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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	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST AGNES HEALTHCARE INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 900 CATON AVENUE NO 040 City or town, state or country, and ZIP + 4 BALTIMORE, MD 212295201	D Employer identification number 52-0591657 E Telephone number (410) 368-2491 G Gross receipts \$ 426,961,229
	F Name and address of principal officer BONNIE PHIPPS 900 CATON AVENUE NO 040 BALTIMORE,MD 212295201	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: ▶ WWW.STAGNES.ORG	
	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1862

Part I		Summary	
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities ST AGNES HEALTHCARE IS COMMITTED TO SPIRITUALLY-CENTERED HEALTH CARE WHICH IS ROOTED IN THE HEALING MINISTRY OF JESUS, WITH A SPECIAL CONCERN FOR THOSE WHO ARE POOR AND VULNERABLE AS A CATHOLIC HEALTHCARE MINISTRY, WE ARE DEDICATED TO THE ART OF HEALING TO IMPROVE THE LIVES OF THOSE THAT WE SERVE 		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	3,342
	6 Total number of volunteers (estimate if necessary)	6	202
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,810,453
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-340,992
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,150,286	2,538,629
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	370,493,603	390,651,963
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,425,917	29,360,028
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,242,726	4,260,951
		400,312,532	426,811,571
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	220,297	172,827
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	185,283,470	193,953,318
	16a Professional fundraising fees (Part IX, column (A), line 11e)	55,500	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	163,981,672	168,869,193
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	349,540,939	362,995,338
	19 Revenue less expenses Subtract line 18 from line 12	50,771,593	63,816,233
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	418,680,261	484,392,822
	21 Total liabilities (Part X, line 26)	171,668,134	153,786,674
	22 Net assets or fund balances Subtract line 21 from line 20	247,012,127	330,606,148

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	Signature of officer			2012-05-11 Date	
	SCOTT FURNISS SENIOR VICE PRESIDENT/CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JENNIFER L GILARDI	Preparer's signature JENNIFER L GILARDI	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ DELOITTE TAX LLP				Firm's EIN ▶
	Firm's address ▶ 200 RENAISSANCE CENTER SUITE 3900 DETROIT, MI 48243				Phone no ▶ (313) 396-3000
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 183,032,490 including grants of \$ 0) (Revenue \$ 232,827,903)

ST AGNES HOSPITAL PROVIDES A SUBSTANTIAL PORTION OF ITS SERVICES TOTHE ELDERLY AND POOR DURING THE FISCAL YEAR ENDING JUNE 30, 2011, APPROXIMATELY 45% OF THE VALUE OF SERVICES RENDERED WAS TO ELDERLY PATIENTS UNDER THE MEDICARE PROGRAM, AND APPROXIMATELY 15% OF THE VALUE OF SERVICES WAS PROVIDED TO PATIENTS WHO WERE DEEMED INDIGENT UNDER STATE, COUNTY, OR HOSPITAL GUIDELINES IN THE SPIRIT OF PRINCIPLES ADOPTED BY ASCENSION HEALTH, ST AGNES HOSPITAL HAS TAKEN PROACTIVE STEPS TO ADDRESS THOSE ISSUES THAT WILL AFFECT ACCESSIBILITY, THE FINANCING, AND THE DELIVERY OF HEALTHCARE TO ALL PERSONS, ESPECIALLY THE UNINSURED, UNDERINSURED, AND THE UNDERSERVED DURING THE FISCAL YEAR ENDING JUNE 30, 2011, THE ESTIMATED UNREIMBURSED COST OF SERVICES PROVIDED TO THE ELDERLY, UNINSURED, AND UNDERINSURED TOTALED \$16,617,518, INCLUDING \$12,314,893 FOR CHARITY CARE, AND \$4,302,625 OF UNREIMBURSED MEDICAID

4b

(Code) (Expenses \$ 6,820,772 including grants of \$ 172,827) (Revenue \$ 713,045)

COMMUNITY BENEFITS ARE PROGRAMS OR ACTIVITIES THAT PROVIDE TREATMENTAND/OR PROMOTE HEALTH AND HEALING AS A RESPONSE TO IDENTIFIED COMMUNITYNEEDS IN AN EFFORT TO PROMOTE HEALTHY LIVING, ST AGNES HAS MADE AVAILABLE WELLNESS PROGRAMS TO THE COMMUNITY THESE PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO ADULT, INFANT AND CHILD CPR CLASSES, ASTHMA CURRICULA, BARIATRIC SEMINARS, BASIC LIFE SUPPORT CLASSES, BREAST HEALTH CLINICS AND SEMINARS, FIRST AID CLASSES, JOINT AND PAIN SEMINARS, RUNNING CLINICS, BABYSITTING CLASSES, BLOOD PRESSURE, CHOLESTEROL, AND BLOOD SUGAR SCREENINGS, DIABETES AND HEART DISEASE PREVENTION EDUCATION, INTERNATIONAL EARLY LUNG CARE ACTION PROJECT STUDIES, HEART HEALTH AWARENESS PROGRAMS FOR AFRICAN AMERICAN WOMEN, GASTRO ESOPHAGEAL REFLUX DISEASE SEMINARS, ACTIVITIES IN THE PEDIATRICS WAITING ROOM OF THE COMMUNITY CARE CLINIC PROMOTING EARLY DEVELOPMENT OF READING SKILLS, ACTIVITIES RELATED TO THE SUCCESSFUL DISCHARGE OF PATIENTS SUCH AS PROVIDING TRANSPORTATION, PRESCRIPTIONS, OXYGEN, DURABLE MEDICAL EQUIPMENT, AND SHORT-TERM STAYSIN NURSING OR REHABILITATION CENTERS, AND PROVIDING GYNECOLOGICAL SERVICES TO UNINSURED, LARGELY SPANISH SPEAKING PERSONS AT THE ESPERANZA CLINIC, AND THE WELL4LIFE PROGRAM, WHICH USES A MULTIDISCIPLINARY APPROACH TO WEIGHT LOSS, EXERCISE, LIFESTYLE AND MINDSET CHANGES, FOCUSED ON BATTLING OBESITY CHALLENGES ST AGNES HEALTHCARE HAS A LONG STANDING TRADITION OF PROVIDING MEDICALEDUCATION AND TRAINING ST AGNES ADMINISTERS A FIVE YEAR, FULLYACCREDITED, GENERAL SURGERY RESIDENCY PROGRAM CONSISTING OF TWENTYSURGICAL RESIDENTS THIS ACADEMICALLY ORIENTED, COMMUNITY BASED, UNIVERSITY AFFILIATED RESIDENCY PROGRAM IS THE SECOND OLDEST SURGICAL RESIDENCY PROGRAM IN THE UNITED STATES THE PROGRAM IS ACTIVE IN BOTH BASIC AND ADVANCED LAPAROSCOPIC SURGERY RESIDENTS ARE OFFERED A BROAD BASED SURGICAL EXPERIENCE WITH EXPOSURE NOT ONLY TO THE FIELD OF GREATER GENERAL SURGERY, BUT ALSO TO ALL THE SURGICAL SPECIALTIES THERE IS EXTENSIVE EXPERIENCE AND TRAINING IN MANAGING THE CRITICALLY ILL SURGICAL PATIENT ADDITIONALLY, THE PROGRAM ALSO CONTAINS ROTATIONS IN BURN MANAGEMENT, TRAUMA, TRANSPLANT AND GASTROINTESTINAL ENDOSCOPY THE DEPARTMENT OF SURGERY INCLUDES MORE THAN 198 SURGEONS IN 10 SURGICAL SPECIALTIES THERE ARE TWENTY-SIX FULL-TIME SURGEONS IN THE DEPARTMENT COMPLEMENTED BY ATTENDING SURGEONS WHO ARE DEDICATED TO THE RESIDENCY-TRAINING PROGRAM AND ARE ACTIVELY INVOLVED IN THE TEACHING PROGRAM MEDICAL STUDENTS HAVE ALSO BEEN A PART OF ST AGNES' TRAINING PROGRAM FOR MORE THAN SIX DECADES THE OPPORTUNITY FOR THE RESIDENTS TO TEACH THE STUDENTS CONTRIBUTES SIGNIFICANTLY TO THE PROFESSIONAL DEVELOPMENT OF THE RESIDENT AND PROVIDES A VITAL SERVICE TO THE STUDENT ST AGNES ALSO HAS A MEDICAL RESIDENCY PROGRAM CONSISTING OF FORTYRESIDENTS THE DYNAMIC INTERACTION BETWEEN THE FACULTY AND THE HOUSESTAFF CREATES A STIMULATING INTELLECTUAL ENVIRONMENT CENTERED ON THEKEY PRINCIPLES OF PATIENT CARE, EDUCATION AND CLINICAL RESEARCH SIMILAR TO THE SURGICAL RESIDENTS, THE MEDICAL RESIDENTS ARE INVOLVED IN THE TEACHING OF MEDICAL STUDENTS DUE TO ST AGNES' AFFILIATION WITH THE UNIVERSITY OF MARYLAND MEDICAL SCHOOL AND JOHNS HOPKINS SCHOOL OF MEDICINE, THE RESIDENTS ARE PRESENTED AN OPPORTUNITY TO ROTATE THROUGH THOSE HOSPITALS, FURTHER ENRICHING THE PATIENT CARE EXPERIENCE THE RESIDENCY PROGRAM ALLOWS THE RESIDENTS TO BECOME PROFICIENT IN OBTAINING CLINICAL DATA BY PATIENT INTERVIEW, PHYSICAL EXAMINATION, AND INTERPRETATION OF LABORATORY DATA THE RESIDENTS ALSO BECOME PROFICIENT IN UTILIZING CLINICAL DATA TO PRIORITIZE PROBLEMS AND FORMULATE DIFFERENTIAL DIAGNOSES THE TRAINING PROGRAM HELPS THE RESIDENTS LEARN TO FORMULATE DIAGNOSTIC AND THERAPEUTIC PLANS DEMONSTRATING AWARENESS OF RISKS, BENEFITS, COSTS, PATIENT PREFERENCES, AND ETHICAL AND PSYCHOSOCIAL ISSUES

4c

(Code) (Expenses \$ 110,943,315 including grants of \$ 0) (Revenue \$ 192,209,230)

ST AGNES HOSPITAL PROVIDES THE FOLLOWING IN-PATIENT AND OUTPATIENT MEDICAL SERVICES TO THE COMMUNITY AMBULATORY CARE CENTER SERVICES, CARDIOVASCULAR SERVICES, CANCER TREATMENT SERVICES, EMERGENCY CARE CENTER SERVICES, LABORATORY SERVICES, ORTHOPEDIC SERVICES, PAIN MANAGEMENT, PRIMARY CARE PHYSICIANS, RADIOLOGY SERVICES, REHABILITATION SERVICES, SLEEP STUDIES, STROKE SERVICES, OBSTETRICS, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, WOUND CARE, RESPIRATORY THERAPY, SURGERY, PEDIATRICS, IMAGING CLINIC, BARIATRIC SERVICES, RESPIRATORY THERAPY, WOMEN'S HEALTH SERVICES, DIABETES WELLNESS PROGRAMS, PALLIATIVE CARE SERVICES, AND AN ANTICOAGULATION CLINIC SOME OF THE SERVICES LISTED OPERATE AT A LOSS IN ORDER TO ENSURE THAT ALL SERVICES ARE AVAILABLE TO MEET COMMUNITY HEALTH CARE NEEDS DURING THE FISCAL YEAR ENDING JUNE 30, 2011, OUR HOSPITAL TREATED 19,618 INPATIENT ADULTS AND CHILDREN IN THE COMMUNITY FOR A TOTAL OF 80,500 PATIENT DAYS OF SERVICE THE HOSPITAL ALSO PROVIDED SERVICES TO 499,369 OUTPATIENTS, INCLUDING 6,432 OUTPATIENT SURGERY PATIENTS, 68,705 EMERGENCY ROOM VISITS, AND 43,823 CLINIC VISITS

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)























4e

Total program service expenses

\$ 300,796,577

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
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 U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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 U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> 	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	295
b	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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	3,342
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	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	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

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

Section B. Policies

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	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?	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MD
18	Section 6104 requires an organization to make its 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SISTER PATRICIA ANN BOSSLE DC BOARD DIRECTOR	1 40	X						0	0	0
(2) SAM SYDNEY BOARD DIRECTOR	2 10	X						0	0	0
(3) MARC BUNTING BOARD DIRECTOR	2 40	X						0	0	0
(4) HECTOR L TORRES BOARD DIRECTOR	1 50	X						0	0	0
(5) A GREGORY KELLY JR BOARD DIRECTOR	3 00	X						0	0	0
(6) CHARLES G TILDON III BOARD DIRECTOR	2 10	X						0	0	0
(7) GARY N GEISEL BOARD DIRECTOR	2 10	X						0	0	0
(8) BRUCE R GRINDROD JR BOARD DIRECTOR	1 50	X						0	0	0
(9) SISTER ELLEN MARIE HAGAR BOARD DIRECTOR	1 70	X						0	0	0
(10) M SUE LOVELL BOARD DIRECTOR	1 40	X						0	0	0
(11) JAMES B SELLINGER BOARD DIRECTOR	2 70	X						0	0	0
(12) RONALD H SCHACK BOARD DIRECTOR	2 80	X						0	0	0
(13) ALBERT R COUNSELMAN BOARD DIRECTOR	2 00	X						0	0	0
(14) BARBARA BOZZUTO BOARD CHAIR	4 40	X		X				0	0	0
(15) JOHN E WHEELER VICE CHAIR	3 70	X		X				0	0	0
(16) BONNIE PHIPPS PRESIDENT	50 00	X		X				1,104,994	0	27,244

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) ADIL TOTOONCHIE MD MBA SECRETARY	3 10	X		X				0	0	0
(18) PAUL J CHEW TREASURER	2 10	X		X				0	0	0
(19) SCOTT FURNISS SENIOR VP/CFO	50 00				X			263,838	0	25,222
(20) ADRIAN LONG EXECUTIVE VP/CMO	50 00				X			430,702	0	32,399
(21) WILLIAM GRESKOVICH VP OPERATIONS & CAPITAL PROJECTS	50 00				X			265,548	0	42,785
(22) YOLANDA COPELAND SENIOR VP PATIENT CARE SERVICES	50 00				X			277,150	0	31,518
(23) GEORGE GRACE MEDICAL DIR PLASTIC/HAND SURGERY	50 00					X		843,960	0	51,498
(24) HOWARD HESSAN MEDICAL DIRECTOR OTOLARYNGOLOGY	50 00					X		778,208	0	43,745
(25) LAWRENCE SHIN ORTHOPEDIC SURGEON	50 00					X		665,947	0	29,987
(26) VINEY SETYA CHIEF GENERAL SURGERY	50 00					X		561,808	0	21,884
(27) ROBERT PALEY CHAIRMAN DIAGNOSTIC IMAGING	50 00					X		520,115	0	34,229
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								5,712,270	0	340,511

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization10

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EAGLEEYE RADIOLOGY INC 12100 SUNRISE VALLEY DRIVE RESTON, VA 20191	RADIOLOGY SERVICES	1,168,000
DRS HICKEN CRANLEY & TAYLOR PA CLINICA 3455 WILKENS AVENUE BALTIMORE, MD 21229	CONTRACTUAL SERVICES	1,000,519
MIDATLANTIC CARDIOVASCULAR 1838 GREENE TREE ROAD BALTIMORE, MD 21208	CARDIOLOGY SERVICES	711,113
EMCARE INC 7032 COLLECTION CENTER DRIVE CHICAGO, IL 60693	CONTRACTUAL SERVICES	534,376
ACCESS NURSING SERVICES 411 MANVILLE ROAD PLEASANTVILLE, NY 10570	NURSING SERVICES	326,932
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization51		

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d		1,815,903			
	e Government grants (contributions) 1e		722,726			
	f All other contributions, gifts, grants, and similar amounts not included above 1f					
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		2,538,629			
Program Service Revenue			Business Code			
	2a PATIENT REVENUE		621990	384,433,913	379,623,460	4,810,453
	b ANCILLARY JOINT VENT		900099	4,732,305	4,732,305	
	c SYSTEM SUPPORT		900099	780,914	780,914	
	d MEDICAL STUDENT		900099	704,831	704,831	
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			390,651,963		
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)			29,360,028		29,360,028
	4 Income from investment of tax-exempt bond proceeds . .					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross Rents		710,041			
	b Less rental expenses		149,658			
	c Rental income or (loss)		560,383			
	d Net rental income or (loss)			560,383		560,383
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a			
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . .					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities . .					
	10a Gross sales of inventory, less returns and allowances		a			
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory . .					
	Miscellaneous Revenue		Business Code			
11a CAFETERIA REVENUE		900099	1,428,053		1,428,053	
b NET ASSETS RELEASED		900099	670,409		670,409	
c						
d All other revenue			1,602,106		1,602,106	
e Total. Add lines 11a-11d			3,700,568			
12 Total revenue. See Instructions			426,811,571	385,841,510	4,810,453	33,620,979

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	156,232	156,232		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	16,595	16,595		
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	2,528,595		2,528,595	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	11,257,102	9,682,840	1,574,262	
7	Other salaries and wages	148,677,368	126,755,890	21,921,478	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,828,468	8,254,083	1,574,385	
9	Other employee benefits	10,117,752	8,497,028	1,620,724	
10	Payroll taxes	11,544,033	9,694,839	1,849,194	
a	Fees for services (non-employees)				
	Management				
b	Legal	907,968	89,620	818,348	
c	Accounting	96,872		96,872	
d	Lobbying	36,287		36,287	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	27,292,637	18,681,003	8,611,634	
12	Advertising and promotion	1,137,338	53,597	1,083,741	
13	Office expenses	67,892,491	64,635,280	3,257,211	
14	Information technology	8,571,483	8,571,483		
15	Royalties				
16	Occupancy	1,865,886	1,200,263	665,623	
17	Travel	216,743	79,660	137,083	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	242,266	171,131	71,135	
20	Interest	372,542		372,542	
21	Payments to affiliates	2,562,467		2,562,467	
22	Depreciation, depletion, and amortization	14,799,226	8,726,233	6,072,993	
23	Insurance	2,193,702	2,740,362	-546,660	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBTS	16,691,981	16,691,981		
b	UTILIZATION	7,767,255	7,767,255		
c	UTILITIES	4,311,880	4,311,880		
d	RECRUITING COSTS	728,017	201,389	526,628	
e	CME	290,726	286,431	4,295	
f	All other expenses	10,891,426	3,531,502	7,359,924	
25	Total functional expenses. Add lines 1 through 24f	362,995,338	300,796,577	62,198,761	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				8,274,448	1	10,174,402
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net				3,408,039	3	3,295,641
	4	Accounts receivable, net				42,184,727	4	45,978,875
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L					6	
	7	Notes and loans receivable, net				580,541	7	554,544
	8	Inventories for sale or use				4,148,141	8	4,775,336
	9	Prepaid expenses and deferred charges				1,204,806	9	1,888,963
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	341,726,561				
	b	Less: accumulated depreciation	10b	129,384,358		171,293,200	10c	212,342,203
	11	Investments—publicly traded securities				2,618,082	11	3,017,359
	12	Investments—other securities. See Part IV, line 11					12	
	13	Investments—program-related. See Part IV, line 11				13,312,673	13	16,044,977
	14	Intangible assets					14	1,486,920
	15	Other assets. See Part IV, line 11				171,655,604	15	184,833,602
	16	Total assets. Add lines 1 through 15 (must equal line 34)				418,680,261	16	484,392,822
Liabilities	17	Accounts payable and accrued expenses				34,712,034	17	48,101,034
	18	Grants payable					18	
	19	Deferred revenue				11,710	19	11,710
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties				80,586,587	24	80,006,845
	25	Other liabilities. Complete Part X of Schedule D				56,357,803	25	25,667,085
	26	Total liabilities. Add lines 17 through 25				171,668,134	26	153,786,674
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets				235,998,571	27	319,306,971
	28	Temporarily restricted net assets				10,889,313	28	11,168,819
	29	Permanently restricted net assets				124,243	29	130,358
		Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				247,012,127	33	330,606,148
	34	Total liabilities and net assets/fund balances				418,680,261	34	484,392,822

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	426,811,571
2	Total expenses (must equal Part IX, column (A), line 25)	2	362,995,338
3	Revenue less expenses Subtract line 2 from line 1	3	63,816,233
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	247,012,127
5	Other changes in net assets or fund balances (explain in Schedule O)	5	19,777,788
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	330,606,148

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

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

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

Part I-A

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

- 1
- Provide a description of the organization’s direct and indirect political campaign activities in Part IV
- 2
- Political expenditures
- ▶
- \$
- 3
- Volunteer hours

Part I-B

Complete if the organization is exempt under section 501(c)(3).

