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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

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, we are dedicated to the art of healing to improve the lives of those that 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 physician, 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?

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

YesNo

3

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

If “Yes,” describe these changes on Schedule O

YesNo

4

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

4a	(Code) (Expenses \$ 218,120,722 including grants of \$ 0) (Revenue \$ 286,436,130)
ST AGNES HOSPITAL PROVIDES A SUBSTANTIAL PORTION OF ITS SERVICES TO THE ELDERLY AND POOR OF THE OVERALL SERVICES RENDERED DURING THE FISCAL YEAR ENDED JUNE 30, 2015, 42 8% OF THE VALUE OF SERVICES WAS TO ELDERLY PATIENTS UNDER THE MEDICARE PROGRAM, AND 19 2% WAS TO PATIENTS WHO WERE DEEMED INDIGENT UNDER STATE, COUNTY, OR HOSPITAL GUIDELINES THIS VALUE OF THESE SERVICES TO THE ELDERLY AND POOR TOTALED \$286,436,130 FOR THE YEAR 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, UNDER INSURED, AND THE UNDER SERVED DURING THE FISCAL YEAR ENDING JUNE 30, 2015, THE ESTIMATED UNREIMBURSED COST OF SERVICES PROVIDED TO THE ELDERLY, UNINSURED, AND UNDER INSURED TOTALED \$19,709,083, INCLUDING \$12,075,671 FOR CHARITY CARE, AND \$7,633,413 OF UNREIMBURSED MEDICAID	

4b	(Code) (Expenses \$ 121,607,133 including grants of \$ 0) (Revenue \$ 143,428,415)
ST AGNES HOSPITAL PROVIDES THE FOLLOWING INPATIENT 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, 2015, OUR HOSPITAL TREATED 16,381 INPATIENT ADULTS AND CHILDREN IN THE COMMUNITY FOR A TOTAL OF 71,068 PATIENT DAYS OF SERVICE THE HOSPITAL ALSO PROVIDED SERVICES TO 511,212 OUTPATIENTS, INCLUDING 6,221 OUTPATIENT SURGERY PATIENTS, 80,822 EMERGENCY ROOM VISITS, AND 62,231 CLINIC VISITS	

4c	(Code) (Expenses \$ 18,003,340 including grants of \$ 112,100) (Revenue \$ 3,194,738)
COMMUNITY BENEFITS ARE PROGRAMS OR ACTIVITIES THAT PROVIDE TREATMENT AND/OR PROMOTE HEALTH AND HEALING AS A RESPONSE TO IDENTIFIED COMMUNITY NEEDS 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 STAYS IN NURSING OR REHABILITATION CENTERS, 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 MEDICAL EDUCATION AND TRAINING ST AGNES ADMINISTERS A FIVE YEAR, FULLY ACCREDITED, GENERAL SURGERY RESIDENCY PROGRAM CONSISTING OF TWENTY SURGICAL 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 186 SURGEONS IN 10 SURGICAL SPECIALTIES THERE ARE TWENTY-EIGHT 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 FORTY RESIDENTS THE DYNAMIC INTERACTION BETWEEN THE FACULTY AND THE HOUSE STAFF CREATES A STIMULATING INTELLECTUAL ENVIRONMENT CENTERED ON THE KEY 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	

4d

Other program services (Describe in Schedule O)

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











4e

Total program service expenses ▶

357,731,195

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> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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>		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> 	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>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		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>		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>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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> 	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>		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>		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> 	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> 	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> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		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 and XII is optional.</i> 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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</i> (see instructions).		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>		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>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> 	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 through 24d and complete Schedule K. If "No," go to line 25a</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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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		No
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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
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 11b 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	19	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent	16	
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?	2	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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body?	8b	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	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
12a	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	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	a The organization's CEO, Executive Director, or top management official	15a	No
15b	b Other officers or key employees of the organization	15b	Yes
	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?	16a	Yes
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	7,236,281	0	395,678

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶250

		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>	3	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>	4	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>	5	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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0

Part VIII

Statement of Revenue

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

☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	1,346,611				
	e	Government grants (contributions)	1e	922,686				
	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			2,269,297			
Program Service Revenue	2a	Patient Revenue	Business Code					
			621990	430,050,842	425,767,343	4,283,499	0	
	b	Ancillary Joint Venture	900099	3,756,610	3,756,610	0	0	
	c	Meaningful Use	900099	1,984,466	1,984,466	0	0	
	d	Admin Fee	900099	870,864	870,864			
	e	Medical Student	900099	680,000	680,000			
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f			437,342,782			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,579,277			6,579,277
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6a		(i) Real		(ii) Personal				
		748,322						
		b Less rental expenses		0				
		c Rental income or (loss)		748,322	0			
d		Net rental income or (loss)			748,322	0	0	748,322
7a		(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		b Less cost or other basis and sales expenses						
		c Gain or (loss)		0	0			
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	1,483,640			1,483,640		
b	Net Assets Released from Restriction	900099	700,000				700,000	
c	Gift Shop	900099	254,161				254,161	
d	All other revenue		1,463,726	0	0		1,463,726	
e	Total. Add lines 11a-11d			3,901,527				
12	Total revenue. See Instructions			450,841,205	433,059,283	4,283,499	11,229,126	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	112,100	112,100		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	3,552,341		3,552,341	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	18,334,689	17,535,318	799,371	
7	Other salaries and wages.	157,552,501	141,414,732	16,137,769	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	-2,283,613	-2,048,957	-234,656	
9	Other employee benefits.	16,309,999	14,634,043	1,675,956	
10	Payroll taxes.	12,159,339	10,909,890	1,249,449	
11	Fees for services (non-employees):				
a	Management.	194,025	55,560	138,465	
b	Legal.	763,433	154,779	608,654	
c	Accounting.	477,454		477,454	
d	Lobbying.	29,698		29,698	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	49,369,073	42,315,262	7,053,811	0
12	Advertising and promotion.	1,951,504	35,010	1,916,494	
13	Office expenses.	3,233,624	1,947,618	1,286,006	
14	Information technology.	14,646,257	14,646,257		
15	Royalties.				
16	Occupancy.	4,090,215	4,035,138	55,077	
17	Travel.	351,355	165,207	186,148	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	363,360	312,701	50,659	
20	Interest.	2,447,319		2,447,319	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	17,284,673	11,472,204	5,812,469	
23	Insurance.	4,529,948	2,448,300	2,081,648	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Medical Supplies	63,869,130	63,869,130		
b	Utilization	12,775,690	12,775,690		
c	Bad Debts	9,582,830	9,582,830		
d	System Office Service Fees	4,533,333		4,533,333	
e	All other expenses	15,588,456	11,358,383	4,230,073	0
25	Total functional expenses. Add lines 1 through 24e.	411,818,733	357,731,195	54,087,538	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		8,529,662	1	6,263,070
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		100	3	
	4	Accounts receivable, net		54,753,077	4	53,995,217
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		7,726,651	8	7,885,485
	9	Prepaid expenses and deferred charges		1,914,807	9	1,633,664
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a414,539,924			
	b	Less accumulated depreciation	10b186,863,911	229,658,661	10c	227,676,013
	11	Investments—publicly traded securities		518,819	11	798,502
	12	Investments—other securities See Part IV, line 11		0	12	
	13	Investments—program-related See Part IV, line 11		16,495,577	13	20,252,186
	14	Intangible assets		2,629,225	14	5,046,295
	15	Other assets See Part IV, line 11		235,965,548	15	222,982,118
	16	Total assets. Add lines 1 through 15 (must equal line 34)		558,192,127	16	546,532,550
Liabilities	17	Accounts payable and accrued expenses		36,766,202	17	35,677,169
	18	Grants payable			18	
	19	Deferred revenue		1,001	19	601,317
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		78,270,252	24	77,125,663
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		31,208,118	25	34,916,389
	26	Total liabilities. Add lines 17 through 25		146,245,573	26	148,320,538
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		406,932,207	27	393,382,983
	28	Temporarily restricted net assets		4,880,849	28	4,699,319
	29	Permanently restricted net assets		133,498	29	129,710
	Organizations that do not follow SFAS 117 (ASC 958), 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		411,946,554	33	398,212,012
	34	Total liabilities and net assets/fund balances		558,192,127	34	546,532,550

