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Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0047

Open to Public Inspection

		oplicable Please		c Name of organization	08 and ending 06-30-20	109	D Employer ider	ntification number
_	dress ch	ange use II	RS	ST AGNES HEALTHCARE INC			52-0591657	7
— <sub>Na</sub>	me char		or	Doing Business As			E Telephone nu	mber
– <sub>Ini</sub>	tıal retur	n <b>Speci</b>		Number and street (or P O box if ma	ulus not doluvorod to etroet add	ross) Doom /suito	(410) 368-2	491
<b>–</b> <sub>Те</sub>	minatio	Instru n tions		900 CATON AVENUE No 040	iii is not delivered to street add	ress) Room/suite	G Gross receipts	<b>s</b> \$ 336,462,898
_	nended r		•	City or town, state or country, and ZI	D + 1			
_				BALTIMORE, MD 212295299	1 1 7			
Ар	plication	pending						
		l l		ne and address of Principal Office E PHIPPS	ır		s a group return	
		90	0 CA	ATON AVENUE		affilia	tes?	⊤Yes ▼ No
				4ORE,MD 21229		H(b) Are al	l affiliates include	d?
[ la	x-exem	pt status   v	501(c)	(3) ◀ (insert no )	r   527 	_	· ·	See instructions )
J W	eb site	e: 🕨 WWW STA	AGNE	ES O RG		H(c) Grou	p Exemption Nur	nber <b>►</b> 0928
		<u> </u>				1	1062 106	21. (1. 1.1. 1.
Кіур	e of org	anization / Co	rporati	ion trust association other		L Year of Fo	rmation 1862 M S	State of legal domicile
							•	
Рa	rt I	Summary						
				e organization's mission or most	significant activities			
a)		SPIRITUALLY	Y CEI	NTERED HOSPITAL ROOTED IN	N THE HEALING MINIST	RY OF JESUS	WITH CONCERN	I FOR THE POOR
<u></u>								
₫								
Governance	2	Check this bo	×	ıf the organizatıon discontinued it	s operations or disposed	of more than 2	5% of its assets	
3			,	nembers of the governing body (P				20
			-	dent voting members of the gove				17
<u>v</u>	1			nployees (Part V, line 2a)		10,		3,586
Ĭ				lunteers (estimate if necessary)			5 <u> </u>	396
ACHVINES &				ted business revenue from Part V			73	4,216,230
	1			ness taxable income from Form 9		• •	7a _ 7b	-122,693
	_ b	iver differenced	Dusi	mess taxable income from Form 5	50-1, line 54	Deia	or Year	Current Year
	8	Contribution	nd	i grants (Part VIII, line 1h)		PIR	152,740	2,420,745
ā				revenue (Part VIII, line 2g)	•	356,882,342	365,974,696	
Revenu	9							
Ž	10 11			ne (Part VIII, column (A), lines 3 art VIII, column (A), lines 5, 6d,		•	441,734 10,189,031	-36,275,314
	12		-	dd lines 8 through 11 (must equa		lne l	10,189,031	4,186,851
	12	12)	ie de	ad imes o tinough II (must equa	rrait viii, colaiiii (A), ii		367,665,847	336,306,978
	13	Grants and s	ımıla	ır amounts paıd (Part IX, column	(A), lines 1-3)		54,500	280,338
	14	Benefits paid	d to o	r for members (Part IX, column (	A), line 4)			0
<b>76</b>	15	Salaries, oth	erco	ompensation, employee benefits (	Part IX, column (A), lines			
Expenses		10)					166,105,023	176,635,232
₹	16a	Professional	fund	raising fees (Part IX, column (A),	line 11e)			0
蓋	b	•		penses, Part IX, column (D), line 25 $\frac{0}{}$	)			
	17	Other expen	ses (	Part IX, column (A), lines 11a-1	1d, 11f-24f)		186,243,347	170,934,618
	18	Total expens	s e s —	add lines 13–17 (must equal Par	t IX, line 25, column (A))		352,402,870	347,850,188
	19	Revenue les	s exp	enses Subtract line 18 from line	12		15,262,977	-11,543,210
\$8 ₩						Beginni	ing of Year	End of Year
9 <del>4</del> 9	20	Total assets	(Par	t X, line 16)			391,474,538	370,781,122
4 E	21	Total liabiliti	ies (P	Part X, line 26)			130,507,463	159,158,344
Net Assets or Fund Balances	22		•	d balances Subtract line 21 from	ılıne 20		260,967,075	211,622,778
	rt II	Signature					200/30//0/0	211,022,770
га		_		ημιγ, I declare that I have examined thi	s return including accompanyi	na schedules and s	statements, and to th	ne hest of my knowledge
				correct, and complete Declaration of pre				
Plea		<b> </b>				2010	-05-11	
Sigr		Signature of	office	er		Date		
Her	ਦ	SCOTT FURI						
		Type or prin	t nam	e and title				
		Preparer's			Date	Check If	Preparer's PTIN (	See Gen Inst )
Paid		signature				self- empolyed •		
	arer's	Fırm's name (or	yours	DELOITTE TAX LLP		<u>, , , , , , , , , , , , , , , , , , , </u>		
	Only	ıf self-employed address, and ZII	I),	600 RENAISSANCE CENTER SUITE S	200		EIN Þ	
		, address, und Alf			, vo		Phone no 🕨 (31	.3) 396-3000
1	+hc 701	C digarias #F	rc+	DETROIT, MI 48243	7 (Coo instruction - )		,	Vas I No

Cat No 11282Y

## Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service expenses \$	272,494,367	Must equal Part IX, i	Line 25, column (B).	
4d	Other program services (Describe in S (Expenses \$	Schedule O ) ncluding grants of \$		) (Revenue \$	)
4c	(Code ) (Expenses \$ ST AGNES HOSPITAL PROVIDES THE FOLLOWIN CARDIAC SERVICES, CANCER TREATMENT SER! PRIMARY CARE PHYSICIANS, RADIOLOGY SERVI OCCUPATIONAL THERAPY, SPEECH THERAPY, W DIABETES WELLNESS PROGRAMS, PALLIATIVE C. TO ENSURE THAT ALL SERVICES ARE AVAILABLE HOSPITAL TREATED 21,649 INPATIENT ADULTS PROVIDED SERVICES TO 558,682 OUTPATIENTS VISITS	G IN-PATIENT AND OUT VICES, EMERGENCY CAI ICES, REHABILITATION S /OUND CARE,RESPIRATI ARE SERVICES, AND AN TO MEET THE COMMUI AND CHILDREN IN THE	RE CENTER SERVICES, LAB SERVICES, SLEEP STUDIES, ORY THERAPY, SURGERY, ANTICOAGULATION CLINIC NITY'S HEALTH CARE NEED COMMUNITY FOR A TOTAL	ORATORY SERVICES, ORTHOPE , STROKE SERVICES, MATERNIT PEDIATRICS, IMAGING CLINIC, ' C SOME OF THE SERVICES LIST S DURING THE FISCAL YEAR E OF 87,935 PATIENT DAYS OF S	DIC SERVICES, PAIN MANAGEMENT, Y, PHYSICAL THERAPY, WOMEN'S HEALTH SERVICES, ED OPERATE AT A LOSS IN ORDER NDING JUNE 30, 2009, OUR ERVICE THE HOSPITAL ALSO
4b	(Code ) (Expenses \$ COMMUNITY BENEFITS ARE PROGRAMS OR ACT COMMUNITY NEEDS IN EFFORTS TO PROMOTE PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO AND BLOOD SUGAR SCREENINGS, BREAST SEM CANCER ACTION PROJECT, HEART HEALTH AWA AND STROKE SEMINARS	TIVITIES THAT PROVIDE HEALTHY LIVING, ST AD DADULT, INFANT AND INARS, FIRST AID CLAS	GNES HEALTHCARE HAS M CHILD CPR, BASIC LIFE SL SES, FLU CLINICS, GENER	ADE AVAILABLE WELLNESS PROC JPPORT CLASSES, BLOOD PRESS AL HEALTH AND HEART SCREEN	GRAMS TO THE COMMUNITY THESE SURE SCREENINGS, CHOLESTEROL IINGS, INTERNATIONAL EARLY LUNG
	OF PUBLIC PROGRAMS				
4a	(Code ) (Expenses \$ ST AGNES PROVIDES A SUBSTANTIAL PORTION OF THE VALUE OF SERVICES RENDERED WERE PROVIDED TO PATIENTS WHO WERE DEEMED II HEALTH, ST AGNES HOSPITAL HAS TAKEN PRO- OF HEALTHCARE TO ALL PERSONS, ESPECIALLY ESTIMATED UNREIMBURSED COST OF SERVICE: COST FOR CHARITY CARE AND \$1,045,000 IN F	OF ITS SERVICES TO TO TO ELDERLY PATIENTS ON NDIGENT UNDER STATE ACTIVE STEPS TO ADDR THE UNINSURED, UNDI S PROVIDED TO THE EL	UNDER THE MEDICARE PR , COUNTY OR HOSPITAL GI ESS THOSE ISSUES THAT V ERINSURED, AND THE UND DERLY, UNINSURED,AND U	OGRAM, AND APPROXIMATELY 1 UIDELINES IN THE SPIRIT OF PI VILL AFFECT ACCESSIBILITY, TH DERSERVED DURING THE FISCA INDERINSURED TOTALED \$13,7!	.3% OF THE SERVICES WERE RINCIPLES ADOPTED BY ASCENSION IE FINANCING, AND THE DELIVERY IL YEAR ENDING 6/30/09,THE 56,000, INCLUDING \$9,688,000
4	If "Yes," describe these changes on Sch Describe the exempt purpose achievem Section 501(c)(3) and (4) organizations others, the total expenses, and revenue	ents for each of the and 4947(a)(1) tro	usts are required to re	port the amount of grants	•
3	If "Yes," describe these new services or Did the organization cease conducting of services?	r make significant o	changes in how it cond	ducts any program	┌ Yes ┌ No
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?	ıfıcant program serv	vices during the year v	which were not listed on	┌ Yes ┌ No
1 See Ar	Briefly describe the organization's mission	•		,	