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

Part I-C

Complete if the organization is exempt under section 501(c) except section 501(c)(3).

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		36,287
	j Total lines 1c through 1i			36,287
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	LOBBYING EXPENSES REPRESENT THE DUES PAID TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS, A PORTION OF WHICH IS SPECIFICALLY ALLOCABLE TO LOBBYING

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
ST AGNES HEALTHCARE INC

Employer identification number
52-0591657

Part I

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

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

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

2a Total number of conservation easements

2b Total acreage restricted by conservation easements

2c Number of conservation easements on a certified historic structure included in (a)

2d Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year

2a

2b

2c

2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

2a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

2b Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

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

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	2,685,977	2,374,969	2,926,667		
b Contributions					
c Investment earnings or losses	412,356	311,008	-551,698		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,098,333	2,685,977	2,374,969		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 96 000 %

c

Term endowment ▶ 4 000 %

3a

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

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		488,600		488,600
b Buildings		141,545,890	23,010,916	118,534,974
c Leasehold improvements		2,728,008	1,422,152	1,305,856
d Equipment		78,914,707	53,850,477	25,064,230
e Other		118,049,356	51,100,813	66,948,543
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				212,342,203

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
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	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
		PART V, LINE 4, ENDOWMENT FUNDS WHITEFORD ENDOWMENT - 50% TO BE UTILIZED TO ERECT A WING OR 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 BEEN 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, THE ORGANIZATION DOES NOT CONDUCT A SEPARATE AUDIT OF ITS FINANCIAL STATEMENTS, BUT IS INCLUDED IN THE ASCENSION HEALTH SYSTEM CONSOLIDATED AUDITED FINANCIAL STATEMENTS. PER THE FINANCIAL STATEMENTS OF ASCENSION HEALTH, THERE IS NO CURRENT YEAR ASC 740 (FORMERLY KNOWN AS FIN 48 FOOTNOTE

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
		<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
		7 Direct expense summary Add lines 2 through 5 in column (d) ▶			
		8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ST AGNES HEALTHCARE INC

Employer identification number
52-0591657

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
b	If "Yes," is it a written policy?	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input checked="" type="checkbox"/> 200%<input type="checkbox"/> Other _____%</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input checked="" type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____%</div> 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 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?		
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a	Does the organization prepare a community benefit report during the tax year?	Yes	
6b	If "Yes," did the organization make it available to the public?	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			12,314,893		12,314,893	3 560 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			8,928,787	4,626,162	4,302,625	1 190 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			21,243,680	4,626,162	16,617,518	4 750 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,996,448	46,948	2,949,500	0 810 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			2,563,049	524,088	2,038,961	0 560 %
h Research (from Worksheet 7)			443,228	142,009	301,219	0 080 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			818,047		818,047	0 230 %
j Total Other Benefits			6,820,772	713,045	6,107,727	1 680 %
k Total. Add lines 7d and 7j			28,064,452	5,339,207	22,725,245	6 430 %

Part IICommunity Building Activities

during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support			45,527	30,000	15,527	0 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total			45,527	30,000	15,527	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	211,783,985	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3147,658	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5137,281,270	
6	Enter Medicare allowable costs of care relating to payments on line 5	6131,768,096	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	75,513,174	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9aYes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9bYes	

Part IVManagement Companies and Joint Ventures

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

Schedule H (Form 990) 2010

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 8

Name and address		Type of Facility (Describe)
1	PLASTIC AND RECONSTRUCTIVE SURGERY 300 FREDERICK ROAD SUITE 200 100 CATONSVILLE, MD 21228	PLASTIC SURGERY
2	PLASTIC AND RECONSTRUCTIVE SURGERY 300 FREDERICK ROAD SUITE 200 100 CATONSVILLE, MD 21228	PLASTIC SURGERY
3	PLASTIC AND RECONSTRUCTIVE SURGERY 300 FREDERICK ROAD SUITE 200 100 CATONSVILLE, MD 21228	PLASTIC SURGERY
4	PLASTIC AND RECONSTRUCTIVE SURGERY 300 FREDERICK ROAD SUITE 200 100 CATONSVILLE, MD 21228	PLASTIC SURGERY
5	PLASTIC AND RECONSTRUCTIVE SURGERY 300 FREDERICK ROAD SUITE 200 100 CATONSVILLE, MD 21228	PLASTIC SURGERY
6	PLASTIC AND RECONSTRUCTIVE SURGERY 300 FREDERICK ROAD SUITE 200 100 CATONSVILLE, MD 21228	PLASTIC SURGERY
7	PLASTIC AND RECONSTRUCTIVE SURGERY 300 FREDERICK ROAD SUITE 200 100 CATONSVILLE, MD 21228	PLASTIC SURGERY
8	PLASTIC AND RECONSTRUCTIVE SURGERY 300 FREDERICK ROAD SUITE 200 100 CATONSVILLE, MD 21228	PLASTIC SURGERY
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 3C GENERALLY, DISCOUNTED CARE TO LOW INCOME INDIVIDUALS IS PROVIDED ON A SLIDING SCALE FOR THOSE NOT EXCEEDING 300% OF THE FEDERAL POVERTY LEVEL FOR EMERGENCY DEPARTMENT PATIENTS AND OTHER OUTPATIENTS (ACCOUNT BALANCES UNDER \$500 00) MAY BE GRANTED CHARITY EXCLUSIVELY BASED UPON THE USE OF THE AUTOMATED ELIGIBILITY SOFTWARE ONLY IN THOSE INSTANCES, A SIGNED/COMPLETED APPLICATION WILL NOT BE REQUIRED ADDITIONALLY, PATIENTS MAY ALSO BE ELIGIBLE FOR CHARITY CARE IF THEY MEET CRITERIA THAT WOULD DETERMINE THAT THEY ARE EXPERIENCING A FINANCIAL HARDSHIP FINANCIAL HARDSHIP IS DEFINED AS MEDICAL DEBT FOR MEDICALLY NECESSARY SERVICES INCURRED BY A FAMILY WITH INCOME BELOW 500% OF THE FEDERAL POVERTY LEVEL THAT EXCEEDS 25% OF THE FAMILY INCOME OVER A 12 MONTH PERIOD MEDICAL DEBT IS OUT OF POCKET EXPENSES, EXCLUDING COPAYMENTS, COINSURANCE AND DEDUCTIBLES FOR MEDICAL COSTS BILLED BY ST AGNES HEALTHCARE THE PATIENT AND ANY IMMEDIATE FAMILY MEMBER OF THE PATIENT LIVING IN THE SAME HOUSEHOLD ARE ELIGIBLE

Identifier	ReturnReference	Explanation
		<p>PART I, LINE 7 THE COSTING METHODOLOGY USED TO COMPLETE LINE 7A (CHARITY CARE) AND LINE 7B (UNREIMBURSED MEDICAID) IN THE TABLE WAS THE COST TO CHARGE RATIO THE COST TO CHARGE RATIO WAS CALCULATED IN ACCORDANCE WITH WORKSHEET 2 OF THE INTERNAL REVENUE SERVICE INSTRUCTIONS FOR SCHEDULE H, WHICH SUGGESTS USING THE OPERATING EXPENSES FROM THE FILING ENTITY'S FINANCIAL STATEMENTS, EXCLUDING BAD DEBT AND CERTAIN OTHER ADJUSTMENTS, AND APPLYING THE RESULT TO THE GROSS CHARGES FROM THE FILING ENTITY'S FINANCIAL STATEMENTS THE RESULTING RATIO IS USED TO CALCULATE CHARITY CARE AT COST AND UNREIMBURSED MEDICAID PART I LINE 7 CHARITY CARE AT COST - LINE 7A COLUMN D MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE PT I LINE 7 UNREIMBURSED MEDICAID - COLUMN C,D,E,FMARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO, MEDICAID RECOGNIZES FULL REIMBURSEMENT THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM THE AMOUNTS REPORTED IN PART I, LINE 7B REPRESENT UNREIMBURSED MEDICAID COSTS FOR UNREGULATED HEALTH CARE ACTIVITIES AND THE MEDICAID ASSESSMENT PART I LINE 7 COLUMN FBAD DEBT EXPENSE FROM PART IX, STATEMENT OF FUNCTIONAL EXPENSES, EXCLUDED FROM THE DENOMINATOR USED TO CALCULATE TOTAL CHARITY CARE EXPENSE WAS \$16,691,981</p>

Identifier	ReturnReference	Explanation
		<p>PART III, LINE 4 PART III SECTION A - BAD DEBT EXPENSE LINE 2 & 3THE BAD DEBT EXPENSE REPORTED AT COST WAS ESTIMATED USING THE BAD DEBT EXPENSE FROM THE CONSOLIDATED ST AGNES HEALTHCARE FINANCIAL STATEMENTS, APPLYING THE COST TO CHARGE RATIO DEVELOPED USING WORKSHEET 2 FROM THE SCHEDULE H INSTRUCTIONS THE STATE OF MARYLAND IS AN "ALL PAYOR" STATE REGULATED BY THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) WHERE ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL THEREFORE, SELF PAY DISCOUNTS, ARE LARGELY NOT APPLICABLE FOR REGULATED ACTIVITY AND HAVE NO IMPACT ON BAD DEBT EXPENSE THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE, AT COST, ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS ESTIMATED BY EXAMINING ALL BAD DEBT WRITE-OFFS AT THE PATIENT ACCOUNT LEVEL DURING THE FISCAL YEAR THOSE ACCOUNTS THAT HAD AN INSURANCE CLASSIFICATIONS OF CHARITY, CHARITY PENDING, OR MEDICAID PENDING THAT WAS SUBSEQUENTLY WRITTEN OFF TO BAD DEBT, ARE ASSUMED TO BE PATIENTS THAT WOULD HAVE BEEN ELIGIBLE FOR ASSISTANCE UNDER THE CHARITY CARE POLICY IF SUFFICIENT INFORMATION WOULD HAVE BEEN PROVIDED TO MAKE THAT DETERMINATION THE SUM OF THOSE ACCOUNTS, MULTIPLIED BY THE COST TO CHARGE RATIO, IS REPORTED IN SECTION A, LINE 3 PART III LINE 4</p> <p>SECTION A - BAD DEBT EXPENSENET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS, AND OTHERS FOR SERVICES PROVIDED AND INCLUDES ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYORS REVENUE UNDER CERTAIN THIRD-PARTY PAYOR AGREEMENTS IS SUBJECT TO AUDIT, RETROACTIVE ADJUSTMENTS, AND SIGNIFICANT REGULATORY ACTIONS PROVISIONS FOR THIRD-PARTY PAYOR SETTLEMENTS AND ADJUSTMENTS ARE ESTIMATED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED AND ADJUSTED IN FUTURE PERIODS AS ADDITIONAL INFORMATION BECOMES AVAILABLE AND AS FINAL SETTLEMENTS ARE DETERMINED LAWS AND REGULATIONS GOVERNING THE MEDICARE AND MEDICAID PROGRAMS ARE COMPLEX AND SUBJECT TO INTERPRETATION AS A RESULT, THERE IS AT LEAST A POSSIBILITY THAT RECORDED ESTIMATES WILL CHANGE BY A MATERIAL AMOUNT IN THE NEAR TERM DURING 2011 AND 2010, APPROXIMATELY 45% AND 44%, RESPECTIVELY, OF NET PATIENT SERVICE REVENUE WAS RECEIVED UNDER THE MEDICARE PROGRAM AND 15% AND 14%, RESPECTIVELY, UNDER VARIOUS STATE MEDICAID PROGRAMS THE HEALTH MINISTRY GRANTS CREDIT WITHOUT COLLATERAL TO ITS PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AND ARE INSURED UNDER THIRD-PARTY PAYOR ARRANGEMENTS SIGNIFICANT CONCENTRATIONS OF ACCOUNTS RECEIVABLE AT JUNE 30, 2011 AND 2010 INCLUDE MEDICARE (29% AND 31%, RESPECTIVELY) AND VARIOUS STATES' MEDICAID (22% AND 20%, RESPECTIVELY) PROGRAMS THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING ECONOMIC CONDITIONS, HISTORICAL EXPERIENCE, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE HEALTH MINISTRY FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE HEALTH MINISTRY'S POLICIES</p>

Identifier	ReturnReference	Explanation
		<p>PART III, LINE 8 INCLUDED IN LINE 5 AND 6 OF SECTION B ARE MEDICARE ALLOWABLE COSTS AND REIMBURSEMENT REPORTED ON THE HOSPITAL'S MEDICARE COST REPORT THIS INCLUDES REIMBURSABLE ACUTE HOSPITAL SERVICES IN ADDITION, THE HOSPITAL HAS ALSO INCLUDED MEDICARE NET REVENUES AND EXPENSES FOR NON-HOSPITAL SERVICES NECESSARY TO SUPPORT HOSPITAL OPERATIONS THIS INCLUDES PROFESSIONAL RADIOLOGY, ANESTHESIA AND OTHER PHYSICIAN SPECIALTY SERVICES THE MEDICARE SURPLUS OF \$17,349,080 FOR HOSPITAL SERVICES WAS CALCULATED BY SUBTRACTING THE MEDICARE COSTS (GROSS MEDICARE REVENUE MULTIPLIED BY THE COST TO CHARGE RATIOS REPORTED ON THE MEDICARE COST REPORT) FROM THE MEDICARE PAYMENTS NON-HOSPITAL SERVICES SHORTFALL OF \$11,835,906 WAS CALCULATED BY MULTIPLYING EACH NON-HOSPITAL SERVICES' MEDICARE PATIENT SHARE BY THE NON-HOSPITAL SERVICES' ANNUAL OPERATING LOSS MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL THIS UNIQUE PAYMENT SYSTEM IS DESIGNED FOR ALL PAYORS TO SHARE THE COST OF HEALTHCARE EQUALLY, MEANING THE COST SHIFTING TO PRIVATE PAYORS, THAT IS COMMONLY SEEN IN OTHER STATES, IS NOT EXPERIENCED IN MARYLAND THIS MODEL RESULTS IN A SURPLUS OF PAYMENT OVER EXPENSE</p>

Identifier	ReturnReference	Explanation
		PART III, LINE 9B IT IS ST AGNES HEALTHCARE'S POLICY TO PLACE ACCOUNTS THAT HAVE BEEN WRITTEN OFF TO BAD DEBT WITH A COLLECTION AGENCY FOR ADDITIONAL COLLECTION EFFORT PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE REVENUE CYCLE PATIENTS WHO WORK TO APPLY FOR CHARITY CARE WHOSE ACCOUNT RESIDES AT THE AGENCY WILL BE REFERRED TO THE HOSPITAL BY THE AGENCY THE AGENCY WILL DELETE THE ACCOUNT AND THE HOSPITAL WILL WORK WITH THE PATIENT TO COMPLETE THE CHARITY CARE APPLICATION PROCESS EMERGENCY DEPARTMENT PATIENTS AND OTHER OUTPATIENTS (ACCOUNT BALANCES UNDER \$500 00) MAY BE GRANTED CHARITY EXCLUSIVELY BASED UPON THE USE OF AN AUTOMATED ELIGIBILITY SOFTWARE A SIGNED/ COMPLETED APPLICATION WILL NOT BE REQUIRED IN THOSE INSTANCES

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 2 ST AGNES HEALTHCARE PREPARES A COMMUNITY NEEDS ASSESSMENT EVERY THREE YEARS, WHICH WAS LAST UPDATED IN APRIL 2007 THE HEALTH STATUS OF A COMMUNITY CAN BE MEASURED BY A VARIETY OF METHODS CONSIDERATIONS CAN INCLUDE BIRTH AND DEATH RATES, LIFE EXPECTANCY, MORBIDITY, HEALTH INSURANCE COVERAGE, HEALTH RESOURCES AVAILABILITY, AND POPULATION DATA TO THE EXTENT POSSIBLE, ST AGNES HEALTHCARE SEEKS TO CONSIDER MANY OF THESE FACTORS ST AGNES HEALTHCARE'S COMMUNITY NEEDS ASSESSMENT FOCUSES ON HEALTH STATUS INDICATORS THAT HAVE BEEN GROUPED INTO FOUR KEY AREAS DEMOGRAPHICS, SOCIOECONOMIC STATUS, HEALTH STATUS, AND HEALTH RESOURCE UTILIZATION/PHYSICIAN MANPOWER NEEDS TO SUPPORT THE ANALYSIS, READILY AVAILABLE DATA WAS GATHERED FROM THE U S CENSUS AND MARYLAND DISCHARGE DATABASES FOR INPATIENT AND EMERGENCY SERVICES, AND POPULATION FORECASTS THE FIRST HEALTH STATUS INDICATOR GROUPING INVOLVES DEMOGRAPHICS THE ANALYSIS OF DEMOGRAPHIC DATA INCLUDES A REVIEW OF POPULATION DENSITY, POPULATION AGE LESS THAN OR EQUAL TO FIVE YEARS OLD, POPULATION AGE GREATER THAN OR EQUAL TO SIXTY-FIVE YEARS OLD, FEMALE POPULATION AGES FIFTEEN TO FORTY-FOUR, FEMALE POPULATION GROWTH AGES FIFTEEN TO FORTY-FOUR, POPULATION GROWTH AGE GREATER THAN OR EQUAL TO SEVENTY-FIVEYEARS OLD, AND MINORITY POPULATION THE SECOND HEALTH STATUS INDICATOR GROUPING INVOLVES SOCIOECONOMIC STATUS THE ANALYSIS OF SOCIOECONOMIC DATA INCLUDES A REVIEW OF THE PERCENT OF HOUSEHOLDS IN POVERTY, CHILDREN LIVING IN POVERTY, AVERAGE HOUSEHOLD INCOME, POPULATION OF UNINSURED, POPULATION AGE EIGHTEEN TO TWENTY-FOUR WITH A HIGH SCHOOL DIPLOMA, TOTAL POPULATION WITHOUT A HIGH SCHOOL DIPLOMA, POPULATION WITH DISABILITIES, UNEMPLOYED CIVILIAN LABOR FORCE, LEVEL OF RENTAL HOUSING, AND LEVEL OF VACANT HOUSING THE THIRD DATA GROUPING INVOLVES A MORE DETAILED REVIEW OF CERTAIN ADDITIONAL HEALTH STATUS INDICATORS THE HEALTH STATUS ANALYSIS REVIEWS AMBULATORY SENSITIVE HOSPITALIZATIONS, SUCH AS ASTHMA, CONGESTIVE HEART FAILURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIABETES, HYPERTENSION, AND PNEUMONIA THE HEALTH STATUS ANALYSIS ALSO EXAMINES MATERNAL AND INFANT HEALTH, INCLUDING THE LEVEL OF BIRTHS TO TEEN MOMS, THE LEVEL OFLOW BIRTH WEIGHT INFANTS, THE LEVEL OF BIRTH DEFECTS, THE LEVEL OF INFANT MORTALITY, AND THE LEVEL OF BIRTHS WITH INSUFFICIENT PRENATAL CARE ADDITIONALLY, MAJOR DISEASE PREVALENCE IS ALSO EXAMINED THIS INCLUDES EXAMINING THE CANCER, CARDIOVASCULAR, AND STROKE DISCHARGES PER ONE THOUSAND POPULATION MAJOR DISEASE PREVALENCE ALSO INCLUDES EXAMINING LIFESTYLE BEHAVIORS AND INDICATORS, SUCH AS OBESITY, MENTAL HEALTH, SUBSTANCE ABUSE, TOBACCO USE AND HIV THE FINAL DATA GROUPING EXAMINES HEALTH RESOURCE UTILIZATION AND THE PHYSICIAN MANPOWER NEED THIS ANALYSIS REVIEWS ACUTE CARE DISCHARGES, ACUTE CARE INPATIENT DAYS, AND OUTPATIENT EMERGENCY VISITS PER ONE THOUSAND POPULATION FURTHERMORE, PRIMARY CARE AND SPECIALTY PHYSICIAN NEEDS ARE EVALUATED THE ASSESSMENT PROVIDES A COMPARATIVE ANALYSIS OF THE COMMUNITIES THAT COMPRISE ST AGNES HEALTHCARE'S SERVICE AREA THE PRIMARY METHODOLOGY UTILIZED IS A RANKING OF THE COMMUNITY SCORES FOR EACH INDICATOR AGAINST THE CENTRAL MARYLAND AVERAGE AN INDEX IS CREATED WHERE 1 0 IS THE AVERAGE OF CENTRAL MARYLAND IN THE ANALYSIS, ANY SCORE ABOVE 1 0 IS WORSE THAN AVERAGE AND ANYTHING BELOW 1 0 IS BETTER THAN AVERAGE COMPOSITE SCORES ARE DEVELOPED FOR EACH OF THE FOUR MAJOR ASSESSMENT AREAS AND THESE ARE THEN SUMMARIZED TO GENERATE A COMPOSITE OVERALL NEED INDEX THIS METHODOLOGY IS MODELED AFTER THE APPROACH FORMERLY UTILIZED BY THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR THE STATEWIDE PRIMARY CARE ACCESS PLAN</p>

