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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

St Agnes Healthcare Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address)

900 Caton Avenue 040

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Baltimore, MD 21229

F Name and address of principal officer

KEITH VANDER KOLK

900 Caton Avenue 040

Baltimore, MD 21229

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

0928

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW STAGNES ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1862

M State of legal domicile

MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

To improve the health and well-being of all people in the communities we serve

2 Check this box ▶ ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

13

4 Number of independent voting members of the governing body (Part VI, line 1b)

10

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

3,480

6 Total number of volunteers (estimate if necessary)

302

7a Total unrelated business revenue from Part VIII, column (C), line 12

3,972,539

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

1,101,515

9 Program service revenue (Part VIII, line 2g)

438,752,391

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

1,080,666

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

4,352,044

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

445,286,616

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

90,715

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

213,694,874

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

219,102,184

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

432,887,773

19 Revenue less expenses Subtract line 18 from line 12

12,398,843

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

540,122,410

21 Total liabilities (Part X, line 26)

162,076,064

22 Net assets or fund balances Subtract line 21 from line 20

378,046,346

Part II Signature Block

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

Sign Here

Signature of officer

Tonya Mershon Tax Officer

Type or print name and title

2017-10-12

Date

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's address ▶

Firm's EIN ▶

Phone no

Paid Preparer Use Only

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck 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? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 178,970,695	including grants of \$ 888,256)	(Revenue \$ 303,476,509)
See Additional Data				











4b	(Code)	(Expenses \$ 91,619,890	including grants of \$)	(Revenue \$ 118,470,293)
See Additional Data				

4c	(Code)	(Expenses \$ 37,957,357	including grants of \$ 146,484)	(Revenue \$ 12,883,579)
See Additional Data				

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

4e	Total program service expenses ▶	308,547,942
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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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c Yes	
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? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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 Yes	
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 Yes	
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 ComplianceCheck 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	1a	283
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,480
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response 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	13	
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			
b	Enter the number of voting members included in line 1a, above, who are independent	10	
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	No
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
b	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:		
a	The governing body?	8a	Yes
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
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	No
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
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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?		
a	The organization's CEO, Executive Director, or top management official	15a	No
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
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.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ 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 ContractorsCheck 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			
(1) CARLOS S INCE JR MD SECRETARY/PHYSICIAN	50 0 0	X		X				443,995	0	43,097
(2) PATRICK F MUTCH PRESIDENT & CEO (INTERIM) (END 7/2016)	48 6 1 4	X		X				390,849	0	26,926
(3) KEITH VANDER KOLK PRESIDENT & CEO	47 7 2 3	X		X				541,031	0	30,106
(4) JOHN E WHEELER JR BOARD CHAIR (START 7/2016)	2 7 0	X		X				0	0	0
(5) BRUCE R GRINDROD JR BOARD DIRECTOR	2 0 0	X						0	0	0
(6) MARGARET HAYES BOARD DIRECTOR	1 5 0	X						0	0	0
(7) MOHANNAD F JISHI BOARD DIRECTOR	2 0 0	X						0	0	0
(8) A GREGORY KELLY JR BOARD DIRECTOR	2 4 0	X						0	0	0
(9) IRENE D KNOTT BOARD DIRECTOR	1 4 0	X						0	0	0
(10) CAROLE B MILLER MD BOARD DIRECTOR/PHYSICIAN	50 0 0	X						449,817	0	47,230
(11) JAMES B SELLINGER BOARD DIRECTOR	1 3 0	X						0	0	0
(12) JOHN B STANSBURY BOARD DIRECTOR	1 7 0	X						0	0	0
(13) SISTER MARY LOU STUBBS BOARD DIRECTOR	2 0 0	X						0	0	0
(14) SAM V SYDNEY MD BOARD DIRECTOR	1 4 0	X						0	0	0
(15) SCOTT M FURNISS CFO-MINISTRY MKT DC/BALTIMORE	27 1 22 9			X				437,628	0	32,131
(16) NANCY M HAMMOND MD EXECUTIVE VP/CMO	48 6 1 4				X			354,224	0	42,150
(17) ANDREW M AVERBACH MD GENERAL SURGEON	50 0 0					X		637,853	0	37,712

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			
(18) GEORGE T GRACE MD MEDICAL DIRECTOR - PLASTIC HAND RECONSTRUCTIVE SURGEON	50 00....					X		806,938	0	45,071
(19) HOWARD S HESSAN MD MEDICAL DIRECTOR - OTOLARYNGOLOGY	50 00....					X		853,566	0	39,435
(20) AJAY V KUMAR MD PLASTIC SURGEON	50 00....					X		691,142	0	42,547
(21) MICHAEL A ZATINA MD SURGERY DIRECTOR - CARDIOVASCULAR INST	50 00....					X		642,035	0	43,242
(22) Bonnie L Phipps FORMER OFFICER	0 00.... 50 0						X	0	1,905,534	34,144
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								6,249,078	1,905,534	463,791