Form **990** (2008)

art TV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,	26		No
27	Part II	27		No

## Part IV Checklist of Required Schedules (Continued)

			163	110
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
		20a		110
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 376			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported in 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 this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	- 103	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		N o
	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).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
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		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		Νο
9	year?			
	Did the organization make any taxable distributions under section 4966?	9a		No
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter	90		110
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
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			

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Bod	y and Management	

							res	NO
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the	cırcums	tances,			
1a	Enter the number of voting members of the governing body	1a			20			
Ь	Enter the number of voting members that are independent	1b			17			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?					2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co					3		No
4	Did the organization make any significant changes to its organizational documents sfiled? $\ \ . \ \ \ .$	ince	he prio	r Form 9	90 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ıon's as	sets?		5		Νo
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other	persons	<sup>7</sup>	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertak	en durın	g the			
а	the governing body?					8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?					8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?					9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o				,	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was tescribe in Schedule O the process, if any, the organization uses to review the			_		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section At the organization's mailing address? If "Yes," provide the names and addresses in Sc	,				11		No

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MD
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

SCOTT FURNISS 900 CATON AVENUE BALTIMORE, MD 21229 (410) 368-3130

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i		Posit	(C	) chec	:k al				<b>4-5</b>	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

## Part VII Continued

			<b>(C)</b> Position (check all that apply)						(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			-		$\vdash$					
			+	$\vdash$	$\vdash$		$\vdash$			
			1							
							$\vdash$			
1b Total							<b> </b>	4,247,421		344,440

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►157

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

### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
JEFFREY BROWN CONTRACTING LLC 400 E JOPPA ROAD 400 TOWSON, MD 21286	BUILDING CONTRACTOR	2,114,445
NORTH AMERICAN PARTNERS IN ANESTHESIA L 66 POWERHOUSE ROAD 3RD FLOOR ROSLYN HEIGHTS, NY 11577	ANESTHESIA SERVICES	1,551,719
TEMPLETON READINGS LLC 1302 UPPER GLENCOE ROAD SPARKS, MD 21152	TELERADIOLOGY READINGS	1,241,955
ADVANCED RADIOLOGY 7253 AMBASSADOR DRIVE BALTIMORE, MD 21244	RADIOLOGY SERVICES	1,226,785
PROGRESSIVE NURSING STAFFERS 5531 HEMSTEAD WAY SUITE B SPRINGFIELD, VA 22151	NURSING SERVICES	1,202,708
2 Total number of independent contractors (including those in 1) who rec	. ,	50

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
					Revenue		512, 513, or 514
19. 92	1a	Federated campaigns 1					
E H	Ь	Membership dues					
₽Ğ	с	Fundraising events					
Hg. □ 39		1					
<u> </u>	d	Related organizations 10					
лs, sim	е	Government grants (contributions) 1	138,703				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1,871,782 				
를 다 다	g	Noncash contributions included i					
ခ္မ		lines 1a-1f \$					
	h	Total (Add lines 1a-1f)		2,420,745			
			Business Code				
E E	2a	NET PATIENT REVENUE	621,990	364,070,690	359,854,460	4,216,230	
¥e	ь	JOINT VENTURE	900,099	1,205,270			1,205,270
<u>2</u> 2	С	SYSTEM SUPPORT	900,099	571,020	571,020		
M ČČ	d	MISCELLANEOUS	900,099	127,716	127,716		
38	e		-	127,710	127,710		
Ξ			-				
Program Serwce Revenue	f	All other program service revenue	e				
Ğ	g	Total. Add lines 2a-2f					
	3	Investment income (including div	ıdends, interest				
		other similar amounts)	[	-36,275,314			-36,275,314
	4	Income from investment of tax-exempt	bond proceeds				
	-						
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents 857,400					
	ь	Less rental 155,920 expenses					
	С	Rental income 701,480					
	d	or (loss)  Net rental income or (loss)	<del>'</del>	701,480			701,480
		(1) Committee	<b>▶</b>				
	7-	(i) Securities Gross amount	(II) O ther				
	7a	from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
		sales expenses					
	С	Gain or (loss)					
	d	Net gaın or (loss)	▶				
	8a	Gross income from fundraising events (not including					
άs		\$					
Ě		of contributions reported on line 1c) See Part IV, line 18					
÷.		Attach Schedule G if total exceeds					
ď		\$15,000	1				
<u>a</u>	ь	Less direct expenses	,				
Other Revenue	С	Net income or (loss) from fundrai	sing events				
_	9a	Gross income from gaming					
		activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
			,				
	ь	Less direct expenses	,				
	С	Net income or (loss) from gaming					
	10a	Gross sales of inventory, less	<b>*</b>				
		returns and allowances .	,				
	ь	Less cost of goods sold I					
	С	Net income or (loss) from sales o					
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA REVENUE	900,099	1,423,431			1,423,431
	ь	NET ASSETS RELEASED FR	900,099	1,300,891			1,300,891
	с	MEDICAL STUDENT	900,099	465,946			465,946
	d	All other revenue		295,103			295,103
	e	Total. Add lines 11a-11d					
			\$ 3,485,371				
	12	Total Revenue. Add lines 1h, 2g,	3, 4, 5, 6d, 7d,	336,306,978	360,553,196	4,216,230	-30,883,193
		8c, 9c, 10c, and 11e	▶[				

