	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Forn	- 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex		s) 2017
		f the Treasury	Do not enter social security numbers on this form as it may		Open to Public
		ue Service	Go to www.irs.gov/Form990 for instructions and the lates		Inspection
				JUN 30, 2018	
B C	heck if oplicable	C Name of	f organization	D Employer identific	ation number
	Addres	SHEP	PARD PRATT HEALTH SYSTEM, INC.		
	Name Change		usiness as	52-05	591684
	Initial return		and street (or P.O. box if mail is not delivered to street address) Room/suit		
	Final return/		BOX 6815	410-9	938-3344
	termin- ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	248,432,341.
	Ameno	DALLI	IMORE, MD 21285	H(a) Is this a group re	
	Applic tion pendir	F Name a	nd address of principal officer: ARMANDO E. COLOMBO	for subordinates'	
		SAME	AS C ABOVE	H(b) Are all subordinates ind	
_	_	empt status:			list. (see instructions)
			SHEPPARDPRATT.ORG X Corporation Trust Association Other ► L Yea	H(c) Group exemption	State of legal domicile: MD
	rtl	Summary			State of legal domicile. 140
			e the organization's mission or most significant activities: PROVIDE I	NPATIENT BEHA	VIORAL
Ice		HEALTH		AL EDUCATION	, AND
Governance		Check this bo		NUS. 104	
ver	3	Number of vot	ting members of the governing body (Part VI, line 1a)		25
g	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)		25
Activities &			of individuals employed in calendar year 2017 (Part V, line 2a)		3263
vitie	6	Total number	of volunteers (estimate if necessary)	6	353
Acti			d business revenue from Part VIII, column (C), line 12	7a	331,568.
1	b	Net unrelated	business taxable income from Form 990-T, line 34		222,035.
				Prior Year	Current Year
e			and grants (Part VIII, line 1h)	2,385,340.	4,625,891.
Revenue				218,330,837.	222,766,339.
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)	1,043,844.	2,305,171.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,222,935.	10,231,745.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	229,982,956. 11,235.	239,929,146.
			nilar amounts paid (Part IX, column (A), lines 1-3)	11,255.	0.
			to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)	147,543,470.	154,329,245.
penses				0.	154,525,245.
nen	h	Total fundraisi	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ▶515,533.	0.	
EX			es (Part IX, column (A), lines 11a-11d, 11f-24e)	71,583,737.	79,758,580.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	219,138,442.	234,087,825.
			expenses. Subtract line 18 from line 12	10,844,514.	5,841,321.
or			And the second	Beginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)	321,861,312.	415,217,541.
Net Assets or Fund Balances	21	Total liabilities	(Part X, line 26)	157,395,644.	232,155,031.
			fund balances. Subtract line 21 from line 20	164,465,668.	183,062,510.
	rt II	Signature			
			I declare that I have examined this return, incurring accompanying schedules and state		knowledge and belief, it is
true,	correc	t, and complete.	. Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge	7.0
		Signature	e of officer	Date	111
Sigr		, orginatari			
Her	e		NDO E. COLOMBO, EXECUTIVE VP & CHIEF OF print name and title	· OFFICER	
		Print/Type prep		Date Check	PTIN
Paid				05/10/19 if self-employe	
Prep			SC&H TAX & ADVISORY SERVICES, LLC	Firm's EIN	41-2069731
Use	100000000		910 RIDGEBROOK ROAD		
			SPARKS, MD 21152	Phone no.41	0-403-1500
May	the IF	RS discuss this	s return with the preparer shown above? (see instructions)		X Yes No
73200	1 11-28	8-17 LHA F	For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2017) SHEPPARD PRATT HEALTH SYSTEM, INC. 52-0591684 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SHEPPARD PRATT, A NOT-FOR-PROFIT BEHAVIORAL HEALTH SYSTEM, IS
	DEDICATED TO IMPROVING THE QUALITY OF LIFE OF INDIVIDUALS AND FAMILIES
	BY COMPASSIONATELY SERVING THEIR MENTAL HEALTH, ADDICTION, SPECIAL
	EDUCATION, AND COMMUNITY SUPPORT NEEDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
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.
40	
4a	(Code:) (Expenses \$ 202,061,032. including grants of \$) (Revenue \$ 230,572,327.) SHEPPARD PRATT HEALTH SYSTEM PROVIDES INPATIENT BEHAVIORAL HEALTH
	CARE, OUTPATIENT/ANCILLARY CARE, RESIDENTIAL SERVICES, SPECIAL
	EDUCATION TO STUDENTS AND RESIDENCY TRAINING PROGRAMS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 202,061,032.
	Form 990 (2017)
732002	2 11-28-17

2 2017.05060 SHEPPARD PRATT HEALTH SYS SPHS____1

Form	000	(2017)	
Form	990	(2017)	

 Form 990 (2017)
 SHEPPARD PRATT HEALTH SYSTEM, INC.