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 **▶ 312**

	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 Yes	
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
CEP AMERICA LLC 2100 POWELL STREET SUITE 900 EMERYVILLE, CA 946081844	MEDICAL STAFFING SERVICES	1,532,745
CONTEMPORARY NURSING SOLUTIONS INC 1000 JEFFERSON STREET SUITE 1A LYNCHBURG, VA 245041724	NURSING SERVICES	1,288,141
EAGLE EYE RADIOLOGY INC 12100 SUNRISE VALLEY DRIVE SUITE 290 B RESTON, VA 20191	RADIOLOGY SERVICES	949,056
DVA RENAL HEALTHCARE INC P O BOX 40308 ATLANTA, GA 31192	MEDICAL SERVICES	931,739
DRS HICKEN CRANLEY & TAYLOR PA 900 S CATON AVE BALTIMORE, MD 21229	MEDICAL SERVICES	832,392

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 **▶ 39**

Part VIII Statement of RevenueCheck 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	208,697			
	e Government grants (contributions)	1e	1,268,011			
	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		1,476,708			
Program Service Revenue			Business Code			
	2a NET PATIENT REVENUE		621990	423,447,478	420,795,832	2,651,646
	b JOINT VENTURE REVENUE		900099	6,911,137	6,911,137	
	c LAB REVENUE		621500	1,320,893		1,320,893
	d REVENUE FROM AFFILIATES		561000	855,737	855,737	
	e PHYSICIAN ADMIN AND CALL SERVICES		621990	935,442	935,442	
	f All other program service revenue			213,769	213,769	0
	g Total. Add lines 2a-2f		433,684,456			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		143,208			143,208
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents		889,323			
	b Less rental expenses					
	c Rental income or (loss)		889,323	0		
	d Net rental income or (loss)		889,323			889,323
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory			20		
	b Less cost or other basis and sales expenses			54,092		
	c Gain or (loss)		0	-54,072		
	d Net gain or (loss)		-54,072			-54,072
	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			
		256,560				
b Less cost of goods sold	b	158,732				
c Net income or (loss) from sales of inventory		97,828			97,828	
Miscellaneous Revenue		Business Code				
11a CAFETERIA REVENUE		722514	1,552,731		1,552,731	
b EDUCATION REVENUE		611430	1,262,740	1,262,740		
c ESCHEAT REVENUE		900099	450,646		450,646	
d All other revenue			1,062,271	153,185	0	
e Total. Add lines 11a-11d		4,328,388				
12 Total revenue. See Instructions		440,565,839		431,127,842	3,972,539	3,988,750

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,034,740	1,034,740		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,839,184		2,839,184	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	186,298,910	169,594,130	16,704,780	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	-26,283	54,952	-81,235	
9 Other employee benefits.	19,367,853	17,507,338	1,860,515	
10 Payroll taxes.	12,597,876	11,309,369	1,288,507	
11 Fees for services (non-employees):				
a Management.	3,651	14,569	-10,918	
b Legal.	93,095	10,370	82,725	
c Accounting.	325,618	18,515	307,103	
d Lobbying.	24,844		24,844	
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).	15,259,855	11,643,016	3,616,839	0
12 Advertising and promotion.	730,854	68,921	661,933	
13 Office expenses.	1,731,193	648,022	1,083,171	
14 Information technology.	1,603,756	1,209,151	394,605	
15 Royalties.				
16 Occupancy.	9,969,568	4,056,737	5,912,831	
17 Travel.	246,820	181,467	65,353	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	317,640	258,194	59,446	
20 Interest.	2,640,094		2,640,094	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	18,699,393	12,059,725	6,639,668	
23 Insurance.	6,829,951	2,692,032	4,137,919	
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 PURCHASED SERVICES	52,104,541	10,567,507	41,537,034	
b MEDICAL SUPPLIES	52,076,508	52,076,508		
c CORPORATE ALLOCATIONS	8,795,994		8,795,994	
d CONTRACT LABOR	7,489,409	6,420,393	1,069,016	
e All other expenses	12,201,552	7,122,286	5,079,266	0
25 Total functional expenses. Add lines 1 through 24e.	413,256,616	308,547,942	104,708,674	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	4,712,028	1	5,030,130
	2	Savings and temporary cash investments		2	3,330,101
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	50,061,659	4	56,916,621
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	0	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	7,829,072	8	7,914,894
	9	Prepaid expenses and deferred charges	1,185,716	9	892,278
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	407,531,805		
	b	Less: accumulated depreciation	186,002,688		
			229,023,146	10c	221,529,117
	11	Investments—publicly traded securities	766,503	11	
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments—program-related. See Part IV, line 11	20,093,436	13	27,004,573
	14	Intangible assets	5,997,231	14	5,187,107
15	Other assets. See Part IV, line 11	220,453,619	15	20,028,025	
16	Total assets. Add lines 1 through 15 (must equal line 34)	540,122,410	16	347,832,846	
Liabilities	17	Accounts payable and accrued expenses	37,814,256	17	45,845,634
	18	Grants payable		18	
	19	Deferred revenue	601,318	19	601,318
	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		24	
	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.	123,660,490	25	154,983,427
	26	Total liabilities. Add lines 17 through 25	162,076,064	26	201,430,379
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	373,501,973	27	142,219,446
	28	Temporarily restricted net assets	4,417,841	28	4,053,684
	29	Permanently restricted net assets	126,532	29	129,337
	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	378,046,346	33	146,402,467
34	Total liabilities and net assets/fund balances	540,122,410	34	347,832,846	

Part XI Reconciliation of Net AssetsCheck 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	440,565,839
2	Total expenses (must equal Part IX, column (A), line 25)	2	413,256,616
3	Revenue less expenses Subtract line 2 from line 1	3	27,309,223
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	378,046,346
5	Net unrealized gains (losses) on investments	5	90,849
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	-259,043,951
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	146,402,467

