases do not provide an implicit rate, the System uses its incremental borrowing rate based upon information available at the lease commencement date in determining the present value of lease payments. In addition, the System does not separate lease and non-lease components.

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

11. Leases (continued)

All components of total lease cost are recognized in other operating expenses, excluding interest on finance lease liabilities, which is recognized in interest. The following table provides the total lease cost included in the Consolidated Statement of Operations and Changes in Net Assets:

	The years ended June 30,	
	2021	2020
Operating lease cost	\$ 328,383	\$ 341,550
Finance lease cost:		
Interest on lease liabilities	2,975	1,786
Amortization of right-of-use-asset	3,399	3,178
Variable lease cost	65,918	78,671
Total lease cost	<u>\$ 400,675</u>	<u>\$ 425,185</u>

The weighted average remaining lease terms and the weighted average discount rates at June 30, 2021 and 2020 were as follows:

	June 30, 2021		June 30, 2020	
	Operating Leases	Finance Leases	Operating Leases	Finance Leases
Weighted-average remaining lease term	8.5 years	28.5 years	8.2 years	29.5 years
Weighted-average discount rate	2.5%	3.3%	2.6%	3.3%

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

	The years ended June 30,	
	2021	2020
Operating leases	\$ 337,415	\$ 335,604
Finance leases	5,160	3,378
Total cash paid	<u>\$ 342,575</u>	<u>\$ 338,982</u>

Ascension

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

11. Leases (continued)

The following table reconciles undiscounted future operating and finance lease obligations for each of the next five years and thereafter, as of June 30, 2021, to lease obligations recorded on the Consolidated Balance Sheets at June 30, 2021.

The years ending June 30:	Operating Leases	Finance Leases	Total
2022	\$ 272,930	\$ 3,976	\$ 276,906
2023	238,141	3,921	242,062
2024	194,572	3,990	198,562
2025	146,526	4,059	150,585
2026	119,354	4,131	123,485
Thereafter	459,269	115,353	574,622
Total future undiscounted lease obligations	1,430,792	135,430	1,566,222
Less: amount of lease payments representing interest	(171,596)	(51,836)	(223,432)
Present value of future lease obligations	1,259,196	83,594	1,342,790
Less: current portion of lease obligations	(244,529)	(1,006)	(245,535)
Long-term lease obligations	<u>\$1,014,667</u>	<u>\$ 82,588</u>	<u>\$1,097,255</u>

For leases where the System is a lessor, future minimum noncancelable receipts on operating leases for each of the next five years and thereafter, as of June 30, 2021, are as follows:

For the years ending June 30:	Operating Leases
2022	\$ 62,073
2023	48,445
2024	37,304
2025	28,810
2026	20,339
Thereafter	340,408
Total	<u>\$ 537,379</u>

For the years ended June 30, 2021 and 2020, lease income was approximately \$77,000 and \$84,000, respectively.

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

12. Retirement Plans

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

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

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

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

Ascension

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

12. Retirement Plans (continued)

The following table sets forth the combined benefit obligations and assets of the System Plans at June 30, 2021 and 2020, components of net periodic benefit costs for the years then ended, and a reconciliation of the amounts recognized in the Consolidated Financial Statements.

	The years ended June 30,	
	2021	2020
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$ 10,419,353	\$ 10,011,648
Service Cost	-	173
Interest Cost	301,822	339,693
Amendments	(829)	-
Assumption change	11,850	526,658
Actuarial loss	150,629	123,866
Curtailment	-	(527)
Benefits paid	(581,892)	(582,158)
Projected benefit obligation at end of year	10,300,933	10,419,353
Change in plan assets:		
Fair value of plan assets at beginning of year	8,249,692	8,503,103
Actual return on plan assets	1,777,407	327,966
Employer contributions	7,781	781
Benefits paid	(581,892)	(582,158)
Fair value of plan assets at end of year	9,452,988	8,249,692
Net amount recognized at end of year and funded status	\$ (847,945)	\$ (2,169,661)
Accumulated benefit obligation at end of year	10,300,933	10,419,353

The System Plans' funded status as a percentage of both the projected and accumulated benefit obligations were 91.8% and 79.2% at June 30, 2021 and 2020, respectively.