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org Il other organizations must complete column (A) but are not r		olete columns (	(B), (C), and (D)	
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	161,500	161,500		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	118,838	118,838		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	,	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,002,125		2,002,125	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	5,029,417	4,333,993	695,424	
7	Other salaries and wages	140,536,624	117,605,369	695,424	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,897,365	4,873,144	1,024,221	
9	Other employee benefits	11,851,354	9,793,078	2,058,276	
10	Payroll taxes	11,318,347	9,352,641	1,965,706	
11	Fees for services (non-employees)				
а	Management				
b	Legal	548,137	529,915	18,222	
c	Accounting	130,322	600	129,722	
d	Lobbying	113,365		113,365	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	29,607,543	22,080,784	7,526,759	
12	Advertising and promotion	922,263	22,849	899,414	
13	Office expenses				
14	Information technology	7,914,477		7,914,477	
15	Royalties				
16	Occupancy	1,406,971	757,842	649,129	
17	Travel	208,296	120,869	87,427	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	138,703	99,496	39,207	
20	Interest	1,739,892		1,739,892	
21	Payments to affiliates	2,307,049		2,307,049	
22	Depreciation, depletion, and amortization	13,973,452	8,570,635	5,402,817	
23	Insurance	5,599,122	2,132,671	3,466,451	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	SUPPLIES	62,297,620	59,079,352	3,218,268	0
ь	BAD DEBTS	15,522,995	15,522,995	0	0
с	UTILIZATION	8,953,940	8,953,940	0	0
d	UTILITIES	4,717,053	26,730	4,690,323	0
e	BANK FEES	128,071	12,261	115,810	0
f	All other expenses	14,705,347	8,344,865	6,360,482	
25	Total functional expenses. Add lines 1 through 24f	347,850,188	272,494,367	75,355,821	0
26	Joint Costs. Check   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. , "	. , :	

Dart V	Balance	Shoot
Part X	l Balance	Sheet

					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			7,169,597	1	2,277,367
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net				3	1,471,782
	4	Accounts receivable, net			48,271,673	4	42,498,815
	5	Receivables from current and former officers, directors, trustee other related parties   Complete Part II of Schedule L		employees or •		5	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of				6	
	7	Notes and loans receivable, net			4,166,243	7	3,572,481
	8	Inventories for sale or use			4,037,777	8	4,085,366
20	9	Prepaid expenses and deferred charges			1,176,898	9	1,542,948
Assets	10a	Land, buildings, and equipment cost basis	۔ ا	0.47 540 400			
⋖	١.		10a	247,512,436	-		
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10ь	114,086,429	104,149,739	10c	133,426,007
	11	Investments—publicly traded securities			2,854,317	11	2,315,627
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VI l	of		12	<u>`</u>
	13	Investments—program-related See Part IV, line 11 Complete	Part VI	TI.	8,940,416	13	9,748,520
		of Schedule D .					
	14	Intangible assets			240 707 979	14	100 842 200
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	210,707,878	15	169,842,209		
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			391,474,538	16	370,781,122
	17	Accounts payable and accrued expenses .	25,535,672	17	25,336,358		
	18	Grants payable		18			
	19	Deferred revenue	11,710	19	11,710		
	20	Tax-exempt bond liabilities				20	
<u> </u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u> </u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s .			23	
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D		104,960,081	25	133,810,276	
	26	Total liabilities. Add lines 17 through 25	130,507,463	26	159,158,344		
.л		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plet e l	ines 27			
Ð		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			253,879,097	27	203,140,626
8	28	Temporarily restricted net assets			6,815,628	28	8,362,043
	29	Permanently restricted net assets			272,350	29	120,109
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ are lines 30 through 34.	plete				
9	30	Capital stock or trust principal, or current funds			30		
휷	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fi				32	
	33	Total net assets or fund balances	u3		260,967,075	33	211,622,778
Net	34	Total liabilities and net assets/fund balances			391,474,538		370,781,122
		Financial Statements and Penorting					

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?			
c	If "Yes" to lines 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?	2c		
3а	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?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

## OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

		<b>ne organizat</b> i ALTHCARE INC						Em	iployer ide	ent if icat io	n number	
01710	TILES TILE	THE THE						52	-059165	7		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The	organı	zation is not	a private found	lation because it is (Please	check on	ly <b>one</b> org	anızatıon	)				
1	Γ	A church, o	convention of c	hurches, or association of ch	urches de	escribed in	Section :	170(b)(1)	(A)(i).			
2	Γ	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )										
3		A hospital	or a cooperativ	e hospital service organizati	on descri	bed in <b>Sec</b>	tion 170(l	b)(1)(A)(i	i <b>ii).</b> (A ttac	h Schedu	le H )	
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state										
5	$\Gamma$	An organiz	ation operated	for the benefit of a college or	universit	y owned o	r operated	by a gov	ernmental	unit desc	rıbed ın	
		Section 17	0(b)(1)(A)(iv)	. (Complete Part II )								
6	$\Gamma$	A federal, s	state, or local g	overnment or governmental	unıt desci	rıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	$\sqcap$	An organiz	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	unit or fron	n the gene	eral public	
		described i	n <b>Section 170</b> (	b)(1)(A)(vi) (Complete Par	tII)							
8	Г	A commun	ıty trust descri	bed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)					
9	Г	An organiz	ation that norm	ally receives (1) more than	331/3% 0	of its supp	ort from c	ontribution	ns, membe	ership fees	s, and gross	
		receipts fro	om activities re	lated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2	) no more	than 331,	/3% of	
		ıts support	from gross inv	estment income and unrelate	ed busines	ss taxable	income (l	less sectio	on 511 ta:	x) from bu	sinesses	
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	i09(a)(2).	(Complet	e Part III	)			
10	Γ	Anorganiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509	<b>(a)(4).</b> (S	ee ınstruc	tions )	
11	Γ			and operated exclusively fo								
			or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>Section 509(a)(3).</b> Check									
			at describes the ype I <b>b</b>	type of supporting organiza Type II <b>c</b>		- Function			.n .d.	□ Type	III - Other	
e	г			rtify that the organization is					one or mo	, ,,		
_	'			agers and other than one or								
		section 50	9(a)(2)									
f				ed a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supporti	ng organization,	
g		check this		ias the organization accepted	d any dift	or contrib	ution from	any of the	2		Į.	
3		following pe			, 5			,				
		(i) a perso	n who directly o	or indirectly controls, either a	alone or to	ogether wi	th persons	s describe	d ın (ıı)		Yes No	
		and (III) be	low, the govern	ing body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	y member of a p	person described in (i) above	7					<b>11</b> g	(ii)	
		(iii) a 35%	controlled ent	ity of a person described in (	ı) or (11) a	bove?				11g(	(iii)	
h		Provide the	e following infor	mation about the organizatio	ns the org	janızatıon	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi)	[s the	(vii) A mount of	
		orted		(described on lines 1 - 9	_	ation in	_	nızatıon		ation in	support?	
O rganı		nization		above or IRC section (See Instructions))		listed in everning		<b>i)</b> of your port?		organized US?	1	
				(See Histructions))	, ,	ment?	Supp	3011.	"" ""	03.		
					Yes	No	Yes	No	Yes	No	1	
						1						
				1		1				<b>I</b>		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

♣ SeIf the	ction 501(c)(3) organizations that	t have filed Form 5768 (election under t have NOT filed Form 5768 (election u s," to Form 990, Part IV, Line 5 (Pi zations complete Part III	under section 501		
	me of the organization AGNES HEALTHCARE INC				tification number
Par		oy all organizations exempt e the instructions for Schedule		52-0591657 1 <b>501(c) and section</b>	527
1	Provide a description of the or	ganızatıon's dırect and ındırect politi	cal campaign act	ivities in Part IV	
2	Political expenditures				\$
3	Volunteer hours				-
Par	t I-B To be completed be for Schedule C for de	oy all organizations exempt etails.)	under section	1 <b>501(c)(3).</b> (See the I	instructions
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization manag	jers under section	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	?	☐ Yes ☐ No
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Par		oy all organizations exempt sfor Schedule C for details.)	under section	1 501(c), except sect	ion 501(c)(3).
1	•	ended by the filing organization for se	ection 527 exemp	ot function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	ted to other orgai	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number ( paid and indicate if the amount was p d and promptly and directly delivered action committee (PAC) If additiona	aid from the filing I to a separate po	ı organızatıon's own ınterna ılıtıcal organızatıon, such as	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
			1		