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 52-0591657
Name: St Agnes Healthcare Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

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, 2017, 43% OF THE VALUE OF SERVICES WAS TO ELDERLY PATIENTS UNDER THE MEDICARE PROGRAM, AND 21% WAS TO PATIENTS WHO WERE DEEMED INDIGENT UNDER STATE, COUNTY, OR HOSPITAL GUIDELINES THIS VALUE OF THESE SERVICES TO THE ELDERLY AND POOR TOTALED \$303,322,904 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, 2017, THE ESTIMATED UNREIMBURSED COST OF SERVICES PROVIDED TO THE ELDERLY, UNINSURED, AND UNDER INSURED TOTALED \$21,425,111, INCLUDING \$14,212,189 FOR CHARITY CARE, AND \$7,212,922 OF UNREIMBURSED MEDICAID

Form 990, Part III, Line 4b:

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, 2017, OUR HOSPITAL TREATED 15,802 INPATIENT ADULTS AND CHILDREN IN THE COMMUNITY FOR A TOTAL OF 69,648 PATIENT DAYS OF SERVICE THE HOSPITAL ALSO PROVIDED SERVICES TO 512,610 OUTPATIENTS, INCLUDING 4,942 OUTPATIENT SURGERY PATIENTS, 80,841 EMERGENCY ROOM VISITS, AND 58,215 CLINIC VISITS

Form 990, Part III, Line 4c:

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 GYNCOLOGICAL 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 152 SURGEONS IN 10 SURGICAL SPECIALTIES. THERE ARE THIRTY 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-FIVE 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. To further the objective of improving community health Saint Agnes HealthCare is developing Gibbons Commons. Gibbons Commons is a vibrant, 32-acre, mixed-use community, being developed and designed by Saint Agnes Healthcare- in collaboration with major community partners -in order to provide southwest Baltimore residents with a safe and healthy place to live, work, play and learn. Since purchasing the property, Saint Agnes has worked closely with community partners, neighbors, the city and developers to ensure we are creating a community asset that will improve the quality of life of those we have served for over 150 years. Our vision is to provide green space, community services, recreational facilities and community housing.

SCHEDULE A (Form 990 or 990-EZ)	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 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization St Agnes Healthcare Inc		Employer identification number 52-0591657

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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)		

Part V

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

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

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

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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

2016

Open to Public Inspection

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

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

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

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

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

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

Name of 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 7202 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (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

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?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		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		24,844
j	Total. Add lines 1c through 1i			24,844
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.
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.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493129012178	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization St Agnes Healthcare Inc				Employer identification number 52-0591657	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(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" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
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				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1				► \$	
(ii) Assets included in Form 990, Part X				► \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1				► \$	
b Assets included in Form 990, Part X				► \$	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D Schedule D (Form 990) 2016		

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	624,222	625,190	614,329	570,832	2,944,473
b Contributions			0	0	0
c Net investment earnings, gains, and losses	34,141	-968	10,861	43,497	-4,774,700
d Grants or scholarships			0	0	0
e Other expenditures for facilities and programs			0	0	-2,401,059
f Administrative expenses			0	0	0
g End of year balance	658,363	624,222	625,190	614,329	570,832

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

20 %

c

Temporarily restricted endowment

80 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,252,790		10,252,790
b Buildings		261,686,954	101,395,671	160,291,283
c Leasehold improvements		9,388,056	3,876,298	5,511,758
d Equipment		99,911,202	75,603,485	24,307,717
e Other		26,292,803	5,127,234	21,165,569
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				221,529,117

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Equity Investment in Maryland Physicians Care	27,004,573	C
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	27,004,573	

Part IX

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

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	20,028,025

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	154,983,427	

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

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	
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' on 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 52-0591657

Name: St Agnes Healthcare Inc

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

(a) Description	(b) Book value
(1) ALPHA FUND INVESTMENTS	
(2) INTEREST IN FOUNDATION NET ASSETS	1,787,655
(3) CASH SURRENDER VALUE - LIFE	
(4) OTHER RECEIVABLES	
(5) AFFILIATES RECEIVABLES	
(6) Deferred Compensation Asset	12,979,392
(7) Due From Affiliates	3,753,461
(8) Other Receivables	921,111
(9) Other Assets	277,648
(10) Security Deposits	308,758

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

(a) Description of Liability	(b) Book Value
1	
THIRD PARTY ADVANCES	
SELF INSURANCE LIABILITY	
Debt with Ascension Health Alliance	75,167,980
Estimated Settlement to Third-Party Payor	31,355
Pension Plan Liability	17,128,587
AH Savings Plan Liability	2,350,000
Deferred Compensation Liability	12,979,392
Due to Affiliates	42,607,515
At-Risk Liability	1,475,000
Other Liabilities	26,338

Form 990, Schedule D, Part X, - Other Liabilities	
1 (a) Description of Liability	(b) Book Value
Recovery Tail Liability	307,099
Valuation Allowance	2,910,161

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2017</p>

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493129012178	
SCHEDULE H (Form 990)		Hospitals			OMB No 1545-0047
Department of the Treasury		► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990.			2016 Open to Public Inspection
Internal Revenue Service		► Information about Schedule H (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	Financial Assistance and Certain Other Community Benefits at Cost
--------	---