Ascension

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

12. Retirement Plans (continued)

Included in net assets without donor restrictions at June 30, 2021 and 2020, are the following amounts that have not yet been recognized in net periodic pension cost for the System Plans:

	The years ended June 30,	
	2021	2020
Unrecognized prior service (credit) cost	\$ (452)	\$ 633
Unrecognized actuarial loss	2,292,129	3,413,728
	<u>\$ 2,291,677</u>	<u>\$ 3,414,361</u>

Changes in plan assets and benefit obligations recognized in net assets without donor restrictions for System Plans during the years ended June 30, 2021 and 2020 include:

	The years ended June 30,	
	2021	2020
Current year actuarial (gain) loss	\$ (954,461)	\$ 1,026,604
Amortization of actuarial loss	(167,138)	(119,675)
Current year prior service (credit) cost	(829)	-
Amortization of prior service (cost) credit	(256)	625
	<u>\$ (1,122,684)</u>	<u>\$ 907,554</u>

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

	The years ended June 30,	
	2021	2020
Components of net periodic benefit cost		
Service cost	\$ -	\$ 173
Interest cost	301,822	339,693
Expected return on plan assets	(660,468)	(704,576)
Amortization of prior service cost (credit)	256	(625)
Amortization of actuarial loss	163,622	110,818
Settlement loss	3,516	8,857
Net periodic benefit gain	<u>\$ (191,252)</u>	<u>\$ (245,660)</u>

Ascension

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

12. Retirement Plans (continued)

The prior service cost and actuarial loss included in net assets without donor restrictions that are expected to be recognized in net periodic pension cost during the year ending June 30, 2022, are \$292 and \$155,575, respectively.

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

	For the years ended June 30,	
	2021	2020
To determine benefit obligations:		
Discount rate	3.00%	3.03%
To determine net periodic benefit cost:		
Discount rate	3.03%	3.55%
Expected return on plan assets	8.00%	8.30%

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

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

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

Ascension

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

12. Retirement Plans (continued)

In accordance with the System Plans' asset diversification targets, as presented in the table that follows, the Trust holds certain alternative investments, consisting of various hedge funds, real asset funds, private equity funds, private credit funds, and certain other private funds. These investments do not have observable market values. As such, each of these investments is valued at net asset value (NAV) as determined by each fund's investment manager, which approximates fair value. Management elected to use the NAV per share, or equivalent, for fair value. Collectively, these funds have liquidity terms ranging from daily to annual with notice periods ranging from 1 to 180 days. Due to redemption restrictions, investments of certain private funds, whose fair value was approximately \$1,429,000 at June 30, 2021, cannot currently be redeemed. However, the potential for the System Plans to sell their interest in private equity and real estate funds in a secondary market prior to the end of the fund term does exist.

The investments in these alternative investment funds may also include contractual commitments to provide capital contributions during the investment period, which is typically five years, and may extend to the end of the fund term. During these contractual periods, investment managers may require the System Plans to invest in accordance with the terms of the agreement. Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2021, investment periods expire between July 2021 and May 2027. The remaining unfunded capital commitments of the Trust total approximately \$728,000 for 161 individual contracts as of June 30, 2021.

The weighted-average asset allocation for the System Plans in the Trust at the end of fiscal 2021 and 2020 and the target allocation for fiscal 2022, by asset category, are as follows:

	Target Allocation	Percentage of Plan Assets as of June 30,	
Asset Category:	2022	2021	2020
Growth	56%	59%	53%
Deflation	30%	28%	36%
Inflation	14%	13%	11%
	100%	100%	100%

Ascension

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

12. Retirement Plans (continued)

The following tables summarize fair value measurements at June 30, 2021 and 2020, by asset class and by level, for the System Plans' assets and liabilities. As also discussed in the Fair Value Measurements note, the System follows the three-level fair value hierarchy to categorize plan assets and liabilities recognized at fair value, which prioritize the inputs used to measure such fair values. The inputs and valuation techniques discussed in the Fair Value Measurements note also apply to the System Plans' assets and liabilities as presented in the following tables.

	Level 1	Level 2	Level 3	Total
June 30, 2021				
Short-term investments	\$ 695,481	\$ 55,984	\$ -	\$ 751,465
Derivatives receivable	2,775	308,435	-	311,210
U.S. government, state, municipal and agency obligations	-	1,962,397	-	1,962,397
Corporate and foreign fixed income securities	-	757,527	761	758,288
Asset-backed securities	-	1,026,668	11,901	1,038,569
Equity securities	2,508,241	5,403	3,107	2,516,751
Commodities	227,836	-	-	227,836
Assets at net asset value:				
Corporate and foreign government fixed maturities				30,486
Equity securities				141,546
Private equity and real estate funds				1,519,845
Hedge funds				449,018
Other investments				2
Other receivables				224,483
Total				<u>9,931,896</u>
Derivatives payable	1,500	295,037	-	296,537
Other payables				182,371
Total				<u>478,908</u>
Fair value of plan assets				<u>\$ 9,452,988</u>