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 ST AGNES HEALTHCARE DISPLAYS SIGNAGE, IN BOTH ENGLISH AND SPANISH IN ALL REGISTRATION AREAS THAT INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE PROGRAMS AND CONTACT INFORMATION THE SIGNAGE IS ACCOMPANIED BY BROCHURES THAT EXPLAIN THE VARIOUS FINANCIAL ASSISTANCE PROGRAMS THAT ARE AVAILABLE THE MARYLAND STATE FINANCIAL ASSISTANCE APPLICATION IS ALSO AVAILABLE REGISTRATION AREAS ARE ROUTINELY CHECKED TO INSURE THESE MATERIALS ARE PROMINENTLY DISPLAYED ST AGNES HEALTHCARE HAS EMPLOYEES WHO ARE RESPONSIBLE FOR SCREENING ADMISSIONS TO IDENTIFY PATIENTS WHO MAY BE ELIGIBLE FOR CHARITY, MEDICAID, OR OTHER STATE PROGRAMS ONCE THESE PATIENTS ARE IDENTIFIED, ST AGNES HEALTHCARE EMPLOYEES ASSIST THEM WITH COMPLETING THE ELIGIBILITY PROCESS ALL INPATIENTS ARE PROVIDED THE PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET AT THE TIME OF ADMISSION IT IS ALSO MAILED TO THE PATIENT WITH THE SUMMARY BILL THAT IS SENT AFTER DISCHARGE THE INFORMATION SHEET IS PROVIDED IN BOTH ENGLISH AND SPANISH AND PROVIDES THE PATIENT WITH INFORMATION REGARDING ST AGNES HEALTHCARE'S FINANCIAL ASSISTANCE POLICY, HOW TO APPLY FOR FINANCIAL ASSISTANCE AND MEDICAL ASSISTANCE AND THE PATIENT'S RIGHTS AND OBLIGATIONS A PUBLIC NOTICE IS ALSO PUBLISHED ANNUALLY IN THE BALTIMORE SUN NEWSPAPER NOTIFYING THE PUBLIC OF THE AVAILABILITY OF UNCOMPENSATED CARE AT ST AGNES HEALTHCARE

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 4 THE AREAS SURROUNDING ST AGNES HEALTHCARE HAVE A DIVERSE SOCIOECONOMIC COMPOSITION WITH A MIX OF URBAN AND SUBURBAN COMMUNITIES THAT ARE CONSISTENT WITH THE RANGE OF COMMUNITIES FOUND IN ANY LARGE METROPOLITAN REGION FOR ST AGNES HEALTHCARE, THE CHALLENGE OF SERVING THESE COMMUNITIES LIES IN MEETING THE DIFFERENT NEEDS ASSOCIATED BETWEEN SOME OF THE POOREST AND MOST AFFLUENT NEIGHBORHOODS IN CENTRAL MARYLAND ALL LOCATED WITHIN A THREE MILE RADIUS OF THE HOSPITAL CAMPUS A FURTHER CHALLENGE IS THE RAPIDLY CHANGING COMPOSITION OF THE NEIGHBORHOODS LOCATED MOST IMMEDIATE TO ST AGNES HEALTHCARE, WHICH OVER THE LAST FIVE YEARS, HAVE EXPERIENCED INCREASING URBAN BLIGHT ST AGNES HEALTHCARE'S SERVICE AREA SPANS FIVE MARYLAND COUNTIES INCLUDING BALTIMORE COUNTY, BALTIMORE CITY, ANNE ARUNDEL COUNTY, HOWARD COUNTY, AND CARROLL COUNTY WITHIN THOSE COUNTIES, ELEVEN COMMUNITIES ARE SERVED REPRESENTING 22 POSTAL ZIP CODES THOSE COMMUNITIES INCLUDE ARBUTUS, BROOKLYN/LINTHICUM, CATONSVILLE, ELLICOTT CITY, GLEN BURNIE, SOUTH CARROLL, PASADENA, SOUTH BALTIMORE CITY, SOUTHWEST BALTIMORE CITY, WEST BALTIMORE CITY, AND WOODLAWN THIS STUDY AREA REPRESENTS APPROXIMATELY 81% OF THE DISCHARGES FOR ST AGNES HEALTHCARE, WITH ARBUTUS AND CATONSVILLE RELYING MOST HEAVILY ON ST AGNES HEALTHCARE FOR THEIR INPATIENT HEALTH CARE NEEDS THE DEMOGRAPHICS OF ST AGNES HEALTHCARE'S SERVICE AREA AVERAGE OUT TO BE THE SAME AS CENTRAL MARYLAND OVERALL HOWEVER, INDEPENDENTLY EACH INDICATOR VARIES SUBSTANTIALLY FROM CENTRAL MARYLAND THE SERVICE AREA SHOWS A SIGNIFICANTLY HIGHER THAN AVERAGE POPULATION DENSITY OF 2,345 PER SQUARE MILE, COMPARED TO 1,155 FOR CENTRAL MARYLAND CHILDREN UNDER AGE FIVE AND ADULTS SIXTY-FIVE AND OLDER TOTALED 49,793 AND 89,932 RESPECTIVELY, COMPARED TO CENTRAL MARYLAND AVERAGES OF 165,227 AND 314,862 RESPECTIVELY FEMALES AGES FIFTEEN TO FORTY-FOUR TOTALED 157,576 FOR THE SERVICE AREA WHILE THE CENTRAL MARYLAND AVERAGE WAS 554,037 THE SERVICE AREA IS SIGNIFICANTLY MORE RACIALLY AND ETHNICALLY DIVERSE THAN THE CENTRAL MARYLAND AVERAGES SPECIFICALLY, COMMUNITIES THAT COMPRISE THE SOUTHWEST CORNER OF BALTIMORE CITY AND BALTIMORE COUNTY CONTAIN POPULATIONS WHERE 90% OF THE POPULATIONS CONSIST OF NONWHITE RACIAL OR ETHNIC GROUPS TYPICAL TO THE URBAN ENVIRONMENT, EACH COMMUNITY LOCATED IN BALTIMORE CITY IS PROJECTED TO EXPERIENCE A POPULATION DECLINE, WHILE SUBURBAN AREAS LIKE ELLICOTT CITY, SOUTH CARROLL, AND PASADENA ARE PROJECTED TO HAVE POPULATION GROWTH THE OVERALL POPULATION GROWTH IS EXPECTED TO EXCEED THE CENTRAL MARYLAND AVERAGE, BUT THE GROWTH RATE OF PERSONS OVER THE AGE OF SEVENTY-FIVE IS EXPECTED TO LAG BEHIND THE DEMOGRAPHIC ANALYSIS SHOWS THAT WEST BALTIMORE CITY CONTINUES TO EXHIBIT DEMOGRAPHIC CHARACTERISTICS WITH HIGHER NEED, WHILE ARBUTUS AND CATONSVILLE EXHIBIT COMPARATIVELY LOWER NEED CHARACTERISTICS LOWER SOCIOECONOMIC STATUS IS HIGHLY CORRELATED WITH POOR HEALTH OUTCOMES, DECREASED ACCESS TO HEALTH SERVICES, AND UNHEALTHY LIFESTYLES OVERALL, THE ST AGNES HEALTHCARE SERVICE AREA IS MARKED BY A LESS FAVORABLE SOCIOECONOMIC STATUS THAN THAT OF CENTRAL MARYLAND AS A WHOLE THE INDICES ARE DIVIDED AS URBAN COMMUNITIES ARE LESS FAVORABLE AND SUBURBAN COMMUNITIES ARE MORE FAVORABLE THAN THE CENTRAL MARYLAND AVERAGE THE PERCENTAGE OF HOUSEHOLDS WITH LOW INCOME WAS 40% FOR THE SERVICE AREA, COMPARED TO 30% FOR THE CENTRAL MARYLAND AVERAGE THE AVERAGE HOUSEHOLD INCOME IN THE SERVICE AREA WAS LOWEST IN WEST BALTIMORE CITY AT \$39,014 AND HIGHEST IN ELLICOTT CITY AT \$101,620 THE OVERALL AVERAGE FOR THE SERVICE AREA WAS \$68,017 COMPARED TO THE CENTRAL MARYLAND AVERAGE WHICH WAS \$83,587 THE RATE OF UNINSURED PATIENTS WAS CLOSELY TIED TO AVERAGE HOUSEHOLD INCOME WITH WEST BALTIMORE CITY SHOWING THE HIGHEST UNINSURED RATE, 39%, AND ELLICOTT CITY SHOWING THE LOWEST UNINSURED RATE, 6% OVERALL, THE SERVICE AREA HAD A 20% UNINSURED RATE WHILE THE CENTRAL MARYLAND AVERAGE HAD A 16% RATE INCOME AND EDUCATION ATTAINMENT CAN BE CAUSAL FACTORS FOR MANY HEALTH DISPARITIES IN THE COMMUNITY HIGHER EDUCATION PROVIDES GREATER POTENTIAL FOR HIGHER INCOME, WHICH ENABLES INCREASED ACCESS TO MEDICAL CARE, BETTER HOUSING, ACCESS TO SAFER NEIGHBORHOODS, AND INCREASED LIKELIHOOD OF DEVELOPING HEALTHIER LIFESTYLE BEHAVIORS THE NEEDS ASSESSMENT DATA SHOWED THAT ST AGNES HEALTHCARE'S SERVICE AREA UNDERPERFORMED THE CENTRAL MARYLAND AVERAGE IN OTHER SOCIOECONOMIC MEASURES THIS INCLUDES THE PERCENTAGE OF INDIVIDUALS AGE TWENTY-FIVE AND OLDER WITH LESS THAN A HIGH SCHOOL DIPLOMA, THE UNEMPLOYMENT RATE, THE PERCENTAGE OF RENTED HOUSING, AND THE PERCENTAGE OF VACANT HOUSING ST AGNES HEALTHCARE ALSO PERFORMS A COMMUNITY HEALTH STATUS ASSESSMENT THIS ASSESSMENT CAPTURES DATA FOR WHITE AND NONWHITE POPULATIONS SEPARATELY, WHICH HIGHLIGHTS THE RACIAL DISPARITIES PRESENT WITHIN EACH COMMUNITY AND THE INFLUENCE ON HEALTH STATUS AND HOSPITALIZATION RATES ST AGNES HEALTHCARE EVALUATES AMBULATORY SENSITIVE HOSP</p>

Identifier	ReturnReference	Explanation
		<p>ITALIZATIONS, WHICH ARE ACUTE CARE HOSPITAL ADMISSIONS THAT POTENTIALLY COULD HAVE BEEN PREVENTED THROUGH BETTER OVERALL PATIENT MANAGEMENT, PRIMARILY THROUGH PRIMARY CARE SYSTEMS. ST AGNES HEALTHCARE COLLECTED DATA ON SIX DIFFERENT CHRONIC ILLNESSES, WHICH INCLUDE ASTHMA, CONGESTIVE HEART FAILURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIABETES, HYPERTENSION, AND PNEUMONIA. FOR EACH CHRONIC ILLNESS EXAMINED, ST AGNES HEALTHCARE'S SERVICE AREA HAD HIGHER RATES OF ILLNESS, FOR BOTH WHITE AND NONWHITE POPULATIONS, WHEN COMPARED TO THE CENTRAL MARYLAND AVERAGE. IN COMPARING THE RACIAL DISPARITIES, THE RATE OF HOSPITALIZATION IN THE ST AGNES HEALTHCARE SERVICE AREA PROVES TO BE INFLUENCED BY SOCIOECONOMIC FACTORS MORE SO THAN RACE. IN LESS AFFLUENT COMMUNITIES, THE NONWHITE POPULATION HAD A HIGHER RATE OF HOSPITALIZATION THAN THE WHITE POPULATION OF THE SAME COMMUNITY. HOWEVER, THE INVERSE IS TRUE IN THE AFFLUENT COMMUNITIES WHERE THE NONWHITE POPULATION HAS A LOWER ADMISSION RATE THAN THEIR WHITE COUNTERPARTS. ST AGNES HEALTHCARE COMPILES AND ANALYZES MATERNAL AND INFANT HEALTH DATA. ONE OF THE MOST POTENTIALLY VULNERABLE POPULATIONS IN THE SERVICE AREA IS POVERTY-STRICKEN WOMEN AND THEIR CHILDREN, ESPECIALLY THOSE LIVING IN POVERTY. THE SOCIOECONOMIC ANALYSIS REVEALED THAT AN ESTIMATED 40% OF CHILDREN IN THE SERVICE AREA ARE LIVING IN POVERTY, WITH THE URBAN AREAS EXPERIENCING RATES OF GREATER THAN 50%. THE QUALITY OF LIFE AND HEALTH STATUS OF WOMEN HAS FAR REACHING IMPLICATIONS. TEEN PREGNANCY, ACCESS TO ADEQUATE PRENATAL CARE, LOW BIRTH WEIGHT AND BIRTH DEFECTS GENERATE INCREASED DEMANDS FOR FUTURE HEALTH CARE NEEDS AND IMPACT NOT JUST THIS GENERATION, BUT SUBSEQUENT GENERATIONS AS THE CYCLE OF POVERTY IS CONTINUED. THE HEALTH STATUS ASSESSMENT EXAMINED THE PERCENTAGE OF BIRTHS TO TEEN MOMS, PERCENTAGE OF NEWBORNS WITH LOW BIRTH WEIGHTS, THE PERCENTAGE OF BIRTH DEFECTS, INFANT MORTALITY, AND THE PERCENTAGE OF MOTHERS WITH INSUFFICIENT PRENATAL CARE. IN NEARLY EVERY CATEGORY, THE SERVICE AREA HAD MORE INCIDENCES THAN THE CENTRAL MARYLAND AVERAGE. THE PERCENTAGE OF INFANTS WITH LOW BIRTH WEIGHT, FOR WHITE POPULATIONS, AND THE INFANT MORTALITY RATES, WITH NONWHITE POPULATIONS, WERE THE ONLY TWO AREAS THAT HAD SLIGHTLY LESS INCIDENCES THAN THE CENTRAL MARYLAND AVERAGE. UNLIKE AMBULATORY HOSPITALIZATION, THE NONWHITE POPULATIONS HAVE SUBSTANTIALLY HIGHER RATES OF BIRTHS TO TEEN MOTHERS, INFANTS WITH LOW BIRTH WEIGHT, INFANTS WITH BIRTH DEFECTS, AS WELL AS BIRTHS WITH INSUFFICIENT PRENATAL CARE IN ALL COMMUNITIES WITHIN THE SERVICE AREA. ST AGNES HEALTHCARE ALSO ANALYZES MAJOR DISEASE PREVALENCE. TRADITIONALLY, MORTALITY DATA IS UTILIZED TO EVALUATE THE IMPACT OF LEADING CAUSES OF DISEASE AND ILLNESS IN THE COMMUNITY. HOWEVER, VITAL STATISTIC DATA IS NOT READILY AVAILABLE AT THE ZIP CODE LEVEL. THEREFORE, AS A PROXY, THE ASSESSMENT UTILIZED ACUTE CARE DISCHARGE DATA FROM THE LEADING CAUSES OF MORTALITY, INCLUDING CANCER, CARDIOVASCULAR, AND STROKE. THE ANALYSIS REVEALED ONCE AGAIN THAT THE SERVICE AREA EXPERIENCED HIGHER DISEASE PREVALENCE OF CANCER, CARDIOVASCULAR, AND STROKE THAN THE CENTRAL MARYLAND AVERAGE, WITH STROKE BEING THE LEAST FAVORABLE. FURTHERMORE, NONWHITE POPULATIONS SHOWED A GREATER NEED IN EACH OF THE THREE MAJOR DISEASE CATEGORIES THAN WHITE POPULATIONS. ALSO, CONTINUING THE TREND, THE URBAN AREAS OF WEST BALTIMORE, SOUTH BALTIMORE, SOUTHWEST BALTIMORE, AND BROOKLYN HAVE THE LEAST FAVORABLE INDICES FOR THESE MAJOR DISEASES. FINALLY, THE NEEDS ASSESSMENT ALSO EXAMINES LIFESTYLE BEHAVIOR AS A COMPONENT OF THE OVERALL HEALTH STATUS, WHICH INCLUDES INDICATORS RELATED TO OBESITY, MENTAL HEALTH, HIV, SUBSTANCE ABUSE, AND TOBACCO USE. THIS DATA IS ACCUMULATED BY EXAMINING ICD-9 DIAGNOSIS CODING. SIMILAR TO THE OTHER HEALTH AND WELLNESS MEASURES, THE SERVICE AREA WAS LESS FAVORABLE THAN THE CENTRAL MARYLAND AVERAGE FOR EVERY LIFESTYLE BEHAVIOR INDICATOR.</p>