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b	If "Yes," was it a written policy?	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 checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
3a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 25000 %	Yes	
3b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %	Yes	
4	Did the organization use 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		
5a	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"?	Yes	
5b	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
5c	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
6a	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?		
6b	Did the organization prepare a community benefit report during the tax year?	Yes	
	If "Yes," did the organization make it available to the public?	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7	Financial Assistance and Certain Other Community Benefits at Cost
---	---

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			14,212,189		14,212,189	3 44 %
b Medicaid (from Worksheet 3, column a)			17,372,673	10,159,751	7,212,922	1 75 %
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	31,584,862	10,159,751	21,425,111	5 18 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,972,194	39,270	1,932,924	0 47 %
f Health professions education (from Worksheet 5)			7,546,994		7,546,994	1 83 %
g Subsidized health services (from Worksheet 6)			27,389,970	12,559,417	14,830,553	3 59 %
h Research (from Worksheet 7)			476,509	284,892	191,617	0 05 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			571,690		571,690	0 14 %
j Total. Other Benefits	0	0	37,957,357	12,883,579	25,073,778	6 07 %
k Total. Add lines 7d and 7j	0	0	69,542,219	23,043,330	46,498,889	11 25 %

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Cat No 50192T Schedule H (Form 990) 2016

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			514,018	24,000	490,018	0 12 %
2 Economic development					0	0 %
3 Community support			5,866	30,000	-24,134	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	519,884	54,000	465,884	0 11 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	161,179,746
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	146,052,614
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	15,127,132
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

1

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

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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

Community Health Needs Assessment

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a 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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http://www.stagnes.org/about-us/community/</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input 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 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>http://www.stagnes.org/about-us/community/</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

St Agnes Healthcare Inc

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.0 % and FPG family income limit for eligibility for discounted care of 400.0 %		
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? 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)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) http://www.stagnes.org/patients-visitors/financial-assistance/		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) http://www.stagnes.org/patients-visitors/financial-assistance/		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) http://www.stagnes.org/patients-visitors/financial-assistance/		
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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

St Agnes Healthcare Inc

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon 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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21	Yes	
If "No," indicate why			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

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

St Agnes Healthcare Inc

Name of hospital facility or letter of facility reporting group _____

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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

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

	Yes	No
22		
23		No
24		No

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

[illegible]

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 and Diagnostic Imaging
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

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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 \$217,576

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7a PRESUMPTIVE CHARITY CARE	DURING FISCAL YEAR 2016 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 2016, 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 17 Billing and Collection Policy	<p>During tax year 2017, the organization learned via verbal comments of IRS agents at public events that the IRS intends that the "readily obtainable" standard in the 501(r) regulations for the AGB calculation and billing and collection policy is only met if those items are posted to the organization's web site. The organization had interpreted that web posting standard to be a safe harbor after consulting with external counsel and tax advisors, and timely took other steps to make the information readily obtainable. Consequently, the organization does not believe its decision to not post these documents to its web site rises to the level of a failure, nor does it believe the circumstances were either willful or egregious, having otherwise timely taken the steps necessary to attain and continue to maintain compliance with the other requirements related to the billing and collection policy and the AGB, as part of its policies and procedures for ensuring compliance with all aspects of 501(r). However, the organization is making this voluntary disclosure in order to communicate to the IRS the changes it is undertaking in response to the recent IRS informal guidance on this specific point concerning the "readily obtainable" standard, and the fact that the organization has started the work necessary to post its AGB information and billing and collection policy to its web site and will complete those additional postings as soon as reasonably possible. The other web postings required under 501(r) (i.e., those related to the community health needs assessment and the financial assistance policy) were timely completed and continue to remain in place as required. The organization believes its safeguards worked as intended in this case (i.e., the organization has regular communications with a number of external law firms and tax consultants and the timely attention to the recent guidance was supported by the framework of regular access to subject matter experts). These changes are in the process of being incorporated into corporate policies and procedures that apply to the organization.</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	Schedule H, Line 7g includes \$352,031 attributable to a subsidized primary care clinic on campus in West Baltimore

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means-tested government programs, and other community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines. The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>Gibbons Commons is a vibrant, 32-acre, mixed-use community, being developed and designed by Saint Agnes Healthcare- in collaboration with major community partners -in order to provide southwest Baltimore residents with a safe and healthy place to live, work, play and learn Since purchasing the property, Saint Agnes has worked closely with community partners, neighbors, the city and developers to ensure we are creating a community asset that will improve the quality of life of those we have served for over 150 years Our vision is to provide green space, community services, recreational facilities and community housing Saint Agnes has been fortunate in partnering and collaborating with like-minded organizations, bringing to the community</p> <ul style="list-style-type: none">* Housing- Bon Secours Gibbons Apartments, built and managed by Bon Secours Baltimore Health System and Enterprise Homes, offers community housing on the property This four-story facility offers 80 one-, two- and three-bedroom apartments, community and recreational space, and underground parking for all residents* Babe Ruth Field-Providing much needed green and recreation space for the community while honoring the properties rich history, most notably Babe Ruth Built by the Cal Ripken, Sr Foundation and managed by the Y of Central Maryland, this new turf field is positioned on the exact site where Ruth played in the early 1900s and provides space for community residents to play baseball, football and lacrosse* Saint Agnes continues to have conversations with the Y of Central Maryland who are considering the opportunity to expand their offerings at Gibbons Commons to include 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 <p>The amounts reported for community support relate to the Federal Hospital Preparedness Program and the Public Health Emergency Preparedness Aligned Cooperative Agreements</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies. After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2017 was \$786,710 at charges, (\$517,616 at cost).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	<p>The provision for doubtful accounts is based upon management's assessment of expected net collections considering historical experience, economic conditions, trends in healthcare coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The organization is part of the Ascension Health Alliance's consolidated audit in which the footnote that discusses the bad debt expense is located on page 19