**d** Grassroots non-taxable amount

**f** Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768			
	Check If the filing organization	belongs to an affili	ated group							
<u>B</u>	Check If the filing organization  Limits on Lo  (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals			
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)						
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)						
c	Total lobbying expenditures (add line	Total lobbying expenditures (add lines 1a and 1b)								
d	Other exempt purpose expenditures									
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)							
f	Lobbying nontaxable amount Enters columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000		taxable amount							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000						
	Over \$1,000,000 but not over \$1,500,000	51,000,000								
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000						
	Over \$17,000,000	\$1,000,000								
	Grassroots nontaxable amount (ente	er 25% of line 1f)								
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a							
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c							
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 re section 4911 tax for this year?					orting	┌ Yes ┌ No			
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five			
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period					
	Calendar year (or fisca beginning in)	l year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total			
_2a	Lobbying non-taxable amount									
	Lobbying ceiling amount (150% of line 2a, column(e))									
	: Total lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2008

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Part II-B	To be completed by organizations exempt under section 501(c)(3) that h	nave NOT file	ed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for	r details.)	
		(a)	(b)

		Yes	No	A mount
L	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			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		113,36
j	Total lines 1c through			113,36
	1)			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
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			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
а	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 \$

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Return Reference	Explanation
Explanation of Other Lobbying Activities	LOBBYING EXPENSES REPRESENT THE DUES PAID TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS, A PORTION OF WHICH IS SPECIFICALLY ALLOCABLE TO LOBBYING
	Explanation of Other Lobbying

5 \$

Part IV Supplemental I	art IV Supplemental Information							
Ident if ier	Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

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

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.							
	organization answered	163 (0 101111 990	(a) Donor advised funds	(b) Funds and ot	her accounts			
1	Total number at end of year		(a) beneficiative a famae	(E) Fallas alla se				
	Aggregate Contributions to (durin	ng vear)						
	Aggregate Grants from (during ye	**						
	Aggregate value at end of year							
5		nors and donor adviso	ors in writing that the assets held in don	or advisod				
,	funds are the organization's prop	erty, subject to the or	ganızatıon's exclusive legal control?		┌ Yes			
6	used only for charitable purposes impermissible private benefit?	and not for the benef	onor advisors in writing that grant funds fit of the donor or donor advisor or other		┌ Yes ┌ No			
Par	t III Conservation Easem	<b>ents.</b> Complete ıf	the organization answered "Yes" to	Form 990, Part IV	, lıne 7.			
1	Purpose(s) of conservation easer  Preservation of land for publi  Protection of natural habitat  Preservation of open space	c use (e g , recreation	n or pleasure) Preservation of an Preservation of ce	historically importantl rtified historic structur	re			
2	Complete lines 2a-2d if the orga on the last day of the tax year	nızatıon held a qualıfı	ed conservation contribution in the form		ement :he End of the Year			
а	Total number of conservation ea	samants		2a	ine the or the real			
b				2b				
	Total acreage restricted by cons							
с 	Number of conservation easeme			2c				
d	Number of conservation easeme		•	2d				
3		nts modified, transferr	ed, released, extinguished, or terminate	d by the organization d	luring			
	the taxable year ►							
4	Number of states where property	subject to conservati	ion easement is located ►					
5	Does the organization have a write enforcement of the conservation		the periodic monitoring, inspection, viola	itions, and	┌Yes ┌No			
6	Staff or volunteer hours devoted	to monitoring, inspect	ting and enforcing easements during the	year ►				
7	A mount of expenses incurred in r	monitoring, inspecting	g, and enforcing easements during the ye	ar ► \$				
8	Does each conservation easeme 170(h)(4)(B)(ı) and 170(h)(4)(B)		d) above satisfy the requirements of sec	tion	┌ Yes			
9	· · · · · · · · · · · · · · · · · · ·	olicable, the text of the	nservation easements in its revenue and e footnote to the organization's financial ents					
Part			s of Art, Historical Treasures, ( 'es" to Form 990, Part IV, line 8.	or Other Similar A	\ssets.			
1a	art, historical treasures, or other	sımılar assets held fo	16, not to report in its revenue stateme or public exhibition, education or researc ncial statements that describes these it	h in furtherance of pub				
b		ılar assets held for pu	16, to report in its revenue statement a iblic exhibition, education, or research in					
	(i) Revenues included in Form 99	90, Part VIII, line 1		<b>►</b> \$				
	(ii) Assets included in Form 990,	, Part X		<b>-</b> \$				
2	If the organization received or he following amounts required to be		ical treasures, or other similar assets fo 116 relating to these items	r financial gain, provid	e the			
а	Revenues included in Form 990,	Part VIII, line 1		<b>F</b> \$				
b	Assets included in Form 990. Pa	rt X		<b>▶</b> - \$				

Cat No 52283D

3	Using the organization's accession and othe									ntinuea)
	items (check all that apply)					_				
а	Public exhibition		d	Г	Loan or exc	change programs				
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	w the	y further the	organization's ex	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	Г	Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon answ	ered "Yes	s" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	dıary	for c	ontributions	or other assets	not	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	е				1			
								A mou	ınt	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete									
1_	Paginning of year halance	(a)Current Year 2,926,667	(b	)Prior	Year (c)	wo Years Back (d)	Three Years	Back   (e	)Four Y	ears Back
1a L	Beginning of year balance	2,320,007								
b	Contributions	-551,698								
C _ı	Investment earnings or losses	331,030								
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	2,374,969								
2	Provide the estimated percentage of the yea	r end balance held a	s							
а	Board designated or quasi-endowment									
ь	Permanent endowment <b>&gt;</b> 5 000 %									
	Term endowment ► 95 000 %									
c 3a	Are there endowment funds not in the posses	ssion of the organiza	tion	that a	are held and	administered for	the			
	organization by	yorom or the organiza							Yes	No
	(i) unrelated organizations							3a(i)	Yes	
	(ii) related organizations							3a(ii)	Yes	<u> </u>
	If "Yes" to 3a(II), are the related organizatio	·						3b		
4	Describe in Part XIV the intended uses of th									
Par	t VI Investments—Land, Buildings	s, and Equipmen	<u>ιτ. 5</u>			,		Т		
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Deprec	ation	( <b>d</b> ) Boo	ok value
1a	Land					488,600	٠	L		488,600
b	Buildings					51,155,995	18,80	5,495	3	2,350,500
c	Leasehold improvements					1,638,979	89	8,483		740,496
d	Equipment					74,982,601	48,48	31,705	2	6,500,896
	Other					119,246,261	45,90	0,746	7	3,345,515

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
		1.2	
Part VIII Investments—Program Related. Se			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, I	ine 15.		
(a) Descr	ıptıon		(b) Book value
INVESTMENT - DEFERRED COMPENSATION			2,337,022
INVESTMENT IN EXEC FLEX CAA			120,798
HEALTH SYSTEM DEPOSITORY (HSD)			164,041,833
CASH SURRENDER VALUE - LIFE			837,369
INTEREST IN FOUNDATION NET ASSETS			2,505,187
Total. (Column (b) should equal Form 990, Part X, col.(B) line			169,842,209
Part X Other Liabilities. See Form 990, Part	T'		
(a) Description of Liability	(b) A mount		
Federal Income Taxes	03.066.640		
INTERCOMPANY DEBT TO ASCENSION HEALTH	82,066,648		
PENSION	32,514,331		
SELF INSURANCE LIABILITIES	3,680,406		
OTHER CURRENT LIABILITIES	12,243,177		
OTHER NON-CURRENT LIABILITIES	3,305,714		
Total (Column (h) chould equal Form 000, Part V1 (D) ( 25)	400000		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25)	133,810,276	i	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		<u> leturn</u>
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
Ь	Prior year adjustments	-	
C .ı	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)	┤ 。 │	
e n	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
Ь	Other (Describe in Part XIV)	ا ہے ا	
C E	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	4c	
5 Par	rt XIV Supplemental Information	5	
	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art XIV	lines 1h and 2h
~ 01	mprete timo part to provide the descriptions regulied for Falt II, lilies 3, 3, and 3, 1 art III, lilies Ia and 4, 16	41 L // IV .	miss in alla ZD.