 Part IV
 Checklist of Required Schedules

	· · ·		Vaa	Ne
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	-	1	х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
U		3		х
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
7		4	х	
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
U		8	х	
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	–		
10	endowments, or quasi-endowments? If "Yes, " complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	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		х
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			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	_		
	complete Schedule G. Part III	19		х

Form 990 (2017)

Form 990 (SHEPPARD			SYSTEM,	INC
Part IV	Checklist of I	Required Scheo	dules _{(con}	tinued)		

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Х	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Х	
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? If "Yes," complete Schedule I, Parts I and II	21		Х
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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
с	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
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? If "Yes,"			
	complete Schedule L, Part II	26		X
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? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		X
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? If "Yes," complete Schedule R, Part VI	37		X
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	Х	

Form 990 (2017)

Form	990 (2017) SHEPPARD PRATT HEALTH SYSTEM, INC.		52-0591	684	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	364			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportab	le gaming			
	(gambling) winnings to prize winners?			1c		
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	3263			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instruction					
3a				3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
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	Account	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			00		
ou				6a		x
h	any contributions that were not tax deductible as charitable contributions?			Ua		
D			giits	6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.0		
· ^	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	arvices n	ovided to the povor?	7a		x
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ei vices pi	ovided to the payor !	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v		irod	70		
C				7c		x
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
		· · · · ·	0	7.		x
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont					
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g 7h		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	ea by the		•		
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0.		
a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	ا مه ا				
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:	1				
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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	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.					
а				13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu	ıle 0		14b	990	<u> </u>
				I orm		111117

Form **990** (2017)

Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			X
	tion A. doverning body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25		165	
	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 1b 25			
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		x
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6	Х	
	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	х	
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	х	
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	<u>16a</u>		X
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		
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed MD			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at far public increasing. Indicate how you made these qualitable. Check all that each y	allable	Э	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finano	ial	
a		manc	a	
9				
9	statements available to the public during the tax year.			
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
9	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: DONNA CORBETT - (410) 938-3344			
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: DONNA CORBETT - (410) 938-3344 6501 N. CHARLES STREET, TOWSON, MD 21204	Form	990	(201
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: DONNA CORBETT - (410) 938-3344	Form	1 990	(201

SHEPPARD PRATT HEALTH SYSTEM, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Form 990 (2017)

52-0591684 Page 6

Form 990 (20	SHEPPARD	PRATT HEALTH	SYSTEM,	INC.	52-0591684	Page 7						
	Compensation of Officers, D Employees, and Independer		Key Employ	ees, Highest Comper	nsated							
Check if Schedule O contains a response or note to any line in this Part VII												
Section A.	Officers, Directors, Trustees, Key	Employees, and Highest	Compensated	Employees								
1a Complete	e this table for all persons required to	be listed. Report comper	nsation for the ca	alendar year ending with or	within the organization's	s tax year.						
● List all Enter -0- in co	of the organization's current officers olumns (D), (E), and (F) if no compens	s, directors, trustees (whe ation was paid.	ther individuals of	or organizations), regardless	s of amount of compensa	ation.						