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	450,841,205
2	Total expenses (must equal Part IX, column (A), line 25)	2	411,818,733
3	Revenue less expenses Subtract line 2 from line 1	3	39,022,472
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	411,946,554
5	Net unrealized gains (losses) on investments	5	-8,614,339
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-44,142,675
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	398,212,012

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 52-0591657
Name: St Agnes Healthcare Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLOS S INCE JR MD SECRETARY	50 00 0	X		X				402,891	0	34,306
(1) PATRICK MUTCH PRESIDENT (INTERIM)	48 62 1 38	X		X				249,316	0	28,075
(2) BONNIE L PHIPPS PRESIDENT	49 08 2 92	X		X				1,796,439	0	34,585
(3) PAUL J CHEW BOARD CHAIR	3 50 0	X		X				0	0	0
(4) NORMAN C FROST BOARD DIRECTOR	3 00 0	X						0	0	0
(5) BRUCE R GRINDROD JR BOARD DIRECTOR	2 40 0	X						0	0	0
(6) SISTER ELLEN MARIE HAGAR DC BOARD DIRECTOR	2 40 0	X						0	0	0
(7) MARGARET HAYES BOARD DIRECTOR	2 20 0	X						0	0	0
(8) MOHANNAD F JISHI BOARD DIRECTOR	2 10 0	X						0	0	0
(9) A GREGORY KELLY JR BOARD DIRECTOR	3 00 0	X						0	0	0
(10) IRENE D KNOTT BOARD DIRECTOR	2 10 0	X						0	0	0
(11) M SUE LOVELL BOARD DIRECTOR	1 40 0	X						0	0	0
(12) CAROLE B MILLER MD BOARD DIRECTOR	50 00 0	X						415,819	0	39,354
(13) JAMES B SELLINGER BOARD DIRECTOR	2 70 0	X						0	0	0
(14) JOHN B STANSBURY BOARD DIRECTOR	2 40 0	X						0	0	0
(15) SISTER MARY LOU STUBBS BOARD DIRECTOR	2 20 0	X						0	0	0
(16) JEFF SUBE BOARD DIRECTOR	1 80 0	X						0	0	0
(17) SAM V SYDNEY MD BOARD DIRECTOR	2 10 1 27	X						0	0	0
(18) JOHN E WHEELER JR BOARD DIRECTOR	2 80 0	X						0	0	0
(19) SISTER PATRICIA ANNE BOSSLE DC BOARD DIRECTOR	1 80 0	X						0	0	0
(20) SCOTT FURNISS SENIOR VP/CFO	47 24 2 76			X				302,215	0	37,631
(21) DR ADRIAN LONG MD EXECUTIVE VP/CMO	48 62 1 38				X			424,221	0	26,200
(22) GEORGE T GRACE MEDICAL DIRECTOR PLASTIC/HAND RECONSTRUCTIVE SURGERY	50 00 0					X		873,906	0	41,804
(23) HOWARD S HESSAN MEDICAL DIRECTOR - OTOLARYNGOLOGY	50 00 0					X		830,668	0	35,301
(24) LAWRENCE SHIN ORTHOPEDIC SURGEON	50 00 0					X		787,814	0	46,296

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JOHN T ANTONIADES	50 00					X		580,244	0	33,878
PHYSICIAN 0					X				
(1) MICHAEL A ZATINA	50 00					X		572,748	0	38,248
SURGICAL DIRECTOR - CARDIOVASCULAR INST 0					X				

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

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
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 IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization St Agnes Healthcare Inc	Employer identification number 52-0591657
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

		(a)	(b)	
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		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?	Yes		29,698
j	Total. Add lines 1c through 1i.			29,698
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lobbying expenses represent the dues paid to national and state hospital associations, a portion of which is specifically allocable to lobbying. St. Agnes, Inc. does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

[illegible]

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization St Agnes Healthcare Inc	Employer identification number 52-0591657
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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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4

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

5

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

☐ 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenue included 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 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

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, for escrow or custodial account liability?