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 6 THE INFORMATION PROVIDED AS COMMUNITY SUPPORT, IN PART II, COMMUNITY BUILDING ACTIVITIES, REPRESENTS FUNDS SPENT FOR DISASTER READINESS AND PUBLIC HEALTH EMERGENCY ACTIVITIES THESE COSTS, WHICH ARE PARTIALLY FUNDED BY THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, SUPPORT ACTIVITIES SUCH AS EDUCATION AND PREPAREDNESS TRAINING, DECONTAMINATION EQUIPMENT AND SUPPLIES NEEDED FOR VICTIM'S EASE, COMFORT AND TRACKING DURING DECONTAMINATION PART VI, LINE 5 ST AGNES HEALTHCARE FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY IN VARIOUS WAYS A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY RESIDES IN ST AGNES HEALTHCARE'S SERVICE AREA AND IS NEITHER COMPOSED OF EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION THE GOVERNING BODY HAD EIGHTEEN VOTING MEMBERS, SEVENTEEN OF WHICH WERE INDEPENDENT COMMUNITY MEMBERS ADDITIONALLY, ST AGNES HEALTHCARE HAS AN OPEN MEDICAL STAFF AND CREDENTIALS ALL QUALIFIED MEDICAL STAFF, INCLUDING COMMUNITY BASED PROVIDERS ST AGNES HEALTHCARE APPLIES SURPLUS FUNDS TO IMPROVE PATIENT CARE IN VARIOUS WAYS FOR INSTANCE, SURPLUS FUNDS ARE USED TO REINVEST IN THE LATEST EQUIPMENT AND TECHNOLOGIES TO IMPROVE PATIENT SAFETY, COMFORT, AND OUTCOMES SURPLUS FUNDS ARE ALSO USED TO RENOVATE EXISTING FACILITIES AND CONSTRUCT NEW FACILITIES IN ORDER TO IMPROVE THE HEALTHCARE ENVIRONMENT AS A MEMBER OF A NATIONAL HEALTH SYSTEM, ASCENSION HEALTH, SURPLUS FUNDS GENERATED BY ST AGNES HEALTHCARE MAY ALSO BE DIRECTED TO ASCENSION HEALTH TO APPLY TOWARDS STRATEGIC INITIATIVES OR TO BE REDISTRIBUTED TO OTHER MEMBER HEALTHCARE PROVIDERS WITHIN ASCENSION HEALTH THIS ALLOWS ST AGNES TO NOT ONLY SERVICE THE SURROUNDING COMMUNITY, BUT ALSO HELP FUND THE CARE FOR THE UNDERPRIVILEGED THROUGHOUT MANY PARTS OF THE UNITED STATES</p>

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 ST AGNES HEALTHCARE IS A MEMBER OF ASCENSION HEALTH, A NATIONAL HEALTH CARE SYSTEM ASCENSION HEALTH IS THE SOLE CORPORATE MEMBER OF ST AGNES HEALTHCARE ST AGNES HEALTHCARE IS THE SOLE CORPORATE MEMBER OF SETON MEDICAL GROUP INC , WHICH PROVIDES PRIMARY CARE, GYNECOLOGY AND OBSTETRICS CARE FOR PATIENTS IN ST AGNES HEALTHCARE'S SERVICE AREA ST AGNES HEALTHCARE IS ALSO THE SOLE CORPORATE MEMBER OF ST AGNES FOUNDATION, THE PHILANTHROPIC ARM OF ST AGNES HEALTHCARE

Identifier	ReturnReference	Explanation
	PART VI, LINE 4, CONTINUED	<p>ALSO, CONSISTENT WITH THE PREVIOUS MEASURES, THE URBAN AREAS EXPERIENCED THE LEAST FAVORABLE RESULTS THE LEAST FAVORABLE OVERALL WAS SOUTH BALTIMORE CITY, WHICH WAS FOUND TO HAVE THE HIGHEST UTILIZATION RATES FOR MENTAL HEALTH, HIV, AND EMERGENCY ROOM SUBSTANCE ABUSE VISITS RACIAL DISPARITIES ARE EVIDENT IN URBAN AREAS, WHERE THE RATE OF ADMISSION FOR THE NONWHITE POPULATION IS SIGNIFICANTLY HIGHER THAN THAT OF THE WHITE POPULATION, ESPECIALLY IN THE CASES OF OBESITY, HIV AND TOBACCO USE THE MOST FAVORABLE COMPOSITE INDEX SCORES WERE IN SUBURBAN AREAS LIKE ELLICOTT CITY AND SOUTH CARROLL, WHICH WERE NEARLY 100% BELOW THEIR URBAN COMMUNITY COUNTERPARTS THE FINAL COMPONENT OF THE COMMUNITY NEEDS ASSESSMENT EXAMINED HEALTH RESOURCE UTILIZATION AND PHYSICIAN MANPOWER NEED THIS ANALYSIS UTILIZES ACUTE CARE ADMISSION RATES, ACUTE CARE DAYS, AND OUTPATIENT EMERGENCY ROOM VISIT RATES THE LOGIC UNDERLYING OUR ANALYSIS OF THESE INDICATORS IS THAT COMMUNITIES WITH HIGH UTILIZATION RATES HAVE A GREATER NEED FOR HEALTH CARE RESOURCES ALL THREE MEASURES SHOWED LESS FAVORABLE RESULTS THAN THE CENTRAL MARYLAND AVERAGE THE INDEX SCORES WERE 1 12, 1 22, AND 1 22 FOR ADMISSIONS, DAYS, AND EMERGENCY ROOM VISITS, RESPECTIVELY THE PHYSICIAN MANPOWER NEED INDEX SCORE WAS 89 THE CENTRAL MARYLAND AVERAGE IS INDEXED AT 1 0, WITH SCORES GREATER THAN 1 0 INDICATING LESS FAVORABLE RESULTS AND SCORES LESS THAN 1 0 INDICATING FAVORABLE RESULTS THE OVERALL AVERAGE INDEX SCORE FOR HEALTH RESOURCE UTILIZATION AND PHYSICIAN MANPOWER NEED WAS 89 IN SUMMARY, ALL OF THE COMPONENTS OF THE NEEDS ASSESSMENT WERE SUMMARIZED AND INDEXED RESULTING IN AN OVERALL INDEX SCORE OF 1 09 OVERALL, THE ST AGNES HEALTHCARE SERVICE AREA HAS HIGHER DEMONSTRATED NEED ACROSS ALL MEASURES WHEN COMPARED TO THE CENTRAL MARYLAND REGION THE OVERALL NEED IS HIGHLY CORRELATED TO SOCIOECONOMIC STATUS, WITH RACIAL DIVERSITY ALONE HAVING LESS OF AN INFLUENCE ON HEALTH CARE STATUS</p>

Identifier	ReturnReference	Explanation
		PART VI, LINE 8 SUPPLEMENT INFORMATION ST AGNES HEALTHCARE FILES A COMMUNITY BENEFITS REPORT WITH THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), THE REGULATORY AGENCY IN THE STATE OF MARYLAND THE REPORT IS THEN MADE PUBLIC BY THE HSCRC ADDITIONALLY, COMMUNITY BENEFIT INFORMATION IS AVAILABLE IN THE ST AGNES HEALTHCARE ANNUAL REPORT AND THE ST AGNES HEALTHCARE FACT SHEET BOTH DOCUMENTS ARE AVAILABLE ON THE HOSPITAL WEBSITE PT V PART V LINE 13G A NOTICE OF CHARITY IS POSTED WITHIN THE BALTIMORE SUN ON AN ANNUAL BASIS PT V PART V LINES 19 AND 21 MARYLAND HOSPITAL REGULATED RATES ARE DETERMINED BY THE HSCRC BY LAW, REGULATED RATES CHARGED TO ALL PAYORS,INCLUDING SELF PAY PATIENTS, ARE THE SAME

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
ST AGNES HEALTHCARE INC

Employer identification number
52-0591657

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MHEI WHO WILL CARE 6820 DEERPATH ROAD ELKRIDGE,MD 21075	52-0901664	501(C)(3)	50,000	0	FMV		NURSING
(2) AMERICAN HEART ASSOCIATION 415 N CHARLES STREET BALTIMORE,MD 21203	13-5613797	501(C)(3)	11,376	0	FMV		HEART WALK
(3) ST BONIFACE HAITI FOUNDATION 400 MAIN STREET RANDOLPH,MA 02368	04-3067595	501(C)(3)	8,550	0	FMV		HAITI RELIEF
(4) GREATER BALTIMORE COMMITTEE 111 SOUTH CALVERT STREET BALTIMORE,MD 21202	52-0645650	501(C)(4)	6,000	0	FMV		SPONSORSHIP
(5) ASSOCIATED BLACK CHARITIES 1114 CATHEDRAL STREET BALTIMORE,MD 21201	52-1427774	501(C)(3)	5,525	0	FMV		SPONSORSHIP

2

Enter total number of section 501(c)(3) and government organizations

4

3

Enter total number of other organizations

1

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) NURSING SCHOLARSHIP/WORKSTUDY PROGRAM	4	16,595	0	FMV	

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DISCRETIONARY GRANTS OR ASSISTANCE TO OTHER ORGANIZATIONS ARE APPROVED BY EITHER THE CHIEF EXECUTIVE OFFICER OR THE CHIEF FINANICAL 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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<input type="checkbox"/> First-class or charter travel		
	<input checked="" type="checkbox"/> Travel for companions		
	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments		
	<input type="checkbox"/> Discretionary spending account		
	<input type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Payments for business use of personal residence		
	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<input checked="" type="checkbox"/> Compensation committee		
	<input type="checkbox"/> Independent compensation consultant		
	<input type="checkbox"/> Form 990 of other organizations		
	<input checked="" type="checkbox"/> Written employment contract		
	<input type="checkbox"/> Compensation survey or study		
	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

For each individual whose compensation must be reported 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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BONNIE PHIPPS	(i)	531,006	210,613	363,375	11,025	16,219	1,132,238	0
	(ii)	0	0	0	0	0	0	0
(2) SCOTT FURNISS	(i)	234,831	28,145	862	6,307	18,915	289,060	0
	(ii)	0	0	0	0	0	0	0
(3) ADRIAN LONG	(i)	339,907	37,317	53,478	11,392	21,007	463,101	0
	(ii)	0	0	0	0	0	0	0
(4) WILLIAM GRESKOVICH	(i)	231,856	30,346	3,346	23,018	19,767	308,333	0
	(ii)	0	0	0	0	0	0	0
(5) YOLANDA COPELAND	(i)	220,600	29,255	27,295	10,196	21,322	308,668	0
	(ii)	0	0	0	0	0	0	0
(6) GEORGE GRACE	(i)	718,967	119,743	5,250	27,525	23,973	895,458	0
	(ii)	0	0	0	0	0	0	0
(7) HOWARD HESSAN	(i)	767,616	8,105	2,487	27,525	16,220	821,953	0
	(ii)	0	0	0	0	0	0	0
(8) LAWRENCE SHIN	(i)	684,428	0	-18,481	6,125	23,862	695,934	0
	(ii)	0	0	0	0	0	0	0
(9) VINEY SETYA	(i)	558,676	0	3,132	11,392	10,492	583,692	0
	(ii)	0	0	0	0	0	0	0
(10) ROBERT PALEY	(i)	516,051	0	4,064	11,025	23,204	554,344	21,463
	(ii)	0	0	0	0	0	0	0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental 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.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	TRAVEL FOR COMPANIONS IS AVAILABLE FOR SENIOR LEADERSHIP AND MUST BE PRE-APPROVED BY THE CHIEF FINANCIAL OFFICER. IT IS RECORDED AS A TAXABLE FRINGE BENEFIT. PART I, LINE 1A THE AMOUNT OF PERSONAL USAGE OF CELL PHONES IS GROSSED-UP AND RECORDED AS TAXABLE INCOME FOR INDIVIDUALS IDENTIFIED AS DISQUALIFIED PERSONS. DISQUALIFIED PERSONS INCLUDE THOSE LISTED ON PART VII AS WELL AS ANY OTHER PHYSICIANS WITH SIGNIFICANT ADMISSIONS. PART I, LINE 1A CLUB DUES ARE AVAILABLE TO SENIOR LEADERSHIP AND ARE SHOWN AS A TAXABLE FRINGE BENEFIT. AVERAGE HOURS PER WEEK, ALL PERSONS LISTED AT PART VII AND SCHEDULE J AS WORKING 50 HOURS ARE FULL-TIME EMPLOYEES OF THE ORGANIZATION. THE USE OF 50 HOURS ON THIS RETURN IS INTENDED TO DENOTE THAT SUCH PERSONS MAY WORK SIGNIFICANTLY MORE HOURS DURING THE WEEK ON AVERAGE. ST AGNES HEALTHCARE IS A MEMBER OF ASCENSION HEALTH. BONNIE PHIPPS, PRESIDENT AND CEO OF ST AGNES HEALTHCARE, ALSO SERVES IN AN OVERSIGHT ROLE TO OTHER ASCENSION HEALTH FACILITIES AS A MINISTRY MARKET LEADER. THE COMPENSATION EARNED AS A MINISTRY MARKET LEADER IS PAID THROUGH ST AGNES HEALTHCARE, AND THEREFORE, REPORTED ON THIS FORM 990. THE COMPENSATION HAS NOT BEEN ALLOCATED BACK TO THE ENTITIES DERIVING THE BENEFIT. PART I, LINE 3 THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER (CEO) OF ST AGNES HEALTHCARE IS DETERMINED BY ASCENSION HEALTH, THE PARENT COMPANY OF ST AGNES HEALTHCARE. ASCENSION HEALTH USES INDEPENDENT COMPENSATION CONSULTANTS, WHO USE COMPENSATION SURVEYS AND STUDIES, TO ESTABLISH THE PAY RANGE FOR THE CEO OF ST AGNES HEALTHCARE. THE ASCENSION HEALTH EXECUTIVE COMPENSATION COMMITTEE APPROVES THE RECOMMENDED SALARY FOR THE CEO OF ST AGNES HEALTHCARE. THE ASCENSION HEALTH EXECUTIVE COMPENSATION COMMITTEE PROVIDES THE LOCAL ST AGNES HEALTHCARE COMPENSATION COMMITTEE THE ANALYSIS PERFORMED BY THE INDEPENDENT CONSULTANT FOR REVIEW AND APPROVAL.
	PART I, LINE 4B	ROBERT PALEY, HOWARD HESSAN, GEORGE GRACE AND BILL GRESKOVICH PARTICIPATED IN 457F SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS. ROBERT PALEY'S NON-VESTED PLAN VALUE WAS \$66,167.46. HOWARD HESSAN'S NON-VESTED PLAN VALUE WAS \$49,288.99. GEORGE GRACE'S NON-VESTED VALUE WAS \$19,906.04. BILL GRESKOVICH'S NON-VESTED VALUE WAS \$156,005.18 AT JUNE 30, 2011.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ALBERT COUNSELMAN	FORMER BOARD MEMBER/FAMILY MEMBER	43,649	COMPENSATION		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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 2		CERTAIN PERSONS REPORTED ON PART VII ARE EMPLOYED BY AND/OR SERVE AS OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE AT A RELATED TAX EXEMPT ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		ST AGNES HEALTHCARE HAS A SOLE CORPORATE MEMBER, ASCENSION HEALTH

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		ST AGNES HEALTHCARE HAS A SOLE CORPORATE MEMBER, ASCENSION HEALTH, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF ST AGNES HEALTHCARE

Identifier	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 ORGANIZATIONS 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.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		MANAGEMENT, INCLUDING CERTAIN OFFICERS, WORKS DILIGENTLY TO COMPLETE THE FORM 990 AND ATTACHED SCHEDULES IN A THOROUGH MANNER. MANAGEMENT PRESENTS THE FORM TO THE FINANCE COMMITTEE AND CERTAIN MEMBERS OF THE AUDIT COMMITTEE AND ADDRESSES ANY QUESTIONS THAT ARISE. ONCE THE FINANCE COMMITTEE AND AUDIT COMMITTEE REVIEW IS COMPLETED, THE FORM 990 IS THEN MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS VIA A SECURE WEBSITE. MANAGEMENT TEAM MEMBERS ARE AVAILABLE TO ANSWER ANY BOARD MEMBER QUESTIONS. AFTER THE BOARD OF DIRECTORS REVIEW IS COMPLETE, MANAGEMENT FILES THE FORM 990 WITH THE INTERNAL REVENUE SERVICE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, A CONFLICTS OF INTEREST DISCLOSURE FORM IS DISTRIBUTED TO BOARD MEMBERS, THE EXECUTIVE TEAM, BOARD COMMITTEES, PURCHASING AGENTS, LEGAL COUNSEL, MEDICAL LEADERSHIP, AND CERTAIN MEMBERS OF MANAGEMENT. OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE THE ANNUAL DISCLOSURE. ANY CONFLICTS, OR POTENTIAL CONFLICTS THAT ARE IDENTIFIED ARE EXAMINED BY THE CORPORATE RESPONSIBILITY OFFICER AND APPROPRIATE MEASURES ARE TAKEN.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER (CEO) OF ST AGNES HEALTHCARE IS DETERMINED BY ASCENSION HEALTH, THE PARENT COMPANY OF ST AGNES HEALTHCARE. ASCENSION HEALTH USES INDEPENDENT COMPENSATION CONSULTANTS, WHO USE COMPENSATION SURVEYS AND STUDIES, TO ESTABLISH THE PAY RANGE FOR THE CEO OF ST AGNES HEALTHCARE. THE ASCENSION HEALTH EXECUTIVE COMPENSATION COMMITTEE APPROVES THE RECOMMENDED SALARY FOR THE CEO OF ST AGNES HEALTHCARE. THE ASCENSION HEALTH EXECUTIVE COMPENSATION COMMITTEE PROVIDES THE LOCAL ST AGNES HEALTHCARE COMPENSATION COMMITTEE THE ANALYSIS PERFORMED BY THE INDEPENDENT CONSULTANT FOR REVIEW AND APPROVAL. FORM 990, PART VI, SECTION B, LINE 15B. 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 REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE. THE SENIOR VP/CHIEF FINANCIAL OFFICER, EXECUTIVE VP/CHIEF MEDICAL OFFICER, VP OPERATIONS & CAPITAL PROJECTS, SENIOR VP PATIENT CARE SERVICES ARE ALL INCLUDED IN THE GROUP OF PERSONS WHOSE COMPENSATION IS REVIEWED BY AN OUTSIDE CONSULTING FIRM.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
	HOURS DEVOTED TO A RELATED ORGANIZATION	BOARD MEMBER, BONNIE PHIPPS, AND KEY EMPLOYEES SCOTT FURNISS, YOLANDA COPELAND AND ADRIAN LONG WORK AT ST AGNES HEALTHCARE AS WELL AS RELATED ORGANIZATIONS, SETON MEDICAL GROUP AND ST AGNES FOUNDATION. FOR DISCLOSURE PURPOSES, THE AVERAGE HOURS WORKED AT RELATED ORGANIZATIONS IS ESTIMATED BY USING THE NUMBER OF HOURS SERVED ON BOARD COMMITTEES FOR RELATED ORGANIZATIONS. BONNIE PHIPPS WORKS 3.77 HOURS PER WEEK, ON AVERAGE, SERVING ON COMMITTEES AT SETON MEDICAL GROUP AND ST AGNES FOUNDATION. SCOTT FURNISS WORKS 2.76 HOURS PER WEEK, ON AVERAGE, SERVING ON COMMITTEES AT SETON MEDICAL GROUP AND ST AGNES FOUNDATION. YOLANDA COPELAND WORKS 0.92 HOURS PER WEEK, ON AVERAGE, SERVING ON COMMITTEES AT ST AGNES FOUNDATION. ADRIAN LONG WORKS 1.38 HOURS PER WEEK, ON AVERAGE, SERVING ON COMMITTEES AT SETON MEDICAL GROUP.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	TRANSFER TO ASCENSION HEALTH -6,884,840 TRANSFER TO SPONSOR -548,045 DEFERRED PENSION COSTS 36,593,482 STATE GRANT 560,000 CAPITAL TRANSFER TO SETON MEDICAL GROUP -6,581,495 LAB OUTREACH EXPENSES -4,756,079 LAB OUTREACH UTILIZATION -395,366 DONATED EQUIPMENT 1,504,506 NET CHANGE IN INTEREST IN FOUNDATION ASSETS -260,269 SPECIAL PURPOSE FUNDS UNREALIZED GAINS 421,375 SPECIAL PURPOSE FUNDS RESTRICTED CONTRIBUTIONS 803,945 NET ASSETS RELEASED FROM RESTRICTION -670,408 SPECIAL PURPOSE FUNDS INVESTMENT INCOME -9,018 TOTAL TO FORM 990, PART XI, LINE 5 19,777,788

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ST AGNES HEALTHCARE INC

Employer identification number
52-0591657

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH OFFICE	MO	501(C)(3)	BOX 11A	N/A		No
(2) SETON MEDICAL GROUP 900 CATON AVENUE BALTIMORE, MD 21229 39-2064992	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(C)(3)	BOX 3-HOSPITAL	ST AGNES HOSPITAL	Yes	
(3) ST AGNES FOUNDATION 900 CATON AVENUE BALTIMORE, MD 21229 52-1415083	PROVIDES FUNDING TO THE HOSPITAL AND THE COMMUNITY	MD	501(C)(3)	BOX 11-509(A)3-TYPE	ST AGNES HOSPITAL	Yes	
(4) ST AGNES AUXILIARY 900 CATON AVENUE BALTIMORE, MD 21229 52-0643673	FUNDRAISING	MD	501(C)(3)	BOX 9	ST AGNES HOSPITAL	Yes	

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD21229 52-1733632	HOLDING COMPANY	MD	N/A	C	11,233	1,119,531	100 000 %

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SETON MEDICAL GROUP	B	6,581,495	FAIR MARKET VALUE
(2) ST AGNES FOUNDATION	C	1,815,903	FAIR MARKET VALUE
(3) ST AGNES FOUNDATION	L	522,366	FAIR MARKET VALUE
(4) ST AGNES FOUNDATION	P	595,550	FAIR MARKET VALUE
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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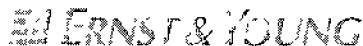
CONSOLIDATED FINANCIAL
STATEMENTS

Ascension Health
Years Ended June 30, 2011 and 2010
With Report of Independent Auditors

Ascension Health
Consolidated Financial Statements
Years Ended June 30, 2011 and 2010

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Report of Independent Auditors

The Board of Trustees
Ascension Health

We have audited the accompanying consolidated balance sheets of Ascension Health (as identified in Note 1) as of June 30, 2011 and 2010, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of Ascension Health's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of Ascension Health's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ascension Health's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Ascension Health at June 30, 2011 and 2010, and the consolidated results of its operations and changes in net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States.