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck i			ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s botł	n an	compensation	compensation	amount of
	week		cer ar	nd a di	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	npen		(00-2/1099-10100)		and related
	below	dual t	ltiona		nploy	st cor	1	0.		organizations
	line)	Indivi	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	50		
(1) THE HON. J. F. MOTZ	1.00									
CHAIRPERSON	0.00	Х		Х				0.	0.	0.
(2) JOSHUA KAKEL	1.00					C	5			
VICE CHAIRPERSON, TRUSTEE(PART YEAR)	0.00	Х		Х				0.	0.	0.
(3) ALFRED SINGER	1.00					D				
VICE CHAIRPERSON, TRUSTEE	0.00	Х		X				0.	0.	0.
(4) EMILE A. BENDIT	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(5) KEVIN BENSON	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(6) S. WINFIELD CAIN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(7) PENELOPE CORDISH	1.00									-
TRUSTEE	0.00	Х						0.	0.	0.
(8) ALAN EVANS	1.00									-
TRUSTEE	0.00	Х						0.	0.	0.
(9) SUSAN FENIMORE	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(10) ELIZABETH FORBUSH	1.00								0	0
TRUSTEE	0.00	X						0.	0.	0.
(11) ALAN GAMSE	1.00								0	0
TRUSTEE	0.00	Х						0.	0.	0.
(12) PHILLIP H. GRANTHAM TRUSTEE	1.00	x						0.	0.	0.
(13) BOB HAMILTON	1.00	^				-		0.	0.	0.
TRUSTEE	0.00	x						0.	0.	0.
(14) BONITA HEARN	1.00							0.	0.	0.
TRUSTEE	0.00	х						0.	0.	0.
(15) ROBERT KRESSLEIN	1.00	Δ							0.	0.
TRUSTEE	0.00	x						0.	0.	0.
(16) CRISTIN C. LAMBROS	1.00									V •
TRUSTEE	0.00	x						0.	0.	0.
(17) WILLIAM MORTON	1.00									3.
TRUSTEE	0.00	x						0.	0.	0.
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Form 990 (2017)

Page 7

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3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 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? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes," complete Schedule J for such person 4 X Section B. Independent Contractors 1 Complete this table for your live 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) (b) (c) Complete this table for your live 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. (b) (c) Complete this table for your live highest CENTER DA 6535 N. PROFESSIONAL C. Compensation CHARLES ST. STE 300, TOWSON, MD 21204 MANAGEMENT FEES 2,962,144. 2,168,000. GREATER BALTIMORE MEDICAL CENTER LAB & OTHER CLINICAL <	compensation from the organization										<u> </u>	
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											3	<u> </u>
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 3107 W COLORADO AVE, COLORADO, CO 80904
 SERVICES

 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
 ▲ 46

 \$100,000 of compensation from the organization
 ▲ 46

 SEE
 PART VII, SECTION A CONTINUATION SHEETS
 Form 990 (2017)

 732008
 11-28-17

Form 990 SHEPPARD										1684
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cł	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				m plo		organization	(W-2/1099-MISC)	from the
	hours for	or dir	e			ited e		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee		æ	Highest compensated employee				and related
	organizations	al tru	onal t		loye	com				organizations
	below	ividu	ituti	Officer	Key employee	hest	Former			
	line)	pul	Inst	Offi	Key	Hig	For			
(27) RAY R. DZIESINSKI	40.00							200 005	0	F2 000
VP, CFO, SECRETARY/TREASURER	5.00			Х				380,005.	0.	53,820.
(28) STEPHANIE PROVENZA	40.00							CD 000		00 075
ASSISTANT SECRETARY	1.00			X				63,209.	0.	28,875.
(29) BONNIE KATZ	40.00				x			206 110	0.	07 7 20
SR. VP, STRATEGY & BUSINESS (30) ERNESTINE COSBY	40.00				~			386,448.	0.	97,729.
VP CLINICAL SERVICES	0.00				x			270,689	0.	130,041.
(31) ARMANDO E. COLOMBO	40.00				- 23			270,005		130,041.
EVP & COO	0.00	1			x			207,334	0.	33,813.
(32) GERALD A. NOLL	40.00									
FORMER CFO	5.00					x		216,374.	0.	57,225.
(33) THOMAS D. HESS	40.00									
CHIEF OF STAFF	0.00					Х		193,518.	0.	77,143.
(34) SHERRY L. MCGRAW	40.00									
STAFF NURSE	0.00					X	0	182,827.	0.	14,090.
(35) ANTONIO DEPAOLO CHIEF TRANSFORMATION OFFICER	40.00					x		170 140	0.	20 112
(36) DONNA M. CORBETT	40.00					~		178,149.	0.	29,443.
DIR. ACCOUNTING & FINANCIAL RPTG	0.00	1				x		168,775.	0.	48,270.
(37) CATHERINE R. DOUGHTY	0.00	C						20077701		
VP HUMAN RESOURCES (FORMER)	0.00		D				х	226,390.	0.	259.
(38) MARGUERITE KELLEY	40.00									
VP, PHILANTHROPY (FORMER)	2.00						х	163,123.	0.	4,091.
· · · · · · · · · · · · · · · · · · ·										
		1								
•		1								
		<u> </u>								
	1	I	1	1	I					
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	2,636,841.		574,799.
								-		· · · · · ·