☐ Yes

☐ No
- b

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

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	614,329	570,832	2,944,473	3,098,333	2,685,977
b Contributions	0	0	0	0	0
c Net investment earnings, gains, and losses	10,861	43,497	-4,774,700	-153,860	412,356
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	-2,401,059	0	0
f Administrative expenses	0	0	0	0	0
g End of year balance	625,190	614,329	570,832	2,944,473	3,098,333

- 2

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

Board designated or quasi-endowment

21 %
- b

Permanent endowment

79 %
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,252,790		10,252,790
b Buildings		279,022,226	107,566,075	171,456,151
c Leasehold improvements		9,369,413	2,739,679	6,629,734
d Equipment		89,218,614	71,459,467	17,759,147
e Other		26,676,881	5,098,690	21,578,191
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				227,676,013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Whiteford Endowment - 50% to be utilized to erect a wing or additional building, additional 50% may be used to support hospital operations Browne Endowment - established for use by cardiac unit to aid the indigent Gittings Endowment - created to provide a bed in the children's ward
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	From the consolidated audited financial statements of ascension health alliance and its member organizations ("the system") which include the activity of St Agnes healthcare, Inc , The member healthcare entities of the System are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or Section 501(c)(2), and their related income is exempt from federal income tax under Section 501(a) The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2015

[illegible]

Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 52-0591657

Name: St Agnes Healthcare Inc

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) HEALTH SYSTEM DEPOSIT (HSD)	208,033,105
(2) INVESTMENT - DEFERRED COMPENSATION	9,970,025
(3) INTEREST IN FOUNDATION NET ASSETS	2,046,236
(4) AH PENSION ASSET	
(5) CASH SURRENDER VALUE - LIFE	766,990
(6) CARROLTON BANK ACCOUNT	
(7) CLINICAL RESEARCH A/R	
(8) INTERCOMPANY RECEIVABLES	
(9) OTHER RECEIVABLES	1,725,250
(10) OTHER ASSETS	362,700
(11) AFFILIATES RECEIVABLES	72,050
(12) PHYSICIAN RECEIVABLES	5,762
(13) INTERCOMPANY RECEIVABLES	

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
OTHER LIABILITIES	5,931
THIRD PARTY ADVANCES	14,345,322
DEFERRED COMPENSATION	9,970,025
SELF INSURANCE LIABILITY	4,794,599
SAVINGS PLAN LIABILITY	2,521,421
INCURRED BUT NOT REPORTED (IBNR)	2,025,525
THIRD PARTY SETTLEMENTS	53,838
PENSION	1,199,728

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

OMB No 1545-0047

2014

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	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	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 Worksheet 1)			12,075,671		12,075,671	3 00 %
b Medicaid (from Worksheet 3, column a)			16,139,279	8,505,866	7,633,413	1 90 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	28,214,950	8,505,866	19,709,083	4 90 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,533,296	240,380	2,292,916	0 57 %
f Health professions education (from Worksheet 5)			6,916,632		6,916,632	1 72 %
g Subsidized health services (from Worksheet 6)			7,581,813	2,704,929	4,876,884	1 21 %
h Research (from Worksheet 7)			394,655	249,429	145,226	0 04 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			576,944		576,944	0 14 %
j Total Other Benefits	0	0	18,003,340	3,194,738	14,808,601	3 68 %
k Total. Add lines 7d and 7j	0	0	46,218,289	11,700,605	34,517,684	8 58 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing			282,144		282,144	0.07 %
2Economic development					0	0 %
3Community support			80,707	17,500	63,207	0.02 %
4Environmental improvements					0	0 %
5Leadership development and training for community members					0	0 %
6Coalition building					0	0 %
7Community health improvement advocacy					0	0 %
8Workforce development					0	0 %
9Other					0	0 %
10Total	0	0	362,851	17,500	345,351	0.09 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

9,631,415

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

488,230

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

154,272,621

6Enter Medicare allowable costs of care relating to payments on line 5.

6

134,879,212

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

19,393,409

8Describe 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.

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

St Agnes Healthcare Inc

Name of hospital facility or letter of facility reporting group

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

1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) http //www stagnes org/wp-content/uploads/2014/10/Community_Health_Needs_Assessment_2013 pdf		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 12		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
	http //www stagnes org/wp-content/uploads/2014/10/Community_Health_Needs_Assessment_2013 pdf		
a	If "Yes" (list url) content/uploads/2014/10/Community_Health_Needs_Assessment_2013 pdf		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

St Agnes Healthcare Inc

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0</u> % and FPG family income limit for eligibility for discounted care of <u>3 0</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance?	15 Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections		
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

St Agnes Healthcare Inc

Name of hospital facility or letter of facility reporting group

	Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		
Policy Relating to Emergency Medical Care		
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)		
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

Part V

Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

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

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

Name and address	Type of Facility (describe)
1 Maryland Surgeons Surgery Center of Columbia 11055 Little Patuxent Parkway Suite L6 Columbia, MD 21044	Outpatient Surgical Center
2 Plastic and Reconstructive Surgery 300 Frederick Road Suite 200 Catonsville, MD 21228	Plastic Surgery
3 Angelos Medical Pavilion 3407 Wilkens Avenue Suite 420 Baltimore, MD 21229	Blood Drawing Station
4 St Agnes Medical Center 6501-D Baltimore National Pike Baltimore, MD 21228	Blood Drawing Station
5 Women's Center in Columbia 8945 Guilford Road Suite 100 Columbia, MD 21046	Blood Drawing Station
6 Pine Heights Professional Building 1001 Pine Heights Avenue Suite 202 Baltimore, MD 21229	Blood Drawing Station
7 Seton Imaging Center 3449 Wilkins Avenue Baltimore, MD 21229	Diagnostic Imaging
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c OTHER CRITERIA FOR DETERMINING FREE OR DISCOUNTED CARE	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 SAINT AGNES HEALTHCARE. THE PATIENT AND ANY IMMEDIATE FAMILY MEMBER OF THE PATIENT LIVING IN THE SAME HOUSEHOLD ARE ELIGIBLE.