Ernst & Young LLP

September 8, 2011

Ascension Health

Consolidated Balance Sheets

(Dollars in Thousands)

	June 30,	
	2011	2010
Assets		
Current assets:		
Cash and cash equivalents	\$ 1,117,574	\$ 1,168,278
Short-term investments	91,146	81,650
Accounts receivable, less allowances for uncollectible accounts (\$1,091,291 and \$1,018,364 in 2011 and 2010, respectively)	1,700,917	1,590,084
Assets limited as to use	161,300	158,676
Inventories	192,057	201,353
Estimated third-party pay or settlements	90,365	115,798
Other	297,549	313,698
Total current assets	3,650,908	3,629,537
Board-designated and other investments	8,251,466	6,701,328
Property and equipment, net	6,013,874	6,093,288
Other assets		
Investment in unconsolidated entities	889,077	809,488
Capitalized software costs, net	486,916	388,701
Other	660,818	487,782
Total other assets	2,036,811	1,685,971
 Total assets	 <u>\$ 19,953,059</u>	 <u>\$ 18,110,124</u>

	June 30,	
	2011	2010
Liabilities and net assets		
Current liabilities		
Current portion of long-term debt	\$ 29,563	\$ 31,221
Long-term debt subject to short-term remarketing arrangements*	1,662,950	1,228,115
Accounts payable and accrued liabilities	1,831,710	1,734,533
Estimated third-party payor settlements	281,007	254,232
Current portion of self-insurance liabilities	191,551	188,114
Other	75,963	67,955
Total current liabilities	4,072,744	3,504,170
Noncurrent liabilities		
Long-term debt (senior and subordinated)	2,546,785	3,007,210
Self-insurance liabilities	448,624	461,907
Pension and other postretirement liabilities	396,903	1,022,488
Other	681,626	659,390
Total noncurrent liabilities	4,073,938	5,150,995
Total liabilities	8,146,682	8,655,165
Net assets:		
Unrestricted	11,332,631	9,013,920
Temporarily restricted	331,563	310,032
Permanently restricted	99,444	89,871
Total net assets excluding noncontrolling interests	11,763,638	9,413,823
Noncontrolling interests	42,739	41,136
Total net assets	11,806,377	9,454,959
Total liabilities and net assets	<u>\$ 19,953,059</u>	<u>\$ 18,110,124</u>

*Consists of variable rate demand bonds with put options that may be exercised at the option of the bondholders, with stated repayment installments through 2047 as well as certain serial mode bonds with scheduled remarketing mandatory tender dates occurring prior to June 30, 2012. In the event that bonds are not remarketed upon the exercise of put options or the scheduled mandatory tenders, management would utilize other sources to access the necessary liquidity. Potential sources include liquidating investments, drawing upon the \$500,000 line of credit, and issuing commercial paper. The \$250,000 commercial paper program is supported by lines of credit totaling \$250,000 as discussed in the Long-Term Debt note.

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

Ascension Health

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

	Year Ended June 30,	
	2011	2010
Operating revenue		
Net patient service revenue	\$ 14,719,615	\$ 13,967,469
Other revenue	844,747	788,842
Total operating revenue	15,564,362	14,756,311
Operating expenses		
Salaries and wages	6,264,651	5,762,470
Employee benefits	1,462,380	1,358,256
Purchased services	781,392	837,171
Professional fees	895,074	747,007
Supplies	2,279,657	2,253,201
Insurance	92,610	120,350
Bad debts	1,001,893	973,767
Interest	130,725	114,323
Depreciation and amortization	659,673	666,933
Other	1,570,018	1,397,185
Total operating expenses before self-insurance trust fund investment return and impairment, restructuring, and nonrecurring expenses	15,138,073	14,230,663
Income from operations before self-insurance trust fund investment return and impairment, restructuring, and nonrecurring expenses	426,289	525,648
Self-insurance trust fund investment return	90,402	73,976
Income from operations before impairment, restructuring, and nonrecurring expenses	516,691	599,624
Impairment, restructuring, and nonrecurring expenses	92,458	31,111
Income from operations	424,233	568,513
Nonoperating gains (losses)		
Investment return	1,140,325	722,870
Loss on extinguishment of debt	(1,007)	(7,515)
Gain on interest rate swaps	30,941	3,119
Income from unconsolidated entities	11,915	10,147
Donations	(25,968)	(9,864)
Other	(43,077)	(33,762)
Total nonoperating gains, net	1,113,129	684,995
Excess of revenues and gains over expenses and losses	1,537,362	1,253,508
Less excess of revenues and gains over expenses and losses attributable to noncontrolling interests	27,484	23,423
Excess of revenues and gains over expenses and losses attributable to controlling interest	1,509,878	1,230,085

Ascension Health

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

	Year Ended June 30,	
	2011	2010
Unrestricted net assets, controlling interest:		
Excess of revenues and gains over expenses and losses	\$ 1,509,878	\$ 1,230,085
Contributed net assets	(374)	64
Transfers to sponsors and other affiliates, net	(16,959)	(86,940)
Net assets released from restrictions for property acquisitions	70,829	92,351
Pension and other postretirement liability adjustments	793,938	(4,361)
Change in unconsolidated entities' net assets	1,175	(20,113)
Deferred gain on interest rate swaps	(303)	(14,123)
Other	(96)	(224)
Increase in unrestricted net assets, controlling interest, before gain (loss) from discontinued operations and cumulative effect of change in accounting principle	2,358,088	1,196,739
Gain (loss) from discontinued operations	6,616	(48,911)
Cumulative effect of change in accounting principle	(45,993)	—
Increase in unrestricted net assets, controlling interest	2,318,711	1,147,828
Unrestricted net assets, noncontrolling interest:		
Excess of revenues and gains over expenses and losses	27,484	23,423
Distributions and other	(25,881)	(38,046)
Increase (decrease) in unrestricted net assets, noncontrolling interest	1,603	(14,623)
Temporarily restricted net assets		
Contributions and grants	100,884	109,068
Net change in unrealized gains/losses on investments	15,714	13,618
Investment return	8,295	2,602
Net assets released from restrictions	(103,972)	(128,604)
Other	610	(5,410)
Increase (decrease) in temporarily restricted net assets	21,531	(8,726)
Permanently restricted net assets		
Contributions	8,030	2,607
Net change in unrealized gains/losses on investments	1,692	(151)
Investment return	(62)	(252)
Other	(87)	(2,225)
Increase (decrease) in permanently restricted net assets	9,573	(21)
Increase in net assets	2,351,418	1,124,458
Net assets, beginning of year	9,454,959	8,330,501
Net assets, end of year	\$ 11,806,377	\$ 9,454,959

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

Ascension Health

Consolidated Statements of Cash Flows

(Dollars in Thousands)

	Year Ended June 30,	
	2011	2010
Operating activities		
Increase in net assets	\$ 2,351,418	\$ 1,124,458
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	659,673	666,933
Amortization of bond premiums	(9,951)	(9,390)
Loss on extinguishment of debt	1,007	7,515
Provision for bad debts	1,001,893	973,767
Pension and other postretirement liability adjustments	(793,938)	4,361
Contributed net assets	374	(64)
Interest, dividends, and net gains on investments	(1,256,366)	(812,663)
Change in market value of interest rate swaps	(25,257)	18,641
Deferred gain on interest rate swaps	(303)	(14,123)
Gain on sale of assets, net	(21,290)	(9,555)
Cumulative effect of change in accounting principle	45,993	—
Impairment and nonrecurring expenses	35,384	14,670
Transfers to sponsor and other affiliates, net	16,959	86,940
Restricted contributions, investment return and other	(117,670)	(106,390)
Other restricted activity	(1,394)	20,524
Nonoperating depreciation expense	311	303
(Increase) decrease in:		
Short-term investments	(9,496)	(8,286)
Accounts receivable	(1,112,960)	(903,747)
Inventories and other current assets	18,489	11,699
Investments classified as trading	(295,223)	(478,803)
Other assets	(218,766)	(163,877)
Increase (decrease) in:		
Accounts payable and accrued liabilities	105,101	198,666
Estimated third-party payor settlements payable, net	52,208	(21,818)
Other current liabilities	36,358	(15,522)
Self-insurance liabilities	(9,846)	13,259
Other noncurrent liabilities	235,244	139,038
Net cash provided by continuing operating activities	687,952	736,536
Net cash used in discontinued operations	(2,098)	(27,738)
Net cash provided by operating activities	685,854	708,798

Ascension Health

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

	Year Ended June 30,	
	2011	2010
Investing activities		
Property, equipment, and capitalized software additions, net	\$ (730,404)	(622,308)
Proceeds from sale of property and equipment	25,714	3,001
Net cash used in investing activities	(704,690)	(619,307)
Financing activities		
Issuance of long-term debt	691,240	2,854,053
Repayment of long-term debt	(804,536)	(2,839,341)
Decrease in assets under bond indenture agreements	467	1,197
Transfers to sponsors and other affiliates, net	(36,709)	(13,930)
Restricted contributions, investment return, and other	117,670	106,390
Net cash (used in) provided by financing activities	(31,868)	108,369
Net (decrease) increase in cash and cash equivalents	(50,704)	197,860
Cash and cash equivalents at beginning of year	1,168,278	970,418
Cash and cash equivalents at end of year	<u>\$ 1,117,574</u>	<u>\$ 1,168,278</u>

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

Ascension Health

Notes to Consolidated Financial Statements (Dollars in Thousands)

June 30, 2011

1. Organization and Mission

Organizational Structure

Ascension Health is a Catholic, national health system consisting primarily of nonprofit corporations that own and operate local health care facilities, or Health Ministries, located in 20 of the United States and the District of Columbia. Ascension Health is sponsored by the Northeast, Southeast, East Central, and West Central Provinces of the Daughters of Charity of St. Vincent de Paul, the Congregation of St. Joseph, and the Congregation of the Sisters of St. Joseph of Carondelet. All of the Health Ministries are related through common control. Substantially all expenses of Ascension Health are related to providing health care services.

Mission

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

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

Ascension Health

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

1. Organization and Mission (continued)

- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research.

Discounts are provided to all uninsured patients, including those with the means to pay. Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and community benefit programs. The cost of providing care to persons living in poverty and community benefit programs is estimated using each facility's internal cost data and is calculated in compliance with guidelines established by both the Catholic Health Association (CHA) and the Internal Revenue Service. The amount of traditional charity care provided, determined on the basis of cost, was \$408,894 and \$375,039 for the years ended June 30, 2011 and 2010, respectively. The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost are reported in the accompanying other financial information.

2. Significant Accounting Policies

Principles of Consolidation

All corporations and other entities for which operating control is exercised by Ascension Health or one of its member corporations are consolidated, and all significant inter-entity transactions have been eliminated in consolidation. Investments in entities where Ascension Health does not have operating control are recorded under the equity or cost method of accounting. Income from unconsolidated entities is included in consolidated excess of revenues and gains over expenses and losses in the consolidated statements of operations and changes in net assets as follows:

	Year Ended June 30,	
	2011	2010
Other revenue	\$ 138,469	\$ 131,680
Nonoperating gains, net	11,915	10,147

Ascension Health

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

2. Significant Accounting Policies (continued)

Use of Estimates

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

Fair Value of Financial Instruments

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

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and interest-bearing deposits with maturities of three months or less and certain highly liquid interest-bearing securities with maturities which may extend longer than three months but are convertible to cash within a one-month time period under the terms of the agreement with the investment manager

Investments and Investment Return

Ascension Health holds investments through the Health System Depository (HSD), an investment pool of funds in which a limited number of nonprofit health care providers participate for purposes of establishing investment goals and monitoring performance under agreed-upon socially responsible investment guidelines. Investments are managed primarily by external investment managers within established investment guidelines. Ascension Health does not consolidate the entire investment pool of funds as a portion of the investment pool represents the interests of other entities. Accordingly, as related to the HSD, Ascension Health's investments recorded in the accompanying consolidated financial statements consist only of Ascension Health's pro rata share of the HSD's investments held for participants.

The HSD's assets required to be recorded at fair value are comprised of equity and various fixed income investments. The HSD also holds investments in hedge funds, private equity, and real estate funds, which are valued using the equity method of accounting. In addition, the HSD participates in securities lending transactions whereby a portion of its investments is loaned to selected established brokerage firms in return for cash and securities from the brokers as collateral for the investments loaned

Ascension Health

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

Investment returns are comprised of dividends, interest, and gains and losses. The cost of substantially all securities sold is based on the average cost method. Investment return on self-insurance trust funds is reported as a separate component of income from operations in the consolidated statements of operations and changes in net assets. Investment return from all other investments is reported as nonoperating gains (losses) in the consolidated statements of operations and changes in net assets unless the return is restricted by donor or law

Inventories

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

Intangible Assets

Intangible assets primarily consist of goodwill and capitalized computer software costs, including software internally developed. Costs incurred in the development and installation of internal use software are expensed or capitalized depending on whether they are incurred in the preliminary project stage, application development stage, or post-implementation stage. Intangible assets are included in other noncurrent assets in the consolidated balance sheets and are comprised of the following.

	June 30,	
	2011	2010
Goodwill	\$ 118,871	\$ 93,324
Capitalized computer software costs, net	486,916	388,701
Other, net	29,404	5,624
Total intangible assets	<u>\$ 635,191</u>	<u>\$ 487,649</u>

Intangible assets whose lives are indefinite, primarily goodwill, are not amortized and are evaluated for impairment at least annually, while intangible assets with definite lives, primarily capitalized computer software costs, are amortized over their expected useful lives. Amortization expense for these intangible assets in 2011 and 2010 was \$86,741 and \$87,440, respectively

Ascension Health

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

2. Significant Accounting Policies (continued)

During the year ended June 30, 2010, Ascension Health began a significant multi-year, System-wide enterprise resource planning initiative including information technology and process standardization project (Symphony), which is expected to continue through December 2014. The project is anticipated to result in a transition to a common software product for various finance, information technology, procurement, and human resources management processes, including standardization of those processes throughout Ascension Health. Capitalized costs of Symphony were approximately \$162,000 and \$49,000 at June 30, 2011 and 2010, respectively. Certain costs of this project were also expensed. See the Impairment, Restructuring, and Nonrecurring Expenses discussion for additional information about costs associated with Symphony.

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair market value at the date of the gift. A summary of property and equipment at June 30, 2011 and 2010, is as follows:

	June 30,	
	2011	2010
Land and improvements	\$ 621,874	\$ 606,425
Building and equipment	12,405,114	11,904,661
Construction in progress	150,376	861,463
	<u>13,177,364</u>	<u>13,372,549</u>
Less accumulated depreciation	7,163,490	7,279,261
Total property and equipment, net	<u>\$ 6,013,874</u>	<u>\$ 6,093,288</u>

Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets. Depreciation expense in 2011 and 2010 was \$569,633 and \$574,609, respectively.

Several capital projects have remaining construction and related equipment purchase commitments of approximately \$114,000.

Ascension Health

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

2. Significant Accounting Policies (continued)

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those assets whose use by Ascension Health has been limited by donors to a specific time period or purpose. Permanently restricted net assets consist of gifts with corpus values that have been restricted by donors to be maintained in perpetuity, which include endowment funds. Temporarily restricted net assets and earnings on permanently restricted net assets, including earnings on endowment funds, are used in accordance with the donors' wishes, primarily to purchase equipment and to provide charity care and other health and educational services. Contributions with donor-imposed restrictions that are met in the same reporting period are reported as unrestricted.

Performance Indicator

The performance indicator is excess of revenues and gains over expenses and losses. Changes in unrestricted net assets that are excluded from the performance indicator primarily include pension and other postretirement liability adjustments, transfers to or from sponsors and other affiliates, net assets released from restrictions for property acquisitions, change in unconsolidated entities' net assets, cumulative effect of change in accounting principle, discontinued operations, and contributions of property and equipment.

Operating and Nonoperating Activities

Ascension Health's primary mission is to meet the health care needs in its market areas through a broad range of general and specialized health care services, including inpatient acute care, outpatient services, long-term care, and other health care services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to Ascension Health's primary mission are considered to be nonoperating. Several primary care clinics that are not associated with an acute care hospital and that rely significantly on contributions from foundations are also considered nonoperating.

Ascension Health

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

2. Significant Accounting Policies (continued)

Net Patient Service Revenue, Accounts Receivable, and Allowance for Uncollectible Accounts

Net patient service revenue is reported at the estimated realizable amounts from patients, third-party payors, and others for services provided excluding the provision for bad debt expense and includes estimated retroactive adjustments under reimbursement agreements with third-party payors. Revenue under certain third-party payor agreements is subject to audit, retroactive adjustments, and significant regulatory actions. Provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and as final settlements are determined.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue related to prior periods increased net patient service revenue by approximately \$83,416 and \$69,091 for the years ended June 30, 2011 and 2010, respectively.

During 2011, approximately 36% of net patient service revenue was earned under the Medicare program and 11% under various state Medicaid programs. During 2010, approximately 36% of net patient service revenue was earned under the Medicare program and 10% under various state Medicaid programs. Ascension Health grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor arrangements. Significant concentrations of accounts receivable at June 30, 2011, include Medicare (20%) and various states' Medicaid programs (10%). Significant concentrations of accounts receivable at June 30, 2010, include Medicare (21%) and various states' Medicaid programs (10%).