732201 04-01-17

				T HEALTH	SYSTEM, I	NC.	52-0591	684 Page 9
Pa	rt VII	Statement of Revenu	le					
		Check if Schedule O conta	ins a response	or note to any lin	e 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
ts ts	1 a	Federated campaigns	1a					
n		Membership dues						
ΩĔ	с	Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations						
		Government grants (contributio		4,625,891.				
Sir		All other contributions, gifts, grants		, ,				
uti,	•	similar amounts not included above						
et ib	a	Noncash contributions included in lines 1a						
no' D	-	Total. Add lines 1a-1f			4,625,891.			
0 0		Total. Add lines 1a-11		Business Code	-,,			
	• •	PATIENT SERVICE REVENUE		621990	136,186,541.	136,186,541.		
Program Service Revenue	2 a		PNITE	611600	53,261,746.	· · · ·		
er v	b	RTC/RESPITE REVENUE	SNOE	623000	18,351,076.	· · · · · · · · · · · · · · · · · · ·		<u> </u>
n S /en	c			621990		· · · ·		
Jrar Sev	d	RETREAT REVENUE		021990	14,966,976.	14,966,976.		
5 D	е							
₽.	f	1 5						
	g	Total. Add lines 2a-2f			222,766,339.			
	3	Investment income (including d						
		other similar amounts)			1,568,049.			1,568,049.
	4	Income from investment of tax-		-				
	5	Royalties						
			(i) Real	(ii) Personal	5			
	6 a	Gross rents	828,120.		\sim			
	b		0.					
	с	Rental income or (loss)	828,120.					
	d	Net rental income or (loss)			828,120.			828,120.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	9,236,184.	4,133.				
	b	Less: cost or other basis						
		and sales expenses	8,309,970.	193,225.				
	с	Gain or (loss)	926,214.	-189,092.				
	d	Net gain or (loss)	•	►	737,122.			737,122.
е		Gross income from fundraising	events (not					
Other Revenue		including \$ contributions reported on line 1						
Re								
er		Part IV, line 18						
ŧ		Less: direct expenses						
		Net income or (loss) from fundr						
	9 a	Gross income from gaming act						
	-	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gamir		····· >				
	10 a	Gross sales of inventory, less re						
		and allowances						
		Less: cost of goods sold						
	с	Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	INTERCORPORATE REVENUE		900099	4,844,731.	· · · ·		
	b			900099	4,227,326.	· · · ·		1,266,069.
	с	OTHER REVENUE - UNRELATI	ED	900002	331,568.		331,568.	
	d	All other revenue						
	е	Total. Add lines 11a-11d		►	9,403,625.			
	12	Total revenue. See instructions.			239,929,146.	230,572,327.	331,568.	4,399,360.
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 Form 990 (2017)
 SHEPPARD
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 Part IX
 Statement of Functional Expenses
 SHEPPARD PRATT HEALTH SYSTEM, INC.

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respo			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	3,386,644.		3,386,644.	
6	trustees, and key employees	3,300,044.		5,500,044.	
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	121,027,861.	111,575,287.	9,196,865.	255,709.
8	Pension plan accruals and contributions (include				•
	section 401(k) and 403(b) employer contributions)		5,532,617.	590,689.	12,680.
9	Other employee benefits	14,826,960.	13,974,168.	820,766.	32,026.
10	Payroll taxes	8,951,794.	8,071,539.	861,757.	18,498.
11	Fees for services (non-employees):				
а	Management				
	Legal	535,828.	31,789.	504,039.	
	Accounting	437,212.	6	437,212.	
	Lobbying	159,009		159,009.	
-	Professional fundraising services. See Part IV, line 17	144,297.		144,297.	
f	Other. (If line 11g amount exceeds 10% of line 25,	144,207.		144,297.	
y	column (A) amount, list line 11g expenses on Sch O.)	16,745,125.	14,472,341.	2,219,464.	53,320.
12	Advertising and promotion	1,598,906.	192,561.	1,406,345.	
13	Office expenses	3,609,322.	2,758,964.	840,071.	10,287.
14	Information technology	3,552,384.	55,743.	3,496,641.	
15	Royalties				
16	Occupancy	10,121,845.	8,401,650.	1,679,227.	40,968.
17	Travel	348,020.	308,391.	39,605.	24.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	791,513.	539,422.	250,654.	1,437.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,631,614.	13,399,265.	1,231,432.	917.
23	Insurance	1,479,839.	650.	1,479,189.	
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 0.)				
а	INTERCOMPANY CHARGES	11,422,658.		799,739.	
b	REPAIRS AND MAINTENANCE	4,207,970.		1,019,256.	
с	SUPPLIES	3,761,300.		63,920.	
d	FOOD	3,489,565.		1,039.	
	All other expenses	2,722,173.		883,400.	89,667.
25	· · · · ·	234,087,825.	202,061,032.	31,511,260.	515,533.
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 if following SOP 98-2 (ASC 958-720)	1			- 000 (