Form and Line Reference	Explanation
Schedule H, Part I, Line 7b STATE WIDE DISCLOSURE FOR MARYLAND HOSPITALS	MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYOR'S RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAK OUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO, MEDICAID RECOGNIZES FULL REIMBURSEMENT THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM THE AMOUNTS REPORTED IN PART I, LINE 7B REPRESENT UNREIMBURSED MEDICAID COSTS FOR UNREGULATED HEALTH CARE ACTIVITIES AND THE MEDICAID ASSESSMENT

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 STATE FILING OF COMMUNITY BENEFIT REPORT	SAINT AGNES HEALTHCARE FILES A COMMUNITY BENEFITS REPORT WITH THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), THE REGULATORY AGENCY IN THE STATE OF MARYLAND THE REPORT IS THEN MADE PUBLIC BY THE HSCRC ADDITIONALLY, COMMUNITY BENEFIT INFORMATION IS AVAILABLE IN THE SAINT AGNES HEALTHCARE ANNUAL REPORT AND THE SAINT AGNES HEALTHCARE FACT SHEET BOTH DOCUMENTS ARE AVAILABLE ON THE HOSPITAL WEBSITE

Form and Line Reference	Explanation
Schedule H, Part I, Line 7f CHARITY PERCENTAGE CALCULATION	BAD DEBT EXPENSE FROM PART IX, STATEMENT OF FUNCTIONAL EXPENSES, EXCLUDED FROM THE DENOMINATOR USED TO CALCULATE TOTAL CHARITY CARE EXPENSE WAS \$9,582,830

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community Benefit Report Disclosre	Summary Community Benefit Information is included in the Saint Agnes Hospital Annual Report which is posted on the hospital website

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad Debt Expense Disclosure	The amount of bad debt expense is obtained from the Saint Agnes Hospital financial statements. It is a combination of actual bad debt write-offs and estimates of future bad debt write-offs on existing accounts receivable. A cost to charge ratio was not applied to the reported bad debt expense.

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>The Community Building activities reported as physical improvements and housing relate to the Gibbons Commons Campus. Construction is ongoing at Gibbons Commons, a 32-acre mixed use community space located across Caton Avenue from Saint Agnes Hospital providing Southwest Baltimore with much needed green space, recreational facilities, and community housing. Gibbons Commons also preserves an area with a rich history. Community Housing Bon Secours Baltimore Health System and Enterprise Homes will offer community housing on the property with the construction of Bon Secours Gibbons Apartments. Upon completion, the four story Bon Secours Gibbons Apartments will offer 80 one-, two-, and three-bedroom apartments, community and recreational space, and underground parking for all residents. Food Options In order to provide residents of the property and community members with a wider variety of food choices, especially healthy options, Royal Farms has agreed to terms with Gibbons Commons, offering one of its Fresh Kitchens on the campus, and the local Kibby's Restaurant & Lounge will be relocating from its current location on Wilkens Avenue to Gibbons Commons. Royal Farms' Fresh Kitchen will give community residents access to nutritional choices by offering high quality salads, fresh deli options, custom-made sandwiches and more. Royal Farms will offer indoor and outdoor seating, as well as a full gas station. Kibby's plans to transform into a sports-themed restaurant, specifically dedicated to preserving the legend of Babe Ruth. Recreational and Green Space The redevelopment plan for Gibbons Commons is also designed to add green and recreational space while remaining respectful of the history of the property. Plans to honor Cardinal Gibbons High School and alumni with a commemorative courtyard are in development. The property will also honor the former St. Mary's Industrial School for Boys and one of its most famous graduates - Babe Ruth. The Cal Ripken, Sr. Foundation has been working with Saint Agnes since 2013 on a plan to preserve and enhance the Babe Ruth Field. The turf field will be positioned on the exact site where Babe Ruth played in the early 1900's and will be expanded to provide space for community residents to play baseball, football and lacrosse. The Y of Central Maryland will manage Babe Ruth Field and work closely with the Cal Ripken Sr. Foundation to support youth and sports programming, encouraging activity and exercise within the community. The Y is also considering the opportunity to renovate the 30,000-square foot Cardinal Gibbons gym into a full service family center, including a warm water pool, a gymnasium and full cardio and strength fitness floor, group exercise rooms, multi-purpose family/youth space, locker rooms and community gathering space. The amounts reported for community support relate to the Federal Hospital Preparedness Program and the Public Health Emergency Preparedness Aligned Cooperative Agreements.</p>

Form and Line Reference	Explanation
Schedule H, Part I, Line 7f HEALTH PROFESSIONS EDUCATION	MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE

Form and Line Reference	Explanation
Schedule H, Part I, Line 7a CHARITY CARE AT COST	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 BREAK OUT OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE

Form and Line Reference	Explanation
Schedule H, Part I, Line 7a PRESUMPTIVE CHARITY CARE	DURING FISCAL YEAR 2015 ST AGNES HEALTHCARE IMPLEMENTED A PRESUMPTIVE CHARITY POLICY WHICH ALLOWED CHARITY TO BE GRANTED TO QUALIFIED PATIENTS WHO FOR VARIOUS REASONS FAIL TO COMPLETE THE FULL CHARITY APPLICATION PROCESS, BUT WHO NEVERTHELESS HAVE VERY LIMITED MEANS TO PAY THE DECISION TO GRANT FULL OR PARTIAL CHARITY WAS BASED ON THE USE OF A PROPRIETARY THIRD-PARTY SCREENING TOOL WHICH TAKES INTO ACCOUNT THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY INCOME GUIDELINES FOR GRANTING CHARITY, THE PATIENT'S CREDIT SCORE, AND THE PATIENT'S TRACK RECORD OF PAYING MEDICAL DEBT DURING FISCAL YEAR 2015, MANAGEMENT RETROACTIVELY APPLIED THE NEW PROCESS USING AN 18 MONTH LOOKBACK, RESULTING IN SIGNIFICANT RECLASSIFICATIONS FROM BAD DEBT EXPENSE TO CHARITY THAT MANAGEMENT BELIEVES ARE FAR MORE REFLECTIVE OF THE PATIENT'S ABILITY TO PAY

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	9582830

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	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.

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	The bad debt expense reported was estimated using the bad debt expense from the consolidated St Agnes Healthcare financial statements. 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 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 classification 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 had been provided to make that determination.

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>Net 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 2015 and 2014, approximately 42.8% and 41.5%, respectively, of net patient service revenue was received under the Medicare program and 19.2% and 17.9%, respectively, under various state Medicaid programs. The Health Ministry grants credit without collateral to its patients, most of whom are local residents insured under third-party payor arrangements. Significant concentrations of accounts receivable at June 30, 2015 and 2014 include Medicare (26.61% and 30.26%, respectively) and various states' Medicaid (26.28% and 22.69%, 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>

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Medicare allowable costs and reimbursement are 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 \$19,393,409 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 \$15,917,495 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.