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- St Agnes Healthcare, Inc Line 16a URL http //www stagnes org/patients-visitors/financial-assistance/ ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- St Agnes Healthcare, Inc Line 16b URL http //www stagnes org/patients-visitors/financial-assistance/ ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- St Agnes Healthcare, Inc Line 16c URL http //www stagnes org/patients-visitors/financial-assistance/ ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>The assessment process involved quantitative and qualitative components. St. Agnes engaged the participation of the general public as well as key internal and external stakeholders who represent the broad interest of the communities served by St. Agnes to review the quantitative analysis. The public provided input through a structured online survey and via focus groups across the assessment process during fiscal year 2016. The internal and external stakeholders were individuals with expertise in provision of health care services and public health and included community leaders, physicians, nursing, social work, pastoral care, emergency outpatient and management representatives and a broad range of community organizations. A quantitative assessment was conducted using a survey administered electronically and on paper to gain broad public input. A copy of the survey is included as Appendix 2 of the Community Health Needs Assessment which is available on the hospital's website. A qualitative assessment was conducted using focus groups facilitated by Observation Baltimore, a division of The Research Group/Family Research Center. Six focus groups were conducted for Saint Agnes Hospital to better understand the healthcare needs of the medically underserved, low-income, and minority populations in the most vulnerable communities identified in the FY13 assessment. The composition of the focus groups was recruited to match the demographic composition of the community's survey. Participants were also included by either a personal history or family history of chronic disease with a consideration of environmental risks (specifically smoking tobacco, drinking alcohol daily or occasionally, and use of non-prescription drugs). The Hispanic population was also targeted to ensure input from all ethnicities.</p>

990 Schedule H, Supplemental Information

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

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 community benefit service area (South west Baltimore City and Baltimore County, Northern Anne Arundel County, Eastern Howard County, and Southern Carroll County) has a population of approximately 766,900 and represents the zip codes that comprise eighty percent of Saint Agnes Hospital patient population. A map of the communities Saint Agnes serves can be found in the Community Health Needs Assessment which is available for download on the hospital's website. Within the community benefit service area (CBSA), Saint Agnes has defined eleven communities based on grouping zip codes that have similar demographic characteristics and considering various geographic boundaries. A brief overview description of each of the individual community's is provided below.</p> <p>Arbutus (Zip Code 21227) Arbutus is an older suburban community, located south of Caton and Wilkens Avenues, and has a population of 34,245. 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 43,816. 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.</p> <p>Harbor Hospital is the primary hospital provider best positioned to address the specific health needs of this community.</p> <p>Catonsville (Zip Code 21228) Catonsville is an older suburban community, located west of Caton and Wilkens Avenues, and has a population of 49,586, 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 119,615. The predominantly white collar community is part of the Howard County Health Jurisdiction.</p> <p>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 87,752, with a growing proportion of seniors. The traditionally blue collar community is part of the Anne Arundel County Health Jurisdiction.</p> <p>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 62,625, 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.</p> <p>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 or southeast of Caton and Wilkens Avenues, and has a population of 60,356. The urban community is projected to experience population declines.</p> <p>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 52,609, with a growing proportion of seniors. The traditionally rural community has transitioned to a growing suburb of the Metro Baltimore Region.</p> <p>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 44,997. Similar to other urban areas, Southwest Baltimore is projected to experience population declines.</p> <p>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, 212)</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>17) West Baltimore City is an older urban community, located north of Caton and Wilkens Avenues, and has a population of 126,744. 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 84,545, with a growing proportion of seniors. Woodlawn is part of the Baltimore County Health Jurisdiction. Northwest Hospital is the primary hospital provider best positioned to address the specific health needs of this community.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>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 sixteen voting members, thirteen 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.</p>

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 52-0591657

Name: St Agnes Healthcare Inc

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		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
1	St Agnes Healthcare Inc 900 Caton Avenue Baltimore, MD 21229 http://www.stagnes.org/ 30-059	X	X		X		X	X			