Ascension Health

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

2. Significant Accounting Policies (continued)

The provision for bad debt expense is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for bad debt expense to establish an appropriate allowance for uncollectible accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, Ascension Health follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with Ascension Health's policies.

Impairment, Restructuring, and Nonrecurring Expenses

During the years ended June 30, 2011 and 2010, Ascension Health recorded total impairment, restructuring, and nonrecurring expenses of \$92,458 and \$31,111, respectively. For the year ended June 30, 2011, this amount was comprised of long-lived asset impairments of approximately \$21,834 and restructuring and nonrecurring expenses of approximately \$70,624. The restructuring and nonrecurring expenses for the year ended June 30, 2011, included approximately \$44,355 of nonrecurring expenses associated with Symphony. Symphony nonrecurring expenses include project management and process reengineering costs, as well as costs to establish a shared service center and develop a business intelligence data warehouse.

For the year ended June 30, 2010, total impairment, restructuring, and nonrecurring expenses of \$31,111 were comprised of approximately \$7,629 of restructuring and nonrecurring expenses related to changes in business operations, including reorganization and severance charges, as well as approximately \$14,670 of long-lived asset impairments. Restructuring and nonrecurring expenses for the year ended June 30, 2010, also include \$8,812 associated with Symphony.

Amortization

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

Ascension Health

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

Income Taxes

The member health care entities of Ascension Health are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or Section 501(c)(2), and their related income is exempt from federal income tax under Section 501(a).

Regulatory Compliance

Various federal and state agencies have initiated investigations regarding reimbursement claimed by certain members of Ascension Health. The investigations are in various stages of discovery, and the ultimate resolution of these matters, including the liabilities, if any, cannot be readily determined; however, in the opinion of management, the results of the investigations will not have a material adverse impact on the consolidated financial statements of Ascension Health.

Reclassifications

Certain reclassifications were made to the 2010 accompanying consolidated financial statements to conform to the 2011 presentation.

Subsequent Events

Ascension Health evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the financial statements are issued, for potential recognition in the financial statements as of the balance sheet date. For the year ended June 30, 2011, Ascension Health evaluated subsequent events through September 8, 2011, representing the date on which the accompanying audited consolidated financial statements were issued.

Ascension Health

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

2. Significant Accounting Policies (continued)

Adoption of New Accounting Standards

In January 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-07, *Not-for-Profit Entities: Mergers and Acquisitions*, which establishes accounting and disclosure requirements for how a not-for-profit entity determines whether a combination is a merger or an acquisition, how to account for each, and the required disclosures. In addition, ASU 2010-07 includes amendments to FASB's Accounting Standards Codification (the Codification, or ASC) Topic 350, *Intangibles – Goodwill and Other*, and ASC Topic 810, *Consolidation*, to make both applicable to not-for-profit entities. ASC Topic 350 clarifies the accounting for goodwill and indefinite-lived identifiable intangible assets recognized in a not-for-profit entity's acquisition of a business or nonprofit activity. Such assets are not amortized and are tested for impairment at least annually. ASC Topic 810 clarifies the accounting for noncontrolling interests and establishes accounting and reporting standards for the noncontrolling interest in a subsidiary, including classification as a component of net assets. Ascension Health adopted the guidance relative to ASU 2010-07 as of July 1, 2010. The adoption of this guidance resulted in goodwill impairment of \$45,993 recorded as a cumulative effect of change in accounting principle on the consolidated statements of operations and changes in net assets for the year ended June 30, 2011.

3. Organizational Changes

On April 20, 2011, Ascension Health signed a non-binding Letter of Intent with Alexian Brothers Health System (Alexian Brothers) to assess a potential transaction whereby Ascension Health would become the sole corporate member of Alexian Brothers. Alexian Brothers is a Catholic health care organization which oversees the operations of four hospitals, ambulatory care clinics, physician practices, and senior living facilities.

On April 29, 2011, the Federal Trade Commission completed its review of a proposed affiliation between Seton Health System, Inc. (Seton Health) in Troy, New York, Northeast Health, Inc and St. Peter's Health Care Services. Under the terms of the related agreements, it is anticipated that Ascension Health will retain certain limited rights as an ongoing member of Seton Health in Troy, New York. With this clearance received, the organizations will move forward to create an affiliated health system which is anticipated to result in Seton Health no longer being under the control of Ascension Health.

Ascension Health

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

3. Organizational Changes (continued)

Discontinued Operations

Effective July 1, 2009, Catholic Health Partners (CHP) and Saint Anthony Hospital (SAH) separated from Ascension Health and Missionary Sisters of the Sacred Heart of Jesus-Provincial Council of the Stella Maris Province (MS-SMP) as agreed upon in the Separation Agreement dated May 28, 2009, to allow SAH to operate as a freestanding, community-based, Catholic hospital serving its community in Chicago, Illinois. The operating results of CHP and SAH are classified in Ascension Health's accompanying consolidated financial statements as discontinued operations.

Ascension Health reported an increase in net assets from discontinued operations of \$6,616 for the year ended June 30, 2011, representing the excess of revenues over expenses for previously discontinued lines of business in Michigan and Tennessee, as well as the fair value of net assets relinquished under the Separation Agreement for the CHP and SAH operations. These entities had recorded operating revenues totaling \$29,066 during the period that they were operational during the year ended June 30, 2011.

Ascension Health reported a decrease in net assets from discontinued operations of \$48,911 for the year ended June 30, 2010, representing the deficit of revenues over expenses for previously discontinued lines of business in Michigan and Tennessee, as well as the fair value of net assets relinquished under the Separation Agreement for the CHP and SAH operations. These entities had recorded operating revenues totaling \$34,898 during the period that they were operational during the year ended June 30, 2010.

The accompanying consolidated balance sheets include assets held for sale and liabilities related to assets held for sale associated with the above transactions. At June 30, 2011 and 2010, assets held for sale consist primarily of accounts receivable and property and equipment while liabilities related to assets held for sale consist primarily of accounts payable, other liabilities, and self-insurance liabilities.

Ascension Health

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

4. Cash and Cash Equivalents, Investments, and Assets Limited as to Use

Ascension Health's investments are comprised of its pro rata share of the HSD's funds held for participants and certain other investments such as those investments held and managed by foundations. Board-designated investments represent investments designated by resolution of the Board of Trustees to put amounts aside primarily for future capital expansion and improvements. Assets limited as to use include investments placed in trust for payment of self-insured claims and investments restricted by donors. Ascension Health's investments are reported in the accompanying consolidated balance sheets as presented in the following table:

	June 30,	
	2011	2010
Cash and cash equivalents	\$ 1,117,574	\$ 1,168,278
Short-term investments	91,146	81,650
Assets limited as to use	161,300	158,676
Board-designated and other investments:		
Board-designated investments	623,129	3,804,898
Other investments	6,713,801	1,994,816
Assets limited as to use:		
Under bond indenture agreement	439	906
Self-insurance trust funds, less current portion	495,232	517,302
Temporarily or permanently restricted	418,865	383,406
Total assets limited as to use	914,536	901,614
Total Board-designated and other investments	8,251,466	6,701,328
Total	\$ 9,621,486	\$ 8,109,932

Ascension Health

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

4. Cash and Cash Equivalents, Investments, and Assets Limited as to Use (continued)

The composition of cash and investments classified as cash and cash equivalents, short-term investments, Board-designated investments, assets limited as to use, and other investments is summarized as follows:

	June 30,	
	2011	2010
Cash and cash equivalents	\$ 459,550	\$ 459,198
Short-term investments	60,559	73,440
U.S. government obligations	49,958	59,058
Corporate and foreign fixed income investments	50,813	62,421
Asset-backed securities	60,280	52,194
Equity securities	316,338	260,569
Private equity and other investments	164,894	132,666
Other assets limited as to use	78,340	79,571
Subtotal, included in cash and cash equivalents, short-term investments, and Board-designated and other investments	1,240,732	1,179,117
Ascension Health's pro rata share of HSD funds held for participants	8,380,754	6,930,815
Cash and cash equivalents, short-term investments, and Board-designated and other investments	<u>\$ 9,621,486</u>	<u>\$ 8,109,932</u>

Ascension Health's pro rata share of the HSD's funds held for participants was \$8,380,754 and \$6,930,815 at June 30, 2011 and 2010, respectively, representing 77.2% and 76.1% of the funds held for participants in the HSD at those respective dates.

Ascension Health

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

4. Cash and Cash Equivalents, Investments, and Assets Limited as to Use (continued)

As disclosed in the Significant Accounting Policies note, Ascension Health holds investments through the HSD. The following is a condensed balance sheet of the entire HSD, including the interests of Ascension Health and all other participating entities, at June 30, 2011 and 2010:

	June 30,	
	2011	2010
Assets		
Cash	\$ 26,757	\$ 24,023
Loans, interest, and other receivables	88,180	96,575
Due from brokers	799,869	1,411,218
Securities lending collateral	378,877	364,608
Derivative asset	33,208	21,281
Investments, at fair value:		
Short-term investments	747,955	502,600
U.S. government obligations	3,056,988	2,375,313
Corporate and foreign fixed income investments	1,260,685	1,605,176
Asset-backed securities	1,764,404	1,037,000
Equity, private equity, and other investments	2,287,580	2,216,625
Equity method investments	2,026,142	1,390,415
Total assets	<u>\$ 12,470,645</u>	<u>\$ 11,044,834</u>
Liabilities and funds held for participants		
Due to brokers	\$ 1,032,350	\$ 1,471,668
Derivative liability	34,768	49,711
Investments sold, not yet settled	166,663	36,963
Other payables	6,743	5,191
Payable under securities lending program	380,684	368,282
Total liabilities	<u>1,621,208</u>	<u>1,931,815</u>
Funds held for participants	<u>10,849,437</u>	<u>9,113,019</u>
Total liabilities and funds held for participants	<u>\$ 12,470,645</u>	<u>\$ 11,044,834</u>

Ascension Health

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

4. Cash and Cash Equivalents, Investments, and Assets Limited as to Use (continued)

Ascension Health's investment strategy includes investing in alternative investments, such as private equity and real estate funds, a portion of which are valued up to 90 days in arrears. Ascension Health's investment in alternative investment funds include contractual commitments to portfolio venture funds and other funds to provide capital contributions during the investment period which is typically five years and can extend to the end of the fund term. During these contractual periods, investment managers may require Ascension Health to invest in accordance with the terms of the agreement. Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2011, investment periods expire between August 2011 and December 2016. The remaining unfunded capital commitments for all HSD participants and a joint venture consolidated for financial reporting purposes total approximately \$659,000 for 40 individual contracts as of June 30, 2011.

Due to the uncertainty surrounding whether the contractual commitments will require funding during the contractual period, future minimum payments to meet these commitments cannot be reasonably estimated. These committed amounts have not been reduced by the anticipated cash inflows from liquidating previous investments in alternative investment funds.

Investment return recognized by Ascension Health is summarized as follows:

	Year Ended June 30,	
	2011	2010
Investment return in HSD	\$ 1,152,338	\$ 756,437
Interest and dividends	17,051	15,872
Net gains on investments reported at fair value	80,814	38,760
Restricted investment income	6,163	1,594
Total investment return	<u>\$ 1,256,366</u>	<u>\$ 812,663</u>

Ascension Health

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

5. Fair Value Measurements

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

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

Ascension Health follows the three-level fair value hierarchy to categorize these assets and liabilities recognized at fair value at each reporting period, which prioritizes the inputs used to measure such fair values. Level inputs are defined as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities on the reporting date. Investments classified in this level generally include exchange-traded equity securities, futures, real estate investment trusts, pooled short-term investment funds, options, and exchange-traded mutual funds.

Level 2 – Inputs other than quoted market prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability. Investments classified in this level generally include fixed income securities, including fixed income government obligations, asset-backed securities, certificates of deposit, and derivatives.

Level 3 – Inputs that are unobservable for the asset or liability. Investments classified in this level generally include alternative investments, private equity investments, limited partnerships, and certain fixed income securities, including fixed income government obligations, and derivatives.

Ascension Health

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

5. Fair Value Measurements (continued)

Assets and liabilities classified as Level 1 are valued using unadjusted quoted market prices for identical assets or liabilities in active markets. Ascension Health uses techniques consistent with the market approach and income approach for measuring fair value of its Level 2 and Level 3 assets and liabilities. The market approach is a valuation technique that uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. The income approach generally converts future amounts (cash flows or earnings) to a single present value amount (discounted).

As of June 30, 2011 and 2010, the Level 2 and Level 3 assets and liabilities listed in the fair value hierarchy tables below utilize the following valuation techniques and inputs:

Cash and cash equivalents and short-term investments

Short-term investments designated as Level 2 investments are primarily comprised of commercial paper, whose fair value is based on amortized cost. Significant observable inputs include security cost, maturity, and credit rating. Cash and cash equivalents and additional short-term investments are primarily comprised of certificates of deposit, whose fair value is based on cost plus accrued interest. Significant observable inputs include security cost, maturity, and relevant short-term interest rates

Derivative assets and liabilities

The fair value of derivative contracts is primarily determined using techniques consistent with the market approach. Derivative contracts include interest rate, credit default, and total return swaps. Significant observable inputs to valuation models include interest rates, Treasury yields, volatilities, credit spreads, maturity, and recovery rates.

U.S. government obligations

The fair value of investments in U.S. government, state, and municipal obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads.

Ascension Health

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

5. Fair Value Measurements (continued)

Asset-backed securities

The fair value of U.S. agency and corporate asset-backed securities is primarily determined using techniques consistent with the income approach, such as a discounted cash flow model. Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and quotes.

Corporate and foreign fixed income investments

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

Equity securities

The fair value of investments in U.S. and international equity securities is primarily determined using the calculated net asset value. The values for underlying investments are fair value estimates determined by external fund managers based on operating results, balance sheet stability, growth, and other business and market sector fundamentals.

Investments sold, not yet settled

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

Securities lending collateral

The fair value of collateral received under HSD's securities lending program is determined using the calculated net asset value for the commingled fund in which the collateral is invested. The underlying investments are valued using techniques consistent with the market approach, which utilizes significant observable market inputs such as available trades, quotes, benchmark curves, sector groupings, and matrix pricing

Ascension Health

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

5. Fair Value Measurements (continued)

Guaranteed pooled fund

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

Private equity investments

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

As discussed in the Significant Accounting Policies and the Cash and Cash Equivalents, Investments, and Other Assets Limited as to Use notes, Ascension Health holds investments through the HSD representing 77.2% and 76.1% of the net asset value of the HSD as of June 30, 2011 and 2010, respectively. The HSD's investments include equities, various fixed income securities, and alternative investments.

Ascension Health

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

5. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2011 and 2010, for all the HSD financial assets and liabilities measured at fair value on a recurring basis in the HSD's financial statements:

	Level 1	Level 2	Level 3	Total
June 30, 2011				
Assets included in:				
Securities lending collateral	\$ —	\$ 378,877	\$ —	\$ 378,877
Derivative asset	19,649	2,303	11,256	33,208
Short-term investments	689,742	58,213	—	747,955
U.S. government obligations	—	3,046,822	10,166	3,056,988
Corporate and foreign fixed income investments	—	1,144,643	116,042	1,260,685
Asset-backed securities	—	1,719,704	44,700	1,764,404
Equity, private equity, and other investments	2,240,360	—	47,220	2,287,580
Liabilities included in:				
Derivative liability	1,162	3,116	30,490	34,768
Investments sold, not yet settled	—	166,663	—	166,663
June 30, 2010				
Assets included in:				
Securities lending collateral	\$ —	\$ 364,608	\$ —	\$ 364,608
Derivative asset	7,256	8,569	5,456	21,281
Short-term investments	353,700	148,900	—	502,600
U.S. government obligations	—	2,367,973	7,340	2,375,313
Corporate and foreign fixed income investments	—	1,437,703	167,473	1,605,176
Asset-backed securities	—	1,010,931	26,069	1,037,000
Equity, private equity, and other investments	1,716,904	76,146	423,575	2,216,625
Liabilities included in:				
Derivative liability	2,029	1,777	45,905	49,711
Investments sold, not yet settled	—	36,963	—	36,963

Ascension Health

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

5. Fair Value Measurements (continued)

For the years ended June 30, 2011 and 2010, the changes in the fair value of the HSD assets measured using significant unobservable inputs (Level 3) were comprised of the following:

	U.S. Government Obligations	Corporate and Foreign Fixed Income Investments	Asset- Backed Securities	Equity, Private Equity, and Other Investments	Net Derivatives
June 30, 2011					
Beginning balance	\$ 7,340	\$ 167,473	\$ 26,069	\$ 423,575	\$ (40,449)
Total realized and unrealized gains included in nonoperating gains	202	8,209	1,514	99,730	180,214
Purchases, issuances, and settlements	1,199	(42,171)	19,814	(476,085)	(158,999)
Transfers into (out of) Level 3	1,425	(17,469)	(2,697)	—	—
Ending balance	<u>\$ 10,166</u>	<u>\$ 116,042</u>	<u>\$ 44,700</u>	<u>\$ 47,220</u>	<u>\$ (19,234)</u>

The amount of total gains or losses
for the period included in
nonoperating gains (losses)
attributable to the change in
unrealized gains or losses
relating to assets still held at
June 30, 2011

\$ 107	\$ (1,948)	\$ 781	\$ 5,872	\$ (146,992)
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June 30, 2010

Beginning balance	\$ 25,746	\$ 244,131	\$ 87,091	\$ 80,437	\$ (23,159)
Total realized and unrealized gains (losses) included in nonoperating gains (losses)	449	16,515	11,091	(38,308)	(20,928)
Purchases, issuances, and settlements	(13,179)	(43,078)	(12,967)	393,715	2,242
Transfers (out of) into Level 3	(5,676)	(50,095)	(59,146)	(12,269)	1,396
Ending balance	<u>\$ 7,340</u>	<u>\$ 167,473</u>	<u>\$ 26,069</u>	<u>\$ 423,575</u>	<u>\$ (40,449)</u>

The amount of total gains or losses
for the period included in
nonoperating gains (losses)
attributable to the change in
unrealized gains or losses
relating to assets still held at
June 30, 2010

\$ —	\$ 3,937	\$ (704)	\$ 31,635	\$ (9,236)
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Ascension Health

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

5. Fair Value Measurements (continued)

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

The following table summarizes fair value measurements, by level, at June 30, 2011, for all other financial assets and liabilities, measured at fair value on a recurring basis in the Ascension Health consolidated financial statements:

	Level 1	Level 2	Level 3	Total
June 30, 2011				
Cash and cash equivalents	\$ 86,946	\$ 6,954	\$ —	\$ 93,900
Short-term investments	15,592	44,768	—	60,360
U.S. government obligations	—	49,516	442	49,958
Corporate and foreign fixed income investments	—	45,789	5,024	50,813
Asset-backed securities	—	58,356	1,924	60,280
Equity, private equity, and other investments	286,961	17,878	101,681	406,520
Assets not at fair value				518,901
Subtotal, included in cash and cash equivalents, short-term investments, assets limited as to use, and Board-designated and other investments				<u>\$ 1,240,732</u>
Deferred compensation assets, included in other noncurrent assets, invested in:				
Equity securities	\$ 140,238	\$ —	\$ —	\$ 140,238
Guaranteed pooled fund	—	—	32,116	32,116
Interest rate swaps, included in other noncurrent assets	—	64,426	—	64,426
Interest rate swaps, included in other noncurrent liabilities	—	141,287	—	141,287

Ascension Health

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

5. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2010, for all other financial assets and liabilities, measured at fair value on a recurring basis in the Ascension Health consolidated financial statements.