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

	PART V, ENDOWMENT FUNDS, LINE 4 WHITEFORD
	ENDOWMENT - 50% TO BE UTILIZED TO ERECT A WING O
	ADDITIONAL BUILDING, ADDITIONAL 50% MAY BE USED
	TO SUPPORT HOSPITAL OPERATIONS JENKINS
	ENDOWMENT - THIS ENDOWMENT WAS ESTABLISHED IN
	1911, A PORTION OF THE EARNINGS FROM THE FUND IS
	RESTRICTED FOR THE CARE OF CANCER PATIENTS IN
	AUGUST 2012, THE TIME RESTRICTIONS WILL HAVE BEEI
	MET AND ST AGNES PLANS TO USE THE REMAINING
	BALANCE TO FUND THE CAMPUS REVITALIZATION
	PROJECT BROWNE ENDOWMENT - ESTABLISHED FOR USE
	BY CARDIAC UNIT TO AID THE INDIGENT GITTINGS
	ENDOWMENT - CREATED TO PROVIDE A BED IN THE
	CHILDREN'S WARD PART X, OTHER LIABILITIES IN JUNE
	2006, THE FASB ISSUED INTERPRETATION NO 48,
	ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FIN
	48), WHICH CLARIFIES THE ACCOUNTING FOR
	UNCERTAINTY IN INCOME TAX POSITIONS RECOGNIZED
	IN FINANCIAL STATEMENTS IN ACCORDANCE WITH FASI
	STATEMENT NO 109, ACCOUNTING FOR INCOME TAXES
	FIN 48 PRESCRIBES A RECOGNITION THRESHOLD AND
	MEASUREMENT ATTRIBUTE FOR THE FINANCIAL
	STATEMENT RECOGNITION AND MEASUREMENT OF A TA
	POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX
	RETURN EFFECTIVE JUNE 30, 2008, ST AGNES
	HEALTHCARE ADOPTED FIN 48 THE ADOPTION OF FIN 4
	DID NOT HAVE A MATERIAL IMPACT ON ST AGNES
	HEALTHCARE'S FINANCIAL POSITION OR RESULTS OF
	OPERATION
	OFERATION
1	
1	1

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OMB No 1545-0047

Open to Public **Inspection** 

## **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization ST AGNES HEALTHCARE INC

**Employer identification number** 

						2-0591657					
Pa	rt I Charity Care and	l Certain O	ther Com	munity Benefits	at Cost (Optional fo	r 2008)					
1-	Does the organization have a	charity care	nolicy2 If "N	lo " skin to ausstion 6	ia			Yes	No		
	If "Yes," is it a written policy				,		1a				
ט 2	If the organization has multip				t describes application	of the charity	1b				
2	care policy to the various hos	spitals		-		i of the charity					
	Applied uniformly to all ho Generally tailored to indiv	ospitals /idual hospita	ls	Applied uniform	ly to most hospitals						
3	Answer the following based o organization's patients	n the charity	care eligibili	ty criteria that applie	s to the largest number	of the					
а	Does the organization use Fe income individuals? If "Yes,"						3a				
	Г 100% Г 150%	$\Gamma_2$	200%	Cother	%_						
b	Does the organization use FP "Yes," indicate which of the fo			·			3b				
	Г 200%	Г 300	о% Г	350% <b>Г</b> 40	00%	%					
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.											
4 Does the organization's policy provide free or discounted care to the "medically indigent"?											
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?											
<b>b</b> If "Yes," did the organization's charity care 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 eligibile for free or discounted care?											
6a Does the organization prepare an annual community benefit report?											
6b	If "Yes," does the organization	on make it ava	aılable to the	public?			6b				
	Complete the following table worksheets with the Schedule		ksheets prov	vided in the Schedule	H instructions Do not	submit these					
7	Charity Care and Certain C	ther Commu	nıty Benefits	at Cost							
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community I expense	penefit	(f) Percent of total expens			
а	Charity care at cost (from worksheets 1 and 2)										
b	Unreimbursed Medicaid (from worksheet 3, column a) .										
С	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)										
d	<b>Total</b> Charity Care and Means-Tested Programs .										
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)										
f	Health professions education (from worksheet 5)										
g	Subsidized health services (from worksheet 6)										
	Research (from worksheet 7)										
	Cash and in-kind contributions to community groups (from worksheet 8)										
-	Total (line 7d and 71)					+					

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	<del>-</del>	Direct offse revenue		(e) Net commur building expens	nity	(f) Perce	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- <del>6</del>	Coalition building  Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		( ) p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(	<b>b)</b> Description activity of		profit <sup>c</sup>	anizatio % or sto ership %	ck	employees' profit   prof		Physicians' fit % or stocl wnership %	
1											
2							$\top$				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							$\dashv$				
12		+					+				
13							+				
14							+				
		İ									

Facility Information (Required for 2008) Part V ER-24 hours Research facility General medical & Children's hospital Teaching hospital Licensed hospital Critical access hospital Name and address Other (Describe) k eurgroat STAGNES HEALTHCARE INC 900 CATON AVENUE Х Χ Χ Х BALTIMORE, MD 21229 SETON IMAGING CENTER 3449 WILKENS AVENUE Χ DIAGNOSTIC IMAGING BALTIMORE, MD 21229 PINE HEIGHTS PROFESSIONAL BUILDING **BLOOD DRAWING** 1001 PINE HEIGHTS AVENUE SUITE 202 Х LABORATORY BALTIMORE, MD 21229 BENSON AVENUE MEDICAL CENTER Χ WOUND CARE CENTER 3421 BENSON AVENUE BALTIMORE, MD 21227 SIMPSONVILLE MILL PLASTIC SURGERY 7160A GRACE DRIVE Χ COLUMBIA, MD 21044

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		<b>lucation of Eligibility for Assistance.</b> Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

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DLN: 93493131027140

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

**Grants and Other Assistance to Organizations,** 

Governments and Individuals in the U.S.

Open to Public **Inspection** 

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?	Name of the organization	General Information on Grants and Assistance  the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibil election criteria used to award the grants or assistance?			Employer ident	ification number		
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?  Describe in Part IV the organization's procedurers for monitoring the use of grant funds in the United States  Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.  1(a) Name and address of organization or government  (b) EIN (c) IRC section if applicable grant gra	ST AGNES HEALTHCARE INC						52-0591657	
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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed	Part I General Inform	mation on Gran	nts and Assistance					
1(a) Name and address of organization or government  (b) EIN  (c) IRC section   fapplicable   (d) Amount of cash   (e) Amount of non-cash   (b) Method of valuation   (c) IRC section   (d) Amount of cash   (e) Amount of non-cash   (e) Amount	the selection criteria use  Describe in Part IV the o  Part II Grants and Otl Form 990, Part IV Part IV and Scho							
organization or government if applicable grant cash assistance (book, FMV, appraisal, other) non-cash assistance or assistance o								
TRUST409 CATHEDRAL STREET BALTIMORE, MD 21201  MHEI WHO WILL CARE 6820 DEERPATH ROAD ELKRIDGE, MD 21075  DAUGHTERS OF CHARITY 333 SOUTH SETON AVENUE EMMITSBURG, MD 21727  MARYLAND PATIENT SAFETY6820 DEERPATH ROAD  GARDEN  WHO WILL CARE CAMPAIGN  15,000  BICENTENNIAL CELEBRATION  6,750  GENERAL OPERATIONS	organization	(b) EIN			cash	(book, FMV, appraisal,		(h) Purpose of grant or assistance
6820 DEERPATH ROAD ELKRIDGE, MD 21075  DAUGHTERS OF CHARITY 333 SOUTH SETON AVENUE EMMITSBURG, MD 21727  MARYLAND PATIENT SAFETY 6820 DEERPATH ROAD  CAMPAIGN  BICENTENNIAL CELEBRATION  6,750  GENERAL OPERATIONS	TRUST409 CATHEDRAL STREET	52-1065433	501(c)(3)	5,500				MEMORIAL PRAYER GARDEN
333 SOUTH SETON AVENUE EMMITSBURG, MD 21727  MARYLAND PATIENT SAFETY6820 DEERPATH ROAD  CELEBRATION  CELEBRATION  CELEBRATION  CELEBRATION  CELEBRATION  COMMAND  CELEBRATION  CELEBRATION  OPERATIONS	6820 DEERPATH ROAD	52-0901664	501(c)(3)	100,000				WHO WILL CARE CAMPAIGN
SAFETY6820 DEERPATH OPERATIONS ROAD	333 SOUTH SETON AVENUE	52-0591470	501(c)(3)	15,000				BICENTENNIAL CELEBRATION
	SAFETY6820 DEERPATH ROAD	26-2188491	501(c)(3)	6,750				
2 Enter total number of section 501(c)(3) and government	2 Enter total number of sec	tion 501(c)(3) and	government	I	I	1	l	4
organizations	organizations							<u> </u>