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>Facility , 1 - St Agnes Healthcare, Inc The assessment process involved quantitative and qualitative components St Agnes engaged the participation of the general public as well as key internal and external stakeholders who represent the broad interest of the communities served by St Agnes to review the quantitative analysis The public provided input through a structured online survey and via focus groups across the assessment process during fiscal year 2016 The internal and external stakeholders were individuals with expertise in provision of health care services and public health and included community leaders, physicians, nursing, social work, pastoral care, emergency outpatient and management representatives and a broad range of community organizations A full list of internal and external stakeholders can be found in Appendix 6 of the Community Health Needs Assessment which is located on the Saint Agnes HealthCare website using the following link http://www.stagnes.org/about-us/community/ Key external stakeholders include representatives from the American Diabetes Association, Baltimore City Health Department, Baltimore Medical Systems, Catholic Charities, Equity Matters, Green and Healthy Homes, HealthCare Access Maryland, The Caroline Center, University of Maryland School of Nursing, University of Maryland School of Social Work, and West Baltimore Maha Sampath A quantitative assessment was conducted using a survey administered electronically and on paper to gain broad public input A copy of the survey is included as Appendix 2 of the Community Health Needs Assessment which is available on the hospital's website A qualitative assessment was conducted using focus groups facilitated by Observation Baltimore, a division of The Research Group/Family Research Center Six focus groups were conducted for Saint Agnes Hospital to better understand the healthcare needs of the medically underserved, low-income, and minority populations in the most vulnerable communities identified in the FY13 assessment The composition of the focus groups was recruited to match the demographic composition of the community's survey Participants were also included by either a personal history or family history of chronic disease with a consideration of environmental risks (specifically smoking tobacco, drinking alcohol daily or occasionally, and use of non-prescription drugs) The Hispanic population was also targeted to ensure input from all ethnicities</p>

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - ST AGNES HEALTHCARE, INC After using both primary and secondary research methods to assess the health needs of the community and taking into account the input received from persons who represent the broad interests of the community, including those with special knowledge of or expertise in public health, the Community Health Advisory Council prioritized the top three health needs as a result of the assessment Address Obesity and Diabetes Prevalence - The goal of addressing obesity and diabetes prevalence is to increase awareness of and access to medical and surgical options for reducing obesity and diabetes, particularly for the vulnerable population The strategy to achieve this goal is to provide increased outreach, education and medical intervention when appropriate to patients suffering from the physical and mental effects of morbid obesity and seeking a change in their health status There are two objectives First, decrease the proportion of adults with comorbidities associated with obesity through effective education, outreach, and medical intervention The second objective is within one year of intervention decrease Body Mass Index by 20% for patients engaging in medical weight loss techniques and or bariatric surgery The following activities were conducted during fiscal year 2017 1,424 individuals attended bariatric educational seminars 28.6% of bariatric educational seminar attendees followed up with an appointment with a bariatric surgeon 213 individuals attended National Diabetes Prevention Program Classes 47.4% of individuals attending completed the National Diabetes Prevention Program Classes 11.9% of National Diabetes Prevention Program graduates decreased their weight by at least 5% 527 bariatric surgery procedures were performed 53.4% of bariatric surgery patients lowered their BMI by at least 20% within one year from the surgery The second goal is to reduce the incidence and burden of cardiovascular disease in the community The strategy to achieve this goal is to continue to offer and promote a series of community based programs providing education, screening and case management to reduce the incidence and burden of cardiovascular disease There are two objectives First, increase by a percentage the implementation of effective community based education programs, screening, and case management for cardiovascular disease for the target population The second objective is to decrease the rate of inpatient and Reduce Cardiovascular Disease Burden - Emergency Department use by cardiovascular patients as measured by a decrease in Prevention Quality Indicator discharges The following activities were conducted during fiscal year 2017 3,202 adults participated in a hypertension screening program 29.7% of those screened for hypertension were at risk and referred to a primary care physician 12 adults participated in a women's heart screening program 443 adults participated in a lung screening program 218 adults with</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	h diagnosed heart failure participated in an educational initiative to understand advance directives and goals of care 27 adults received education and care for heart failure throu gh a collaboration with emergency department physicians and the Saint Agnes Heart Failure Center The Preventive Quality Indicator for the Hypertension Admission Rate decreased from a baseline of 66% to 23% The third priority is to create person-centered healthy neighb orhoods There are two goals related to this priority First, collaborate with community a gencies to provide health education and care management for populations that have the grea test needs and least resources There are two primary objectives related to this goal Fir st, by 2020, increase the proportion of adults who have a primary health care provider Th e second objective is to decrease acute care utilization (Inpatient, Inpatient Observation , Emergency Department), particularly potentially avoidable utilization by high needs pati ents through community based care management initiatives The second goal is to become a c ommunity partner to create healthy, thriving neighborhoods with a visible presence where t he community needs us the most The strategy to achieve this goal is to transform the 32 a cre former Cardinal Gibbons High School and create Gibbons Commons, a healthy neighborhood with housing, retail, recreation, and support services in Southwest Baltimore There are three objectives with this strategy The first objective is to have at least 100% of the a partments under rental contracts by 2017 The Creaste Person Centered Healthy Neighborhood s - second objective is to provide indoor and outdoor space for physical activity that is safe and affordable by 2018 The final objective is to provide education and job training to community residents by 2016 in conjunction with the Caroline Center The following acti vities were conducted during fiscal year 2017 In partnership with Baltimore Medical Syste ms, a Federally Qualified Health Center located on the St Agnes campus, 48,455 patient vi sits occurred during fiscal year 2017 Baltimore Medical Systems saw 3,950 new patient visi ts St Agnes Medical Group - Medicaid enrolled patient visits 9 6% of patient visits The Fiscal Year 2016 Community Health Needs Assessment identified a wide variety of community health needs including behavioral health, cancer, arthritis, HIV and or AIDS, lung disease s, alzheimer's or dementia, socio-economic conditions, community violence, and access to h ealth insurance and physician providers However, through prioritization exercises with co mmunity members, health expertise and other community stakeholders, Obesity and Diabetes, Cardiovascular Disease, and Healthy Neighborhoods were determined to be the greatest unmet needs While Saint Agnes Hospital will focus the majority of our efforts on the identifie d strategic programs outlined above, we will review the complete set of needs identified i n the Community Health Needs A