	Level 1	Level 2	Level 3	Total
June 30, 2010				
Cash and cash equivalents	\$ 77,740	\$ 7,845	\$ —	\$ 85,585
Short-term investments	30,016	42,212	201	72,429
U S. government obligations	—	58,616	442	59,058
Corporate and foreign fixed income investments	—	57,576	4,845	62,421
Asset-backed securities	—	52,005	189	52,194
Equity, private equity, and other investments	241,052	10,337	74,335	325,724
Assets not at fair value				521,706
Subtotal, included in cash and cash equivalents, short-term investments, assets limited as to use, and Board-designated and other investments				<u>\$ 1,179,117</u>
Deferred compensation assets, included in other noncurrent assets, invested in:				
Equity securities	\$ 107,239	\$ —	\$ —	\$ 107,239
Guaranteed pooled fund	—	—	28,694	28,694
Interest rate swaps, included in other noncurrent assets	—	66,929	—	66,929
Interest rate swaps, included in other noncurrent liabilities	—	169,047	—	169,047

Ascension Health

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

5. Fair Value Measurements (continued)

During the years ended June 30, 2011 and 2010, the changes in the fair value of the foregoing assets measured using significant unobservable inputs (Level 3) were comprised of the following:

	Short-Term Investments	U.S. Government Obligations	Corporate and Foreign Fixed Income Investments	Asset- Backed Securities	Equity, Private Equity, and Other Investments	Guaranteed Pooled Fund
June 30, 2011						
Beginning balance	\$ 201	\$ 442	\$ 4,845	\$ 189	\$ 74,335	\$ 28,694
Total realized and unrealized gains (losses):						
Included in income from operations	—	—	412	(16)	676	—
Included in nonoperating gains (losses)	—	—	—	—	(73)	—
Included in changes in net assets	—	—	—	—	315	—
Purchases, issuances, and settlements	—	—	(233)	1,463	27,493	2,609
Transfers (out of) into Level 3	(201)	—	—	288	(1,065)	813
Ending balance	<u>\$ —</u>	<u>\$ 442</u>	<u>\$ 5,024</u>	<u>\$ 1,924</u>	<u>\$ 101,681</u>	<u>\$ 32,116</u>
June 30, 2010						
Beginning balance	\$ —	\$ —	\$ 4,474	\$ 201	\$ 43,135	\$ 25,961
Total realized and unrealized gains (losses):						
Included in income from operations	—	—	938	2	531	—
Included in nonoperating gains (losses)	—	—	—	—	(425)	(59)
Included in changes in net assets	—	—	—	—	1,296	—
Purchases, issuances, and settlements	—	442	(567)	187	(4,704)	3,125
Transfers into (out of) Level 3	201	—	—	(201)	34,502	(333)
Ending balance	<u>\$ 201</u>	<u>\$ 442</u>	<u>\$ 4,845</u>	<u>\$ 189</u>	<u>\$ 74,335</u>	<u>\$ 28,694</u>

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

Ascension Health

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

6. Significant Investments in Unconsolidated Entities

Ascension Health has a 50% membership interest in Via Christi Health, Inc. (VCH). Ascension Health accounts for this membership interest under the equity method of accounting. Ascension Health's investment in VCH is \$499,910 and \$452,781 at June 30, 2011 and 2010, respectively, and is reported in the consolidated balance sheets in investment in unconsolidated entities. Ascension Health's investment in VCH reflects the financial performance of VCH one month in arrears.

At June 30, 2011 and 2010, the difference between the amount at which Ascension Health's investment in VCH is carried in the accompanying consolidated balance sheets and its interest in the underlying net assets of VCH is \$30,568 and \$33,309, respectively. This difference relates primarily to the excess of the fair value of VCH property and equipment and long-term debt over their carrying values at the date Ascension Health received the interest in VCH. The difference is being amortized over the remaining life of the property and equipment and term of the long-term debt.

Condensed financial information of VCH as of and for the years ended June 30, 2011 and 2010, is summarized below:

	June 30,	
	2011	2010
Current assets	\$ 748,221	\$ 694,549
Noncurrent assets	932,313	859,460
Total assets	<u>\$ 1,680,534</u>	<u>\$ 1,554,009</u>
Current liabilities	\$ 120,335	\$ 99,460
Noncurrent liabilities	555,415	556,460
Total liabilities	<u>675,750</u>	<u>655,920</u>
Net assets	1,004,784	898,089
Total liabilities and net assets	<u>\$ 1,680,534</u>	<u>\$ 1,554,009</u>
Total revenues	\$ 1,094,925	\$ 996,949
Total expenses	(1,072,680)	(942,838)
Total investment return	97,573	60,134
Excess of revenues over expenses	<u>\$ 119,818</u>	<u>\$ 114,245</u>

Ascension Health

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

7. Long-Term Debt

Long-term debt consists of the following:

	June 30,	
	2011	2010
Tax-exempt hospital revenue bonds – secured.		
Variable rate demand bonds, subject to a put provision which provides for a cumulative 7-month notice and remarketing period, payable through November 2047, interest (0.18% at June 30, 2011) tied to a market index plus a spread	\$ 320,480	\$ 320,480
Variable rate demand bonds, subject to a 7-day put provision, payable through November 2047, interest set at prevailing market rates	–	274,070
Variable rate demand bonds, subject to a 7-day put provision, payable through November 2039, interest (0.06% at June 30, 2011) set at prevailing market rates	246,730	–
Variable rate demand bonds, subject to a 7-day put provision, payable through November 2033; interest (0.06% at June 30, 2011) set at prevailing market rates, swapped to fixed rates of 5.544% through maturity	150,325	150,325
Indexed put bonds subject to weekly rate resets based on a taxable index, payable through November 2046, interest (3.076% at June 30, 2011) swapped to a variable rate tied to a tax-exempt market index plus a spread through November 2016	153,800	153,800
Fixed rate put bonds (converted from an indexed put bond mode based on a taxable index in May 2009) payable through November 2046, interest (4.10% at June 30, 2011) swapped to a variable rate tied to a market index plus a spread through November 2016	153,690	153,690
Fixed rate serial and term bonds payable in installments through November 2040, interest at 4.125% to 5.75%	984,635	1,004,530
Fixed rate serial and term bonds payable in installments through November 2039; interest at 5.00% swapped to variable rates over the life of the bonds	599,490	599,490
Fixed rate serial mode bonds payable through 2047 with purchase dates ranging from August 2011 through June 2014; interest at 0.45% to 3.75% through the purchase dates	823,560	549,490
Fixed rate serial mode bonds payable through 2033 with purchase dates through May 2012; interest at 1.25%, swapped to fixed rates of 5.454% to 5.544% through maturity	156,975	403,705

Ascension Health

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

7. Long-Term Debt (continued)

	June 30,	
	2011	2010
Tax-exempt hospital revenue bonds – unsecured		
Variable rate demand bonds issued under the Subordinate Master Trust Indenture, subject to a 7-day put provision, payable through November 2027; interest (0.06% at June 30, 2011) set at prevailing market rates	\$ 57,815	\$ 57,815
Fixed rate serial mode bonds issued under the Subordinate Master Trust Indenture payable through 2027 with purchase dates through November 2012, interest at 5.00%, swapped to variable mode through the purchase dates	149,470	246,570
Fixed rate serial mode bonds issued under the Subordinate Master Trust Indenture payable through 2027 with purchase dates through June 2017, interest at 5.00%	303,270	216,315
Total hospital revenue bonds	4,100,240	4,130,280
Other debt:		
Obligations under capital leases	34,865	38,196
Other	36,960	30,747
	4,172,065	4,199,223
Unamortized premium, net	67,233	67,323
Less current portion	(29,563)	(31,221)
Less long-term debt subject to short-term remarketing arrangements	(1,662,950)	(1,228,115)
Long-term debt, less current portion and long-term debt subject to short-term remarketing arrangements	\$ 2,546,785	\$ 3,007,210
Senior Master Trust Indenture long-term debt obligations, including unamortized premium, net	\$ 1,953,354	\$ 2,414,076
Subordinate Master Trust Indenture long-term debt obligations, including unamortized premium, net	528,917	535,270
Other	64,514	57,864
Long-term debt, less current portion, and long-term debt subject to short-term remarketing arrangements	\$ 2,546,785	\$ 3,007,210

Ascension Health

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

7. Long-Term Debt (continued)

Scheduled principal repayments of long-term debt, considering obligations subject to short-term remarketing as due according to their long-term amortization schedule, as of June 30, 2011, are as follows:

Year ending June 30:	
2012	\$ 29,563
2013	28,502
2014	71,733
2015	66,526
2016	57,836
Thereafter	<u>3,917,905</u>
Total	<u>\$ 4,172,065</u>

The carrying amounts of variable rate bonds and other notes payable approximate fair value. The fair values of the unsecured fixed rate serial and term bonds are estimated based on discounted cash flow analyses that consider current incremental borrowing rates for similar types of borrowing arrangements. The fair value of fixed rate serial and term bonds, including the component of variable rate demand bonds subject to long-term fixed interest rates, approximates carrying value at June 30, 2011 and 2010. During the years ended June 30, 2011 and 2010, interest paid was approximately \$147,800 and \$136,500, respectively. Capitalized interest was approximately \$7,100 and \$12,800 for the years ended June 30, 2011 and 2010, respectively.

Certain members of Ascension Health formed the Ascension Health Credit Group (Senior Credit Group). Each Senior Credit Group member is identified as either a senior obligated group member, senior designated affiliate or senior limited designated affiliate. Senior obligated group members are jointly and severally liable under a Senior Master Trust Indenture (Senior MTI) to make all payments required with respect to obligations under the Senior MTI and may be entities not controlled directly or indirectly by Ascension Health. Senior designated affiliates and senior limited designated affiliates are not obligated to make debt service payments on the obligations under the Senior MTI. Ascension Health may cause each senior designated affiliate to transfer such amounts as are necessary to enable the obligated group to comply with the terms of the Senior MTI, including payment of the outstanding obligations. Additionally, each senior limited designated affiliate has an independent limited designated affiliate agreement and promissory note with Ascension Health with stipulated repayment terms and conditions, each subject to the governing law of the senior limited designated affiliate's state of incorporation.

Ascension Health

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

7. Long-Term Debt (continued)

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

A Subordinate Credit Group, which is comprised of subordinate obligated group members, subordinate designated affiliates, and subordinate limited designated affiliates, was created under the Subordinate Master Trust Indenture (Subordinate MTI). The subordinate obligated group members are jointly and severally liable under the Subordinate MTI to make all payments required with respect to obligations under the Subordinate MTI and may be entities not controlled directly or indirectly by Ascension Health. Subordinate designated affiliates and subordinate limited designated affiliates are not obligated to make debt service payments on the obligations under the Subordinate MTI. Ascension Health may cause each subordinate designated affiliate to transfer such amounts as are necessary to enable the obligated group members to comply with the terms of the Subordinate MTI, including payment of the outstanding obligations. Additionally, each subordinate limited designated affiliate has an independent subordinate limited designated affiliate agreement and promissory note with Ascension Health with stipulated repayment terms and conditions, each subject to the governing law of the subordinate limited designated affiliate's state of incorporation.

The unsecured variable rate demand bonds of both the Senior and Subordinate Credit Groups, while subject to long-term amortization periods, may be put to Ascension Health at the option of the bondholders in connection with certain remarketing dates. To the extent that bondholders may, under the terms of the debt, put their bonds within 12 months after June 30, 2011, the principal amount of such bonds has been classified as a current obligation in the accompanying consolidated balance sheets. Management believes the likelihood of a material amount of bonds being put to Ascension Health to be remote. However, to address this possibility, management has taken steps to provide various sources of liquidity in the event any bonds would be put, including entering into certain bond repurchase agreements, assessing alternate sources of financing, including the line of credit and commercial paper program, and maintaining unrestricted assets as a source of self-liquidity.

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

7. Long-Term Debt (continued)

In January 2010, Ascension Health issued \$157,000 of commercial paper for previous capital expenditures. In February and March 2010, Ascension Health used existing cash and investments to defease or redeem \$558,737 of bonds and commercial paper originally issued from 1999 through 2010. In March 2010, Ascension Health issued a total of \$1,326,870 of bonds (Series 2010A through 2010F) through five different issuing authorities in five states. The proceeds of the bonds, including original issue premium, were used to reimburse Ascension Health for previous capital expenditures, to refinance the outstanding commercial paper issued January 2010, and to refund \$742,550 of current bonds which were originally issued in 1999 and 2008. The Series 2010A through 2010E bonds bear interest at fixed interest rates with principal maturities through November 2040, while the Series 2010F bonds are variable rate bonds with weekly-resetting interest rates and principal maturities through 2047. Due to aggregate financing activity during the fiscal years ended June 30, 2011 and 2010, including the aforementioned activities as well as the scheduled remarketing of certain serial mode bonds with unamortized issuance costs, losses on extinguishment of debt of \$1,007 and \$7,515 were recorded, which are included as nonoperating gains (losses) in the accompanying consolidated statements of operations and changes in net assets.

Ascension Health is a party to multiple interest rate swap agreements that convert the variable or fixed rates of certain debt issues to fixed or variable rates, respectively. See the Derivative Instruments note for a discussion of these derivatives.

As of June 30, 2011, the Senior Credit Group has a line of credit of \$250,000 related to its commercial paper program toward which bank commitments totaling \$250,000 extend to November 18, 2013. As of June 30, 2011 and 2010, there were no borrowings under the line of credit.

As of June 30, 2011, the Senior Credit Group has a line of credit of \$500,000 for general corporate purposes toward which bank commitments totaling \$500,000 extend to April 2, 2012. As of June 30, 2011 and 2010, there were no borrowings under the line of credit.

As of June 30, 2011, the Subordinate Credit Group has a \$50,000 revolving line of credit related to its letters of credit program toward which a bank commitment of \$50,000 extends to December 28, 2011. The revolving line of credit may be accessed solely in the form of Letters of Credit issued by the bank for the benefit of the members of the Credit Groups. Of this \$50,000 revolving line of credit, letters of credit totaling \$37,162 have been issued as of June 30, 2011. No borrowings were outstanding under the letters of credit as of June 30, 2011 and 2010.

Ascension Health

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

8. Derivative Instruments

Ascension Health uses interest rate swap agreements to manage interest rate risk associated with its outstanding debt. These swaps effectively convert interest rates on variable rate bonds to fixed rates and rates on fixed rate bonds to variable rates. At June 30, 2011 and 2010, the notional values of outstanding interest rate swaps were \$2,310,187 and \$2,431,137, respectively.

Ascension Health recognizes the fair value of its interest rate swaps in the consolidated balance sheet as assets, recorded in other noncurrent assets, or liabilities, recorded in other noncurrent liabilities, as appropriate. At June 30, 2011 and 2010, the fair value of interest rate swaps in an asset position were \$64,426 and \$66,929, respectively, while the fair value of interest rate swaps in a liability position were \$141,287 and \$169,047, respectively.

Prior to July 1, 2006, Ascension Health designated certain of its interest rate swaps as cash flow hedges, for accounting purposes, and accordingly deferred gains or losses associated with those swaps in net assets. Net gains of \$303 and \$14,123 were recognized in other nonoperating gains (losses) for the years ended June 30, 2011 and 2010, respectively, representing the recognition of interest rate swap gains deferred prior to July 1, 2006, when these swaps were designated and accounted for as cash flow hedges. For the year ended June 30, 2010, \$13,033 of the gain represented the recognition of deferred gains that were previously designated to long-term debt that was redeemed or defeased during the year ended June 30, 2010. The remaining amount of deferred gain at June 30, 2011, that will be reclassified into nonoperating gains (losses) over the next 12 months is immaterial.

Beginning July 1, 2006, previously designated cash flow hedging relationships were de-designated for accounting purposes. Accordingly, all changes in the fair value of interest rate swaps since that date have been recognized in nonoperating gains (losses) in the accompanying consolidated statements of operations and changes in net assets. A net nonoperating gain of \$25,257 was recognized for the year ended June 30, 2011, while a net nonoperating loss of \$18,641 was recognized for the year ended June 30, 2010.

Ascension Health

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

8. Derivative Instruments (continued)

Ascension Health's interest rate swap agreements include collateral requirements for each counterparty under such agreements, based upon specific contractual criteria. Ascension Health's collateral requirements are based upon Ascension Health's Senior Credit Group long-term debt credit ratings (Senior Debt Credit Ratings), as obtained from each of two major credit rating agencies, as well as the net liability position of total interest rate swap agreements outstanding with each counterparty. At June 30, 2011 and 2010, based upon Ascension Health's net liability positions and Senior Debt Credit Ratings, no collateral on interest rate swap agreements was required to be posted. The aggregate net fair value of interest rate swap agreements with credit-risk-related contingent features on June 30, 2011 and 2010, was a liability of \$76,861 and \$102,118, respectively.

9. Retirement Plans

Defined-Benefit Plans

Certain Ascension Health entities participate in the Ascension Health Pension Plan (the Ascension Plan), which is a noncontributory, defined-benefit pension plan covering all eligible employees of certain Ascension Health entities. Benefits are based on each participant's years of service and compensation. Ascension Plan assets are invested in a master trust (the Trust) consisting of cash and cash equivalents, equity, fixed income funds, and alternative investments. Contributions to the Ascension Plan are based on actuarially determined amounts sufficient to meet the benefits to be paid to plan participants.

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

Certain other Ascension Health entities participate in separate noncontributory, defined-benefit plans (the Other Ascension Health Plans) in which substantially all employees are eligible to participate. The Other Ascension Health Plans' benefits are based on each participant's years of service and compensation. Substantially all of the Other Ascension Health Plans' assets are invested in the Trust.

Ascension Health

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

9. Retirement Plans (continued)

The following table sets forth the combined benefit obligations, the assets of the Ascension Plan, and the Other Ascension Health Plans (collectively, the Ascension Health Pension Plans) at June 30, 2011 and 2010, components of net periodic benefit costs for the years then ended, and a reconciliation of the amounts recognized in the accompanying consolidated financial statements:

	Year Ended June 30,	
	2011	2010
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$ 5,618,553	\$ 4,755,922
Service cost	208,253	176,920
Interest cost	304,365	303,764
Amendments	(476)	(636)
Assumption change	(154,944)	558,866
Actuarial (gain) loss	(29,136)	14,521
Benefits paid	(212,166)	(190,804)
Projected benefit obligation at end of year	5,734,449	5,618,553
Accumulated benefit obligation at end of year	5,140,261	4,920,528
Change in plan assets:		
Fair value of plan assets at beginning of year	4,624,393	3,808,540
Actual return on plan assets	848,439	835,613
Employer contributions	136,927	171,044
Benefits paid	(212,166)	(190,804)
Fair value of plan assets at end of year	5,397,593	4,624,393
Net amount recognized at end of year and funded status	<u>\$ (336,856)</u>	<u>\$ (994,160)</u>

The Ascension Health Pension Plans' funded status as a percentage of the projected benefit obligation at June 30, 2011 and 2010, was 94.1% and 82.3%, respectively. The Ascension Health Pension Plans' funded status as a percentage of the accumulated benefit obligation at June 30, 2011 and 2010, was 105.0% and 94.0%, respectively

Ascension Health

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

9. Retirement Plans (continued)

Included in unrestricted net assets at June 30, 2011 and 2010, respectively, are the following amounts that have not yet been recognized in net periodic pension cost:

	Year Ended June 30,	
	2011	2010
Unrecognized prior service credit	\$ (69,548)	\$ (80,927)
Unrecognized actuarial loss	33,874	835,418
	<u>\$ (35,674)</u>	<u>\$ 754,491</u>

Changes in plan assets and benefit obligations recognized in unrestricted net assets during 2011 and 2010, respectively, include:

	Year Ended June 30,	
	2011	2010
Current year actuarial (gain) loss	\$ (671,223)	\$ 66,144
Amortization of actuarial loss	(130,321)	(72,948)
Current year prior service credit	(476)	(636)
Amortization of prior service credit	11,855	11,199
	<u>\$ (790,165)</u>	<u>\$ 3,759</u>

	Year Ended June 30,	
	2011	2010
Components of net periodic benefit cost		
Service cost	\$ 208,253	\$ 176,920
Interest cost	304,365	303,764
Expected return on plan assets	(361,295)	(328,370)
Amortization of prior service credit	(11,855)	(11,199)
Amortization of actuarial loss	130,321	72,948
Net periodic benefit cost	<u>\$ 269,789</u>	<u>\$ 214,063</u>

Ascension Health

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

9. Retirement Plans (continued)

The prior service credit and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending June 30, 2012, are \$10,600 and \$27,700, respectively.