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	St Agnes Healthcare's policy is 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.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>Saint Agnes conducted its CHNA in two phases. The first phase was a quantitative assessment utilizing readily available secondary data sources to analyze twenty six indicators of health status. Each of the eleven communities within the Saint Agnes service area was compared to Central Maryland average for each indicator to identify critical community health gaps. Within each community, if the health status for each indicator was at least 10% worse than the Central Maryland average it was flagged as a potential critical health needs gap. The twenty six health indicators were grouped into four categories: 1. Demographic and socio-economic characteristics: Age under 5, Age 65+, High School Diploma/Less, Diversity, Primary Care Access Age 18+, Uninsured, Low Income Households. 2. Lifestyle & behavioral factors: Obesity, Behavioral health, HIV Positive, Insufficient Prenatal Care, Substance Abuse, Tobacco Use. 3. Co-morbid precursor diagnoses: Arthritis, Back and Joint Pain, Asthma, Chronic Bronchitis, Diabetes, Hypertension, Ambulatory Sensitive Admissions. 4. Major disease diagnoses: Cancer, Cardiovascular, Coronary Heart Disease, Coronary Heart Failure, Heart Attack, Stroke, Joint & Spine Procedures, Infant Mortality, Cancer-GYN. In addition to the health indicator profiles, Saint Agnes reviewed the Community Health Plans of the local health jurisdictions including Baltimore City and Anne Arundel, Baltimore, Carroll, and Howard Counties. In addition, Saint Agnes is an active participant of the Community Health Planning Task Force for Baltimore City and Baltimore County. The information from the local health jurisdictions was included in the second phase of the CHNA process. The second phase of the assessment was a qualitative assessment utilizing internal and external stakeholders that represented the broad interest of the communities served and/or had expertise in health care services/public health. Stakeholders completed an online survey utilizing multiple techniques (top-of-mind, rank scaling, nominal group) to identify and prioritize community health needs. In addition to the online survey, stakeholders participated in focus group meetings. During the focus groups, the results of the qualitative assessment were shared as well as the results of the online survey and local health jurisdiction summaries. The result of the stakeholder focus groups was a recommendation to focus on the three most critical health priorities in Saint Agnes' community health improvement initiatives.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	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.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>Due to its location in the southwest segment of the Baltimore Metropolitan Area, Saint Agnes serves a diverse patient population. Saint Agnes' primary and secondary service areas (Southwest Baltimore City and Baltimore County, Northern Anne Arundel County, Eastern Howard County, and Southern Carroll County) have a population of approximately 738,000. The service area for study in the Community Health Needs assessment represents the zip codes that comprise 80% of Saint Agnes Hospital discharges, 60% of those discharges come from the primary service area, with the remaining 20% from the secondary service area. Within the service area, Saint Agnes has defined eleven different communities. The communities are groupings of zip codes in the defined service area based on similar demographic characteristics and geographic boundaries.</p> <p>Arbutus (Zip Code 21227) Arbutus is an older suburban community, located south of Caton and Wilkens Avenue, and has a population of 33,139. The traditionally blue collar community is part of the Baltimore County Health Jurisdiction. Saint Agnes Hospital is the primary hospital provider best positioned to address the specific health needs of this community.</p> <p>Brooklyn-Linthicum (Zip Codes 21090,21225) Brooklyn-Linthicum is an older urban/suburban community, located southeast of Caton and Wilkens Avenues, and has a population of 40,179. The industrial and blue collar community has seen an increase in the uninsured population and is part of both the Baltimore City and Baltimore County Health Jurisdictions. Harbor Hospital is the primary hospital provider best positioned to address the specific health needs of this community.</p> <p>Catonsville (Zip Code 21228) Catonsville is an older suburban community, located west of Caton and Wilkens Avenues, and has a population of 48,659, with a growing proportion of seniors. The traditionally white collar community is part of the Baltimore County Health Jurisdiction. Saint Agnes Hospital is the primary hospital provider best positioned to address the specific health needs of this community.</p> <p>Ellicott City (Zip Codes 21042, 21043, 21075) Ellicott City is a growing suburban community, located west/southwest of Caton and Wilkens Avenues, and has a population of 48,659. The predominantly white collar community is part of the Howard County Health Jurisdiction. Howard County General Hospital is the primary hospital provider best positioned to address the specific health needs of this community.</p> <p>Glen Burnie (Zip Codes 21060, 21061) Glen Burnie is an older suburban community, located west/ southwest of Caton and Wilkens Avenues, and has a population of 75,243, with a growing proportion of seniors. The traditionally blue collar community is part of the Anne Arundel County Health Jurisdiction. Baltimore Washington Medical Center is the primary hospital provider best positioned to address the specific health needs of this community.</p> <p>Pasadena (Zip Code 21122) Pasadena is a suburban community, located southeast of Caton and Wilkens Avenues, and has a population of 58,941, with a growing proportion of seniors. The growing community is primarily served by Baltimore Washington Medical Center and is part of the Anne Arundel County Health Jurisdiction. Baltimore Washington Medical Center and Anne Arundel Medical Center are the primary hospital providers best positioned to address the specific health needs of this community.</p> <p>South Baltimore City (Zip Code 21223, 21230) South Baltimore City is an older urban community, located east/southeast of Caton and Wilkens Avenues, and has a population of 62,268. The urban community is projected to experience population declines. South Baltimore City is part of the Baltimore City Health Jurisdiction. Baltimore Washington Medical Center is the primary hospital provider best positioned to address the specific health needs of this community.</p> <p>South Carroll (Zip Codes 21104, 21163, 21784) South Carroll is a suburban community, located northwest of Caton and Wilkens Avenues, and has a population of 52,287, with a growing proportion of seniors. The traditionally rural community has transitioned to a growing suburb of the Metro Baltimore Region. South Carroll is part of Carroll County Health Jurisdiction. Carroll County General Hospital and Northwest Hospital are the primary hospital providers best positioned to address the specific health needs of this community.</p> <p>Southwest Baltimore City (Zip Code 21229) Southwest Baltimore City is an older urban community, located at Caton and Wilkens Avenues, and has a population of 46,881. Similar to other urban areas, Southwest Baltimore is projected to experience population declines. Southwest Baltimore City is part of the Baltimore City Health Jurisdiction. Saint Agnes Hospital is the primary hospital provider best positioned to address the specific health needs of this community.</p> <p>West Baltimore City (Zip Code 21215, 21216, 21217) West Baltimore City is an older urban community, located north of C</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	aton and Wilkens Avenues, and has a population of 134,531. Similar to other urban areas, West Baltimore is projected to experience population declines. West Baltimore City is part of the Baltimore City Health Jurisdiction. Sinai Hospital, University of Maryland and Bon Secours Hospital are the primary hospital providers best positioned to address the specific health needs of this community. Woodlawn (Zip Code 21207, 21244). Woodlawn is a suburban community, located northwest of Caton and Wilkens Avenues, and has a population of 83,180, with a growing proportion of seniors. Woodlawn is part of the Baltimore County Health Jurisdiction. Northwest Hospital is the primary hospital provider best positioned to address the specific health needs of this community.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	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. 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 nineteen voting members, sixteen of which were independent community members. Additionally, St Agnes Healthcare has an open medical staff and credentials all qualified medical staff, including community based providers. St Agnes Healthcare applies surplus funds to improve patient care in various ways. For instance, surplus funds are used to reinvest in the latest equipment and technologies to improve patient safety, comfort, and outcomes. Surplus funds are also used to renovate existing facilities and construct new facilities in order to improve the healthcare environment. As a member of a national health system, Ascension Health, surplus funds generated by St Agnes Healthcare may also be directed to Ascension Health to apply towards strategic initiatives or to be re-distributed to other member healthcare providers within Ascension Health. This allows St Agnes to not only service the surrounding community, but also help fund the care for the underprivileged throughout many parts of the United States.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	ST AGNES HEALTHCARE IS A MEMBER OF ASCENSION HEALTH, A NATIONAL HEALTH CARE SYSTEM ASCENSION HEALTH IS THE SOLE CORPORATE MEMBER OF SAINT AGNES HEALTHCARE SAINT AGNES HEALTHCARE IS THE SOLE CORPORATE MEMBER OF SETON MEDICAL GROUP INC , WHICH PROVIDES PRIMARY CARE, GYNECOLOGY AND OBSTETRICS CARE FOR PATIENTS IN THE SAINT AGNES HEALTHCARE'S SERVICE AREA SAINT AGNES HEALTHCARE IS ALSO THE SOLE CORPORATE MEMBER OF SAINT AGNES FOUNDATION, THE PHILANTHROPIC ARM OF SAINT AGNES HEALTHCARE