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	assessment for future collaboration These needs, while important to the health of the community, will be met through existing Saint Agnes or other area hospital clinical programs or through collaborations with other health care organizations as needed The unmet needs not addressed specifically by Saint Agnes Hospital in its community health initiatives, such as community violence, socioeconomic conditions, and access to insurance will continue to be addressed by key governmental agencies and other existing community based organizations The Saint Agnes identified core community health priorities target the intersection of the identified community needs and the Saint Agnes's key strengths and mission

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - ST AGNES HEALTHCARE, INC 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 Polices and requests for assistance are available by contacting our Patient Advocacy Department at 667-234-2140, by e-mail at kthomps@stagnes.org , or in person at the Patient Advocacy Department in the hospital's main level "

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
St Agnes Healthcare Inc

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
52-0591657

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

(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) ST AGNES FOUNDATION INC 900 CATON AVENUE BALTIMORE, MD 21229	52-1415083	501 (C)(3)	6,000				OPERATING SUPPORT
(2) BALTIMORE MEDICAL SYSTEM INC PO BOX 1593 MERRIFIELD, VA 22116	52-1358241	501(C)(3)	888,255				OPERATING SUPPORT

2

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

2

3

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

0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <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><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 type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 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?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <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><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>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 on 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 3 Arrangement used to establish the top management official's compensation	ASCENSION HEALTH, A RELATED ORGANIZATION OF ST AGNES HEALTHCARE, INC , USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT - COMPENSATION COMMITTEE, - INDEPENDENT COMPENSATION CONSULTANT, - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individual(s) received severance payments from the organization or a related organization: Bonnie L Phipps - \$269,231
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Eligible executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. No individuals received current year distributions.

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CARLOS S INCE JR MD SECRETARY/PHYSICIAN	(i)	400,954	40,938	2,103	14,575	28,522	487,092	0
	(ii)	0	0	0	0	- 0	- 0	0
2PATRICK F MUTCH PRESIDENT & CEO (INTERIM) (END 7/2016)	(i)	165,367	64,408	161,074	9,659	17,267	417,775	0
	(ii)	0	0	0	0	- 0	- 0	0
3KEITH VANDER KOLK PRESIDENT & CEO	(i)	420,555	73,950	46,526	12,656	17,450	571,137	0
	(ii)	0	0	0	0	- 0	- 0	0
3CAROLE B MILLER MD BOARD DIRECTOR/PHYSICIAN	(i)	403,942	41,861	4,014	17,225	30,005	497,047	0
	(ii)	0	0	0	0	- 0	- 0	0
4Bonnie L Phipps FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	422,604	977,694	505,236	15,334	- 18,810	- 1,939,678	0
5SCOTT M FURNISS CFO-MINISTRY MKT DC/BALTIMORE	(i)	320,367	86,365	30,896	16,347	15,784	469,759	0
	(ii)	0	0	0	0	- 0	- 0	0
6NANCY M HAMMOND MD EXECUTIVE VP/CMO	(i)	350,433	0	3,791	17,034	25,116	396,374	0
	(ii)	0	0	0	0	- 0	- 0	0
7ANDREW M AVERBACH MD GENERAL SURGEON	(i)	578,465	51,864	7,524	14,575	23,137	675,565	0
	(ii)	0	0	0	0	- 0	- 0	0
8GEORGE T GRACE MD MEDICAL DIRECTOR - PLASTIC HAND RECONSTRUCTIVE SURGEON	(i)	799,414	0	7,524	14,575	30,496	852,009	0
	(ii)	0	0	0	0	- 0	- 0	0
9HOWARD S HESSAN MD MEDICAL DIRECTOR - OTOLARYNGOLOGY	(i)	848,664	0	4,902	14,575	24,860	893,001	0
	(ii)	0	0	0	0	- 0	- 0	0
10AJAY V KUMAR MD PLASTIC SURGEON	(i)	345,108	345,096	938	14,575	27,972	733,689	0
	(ii)	0	0	0	0	- 0	- 0	0
11MICHAEL A ZATINA MD SURGERY DIRECTOR - CARDIOVASCULAR INST	(i)	566,633	67,878	7,524	17,225	26,017	685,277	0
	(ii)	0	0	0	0	- 0	- 0	0

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As Filed Data -

DLN: 93493129012178

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization
St Agnes Healthcare Inc

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

52-0591657

Part I

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

2

Did or will any officer, director, trustee, or key employee of the organization

a

Become a director or trustee of a successor or transferee organization?

b

Become an employee of, or independent contractor for, a successor or transferee organization?

c

Become a direct or indirect owner of a successor or transferee organization?

d

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e

If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶

	Yes	No
2a		
2b		
2c		
2d		

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

Cat No 50087Z

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

Part I Liquidation, Termination, or Dissolution (continued)**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-**Yes** **No****3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III**3****4a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?**4a****b** If "Yes," did the organization provide such notice?**4b****5** Did the organization discharge or pay all of its liabilities in accordance with state laws?**5****6a** Did the organization have any tax-exempt bonds outstanding during the year?**6a****b** If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?**6b****c** If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.**