Ascension

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

12. Retirement Plans (continued)

	Level 1	Level 2	Level 3	Total
June 30, 2020				
Short-term investments	\$ 1,142,692	\$ -	\$ -	\$ 1,142,692
Derivatives receivable	472	515,660	-	516,132
U.S. government, state, municipal and agency obligations	-	1,310,661	-	1,310,661
Corporate and foreign fixed income securities	-	564,483	3,916	568,399
Asset-backed securities	-	1,262,240	12,122	1,274,362
Equity securities	1,812,980	860	3,385	1,817,225
Assets at net asset value:				
Corporate and foreign government fixed maturities				17,885
Equity securities				158,361
Private equity and real estate funds				1,448,733
Hedge funds				606,159
Other investments				121
Other receivables				132,583
Total				<u>8,993,313</u>
Derivatives payable	-	407,459	-	407,459
Liabilities not at fair value				<u>336,162</u>
Total				<u>743,621</u>
Fair value of plan assets				<u>\$ 8,249,692</u>

Ascension

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

12. Retirement Plans (continued)

For the years ended June 30, 2021 and 2020, the changes in the fair value of the System Plans' assets measured using significant unobservable inputs (Level 3) consisted of the following:

	Net Derivatives	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities
June 30, 2021				
Beginning balance	\$ -	\$ 3,916	\$ 12,122	\$ 3,385
Total actual return on assets	-	(3,169)	(1,268)	(84)
Purchases, issuances, and settlements	-	214	7,604	46
Transfers (out of) into Level 3	-	(200)	(6,557)	(240)
Ending balance	<u>\$ -</u>	<u>\$ 761</u>	<u>\$ 11,901</u>	<u>\$ 3,107</u>

Actual return on plan assets relating to plan assets still held at June 30, 2021	<u>\$ -</u>	<u>\$ (393)</u>	<u>\$ (1,051)</u>	<u>\$ (702)</u>
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	Net Derivatives	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities
June 30, 2020				
Beginning balance	\$ 949	\$ 1,057	\$ 18,134	\$ 14
Total actual return on assets	(5,636)	(1,181)	(1,917)	(754)
Purchases, issuances, and settlements	4,687	3,824	(1,930)	4,061
Transfers (out of) into Level 3	-	216	(2,165)	64
Ending balance	<u>\$ -</u>	<u>\$ 3,916</u>	<u>\$ 12,122</u>	<u>\$ 3,385</u>

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

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

12. Retirement Plans (continued)

The Trust has entered into a series of swap agreements with a net notional amount of approximately \$1,770,500. The combined targeted duration of these swaps and the Trust's fixed income investments approximates the duration of the liabilities of the Trust. Currently, 50% of the dollar duration of the liability is subject to this economic hedge. The purpose of this strategy is to economically hedge the change in the net funded status for a significant portion of the liability that can occur due to changes in interest rates.

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

Expected employer contributions 2022	\$	3,725
Expected benefit payments:		
2022		941,210
2023		681,700
2024		689,360
2025		680,500
2026		672,600
2027-2031		3,085,800

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

Defined-Contribution Plans

System entities participate in contributory and noncontributory defined-contribution plans covering all eligible associates. Employer automatic contributions, employee contributions, and employer matching contributions are the primary types of contributions to the plans. Benefits for employer automatic contributions are determined as a percentage of a participant's salary and, for certain entities, increases over specified periods of employee service. These benefits are funded annually, and participants become fully vested over a period of time. Benefits for employer matching contributions are determined as a percentage of an eligible participant's contributions each payroll period. These benefits are funded each payroll period, and participants become fully vested in these employer contributions over time. Expenses for the defined-contribution plans were \$443,356 and \$416,612 for the years ended June 30, 2021 and 2020, respectively, and are included in employee benefits in the Consolidated Statements of Operations and Changes in Net Assets.

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

13. Self-Insurance Programs

Certain System hospitals and other entities participate in pooled risk programs to insure professional and general liability risks and workers' compensation risks to the extent of certain self-insured limits. Within these pooled risk programs, various insurance policies have been purchased to provide coverage in excess of the self-insured limits. The System provides this self-insurance through various trust funds and captive insurance companies. Actuarially determined amounts, discounted at 5.5%, are contributed to the trust funds and the captive insurance companies to provide for the estimated cost of claims. The associated loss reserves recorded for estimated self-insured professional, general liability, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported, which were discounted at 5.5% in 2021 and 2020.

Entities acquired in the Presence business combination did not participate in the Ascension pooled risk program prior to July 1, 2018. At June 30, 2021, the loss reserves for estimated self-insured professional, general liability, and workers' compensation claims reported prior to July 1, 2018 for Presence entities were actuarially determined and recorded on an undiscounted basis. The self-insured professional and general liabilities for these claims are retained up to \$20,000 per occurrence with no aggregate and subject to reinsurance by commercial carriers up to \$170,000.