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		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	60,287,300.	1	39,252,413.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	22,030,515.	4	24,692,649.
	5	Loans and other receivables from current and former officers, directors,		-	
	Ŭ	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	Ŭ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
6		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	0.	7	296,478.
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,153,692.	9	9,058,369.
		Land, buildings, and equipment: cost or other			- , ,
		basis. Complete Part VI of Schedule D 10a 368, 397, 864.			
	b	Less: accumulated depreciation 10b 199,641,928.	163,610,053.	10c	168,755,936.
	11	Investments - publicly traded securities	20,320,670.	11	21,329,179.
	12	Investments - other securities. See Part IV, line 11	22,846,785.	12	143,732,128.
	13	Investments - program-related. See Part IV, line 11	V	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	25,612,297.	15	8,100,389.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	321,861,312.	16	415,217,541.
	17	Accounts payable and accrued expenses	19,834,872.	17	22,326,147.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	80,420,179.	20	177,329,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		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	57,140,593.	25	32,499,884.
	26	Total liabilities. Add lines 17 through 25	157,395,644.	26	232,155,031.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
es		complete lines 27 through 29, and lines 33 and 34.	156 620 212		160 100 241
anc	27	Unrestricted net assets	<u>156,638,312.</u> 7,827,356.	27	<u>169,109,341.</u> 13,953,169.
Bal	28	Temporarily restricted net assets	7,027,550.	28	13,955,109.
pq	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
s or	20	and complete lines 30 through 34.		20	
set	30 21	Capital stock or trust principal, or current funds		30	
As	31 22	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
Net	32 33	Retained earnings, endowment, accumulated income, or other funds	164,465,668.	32 33	183,062,510.
_	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances	321,861,312.	<u>33</u> 34	415,217,541.
	34	ו טינמו וומטווונולט מוזע דולג מטטרנט/זעוזע טמומווטלט	521,001,512 .	34	Form 990 (2017)

SHEPPARD PRATT HEALTH SYSTEM, INC.

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

52-0591684 Page 11

	990 (2017) SHEPPARD PRATT HEALTH SYSTEM, INC.	52-	-0591	684	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,92		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,08		
3	Revenue less expenses. Subtract line 2 from line 1	3		,84		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	164	,46		
5	Net unrealized gains (losses) on investments	5		66	8,4	10.
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	12	,08	7,1	<u>11.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	183	,06	2,5	10.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X
)		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	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?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3b	X	
				Form	990	(2017)
	PUDIC					

SCHEDULE A	
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(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.