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
NURSING SCHOLARSHIPS/WORK STUDY PROGRAM	42	118,838	0	FMV	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

e de l'iduitional Buta l'abic		
Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	,	Schedule I, Part I, Line 2 DISCRETIONARY GRANTS OR ASSISTANCE TO OTHER ORGANIZATIONS ARE APPROVED BY EITHER THE CHEIF EXECUTIVE OFFICER OR THE CHEIF FINANCIAL OFFICER THE NURSING WORKSTUDY PROGRAM IS AVAILABLE TO NURSING STUDENTS IN THEIR SENIOR YEAR OF SCHOOLING AVAILABILITY IS LIMITED AND AWARDED ON A FIRST COME FIRST SERVE BASIS

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OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Compensated Employees

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization ST AGNES HEALTHCARE INC **Employer identification number** 

52-0591657

Pa	ITT  Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	Г	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "		, , ,	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	✓ Compensation committee	<u> </u>	Written employment contract			
	✓ Independent compensation consultant	<u> </u>	• • •			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	, Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		- · · · · · · · · · · · · · · · · · · ·	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		N o

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

<u> </u>								
( <b>A)</b> Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other compensation		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
BONNIE PHIPPS	(ı) (ıı)	511,302	35,052	117,070	5,750	15,340	684,514	
RHONDA ANDERSON	(ı) (ıı)	255,753		93,764	12,650	5,501	367,668	
ADRIAN LONG	(ı) (ıı)	323,561		127,634	12,650	18,032	481,877	
WILLIAM GRESKOVICH	(ı) (ıı)	229,780		823	24,636	16,120	271,359	
YOLANDA COPELAND	(ı) (ıı)	215,186		43,789	10,283	20,055	289,313	
ROBERT PALEY	(ı) (ıı)	494,242		4,064	5,750	21,360	525,416	
CAROLE B MILLER	(I) (II)	315,867	115,721	1,231	25,646	19,228	477,693	
JESUS ESQUIVEL	(1) (11)	437,685		980	12,650	25,225	476,540	
ADAM FRANK	(ı) (ıı)	446,775		1,220	25,757	18,826	492,578	
WILLIAM VALENTE	(ı) (ıı)	340,499	84,156	2,844	27,938	16,182	471,619	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(11)							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	Part I, Line 1a	TRAVEL FOR COMPANIONS IS AVAILABLE FOR SENIOR LEADERSHIP AND MUST BE PRE-APPROVED BY THE CHEIF FINANCIAL OFFICER IT IS RECORDED AS A TAXABLE FRINGE BENEFIT PERSONAL USAGE OF CELL PHONES IS GROSSED-UP AND RECORDED AS TAXABLE INCOME FOR INDIVIDUALS IDENTIFIED AS DISQUALIFIED PERSONS CLUB DUES ARE AVAILABLE TO SENIOR LEADERSHIP AND ARE SHOWN AS A TAXABLEFRINGE BENEFIT
Supplemental Information	Part III	PT I LINE 4B ROBERT PALEY AND ADAM FRANK PARTICIPATED IN 457F SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS ROBERT PALEY'S NON-VESTED PLAN VALUE WAS \$41,964 52 AT JUNE 30, 2009
Supplemental Information	Part III	AVERAGE HOURS PER WEEK ALL PERSONS LISTED AT PART VII AND SCHEDULE JAS WORKING 40 HOURS ARE FULL-TIME EMPLOYEES OF THE ORGANIZATION THE USE OF 40 HOURS ON THIS RETURN IS ONLY INTENDED TO DENOTE THAT THESE PERSONS ARE FULL-TIME EMPLOYEES EVEN THOUGH SUCH PERSONS MAY WORK SIGNIFICANTLY MORE HOURS DURING THE WEEK ON AVERAGE

Software ID: Software Version:

**EIN:** 52-0591657

Name: ST AGNES HEALTHCARE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

orm 550, sendule 5, rure 12 Sincers, proceed, rev Employees, and riighest compensated Employees											
(A) Name	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred		(E) Total of columns	<b>(F)</b> Compensation reported in prior Form				
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ				
BONNIE PHIPPS (I)		35,052	117,070	5,750	15,340	684,514					
RHONDA ANDERSON (I)			93,764	12,650	5,501	367,668					
ADRIAN LONG (I)			127,634	12,650	18,032	481,877					
WILLIAM GRESKOVICH (1)			823	24,636	16,120	271,359					
YOLANDA COPELAND (1)			43,789	10,283	20,055	289,313					
ROBERT PALEY (1)	) 494,242 )		4,064	5,750	21,360	525,416					
CAROLE B MILLER (1)		115,721	1,231	25,646	19,228	477,693					
JESUS ESQUIVEL (I)			980	12,650	25,225	476,540					
ADAM FRANK (I)			1,220	25,757	18,826	492,578					
WILLIAM VALENTE (1)	340,499	84,156	2,844	27,938	16,182	471,619					

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#### OMB No 1545-0047

2008

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#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

**Transactions with Interested Persons** 

Internal Revenue Service or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization

	f the organization S HEALTHCARE INC								Employer identification number					
							5	2-059	165	7				
art I	Excess Benefit Transac													
	To be completed by organization	ons that an	swered "Yes T	s" on Form 9	990, Part IV	, line 2	25a or 25	b, or F	orm 9	90-EZ		(c) Corrected?		
1	(a) Name of disqualifie	d person			<b>(b)</b> Des	crıptıo	n of trans	action						
											-	Yes	No	
	er the amount of tax imposed on							ear u	nder					
	tion 4958								•	\$ —				
	er the amount of tax, if any, on li		•		anızatıon .				<u> </u>	\$				
Part II					000 0 1	T. / I	26 5			<b>.</b>		2.0		
	To be completed by organiza			es on Forn	n 990, Part	IV, IIN	e ∠6, or F	orm 9	90-E	2, Part (1		38a		
		(b) Loan from t		(c)Original principal				(e)	In	Approved		(g)W	ritten	
(a) N	ame of interested person and purpose	organiza			ai principai ount	(d)Balance due		defa	ult?	1 '			ment?	
parpose			-	-			Yes No		+	ittee?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T		
		То	From			-		Tes No		Yes	No	Yes	No	
													<u> </u>	
otal .					<b>▶</b> \$									
Part III	Grants or Assistance E To be completed by orga					90 P:	art IV lir	ne 27						
	<u> </u>				terested pe									
(;	a) Name of interested person	``		the organiz			( <b>c)</b> A m	ount o	of gra	nt or ty	pe of a	issista	nce	
Part IV	Business Transactions	Involvir	ng Intere	sted Pers	ons		ı							
	To be completed by orga					90, Pa	art IV, lır	ne 28	a, 28	Bb, or	28c.			
		1	Relationship									<b>e)</b> Sha	_	
		1	an interect		A mount of	.					ء ا	raaniz	ation'	