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	MD

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 52-0591657
Name: St Agnes Healthcare Inc

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - St Agnes Healthcare, Inc The assessment process involved both quantitative and qualitative components Saint Agnes engaged the participation of key internal and external stakeholders who represent the broad interest of the communities served by Saint Agnes to review the quantitative analysis The stakeholders provided input through a structured online survey and via focus groups across the assessment process during late Fiscal Year 2012 and early Fiscal Year 2013 The stakeholders were individuals with expertise in provision of health care services and public health and included community leaders, physicians, nursing, social work, pastoral care, care management, emergency outpatient and management representatives

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - St Agnes Healthcare, Inc Management gave multiple presentations of the CHNA to various community groups and the Baltimore City Health Department

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - ST AGNES HEALTHCARE, INC THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS SURFACED A WIDE RANGE OF NEEDS IN THE COMMUNITIES WHICH SAINT AGNES SERVES IN ACCORDANCE WITH THE CRITERIA OUTLINED IN THE HEALTH CARE AFFORDABILITY ACT AND 501(R)(3) REGULATORY REQUIREMENTS, SAINT AGNES DEVELOPED AN IMPLEMENTATION STRATEGY TO ADDRESS THE MOST CRITICAL OF HEALTH NEEDS AND GEOGRAPHIES WHILE A FOCUSED NUMBER OF COMMUNITY HEALTH NEEDS AND RESPONSE INITIATIVES ARE ADDRESSED IN THE IMPLEMENTATION STRATEGY, SAINT AGNES WILL CONTINUE TO OFFER ITS FULL SPECTRUM OF SERVICES TO THOSE WHOM SEEK CARE FOR COMMUNITIES IN WHICH SAINT AGNES IS NOT THE PRIMARY HOSPITAL PROVIDER, THE PRIMARY PROVIDER IS BETTER POSITIONED TO ADDRESS THEIR COMMUNITY'S HEALTH NEEDS NON-HEALTHCARE AREAS FOR WHICH SAINT AGNES DOES NOT HAVE THE REQUISITE KNOWLEDGE OR EXPERTISE TO ADDRESS THE NEEDS, OTHER COMMUNITY ORGANIZATIONS WILL BE BETTER POSITIONED TO ADDRESS THESE NEEDS THE PROCESS OF THE ASSESSMENT UTILIZED QUANTITATIVE AND QUALITATIVE DATA ANALYSIS TO IDENTIFY AND PRIORITIZE COMMUNITY HEALTH NEEDS THE PRIORITIZATION PROCESS UTILIZED MULTIPLE TECHNIQUES SUCH AS ONLINE SURVEY AND STAKEHOLDER FOCUS GROUPS WHICH EMPLOYED TOP-OF-MIND, RANK SCALING, OPEN END RESPONSE, AND NOMINAL GROUP TECHNIQUE TO ACHIEVE CONSENSUS PRIORITIZATION OF MOST CRITICAL COMMUNITY HEALTH NEEDS THE FOLLOWING HEALTH NEEDS AND GEOGRAPHIES WERE IDENTIFIED AS PRIORITY AREAS TOWARD WHICH SAINT AGNES SHOULD FOCUS ITS EFFORTS THE PRIORITY NEEDS IDENTIFIED WERE 1 OBESITY & RELATED CONDITIONS 2 CARDIOVASCULAR DISEASE 3 ACCESS/LINKAGES TO PRIMARY CARE, ESPECIALLY TO THE POOR AND VULNERABLE POPULATIONS RECOGNIZING THERE ARE A WIDE VARIETY OF RESOURCES AVAILABLE TO RESPOND TO THE NEEDS OF THE COMMUNITY, PARTICULARLY THE OTHER HOSPITAL PROVIDERS LOCATED IN AND AROUND THE SAINT AGNES SERVICE AREA, IN ORDER TO HAVE THE MOST IMPACT SAINT AGNES WILL FOCUS COMMUNITY HEALTH INITIATIVES IN THE COMMUNITIES OF SOUTHWEST BALTIMORE CITY (21229), CATONSVILLE (21228), AND ARBUTUS (21227) THE NEEDS THAT ARE NOT PRIORITIZED AS A CRITICAL COMMUNITY HEALTH NEED INCLUDE THE FOLLOWING ASTHMA, BEHAVIORAL HEALTH SERVICES, CANCER, COMMUNITY CARE MANAGEMENT/CARE COORDINATION, GENERAL COMMUNITY OUTREACH, HIV, MEDICATION/TREATMENT PLAN COMPLIANCE, SPECIAL CARE NEEDS FOR CHILDREN, SPECIAL CARE NEEDS FOR IMMIGRANT POPULATIONS, SPECIAL CARE NEEDS FOR SENIORS, WOMEN'S HEALTH/PRENATAL CARE, CHRONIC DISEASE MANAGEMENT, DIABETES & HYPERTENSION, EARLY DETECTION & SCREENING PROGRAMS, HEALTHY LIFESTYLE BEHAVIORS, NUTRITION EDUCATION & ACCESS TO HEALTHY FOODS, SERVICES TO POOR & VULNERABLE, SUBSTANCE ABUSE (TOBACCO, ALCOHOL, DRUGS), COMMUNITY HOUSING/LIVING CONDITIONS, CRIME, JOBS/SKILLS TRAINING, LITERACY EDUCATION, MEDICATION AFFORDABILITY, STRESS MANAGEMENT, TRANSPORTATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - St Agnes Healthcare, Inc A notice of charity is posted within the Baltimore Sun on an annual basis Additionally, the following paragraph appears on the hospital website (http://www.stagnes.org/about-us/mission-and-values/) "In accordance with our mission and values, Saint Agnes Hospital is committed to caring for all people regardless of their ability to pay, with special attention to those who are poor and vulnerable Saint Agnes offers financial counseling and assistance to help address any financial concerns patients or families may have regarding their care Our financial aid policies reflect the hospital's dedication to working together with our patients in a compassionate and caring manner to identify options for resolving their financial obligations Copies of our Financial Aid Policies and requests for assistance are available by contacting our Patient Advocacy Department at 667-234-2140, by e-mail at kthomps@stagnes.org , or in person at the Patient Advocacy Department in the hospital's main level "