OMB No. 1545-0047
2017
Open to Public

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		f the Treasury nue Service	•		Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Pub Inspection	
Nam	e of t	the organizati	on						Employer	r identification nu	mbe
			SHEP	PARD PRATT	HEALTH SYSTI	EM, IN	VC.			2-0591684	
Pa	rt I	Reason	for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instruction	6.		
The	organ	ization is not a	private found	ation because it is: (For lines 1 through 12, cl	heck only	one box.)				
1		A church, co	nvention of chi	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 99	90-EZ).)				
3	X				anization described in se			i).			
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's nan	ne,
		city, and stat	e:								
5		•		or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)	c		, ,				
6					nental unit described in	section 17	70(b)(1)(A)	(v).			
7					ntial part of its support fr			· · · · · · · · · · · · · · · · · · ·	ne general i	oublic described ir	ı
-				omplete Part II.)		onn a gort					
8		-			(1)(A)(vi). (Complete Par	EII)					
9					in section 170(b)(1)(A)(ed in coni	inction with a	land-grant	college	
Ŭ					ulture (see instructions).						
		university:	or a normand g	grant conege of agric			name, eny	, and state of	the conege	5.01	
10		, _	on that norma	Illy receives: (1) more	than 33 1/3% of its sup	ort from a	ontributio	ns members	hin fees an	d aross receipts fi	rom
10		0			ct to certain exceptions,			,	. ,	0	
					(less section 511 tax) fro						
					(less section 511 tax) no	in busines		red by the org	Janization a		J.
11				mplete Part III.)	ively to test for public sat	Foty Soo		O(a)(4)			
12		-	-	-	ively for the benefit of, to				rn out tho	purposes of one of)r
12					ed in section 509(a)(1)						1
					f supporting organization						
-		7			upervised, or controlled					aivina	
а		••		• •			Ũ				
					gularly appoint or elect a	majonty c				pporting	
h		¬ ~		complete Part IV, Se		ion with it.		d arganizatio	n(a) hy hay	ina	
b					l or controlled in connect			-		-	
			•		anization vested in the sa	ame perso	ns that col	ntroi or mana	ge the supp	ported	
		-		t complete Part IV,							
С			-		g organization operated				lly integrate	ed with,	
-		¬ ··	0). You must complete I	-		-			
d					porting organization oper				-		
			-		ation generally must sat	•		-	an attentiv	veness	
		- ·			nplete Part IV, Sections						
е					written determination from			Туре I, Туре	II, Type III		
					nally integrated supporting	ng organiz	ation.			Г	
f			of supported c	•							
g		ide the follow i) Name of supp		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of of	ther
	,	organizatior		(1) 211	(described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instruc	
		3	-		above (see instructions))	Yes	No		,		
_											
Tota	I							1		I	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 14

Schedule A (Form 990 or 990-EZ) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC. 52-0591 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

52-0591684 Page 2

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

Calendar year (of fice4) year beginning in) (g) 2013 (g) 2014 (g) 2015 (g) 2016 (g) 2017 (g) Total nuclude any "unusual grants.") (g) 2013 (g) 2014 (g) 2015 (g) 2016 (g) 2017 (g) Total Tax revenues level do for the organization include any "unusual grants.") (g) 2014 (g) 2015 (g) 2016 (g) 2017 (g) Total Tax revenues level do for the organization include any "unusual grants.") (g) 2014 (g) 2015 (g) 2016 (g) 2017 (g) Total Tax revenues level do for the organization the organization without charge (g) 4001 failed and the peak to the organization without charge (g) 4001 failed and the peak to the organization without charge (g) 4001 failed and the peak to the organization without charge (g) 4001 failed and the peak to the organization without charge (g) 4001 failed and the peak to the organization without charge (g) 4001 failed and the peak to (g) 2016 (g) 2016 (g) 2016 (g) 2017 (g) Total (g) 2013 (g) 2014 (g) 2016 (g) 2016 (g) 2017 (g) Total (g) 2013 (g) 2014 (g) 2016 (g) 2016 (g) 2017 (g) Total (g) 2013 (g) 2014 (g) 2016 (g) 2016 (g) 2017 (g) Total (g) 2016 (g) 2017 (g) Total (g) 2018 (g) 2014 (g) 2016 (g) 2016 (g) 2017 (g) Total (g) 2018 (g) 2014 (g) 2016 (g) 2016 (g) 2017 (g) Total (g) 2018 (g) 2014 (g) 2016 (g) 2016 (g) 2017 (g) Total (g) 2018 (g) 2014 (g) 2016 (g) 2016 (g) 2017 (g) Total (g) 2018 (g) 2014 (g) 2016 (g) 2016 (g) 2017 (g) Total (g) 2018 (g) 2014 (g) 2016 (g) 2016 (g) 2017 (g) Total (g) 2018 (g) 2014 (g) 2016 (g) 2016 (g) 2017 (g) Total (g) 2018 (g) 2014 (g) 2016 (g) 2016 (g) 2017 (g) Total (g) 2018 (g) 2014 (g) 2016 (g) 2016 (g) 2017 (g) 2016 (g) 2016 (See	ction A. Public Support						
1 Gifts grants, contributions, and membership fees received. Of bot ont include any 'unusual grants.') 2 Tax revenues level of the organization ization's benefit and either paid to or expended on its behalf 3 To value of services or facilities furnished by a governmental unit to the organization include a givernmental unit to publicly supported organization include on line 1 that exceeds 2% of the amount shown on line 1, column (f) 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (direr than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 1, column (f) 6 Public support. Secret et shown a Section B. Total Support Calledar year (or fical year beginning h) ► (a) 2013 (b) 2014 (c) 2016 (c) 2016 (c) 2017 (f) Total 7 Amounts form line 4 6 Gross income from interest, dividends, puyments racewide on securities loans, rests, royalities, and income from similar sources 9 Nat income from include gain or loss form files all columns to the gain attaction is the organization's file. Support 1 and the gain of the organization's file. 9 Total support. Add lines 7 through 10 Cores receipts from related activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss form hest all organizations in the dynamization's first, second, third, forth, or this tay are as a action 501(c)(3) organization or particles for particles and the organization's first, second, third, forth, or this tay are as a action 501(c)(3) organization or particles from addings as a publicly support decomparization 1 at 51 size support test. 2017. If the organization id not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization organization could be check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization meets the "facts and circumstances" test, check this box and into the check thos on nine 13, file, nor 18, and	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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2 Tax revenues levied for the organization without charge 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Tatal. Add lines 1 through 3 5 The portion of total contributions by such person (ofter than a governmental unit or publicly supported organization) included on line 1 that exceeds 28 of the amount shown on line 11, column (f) 6 Public support. Subsettine 5 through 1 (a) 2013 (b) 2014 (c) 2015 (c) 2016 (e) 2017 (f) Total (f) Total (d) 2016 (e) 2017 (f) 20		membership fees received. (Do not						
ice allow's benefit and atther paid to or expended on its behalf		include any "unusual grants.")						
or expended on its behalf	2	Tax revenues levied for the organ-						
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Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC. 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.)