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

	June 30,	
	2011	2010
Weighted-average discount rate	5.63%	5.49%
Weighted-average rate of compensation increase	4.00%	4.00%
Weighted-average expected long-term rate of return on plan assets	8.50%	8.50%

The Ascension Health Pension Plans' assets are invested in a portfolio designated to protect principal and obtain competitive investment returns and long-term investment growth, consistent with actuarial assumptions, with a reasonable and prudent level of risk. Diversification is achieved by allocating to funds that correlate to three different economic regimes defined as growth, recession and inflation investment strategies. Growth strategies include long-only equity, long/short equity, private equity, and credit related instruments. Recession strategies include government bonds, investment grade bonds, hedge funds and cash. Inflation strategies include inflation-linked bonds, commodities, and real assets. The Plan retains multiple investment managers with complementary styles, philosophies, and approaches. In accordance with the Ascension Health Pension Plans' objectives, derivatives may also be used to gain market exposure in an efficient and timely manner.

Ascension Health

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

9. Retirement Plans (continued)

In accordance with the Ascension Health Pension Plans' asset diversification targets, as presented in the table that follows, the Ascension Health Pension Plans invest in certain portfolio investment funds, or alternative investments. These Ascension Health Pension Plans' investments, comprised of various hedge funds, real estate funds, private equity funds, commodity funds, and certain other unregistered mutual funds, do not have observable market values. As such, these investments are valued at the funds' net asset values as determined by each fund's investment manager, which approximates fair value. The fair value of the Ascension Health Pension Plans' alternative investments as of June 30, 2011, is reported in the fair value measurement table that follows. Collectively, these funds have liquidity terms ranging from weekly to annual with notice periods ranging from 1 to 93 days. Due to redemption restrictions, investments in real estate and private equity funds, whose fair value was approximately \$346,401 at June 30, 2011, cannot be redeemed. However, the potential for the Ascension Health Pension Plans to sell their interest in real estate and private equity funds in a secondary market prior to the end of the fund term does exist.

The investments in these alternative investment funds also include contractual commitments to portfolio funds and other funds to provide capital contributions during the investment period, which is typically five years, and may extend to the end of the fund term. During these contractual periods, investment managers may require the Ascension Health Pension Plans to invest in accordance with the terms of the agreement. Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2011, investment periods expire between July 2011 and December 2016. The remaining unfunded capital commitments of the Ascension Plan total approximately \$437,000 for 35 individual contracts as of June 30, 2011.

The weighted-average asset allocation for the Ascension Health Pension Plans at the end of fiscal 2011 and 2010 and the target allocation for fiscal 2012, by asset category, are as follows:

Asset Category	Target Allocation	Percentage of Plan Assets at Year-End	
	2012	2011	2010
Growth	50%	52%	47%
Recession/deflation	30	32	44
Inflation	20	16	9
Total	100%	100%	100%

Ascension Health

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

9. Retirement Plans (continued)

Ascension Health adopted the FASB's authoritative disclosure guidance on reporting for assets of postretirement benefit plans for the fiscal year ended June 30, 2010. The following tables summarize fair value measurements at June 30, 2011 and 2010, by asset class and by level, for the Ascension Health Pension Plans' assets and liabilities in accordance with that guidance. As also discussed in the Fair Value Measurements note, Ascension Health follows the three-level fair value hierarchy to categorize plan assets and liabilities recognized at fair value, which prioritizes the inputs used to measure such fair values.

The inputs and valuation techniques discussed in the Fair Value Measurements note also apply to Plan assets and liabilities as presented in the following tables.

	Level 1	Level 2	Level 3	Total
June 30, 2011				
Short-term investments	\$ 433,526	\$ 12,682	\$ –	\$ 446,208
Derivative assets –				
interest rate	717	3	65,727	66,447
Derivative assets – other	74	2,939	1,159	4,172
U.S. government obligations	–	1,734,828	2,129	1,736,957
Corporate and foreign fixed				
income investments	–	406,793	19,462	426,255
Asset-backed securities	–	265,277	4,427	269,704
Equity securities	1,186,520	–	1,701	1,188,221
Alternative investments	–	–	1,591,483	1,591,483
Assets not at fair value				221,405
Total				5,950,852
Derivative liabilities –				
interest rate	17	283	258,882	259,182
Derivative liabilities – other	307	1,067	16,371	17,745
Investments sold,				
not yet settled	–	56,451	–	56,451
Liabilities not at fair value				219,881
Total				553,259
Fair value of plan assets				\$ 5,397,593

Ascension Health

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

9. Retirement Plans (continued)

	Level 1	Level 2	Level 3	Total
June 30, 2010				
Short-term investments	\$ 196,039	\$ 92,170	\$ —	\$ 288,209
Derivative assets –				
interest rate	171	285	90,505	90,961
Derivative assets – other	1,260	5,058	197	6,515
U.S. government obligations	–	1,344,660	2,241	1,346,901
Corporate and foreign fixed				
income investments	–	447,515	52,193	499,708
Asset-backed securities	–	221,140	4,790	225,930
Equity securities	1,266,949	–	122,447	1,389,396
Alternative investments	–	–	1,163,027	1,163,027
Assets not at fair value				238,607
Total				5,249,254
Derivative liabilities –				
interest rate	159	128	323,977	324,264
Derivative liabilities – other	584	376	24,774	25,734
Investments sold,				
not yet settled	–	52,018	–	52,018
Liabilities not at fair value				222,845
Total				624,861
Fair value of plan assets				\$ 4,624,393

Ascension Health

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

9. Retirement Plans (continued)

For the years ended June 30, 2011 and 2010, the changes in the fair value of the Ascension Health Pension Plans' assets measured using significant unobservable inputs (Level 3) were comprised of the following:

	Net Derivatives	U.S. Government Obligations	Corporate and Foreign Fixed Income Investments	Asset- Backed Securities	Equity Securities	Alternative Investments
June 30, 2011						
Beginning balance	\$ (258,049)	\$ 2,241	\$ 52,193	\$ 4,790	\$ 122,447	\$ 1,163,027
Total actual return on plan assets	57,843	99	1,976	(8)	33,096	171,459
Purchases, issuances, and settlements	(8,161)	(211)	(29,882)	376	(153,343)	256,997
Transfers (out of) into Level 3	—	—	(4,825)	(731)	(499)	—
Ending balance	<u>\$ (208,367)</u>	<u>\$ 2,129</u>	<u>\$ 19,462</u>	<u>\$ 4,427</u>	<u>\$ 1,701</u>	<u>\$ 1,591,483</u>

Actual return on plan assets relating to plan assets still held at June 30, 2011	<u>\$ (25,056)</u>	<u>\$ 65</u>	<u>\$ (195)</u>	<u>\$ 195</u>	<u>\$ —</u>	<u>\$ 154,299</u>
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	Net Derivatives	U.S. Government Obligations	Corporate and Foreign Fixed Income Investments	Asset- Backed Securities	Equity Securities	Alternative Investments
June 30, 2010						
Beginning balance	\$ (515,560)	\$ —	\$ 93,599	\$ 6,626	\$ 407	\$ 585,210
Total actual return on plan assets	126,983	(2)	11,353	3,585	(8,642)	86,161
Purchases, issuances, and settlements	130,373	2,243	(36,314)	(5,421)	129,134	491,656
Transfers into (out of) Level 3	155	—	(16,445)	—	1,548	—
Ending balance	<u>\$ (258,049)</u>	<u>\$ 2,241</u>	<u>\$ 52,193</u>	<u>\$ 4,790</u>	<u>\$ 122,447</u>	<u>\$ 1,163,027</u>

Actual return on plan assets relating to plan assets still held at June 30, 2010	<u>\$ 75,541</u>	<u>\$ (2)</u>	<u>\$ 3,965</u>	<u>\$ 187</u>	<u>\$ (8,508)</u>	<u>\$ (778)</u>
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Ascension Health

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

9. Retirement Plans (continued)

The Trust has entered into a series of interest rate swap agreements with a net notional amount of approximately \$2,539,000. The combined targeted duration of these swaps and the Trust's fixed income investments approximates the duration of the liabilities of the Trust. Currently, 75% of the dollar duration of the liability is subject to this economic hedge. The purpose of this strategy is to economically hedge the change in the net funded status for a significant portion of the liability that can occur due to changes in interest rates.

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

Information about the expected cash flows for the Ascension Health Pension Plans follows:

Expected employer contributions 2012	\$ 179,000
Expected benefit payments:	
2012	309,000
2013	329,000
2014	353,000
2015	374,000
2016	394,000
2017 – 2021	2,301,000

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

Ascension Health

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

9. Retirement Plans (continued)

Other Postretirement Benefit Plans

In addition to the retirement plan described above, several Health Ministries sponsor postretirement benefit plans that provide health care benefits to qualified retirees who meet certain eligibility requirements. The total benefit obligation of these plans at June 30, 2011 and 2010, is \$44,446 and \$50,557, respectively. The net obligation included in pension and other postretirement liabilities in the accompanying consolidated balance sheets at June 30, 2011 and 2010, is \$10,086 and \$21,702, respectively. The change in the plans' assets and benefit obligations recognized in unrestricted net assets during the year ended June 30, 2011, was \$6,778.

Defined-Contribution Plans

Ascension Health entities participate in contributory and noncontributory, defined-contribution plans covering all eligible associates. There are three primary types of contributions to these plans: employer automatic contributions, employee contributions, and employer matching contributions. Benefits for employer automatic contributions are determined as a percentage of a participant's salary and, for certain entities, increases over specified periods of employee service. These benefits are funded annually and participants become fully vested over a period of time. Benefits for employer matching contributions are determined as a percentage of an eligible participant's contributions each payroll period. These benefits are funded each payroll period and participants become fully vested in these employer contributions immediately. Expenses for the defined-contribution plans were \$113,337 and \$107,198 during 2011 and 2010, respectively.

10. Self-Insurance Programs

Certain Ascension Health hospitals and other entities participate in pooled risk programs to insure professional and general liability risks and workers' compensation risks to the extent of certain self-insured limits. In addition, various umbrella insurance policies have been purchased to provide coverage in excess of the self-insured limits. Trust funds and a captive insurance company have been established for the self-insurance programs, and actuarially determined amounts, discounted at 6%, are contributed to the trusts and the captive insurance company to provide for the estimated cost of claims. The loss reserves recorded for estimated self-insured professional, general liability, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported and are discounted at

Ascension Health

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

10. Self-Insurance Programs (continued)

6% in 2011 and 2010. Those entities not participating in the self-insured programs are insured under separate policies.

Professional and General Liability Programs

Professional and general liability coverage is provided on a claims-made basis through a wholly owned onshore trust and offshore captive insurance company, Ascension Health Insurance, Ltd. (AHIL), with a self-insured retention of \$10,000 per occurrence with no aggregate. Excess coverage is provided through AHIL with limits up to \$185,000. AHIL retains \$5,000 per occurrence and \$5,000 annual aggregate for professional liability. AHIL also retains a 20% quota share of the first \$25,000 of umbrella excess. The remaining excess coverage is reinsured by commercial carriers. Self-insured entities in the states of Indiana and Wisconsin are provided professional liability coverage on an occurrence basis with limits in compliance with participation in the Patient Compensation Funds. The Patient Compensation Funds apply to claims in excess of the primary self-insured limit.

Included in operating expenses in the accompanying consolidated statements of operations and changes in net assets is professional and general liability expense of \$69,073 and \$106,274 for the years ended June 30, 2011 and 2010, respectively. Included in current and long-term self-insurance liabilities on the accompanying consolidated balance sheets are professional and general liability loss reserves of approximately \$522,489 and \$536,506 at June 30, 2011 and 2010, respectively.

AHIL also offers physician professional liability coverage through insurance or reinsurance arrangements to nonemployed physicians practicing at Ascension Health's various facilities, primarily in Michigan. Coverage is offered to physicians with limits ranging from \$100 per claim to \$1,000 per claim with various aggregate limits.

Workers' Compensation

Workers' compensation coverage is provided on an occurrence basis through a grantor trust. The self-insured trust provides coverage up to \$1,000 per occurrence with no aggregate. The trust provides a mechanism for funding the workers' compensation obligations of its members. Excess insurance against catastrophic loss is obtained through commercial insurers. Premium payments made to the trust are expensed and represent claims reported and claims incurred but not reported.

Ascension Health

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

10. Self-Insurance Programs (continued)

Included in operating expenses in the accompanying consolidated statements of operations and changes in net assets is workers' compensation expense of \$41,973 and \$40,538 for the years ended June 30, 2011 and 2010, respectively. Included in current and long-term self-insurance liabilities on the accompanying consolidated balance sheets are workers' compensation loss reserves of \$98,867 and \$94,922 at June 30, 2011 and 2010, respectively.

11. Lease Commitments

Future minimum payments under noncancelable operating leases with terms of one year or more are as follows:

Year ending June 30:	
2012	\$ 180,960
2013	169,374
2014	137,302
2015	109,610
2016	90,862
Thereafter	278,052
Total	<u>\$ 966,160</u>

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

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

Ascension Health

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

11. Lease Commitments (continued)

	Future Payments Where Ascension Health is Lessee	Future Receipts Where Ascension Health is Sublessor/Lessor	Net Future Payments (Receipts)
Year ending June 30:			
2012	\$ 180,960	\$ 29,839	\$ 151,121
2013	169,374	25,688	143,686
2014	137,302	20,743	116,559
2015	109,610	16,620	92,990
2016	90,862	13,041	77,821
Thereafter	278,052	291,477	(13,425)
Total	<u>\$ 966,160</u>	<u>\$ 397,408</u>	<u>\$ 568,752</u>

Rental expense under operating leases amounted to \$295,190 and \$275,149 in 2011 and 2010, respectively.

In previous fiscal years, certain Health Ministries sold MOBs to third parties and contemporaneously leased back certain space in those buildings to support ongoing ministry operations. These space leases are being accounted for as operating leases based on their terms, and future minimum lease payments under these leases are included in the future minimum payment amounts reported above. As of June 30, 2011 and 2010, net deferred gains of \$7,226 and \$10,206, respectively, were included in other noncurrent liabilities in the accompanying consolidated balance sheets. These gains are being recognized as operating income over the related leaseback terms.

Also in previous fiscal years, certain Health Ministries entered into agreements to lease space in MOBs under construction by external development companies. Based on relevant authoritative accounting guidance, the Health Ministries were considered the owner of the MOBs during construction. In addition, because these transactions and the sales of other existing MOBs did not qualify for sale-leaseback accounting, they were treated as financing transactions. Accordingly, the associated financing obligations, along with their related construction in progress or building assets, of \$116,314 and \$116,449 at June 30, 2011 and 2010, respectively, are included in other noncurrent liabilities and construction in progress or building and equipment in the

Ascension Health

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

11. Lease Commitments (continued)

accompanying consolidated balance sheets. The financing obligations associated with these transactions will not result in cash payments in excess of amounts paid under the related operating lease payments. All future cash obligations related to leased space within these MOBs are included in the future minimum payment amounts reported above.

12. Contingencies and Commitments

Ascension Health is involved in litigation and regulatory investigations arising in the ordinary course of business. Ascension Health is also involved in ongoing arbitration relative to a dispute regarding the termination of, and performance under, an information technology services contract. Regulatory investigations also occur from time to time. In the opinion of management, after consultation with legal counsel, these matters are expected to be resolved without material adverse effect on Ascension Health's consolidated balance sheets.

In September 2010, Ascension Health received a letter from the U.S. Department of Justice (the DOJ) in connection with its nationwide review to determine whether, in certain cases, implantable cardioverter defibrillators (ICDs) were provided to certain Medicare beneficiaries in accordance with national coverage criteria. In connection with this nationwide review, identified Ascension Health hospitals will be reviewing applicable medical records and responding to the DOJ. The DOJ's investigation spans a time frame beginning in 2003 and extending through the present time. At June 30, 2011, and through September 8, 2011, the review remains in its early stages. As such, no estimates of liability have been or can be reached relative to the impact this investigation could have on Ascension Health. Through September 8, 2011, the DOJ has not asserted any claims against any Ascension Health hospitals. Ascension Health continues to fully cooperate with the DOJ in its investigation.

Ascension Health enters into agreements with nonemployed physicians that include minimum revenue guarantees. The terms of the guarantees vary. The carrying amounts of the liability for Ascension Health's obligation under these guarantees were \$15,395 and \$9,779 at June 30, 2011 and 2010, respectively, and are included in other current and noncurrent liabilities in the accompanying consolidated balance sheets. The maximum amount of future payments that Ascension Health could be required to make under these guarantees is approximately \$41,000 and is included in the table that follows.

Ascension Health

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

12. Contingencies and Commitments (continued)

Ascension Health entered into agreements with one of its sponsors for support through March 2016, which support is included in transfers to sponsor and other affiliates, net in the accompanying consolidated statements of changes in net assets for the year ended June 30, 2010. Ascension Health's obligation under these agreements totals \$53,259 at June 30, 2011, and is included in other current and noncurrent liabilities in the accompanying consolidated balance sheets.

Guarantees and other commitments represent contingent commitments issued by Ascension Health Senior and Subordinate Credit Groups, generally to guarantee the performance of an affiliate to a third party in borrowing arrangements such as commercial paper issuances, bond financing, and other transactions. The terms of guarantees are equal to the terms of the related debt, which can be as short as 30 days or as long as 29 years.

The following summary represents the maximum potential amount of future payments the Senior and Subordinate Credit Groups could be required to make under its guarantees and other commitments at June 30, 2011:

Hospital de la Concepción 2000 Series A debt guarantee	\$ 31,910
St. Vincent de Paul Series 2000A debt guarantee	28,300
Rehab Hospital of Indiana, Inc. guarantee	6,400
Mercy Care Plan guarantee	5,000
Physician revenue guarantees	41,000
Other	37,642
Total guarantees and other commitments	<u>\$ 150,252</u>

Other Financial Information



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Report of Independent Auditors on Other Financial Information

The Board of Trustees
Ascension Health

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The Schedule of Net Cost of Providing Care of Persons Living in Poverty and Community Benefit Programs, the Consolidating Balance Sheets with Details of Investment in Via Christi Health, Inc., and the Consolidating Statements of Operations and Changes in Net Assets with Details of Investment in Via Christi Health, Inc. are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in our audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Ernst & Young LLP

September 8, 2011

Ascension Health

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

Years Ended June 30, 2011 and 2010

The net cost, excluding the provision for bad debt expense, of providing care to persons living in poverty and community benefit programs is as follows:

	<u>2011</u>	<u>2010</u>
Traditional charity care provided	\$ 408,894	\$ 375,039
Unpaid cost of public programs for persons living in poverty	374,083	383,160
Other programs for persons living in poverty and other vulnerable persons	71,267	55,633
Community benefit programs	<u>372,644</u>	<u>261,318</u>
Care of persons living in poverty and community benefit programs	<u>\$ 1,226,888</u>	<u>\$ 1,075,150</u>