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - St Agnes Healthcare, Inc Maryland hospital regulated rates are determined by the HSCRC By law, regulated rates charged to all payors, including self pay patients, are the same

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130010466

Schedule I
(Form 990)

OMB No 1545-0047

2014

Open to Public
Inspection

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

Name of the organization
St Agnes Healthcare Inc

Employer identification number
52-0591657

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BALTIMORE CITY FOUNDATION INC 10 N CALVERT STREET SUITE 915 BALTIMORE, MD 21202	52-1212473	501 (C)(3)	20,000	0	FMV		SPONSORSHIP
(2) SETON KEOUGH HIGH SCHOOL 1201 CATON AVENUE BALTIMORE, MD 21229	52-0810937	501(C)(3)	10,000	0	FMV		SPONSORSHIP
(3) GREATER BALTIMORE COMMITTEE 111 SOUTH CALVERT STREET SUITE 1700 BALTIMORE, MD 21202	52-0645650	501(C)(4)	9,500	0	FMV		SPONSORSHIP
(4) CRISTO REY CORPORATE INTERNSHIP PROGRAM INC 420 S CHESTER STREET BALTIMORE, MD 21231	20-5300491	501(C)(3)	7,000	0	FMV		SPONSORSHIP

2

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

3

3

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

1

Part III

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

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

Part IV

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Description Of Procedure For Monitoring Use Of Grant Funds	Discretionary grants or assistance to other organizations are approved by either the Chief Executive Officer or the Chief Financial Officer
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Discretionary grants or assistance to other organizations are approved by either the Chief Executive Officer or the Chief Financial Officer

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
St Agnes Healthcare Inc

Employer identification number
52-0591657

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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 of the expenses described above? If "No," complete Part III to explain.</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<div><div>6</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		No
<div><div>7</div><div>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.</div></div>		No
<div><div>8</div><div>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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Schedule J, Part I, Line 1a HOURS WORKED & PRESIDENT'S COMPENSATION	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
Schedule J, Part I, Line 3 CEO COMPENSATION ANALYSIS	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
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	Club dues are available to senior leadership and are shown as a taxable fringe benefit

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 52-0591657
Name: St Agnes Healthcare Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CARLOS S INCE JR MD SECRETARY	(i) (ii)	400,409 0	1,851 0	631 0	13,000 0	21,306 0	437,197 0	0 0
PATRICK MUTCH PRESIDENT (INTERIM)	(i) (ii)	213,836 0	25,813 0	9,667 0	11,617 0	16,458 0	277,391 0	0 0
BONNIE L PHIPPS PRESIDENT	(i) (ii)	620,861 0	958,057 0	217,521 0	2,875 0	31,710 0	1,831,024 0	0 0
CAROLE B MILLER MD BOARD DIRECTOR	(i) (ii)	358,748 0	55,438 0	1,633 0	15,600 0	23,754 0	455,173 0	0 0
SCOTT FURNISS SENIOR VP/CFO	(i) (ii)	268,233 0	30,410 0	3,572 0	16,417 0	21,214 0	339,846 0	0 0
DR ADRIAN LONG MD EXECUTIVE VP/CMO	(i) (ii)	349,395 0	47,226 0	27,600 0	15,600 0	10,600 0	450,421 0	0 0
GEORGE T GRACE MEDICAL DIRECTOR PLASTIC/HAND RECONSTRUCTIVE SURGERY	(i) (ii)	777,341 0	92,778 0	3,787 0	14,300 0	27,504 0	915,710 0	0 0
HOWARD S HESSAN MEDICAL DIRECTOR - OTOLARYNGOLOGY	(i) (ii)	826,645 0	0 0	4,023 0	14,300 0	21,001 0	865,969 0	0 0
LAWRENCE SHIN ORTHOPEDIC SURGEON	(i) (ii)	679,446 0	107,005 0	1,363 0	14,300 0	31,996 0	834,110 0	0 0
JOHN T ANTONIADES PHYSICIAN	(i) (ii)	478,384 0	86,530 0	15,330 0	13,000 0	20,878 0	614,122 0	0 0
MICHAEL A ZATINA SURGICAL DIRECTOR - CARDIOVASCULAR INST	(i) (ii)	568,590 0	0 0	4,158 0	16,900 0	21,348 0	610,996 0	0 0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization St Agnes Healthcare Inc	Employer identification number 52-0591657
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Return Reference	Explanation
Form 990, Part VI, Line 15a PART VI SECTION B, LINE 15A	IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S CEO, THE PROCESS, PERFORMED BY ASCENSION HEALTH, A RELATED ORGANIZATION OF ST AGNES HEALTHCARE, INC, INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE CEO WAS COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE COMMITTEE MINUTES THE INDIVIDUAL WAS NOT PRESENT WHEN HER COMPENSATION WAS DECIDED