Professional and General Liability Programs

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

The wholly owned onshore revocable trust has a self-insured retention up to \$12,500 per occurrence with no aggregate. Excess coverage is provided through AHIL with limits up to \$250,000. AHIL retains the first \$10,000 per incident and in the aggregate for professional liability. The excess coverage is reinsured primarily by commercial carriers.

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

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

13. Self-Insurance Programs (continued)

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

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

Included in operating expenses in the Consolidated Statements of Operations and Changes in Net Assets is professional and general liability claim and insurance expense of \$285,430 and \$274,342 for the years ended June 30, 2021 and 2020, respectively. Included in current and long-term self-insurance liabilities on the Consolidated Balance Sheets are professional and general liability loss reserves, net of reinsurance recoveries, of \$877,454 and \$798,156 at June 30, 2021 and 2020, respectively.

Workers' Compensation

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

Included in employee benefits in the Consolidated Statements of Operations and Changes in Net Assets is workers' compensation claim and insurance expense of \$67,643 and \$60,806 for the years ended June 30, 2021 and 2020, respectively. Included in current and long-term self-insurance liabilities on the Consolidated Balance Sheets are workers' compensation loss reserves, net of reinsurance recoveries, of \$154,875 and \$140,590 at June 30, 2021 and 2020, respectively.

14. Related Parties

The System has agreements with related parties for revenue cycle management services and clinical engineering services. The System expensed approximately \$1,167,000 and \$1,185,000 for these services during the years ended June 30, 2021 and 2020.

Ascension

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

15. Contingencies and Commitments

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

The System enters into agreements with non-employed physicians that include minimum revenue guarantees. The terms of the guarantees vary. The maximum amount of future payments that the System could be required to make under these guarantees is approximately \$5,400.

The System entered into Master Service Agreements for information technology services provided by third parties. The maximum amount of future payments that the System could be required to make under these agreements is approximately \$576,000.

Guarantees and other commitments represent contingent commitments issued by Ascension Health Alliance Senior and Subordinate Credit Groups, generally to guarantee the performance of an affiliate to a third party in borrowing arrangements such as commercial paper issuances, bond financing, and other transactions. The terms of guarantees are equal to the terms of the related debt, which can be as long as 18 years.

The following represents the remaining guarantees and other commitments of the Senior and Subordinate Credit Groups at June 30, 2021:

Hospital de la Concepción 2017 Series A debt guarantee	\$	20,085
St. Vincent de Paul Series 2000 A debt guarantee		28,300
Other guarantees and commitments		62,943

Ascension

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

16. Functional Expenses

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

Expenses by functional classification for the year ended June 30, 2021 consist of the following:

	Health care services	Management support services	Total
Salaries, wages, and employee benefits	\$ 12,363,175	\$ 871,639	\$ 13,234,814
Purchased services and professional fees	3,106,141	1,159,667	4,265,808
Supplies	4,025,496	5,886	4,031,382
Other	4,678,327	474,702	5,153,029
Total operating expenses	\$ 24,173,139	\$ 2,511,894	\$ 26,685,033

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

	Health care services	Management support services	Total
Salaries, wages, and employee benefits	\$ 11,881,634	\$ 805,828	\$ 12,687,462
Purchased services and professional fees	3,078,973	1,176,601	4,255,574
Supplies	3,655,902	6,347	3,662,249
Other	4,620,318	487,031	5,107,349
Total operating expenses	\$ 23,236,827	\$ 2,475,807	\$ 25,712,634

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

(Rev. January 2020)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. ST. AGNES HEALTHCARE, INC.	Taxpayer identification number (TIN) 52-0591657
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. C/O TAX DEPARTMENT, P.O. BOX 45998	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63145-5998	

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

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

• The books are in the care of ▶ [SARA O'BRIEN, 4600 EDMUNDSON ROAD, ST. LOUIS, MO 63134-3806](#)

Telephone No. ▶ [\(314\) 733-8000](#) Fax No. ▶ [\(314\) 733-8888](#)

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

1 I request an automatic 6-month extension of time until 05/16, 20 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning 07/01, 20 20, and ending 06/30, 20 21.

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

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

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

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2020, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

2020

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

▶ Go to www.irs.gov/Form8453EO for the latest information.

Name of exempt organization or person subject to tax

ST. AGNES HEALTHCARE, INC.

Taxpayer identification number

52-0591657

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

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.


1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	488,162,273
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here ▶	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here ▶	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration of Officer or Person Subject to Tax

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

Under penalties of perjury, I declare that I am an officer of the above named organization or I am the person subject to tax with respect to (name of organization) _____, (EIN) _____, and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶


Signature of officer or person subject to tax

5/13/2022
Date

VICE PRESIDENT, TAX
Title, if applicable

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

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

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

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

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