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	
ALBERT COUNSELMAN	BOARD MEMBER		DAUGHTER-IN-LAW IS EMPLOYED AT ST AGNES		No	

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#### DLN: 93493131027140

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public
Inspection

Name of the organization ST AGNES HEALTHCARE INC

Employer identification number

52-0591657

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		ST AGNES HEALTHCARE HAS A SOLE CORPORATE MEMBER, ASCENSION HEALTH

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		ST AGNES HEALTHCARE HAS A SINGLE CORPORATE MEMBER, ASCENSION HEALTH, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF ST AGNES HEALTHCARE

ldentifier	Return Reference	Explanation								
Form 990, Part VI, Section A, line 7b		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 ORGANIZTIONS AND MAJOR TRANSACTIONS, GOVERNING DOCUMENTS, APPOINTMENTS/REMOVALS, EVALUATION, DEBT LIMITS, STRATEGIC AND FINANCIAL PLANS, SYSTEM POLICIES AND PROCEDURES THESE AREAS ARE SUBJECT TO CERTAIN LEVELS OF APPROVAL BY ASCENSION HEALTH PER THE SYSTEM AUTHORITY MATRIX								

ldentifier	Return Reference	Explanation							
Form 990, Part VI, Section A, line 10		MANAGEMENT, INCLUDING CERTAIN OFFICERS, WORKS DILIGENTLY TO COMPLETE THE FORM 990 AND ATTACHED SCHEDULES IN A THOROUGH MANNER MANAGEMENT PRESENTS THE FORM TO THE BOARD, OR A DESIGNATED COMMITTEE, TO REVIEW AND ANSWER ANY QUESTIONS PRIOR TO FILING THE RETURN, ALL BOARD MEMBERS ARE PROVIDED THE FORM 990 AND MANAGEMENT TEAM MEMBERS ARE AVAILABLE TO ANSWER ANY BOARD MEMBER'S QUESTIONS							

ldentifier	Return Reference	Explanation							
Form 990, Part VI, Section B, Ine 12c		ANNUALLY, A CONFLICTS OF INTEREST DISCLOSURE FORM IS COMPLETED BY BOARD MEMBERS, THE EXECUTIVE TEAM, BOARD COMMITTEES, PURCHASING AGENTS, LEGAL COUNSEL, MEDICAL LEADERSHIP, AND CERTAIN MEMBERS OF MANAGEMENT ANY CONFLICTS, OR POTENTIAL CONFLICTS THAT ARE IDENTIFIED ARE EXAMINED BY THE CORPORATE RESPONSIBILITY OFFICER AND APPROPRIATE MEASURES ARE TAKEN							

ldentifier	Return Reference	Explanation								
Form 990, Part VI, Section B, Inne 15		THE ANNUAL COMPENSATION REVIEW FOR OFFICER LEVEL STAFF IS PERFORMED BY AN OUTSIDE COMPENSATION CONSULTING FIRM, WHICH SPECIALIZES IN EXECUTIVE COMPENSATION ON AN ANNUAL BASIS, THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, SENDS AN ENGAGEMENT LETTER OUTLINING THE POSITIONS REQUIRING COMPENSATION ANALYSIS, AND SEEKS ANALYSIS AND RECOMMENDATIONS THE CONSULTING FIRM THEN PERFORMS A MARKET ANALYSIS OF COMPENSATION AND BENEFITS FOR THE EXECUTIVES WITH RECOMMENDED SALARY RANGES BY EXECUTIVE POSITION, AND THOSE ARE REVEWED BY THE COMPENSATION COMMITTEE AND THEN APPROVED BY THE BOARD FOR ANY CHANGES TO SPECIFIC INDIVIDUALS								

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST

ldentifier	Return Reference	Explanation
Part IV, Line 12	AUDITED FINANCIAL STATEMENTS	ST AGNES HEALTHCARE'S FINANCIAL STATEMENTS ARE EXAMINED IN CONJUNCTION WITH THE ASCENSION HEALTH FULL SCOPE AUDIT ST AGNES HEALTHCARE DOES NOT HAVE STAND ALONE AUDITED FINANCIAL STATEMENTS

Identifier	Return Reference	Explanation
PART XI, LINE 2	AUDITED FINANCIAL STATEMENTS	ST AGNES HEALTHCARE'S FINANCIAL STATEMENTS ARE EXAMINED IN CONJUNCTION WITH THE ASCENSION HEALTH FULL SCOPE AUDIT ST AGNES HEALTHCARE DOES NOT HAVE STAND ALONE AUDITED FINANCIAL STATEMENTS

Identifier	Return Reference	Explanation
Part IV, Line 24a	TAX-EXEMPT BOND ISSUE	ST AGNES HEALTHCARE, INC IS A HEALTH FACILITY THAT IS PART OF THE ASCENSION HEALTH SYSTEM ASCENSION HEALTH IS THE BORROWER FOR TAX-EXEMPT HOSPITAL REVENUE BONDS ST AGNES HEALTHCARE, INC HOLDS AN INTERCOMPANY NOTE PAYABLE WITH ASCENSION HEALTH, AND THIS INFORMATION IS REPORTED ON THE BALANCE SHEET

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

Cat No 51056K

Schedule O (Form 990) 2008

#### DLN: 93493131027140

# SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

900 CATON AVENUE

52-0643673

BALTIMORE, MD21229

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Name of the organization **Employer identification number** ST AGNES HEALTHCARE INC 52-0591657 Part I **Identification of Disregarded Entities** (A) Name, address, and EIN of disregarded entity (B) (D) Legal domicile (state Direct controlling Primary activity Total income End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity CATON HEALTH CORPORATION PROVIDE HEALTH RELATED 900 CATON AVENUE PROGRAMS TO THE N/A MD 501(C)(4) BALTIMORE, MD21229 COMMUNITY 03-0384382 CATON HEALTH CORPORATION-PAC PROVIDE GOVERNMENT 900 CATON AVENUE SUPPORT FOR HOSPITAL MD 527 N/A BALTIMORE, MD21229 ACTIVITIES & PROGRAMS 90-0108494 ST AGNES FOUNDATION PROVIDES FUNDING TO THE 900 CATON AVENUE HOSPITAL & THE MD 501(C)(3) 11A-I N/A BALTIMORE, MD21229 COMMUNITY 52-1415083 SETON MEDICAL GROUP PROVIDE HEALTH CARE FORM 1023 PENDING SERVICES TO THE N/A 900 CATON AVENUE MD BALTIMORE, MD21229 COMMUNITY 39-2064992 ASCENSION HEALTH 501(C)(3) PO BOX 45998 NATIONAL HEALTH OFFICE МО 11A-I N/A ST LOUIS, MO63145 31-1662309 ST AGNES AUXILIARY

FUNDRAISING

MD

501(C)(3)

N/A

Part III Identification of Related Organizations Taxable as a Partnership

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary ac	tivity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total incom	( <b>G</b> ) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBi on Box 20 o		( <b>J</b> ) Gener mana partn	al or ging
								Yes	No			Yes	No
									1.0				
													_
Part IV Identification of Re	lated Org	anizations	Taxable	as a Corporatio	n or Trust								
<b>(A)</b> Name, address, and EIN of related orga	anızatıon	( <b>B)</b> Primary activi	ty	(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total income		Shar end-or ass	e of f-year	<b>(H</b> Percer owne	ntage	
ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD21229 52-1733632		HOLDING COMPA	ANY	MD	N/A	С	49,076	5		2,108,828	100 00	00 %	
									_				