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	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 - Business relationship

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	St Agnes Healthcare has a sole corporate member, Ascension Health

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	St Agnes Healthcare has a sole corporate member, Ascension Health, who has the ability to elect members to the governing body of St Agnes Healthcare

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	Ascension Health has designed a System Authority Matrix which assigns authority for key decisions that are necessary in the operation of the system. Specific areas that are identified in the authority matrix are new organizations 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. Ascension Health also establishes operating targets/ budgets for each Health Ministry and retains key direction regarding major strategic initiatives.

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	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 respond to any Board member questions. After the Board of Directors' review is complete, management files the Form 990 with the Internal Revenue Service.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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.

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	In determining compensation of other officers or key employees of the organization, the process, performed by St Agnes healthcare, Inc included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The audit committee reviewed and approved the compensation In the review of the compensation, the other officers or key employees of the organization were compared to individuals at other organizations in the area who hold the same title During the review and approval of the compensation documentation of the decision was recorded in the committee minutes

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization will provide any documents open to public inspection upon written request

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	All Other Revenue - Total Revenue 1158688, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 1158688, Durable Medical Equipment - Total Revenue 27780, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 27780, Medical Records Revenue - Total Revenue 115556, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 115556, Telephone - Total Revenue 161702, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 161702,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Biomedical & Facilities Services - Total Expense 8860279, Program Service Expense 8860279, Management and General Expenses , Fundraising Expenses , Food Service - Total Expense 5075053, Program Service Expense 5075053, Management and General Expenses , Fundraising Expenses , Environmental Services - Total Expense 4143022, Program Service Expense 4143022, Management and General Expenses , Fundraising Expenses , Shared Service Center Fees - Total Expense 1957888, Program Service Expense , Management and General Expenses 1957888, Fundraising Expenses , Printing Services - Total Expense 690673, Program Service Expense 690673, Management and General Expenses , Fundraising Expenses , Contract Labor - Total Expense 9612329, Program Service Expense 8713746, Management and General Expenses 898583, Fundraising Expenses , Physician Contractual Labor - Total Expense 9595773, Program Service Expense 9595773, Management and General Expenses , Fundraising Expenses , Reference Lab - Total Expense 1439278, Program Service Expense 1439278, Management and General Expenses , Fundraising Expenses , Consulting Fees - Total Expense 1575478, Program Service Expense 396178, Management and General Expenses 1179300, Fundraising Expenses , All Other - Total Expense 6419300, Program Service Expense 3401260, Management and General Expenses 3018040, Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	System office funding reclassification to service fees - 4533333, Deferred Pension Costs - -19025628, Lab Outreach Utilization - -387625, Transfers to Affiliates - -8274483, Donated Equipment - 1150000, Settlement of Seton Medical Group Intercompany Balances - -17990632, Special Purpose Funds Restricted Contributions - 767522, Special Purpose Funds Net Assets Released from Restriction - -700000, Special Purpose Investment Income - 13057, Lab Outreach Expenses and Bad Debt - -3962320, Net Change in Interest in Foundation Assets - -263702, Special Purpose Funds Unrealized Gains - -2196, Rounding - -1,

Return Reference	Explanation
FORM 990, Part V, Line 1a Independent Contractor Reporting	COMPENSATION OF INDEPENDENT CONTRACTORS IS PAID BY AND REPORTED ON THE FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U S INFORMATION RETURNS, OF ASCENSION HEALTH EIN 31-1662309 EXPENSES ARE ALLOCATED TO AND REIMBURSED BY THE FILING ORGANIZATION TO ASCENSION HEALTH AS SUCH, THE ORGANIZATION HAS NOT REPORTED INDEPENDENT CONTRACTORS PAID ON FORM 990, PART VII, SECTION B

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization St Agnes Healthcare Inc	Employer identification number 52-0591657
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Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ASCENSION HEALTH ALLIANCE PO BOX 45998 STLOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)3	Type I	NA		No
(2) ASCENSION HEALTH PO BOX 45998 STLOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)3	Type I	Ascension Health Alliance		No
(3) SAINT AGNES FOUNDATION 52-1415083	Provides Funding to the Hospital and to the Community	MD	501(c)3	Type I	STAGNES HOSPITAL	Yes	
(4) ST AGNES AUXILIARY 900 CATON AVENUE BALTIMORE, MD 21229 52-0643673	FUNDRAISING	MD	501(c)3	9	STAGNES HOSPITAL	Yes	
(5) SETON MEDICAL GROUP 900 CATON AVENUE BALTIMORE, MD 21229 39-2064992	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(c)3	3	STAGNES 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD 21229 52-1733632	HOLDING COMPANY	MD	NA	C Corporation	440	1,235,868	100 %		

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o	Sharing of paid employees with related organization(s)	1o	Yes
p	Reimbursement paid to related organization(s) for expenses	1p	Yes
q	Reimbursement paid by related organization(s) for expenses	1q	Yes
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SETON MEDICAL GROUP	B	17,875,738	FAIR MARKET VALUE
(2) Ascension Health	M	4,533,333	Fair Market Value
(3) St Agnes Foundation	C	1,346,611	Fair Market Value
(4) St Agnes Foundation	M	519,508	Fair Market Value

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII

Supplemental Information

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

Return Reference	Explanation
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