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH ACCOUNTS TRANSFERRED TO PARENT'S BALANCE SHEET	07-01-2016	204,620,391	FMV	45-3358926	ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 63145	501(C)(3)

2 Did or will any officer, director, trustee, or key employee of the organization**Yes** **No****a** Become a director or trustee of a successor or transferee organization?**2a** No**b** Become an employee of, or independent contractor for, a successor or transferee organization?**2b** No**c** Become a direct or indirect owner of a successor or transferee organization?**2c** No**d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?**2d** No**e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ►

Part III **Supplemental Information.**

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule N, Part II CASH TRANSFERRED	ST AGNES HEALTHCARE, INC TRANSFERRED ITS BEGINNING HSD CASH BALANCES TO ASCENSION HEALTH ALLIANCE (45-3358926) AS OF JULY 1, 2016

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
St Agnes Healthcare Inc

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

52-0591657

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	In determining the compensation of the Organization's CEO, the process performed by Ascension Health, a related organization of St Agnes Healthcare, 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 his compensation was decided.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 & major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, system policies & procedures. These areas are subject to certain levels of approval by Ascension per the system authority matrix.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS INCLUDING FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN UPON COMPLETION, THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S INTERNAL TAX DEPARTMENT WHICH CONSISTS OF ATTORNEYS AND CPAS A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO THE ORGANIZATION'S PRESIDENT, FINANCIAL OFFICER, AND/OR OTHER KEY OFFICERS IN LIEU OF THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	In determining compensation of THE ORGANIZATION'S OFFICERS or key employees, 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 INDIVIDUALS WERE NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	PHARMACY REVENUE - Total Revenue 8139, Related or Exempt Function Revenue 8139, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , GOVERNMENT INCENTIVES - Total Revenue 205630, Related or Exempt Function Revenue 205630, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	RESEARCH - Total Revenue 290143, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 290143, PHONE REVENUE - Total Revenue 190704, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 190704, MEDICAL RECORDS FEES - Total Revenue 119720, Related or Exempt Function Revenue 119720, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , DME SALES - Total Revenue 33465, Related or Exempt Function Revenue 33465, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , MEDICAL STAFF DUES - Total Revenue 31500, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 31500, FITNESS CLUB - Total Revenue 17918, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 17918, OTHER MISCELLANEOUS REVENUE - Total Revenue 378821, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 378821,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	DEFERRED PENSION COSTS - -9172509, Net Transfers with Alpha Fund - -45251051, Transfer Interest in Investments Held by Ascension Health Alliance Back to AHA - -204620391,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2b AUDITED FINANCIAL STATEMENTS	THE ACTIVITY OF ST AGNES HEALTHCARE IS REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE NO INDIVIDUAL AUDIT OF ST AGNES HEALTHCARE IS COMPLETED TH HEREFORE, THE ATTACHED AUDITED FINANCIAL STATEMENTS ARE OF ASCENSION HEALTH ALLIANCE AND AF FILATES, WHICH INCLUDE THE ACTIVITY OF ST AGNES HEALTHCARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c audit committee	ST AGNES HEALTHCARE, INC is included in the consolidated financial statements of Ascension Health Alliance The Finance and Audit committee of Ascension Health Alliance's Board assumes responsibility for the consolidated organization as a whole

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
St Agnes Healthcare Inc

Employer identification number
52-0591657

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GIBBONS COMMONS LLC 900 CATON AVENUE BALTIMORE, MD 21229 52-0591657	REAL PROPERTY TO SUPPORT COMMUNITY ACTIVITIES	MD	24,000	16,812,798	ST AGNES HEALTHCARE INC

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 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
(3)ST AGNES AUXILIARY 900 CATON AVENUE BALTIMORE, MD 21229 52-0643673	FUNDRAISING	MD	501(c)(3)	10	STAGNES HOSPITAL	Yes	
(4)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	
(5)SAINT AGNES FOUNDATION 900 CATON AVENUE BALTIMORE, MD 21229 52-1415083	PROVIDES FUNDING TO THE HOSPITAL AND TO THE COMMUNITY	MD	501(c)(3)	Type I	ST AGNES HOSPITAL	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD 21229 52-1733632	HOLDING COMPANY	MD	NA	C Corporation	2,468	1,235,681	100 %	Yes	

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

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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
See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Schedule R, Part II Seton Medical Group	Due to a corporate reorganization during FY 2017, the sole corporate member of Seton Medical Group changed from St Agnes Healthcare, Inc. to Ascension Medical Group, a disregarded entity of Ascension Health, EIN 31-1662309. At that time, Seton Medical Group ceased to be a member of the Ascension Baltimore group.

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 52-0591657
Name: St Agnes Healthcare Inc

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ST AGNES FOUNDATION INC	L	115,489	FAIR MARKET VALUE
(1)	ST AGNES FOUNDATION INC	P	65,673	FAIR MARKET VALUE
(2)	SETON MEDICAL GROUP INC	L	1,262,609	FAIR MARKET VALUE
(3)	SETON MEDICAL GROUP INC	P	1,052,859	FAIR MARKET VALUE
(4)	SETON MEDICAL GROUP INC	R	5,574,767	FAIR MARKET VALUE
(5)	ST AGNES FOUNDATION	C	158,697	FAIR MARKET VALUE
(6)	ST AGNES FOUNDATION	M	638,897	FAIR MARKET VALUE