Part V Transactions with Related Organiza
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Pē	art V Transactions with Related Organizations						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV	,	Yes	No			
LC	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	а		No			
b	Gift, grant, or capital contribution to other organization(s)	b '	Yes				
c	Gift, grant, or capital contribution from other organization(s)	c '	Yes				
d	Loans or loan guarantees to or for other organization(s)	d		No			
e Loans or loan guarantees by other organization(s)							
f	Sale of assets to other organization(s)	F		No			
g	Purchase of assets from other organization(s)	g		No			
h	n Exchange of assets	h		No			
i	Lease of facilities, equipment, or other assets to other organization(s)	i		No			
j	Lease of facilities, equipment, or other assets from other organization(s)	_		No			
k	k Performance of services or membership or fundraising solicitations for other organization(s)						
I	l Performance of services or membership or fundraising solicitations by other organization(s)						
n	n Sharing of facilities, equipment, mailing lists, or other assets	m `	Yes				
n	n Sharing of paid employees	n '	Yes				
0	Reimbursement paid to other organization for expenses	о '	Yes				
p	Reimbursement paid by other organization for expenses	р `	Yes				
q	Other transfer of cash or property to other organization(s)		Yes				
r	Other transfer of cash or property from other organization(s)	r		No			

2	If the answer to any of the above is "Yes	s," see the instructions for information on who n	nust complete this line, including cov	/ered relationships and trans:	action thresholds
		i	(B)	i	

	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	(C) Amount Involved
(1)	CATON HEALTHCARE CORPORATION	В	849,137
(2)	ST AGNES FOUNDATION	Р	740,442
(3)	ST AGNES FOUNDATION	С	410,260
(4)	ST AGNES FOUNDATION	L	740,398
(5)	ASCENSION HEALTH	0	10,490,873
(6)	ASCENSION HEALTH	Q	3,129,000

#### Part VI Unrelated Organizations Taxable as a Partnership

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

									_			
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			

Software ID:

Software Version:

**EIN:** 52-0591657

Name: ST AGNES HEALTHCARE INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part 11 - Identification of Related	ı ax-Exempt Organizai	țions	1	1	
<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
CATON HEALTH CORPORATION	PROVIDE HEALTH				
900 CATON AVENUE BALTIMORE, MD21229 03-0384382	RELATED PROGRAMS TO THE COMMUNITY	MD	501(C)(4)		N/A
CATON HEALTH CORPORATION-PAC  900 CATON AVENUE BALTIMORE, MD21229 90-0108494	PROVIDE GOVERNMENT SUPPORT FOR HOSPITAL ACTIVITIES & PROGRAMS	MD	527		N/A
ST AGNES FOUNDATION  900 CATON AVENUE BALTIMORE, MD21229 52-1415083	PROVIDES FUNDING TO THE HOSPITAL & THE COMMUNITY	MD	501(C)(3)	11A-I	N/A
SETON MEDICAL GROUP  900 CATON AVENUE  BALTIMORE, MD21229  39-2064992	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	I MD	FORM 1023 PENDING IR	3	N/A
ASCENSION HEALTH  PO BOX 45998 ST LOUIS, MO63145 31-1662309	NATIONAL HEALTH OFFICE	МО	501(C)(3)	11A-I	N/A
ST AGNES AUXILIARY  900 CATON AVENUE BALTIMORE, MD21229 52-0643673	FUNDRAISING	MD	501(C)(3)	9	N/A

## Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	( <b>B)</b> Transaction type(a-r)	(C) A mount Involved (\$)
(1)	CATON HEALTHCARE CORPORATION	В	849,137
(2)	ST AGNES FOUNDATION	Р	740,442
(3)	ST AGNES FOUNDATION	С	410,260
(4)	ST AGNES FOUNDATION	L	740,398
(5)	ASCENSION HEALTH	0	10,490,873
(6)	ASCENSION HEALTH	Q	3,129,000

### Software ID: Software Version:

**EIN:** 52-0591657

Name: ST AGNES HEALTHCARE INC

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		<b>(C)</b> Position (check all that apply)					(E)	(F)		
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
SISTER PATRICIA BOSSLE , BOARD DIRECTOR	1 40	X						0	0	0
ALBERT COUNSELMAN , BOARD DIRECTOR	4 40	×						0	0	0
MARC BUNTING , BOARD DIRECTOR	2 10	Х						0	0	0
PAUL J CHEW , BOARD DIRECTOR	2 10	Х						0	0	0
THELMA THOMAS DALEY, BOARD DIRECTOR	2 10	Х						0	0	0
SISTER EILEEN DAVIS , BOARD DIRECTOR	1 40	Х						0	0	0
GARY GIESEL , BOARD DIRECTOR	2 10	Х						0	0	0
BRUCE GRINDROD JR , BOARD DIRECTOR	1 50	Х						0	0	0
SISTER ELLEN MARIE HAGAR , BOARD DIRECTOR	1 70	×						0	0	0
SUE LOVELL , BOARD DIRECTOR	1 40	Х						0	0	0
FRANCIS X RYAN , BOARD DIRECTOR	2 30	Х						0	0	0
RON SCHACK, BOARD DIRECTOR	2 80	Х						0	0	0
SAM SYDNEY , BOARD DIRECTOR	2 10	X						0	0	0
HECTOR TORRES, BOARD DIRECTOR	1 50	Х						0	0	0
ADIL TOTOONCHIE MD , BOARD DIRECTOR	3 10	Х						0	0	0
BARBARA BOZZUTO , BOARD CHAIR	4 40	Х		Х				0	0	0
JOHN E WHEELER JR , VICE CHAIR	3 70	Х		Х				0	0	0
BONNIE PHIPPS , PRESIDENT	40 00	X		Х				663,424	0	
STEPHEN PLANTHOLT , SECRETARY RHONDA ANDERSON , SENIOR	1 40	X		X				349,517	0	
VP/CMO SCOTT FURNISS , VP FINANCE &	40 00	X		X				48,423	0	
PLANNING					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			·	0	·
ADRIAN LONG , EXECUTIVE VP/CMO WILLIAM GRESKOVICH , VP OPS &	40 00				X			451,195 230,603	0	,
CAMPUS CONSTRUC YOLANDA COPELAND , SR VP PATIENT CARE SVCS	40 00				х			258,975	0	30,338
ROBERT PALEY , CHAIRMAN DIAGNOSTIC IMAG	40 00					Х		498,306	0	27,110
CAROLE B MILLER , CANCER CENTER DIRECTOR	40 00					х		432,819	0	44,874
JESUS ESQUIVEL, SURGICAL ONCOLOGIST	40 00					х		438,665	0	37,875
ADAM FRANK , RADIOLOGIST	40 00					×		447,995	0	44,583
WILLIAM VALENTE , CHAIRMAN OF MEDICINE	40 00					х		427,499	0	44,120

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

ST. AGNES HEALTHCARE IS A SPIRITUALLY CENTERED HOSPITAL WHICH IS ROOTED IN THE HEALING MINISTRY OF JESUS. IN THE SPIRIT OF ST. ELIZABETH ANN SETON, AND IN COLLABORATION WITH OTHERS, WE CONTINUALLY REACH OUT TO ALL PERSONS IN OUR COMMUNITY WITH A SPECIAL CONCERN FOR THOSE WHO ARE POOR AND VULNERABLE. AS A CATHOLIC HEALTHCARE MINISTRY AND A MEMBER OF ASCENSION HEALTH, WE ARE DEDICATED TO THE ART OF HEALING TO SUSTAIN AND IMPROVE THE LIVES OF THE INDIVIDUALS, FAMILIES AND COMMUNITIES WE SERVE. WE ADVOCATE FOR A JUST SOCIETY.THROUGH OUR WORDS AND DEEDS, WE MINISTER IN AN ATMOSPHERE OF DEEP RESPECT, LOVE AND COMPASSION.PATIENTS ARE OUR PASSION. OUR PHYSICIANS, NURSES AND ASSOCIATES ARE OUR PRIDE. HEALING IS OUR JOY. WE ARE WIDELY KNOWN FOR THE WAY OUR PHYSICIANS, NURSES AND ASSOCIATES COMBINE SOPHISTICATED MEDICAL TECHNOLOGY WITH SPIRITUALITY AND COMPASSION. SHOULDER-TO-SHOULDER, WE STAND UNITED IN OUR COMMITMENT TO CARE FOR THOSE IN NEED. WE WILL BE A LEADER IN SERVICE EXCELLENCE.