Sec	ction A. Public Support			•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf					07	
5	The value of services or facilities furnished by a governmental unit to the organization without charge				C		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				3		
	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 Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(4) 2010		(0) 2010	(4) 2010		
	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	P					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo						
Sec	check this box and stop here	ic Support Per	centage				
	Public support percentage for 2017 (olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Invest						70
17	Investment income percentage for 20	317 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2017. If the						7 is not
	more than 33 1/3%, check this box a	-			•••••		
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th			
73202	23 10-06-17		16		Sch	edule A (Form 99	0 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

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	9a		
	9b		
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	9c		
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	10a		

10b | Schedule A (Form 990 or 990-EZ) 2017

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Yes No

17

Schedule A (Form 990 or 990-EZ) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC. 52-0591684 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		-	
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec			Vee	
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

18

732025 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

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Sche	dule A (Form 990 or 990-EZ) 2017 SHEPPARD PRATT HEALTH SY			52-0591684 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	inizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must com	plete S	Sections A through E.	1
Sect	on 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		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		\sim	
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	anization (see
	instructions).		-	

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC.

Par	TV Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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 th	e organization is responsive		
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			·
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A	(Form 990 or 990-EZ) 2	017 SHEPPAR	D PRATT	HEALTH	SYSTEM,	INC.	52-0591684 Page 8
Part VI	Supplemental Int Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a	formation. Provi es 1, 2, 3b, 3c, 4b, 4 o D, lines 2 and 3; Pa	de the explan c, 5a, 6, 9a, 9 art IV, Section	ations required b, 9c, 11a, 11b E, lines 1c, 2a	l by Part II, line 1 o, and 11c; Part , 2b, 3a, and 3b	I0; Part II, line IV, Section B, ; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See instructions.)						
							\sim
						\mathbf{C}	
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			-, C	<u>, </u>			
			\sim				
			$\mathbf{\nabla}$				
		\mathbf{N}					
732028 10-06-1	7			21		So	hedule A (Form 990 or 990-EZ) 2017:

Schedule B (Form 990, 990-EZ. or 990-PF) Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

	SHEPPARD PRATT HEALTH SYSTEM, INC.	52-0591684
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	1
Form 990-PF	501(c)(3) exempt private foundation	07
	4947(a)(1) nonexempt charitable trust treated as a private foundation	X
	501(c)(3) taxable private foundation	
Check if your organizat	ion is covered by the General Rule or a Special Rule.	
Note: Only a section 50	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
General Rule		
X For an organiz	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	\$5,000 or more (in money or
property) from	any one contributor. Complete Parts I and II. See instructions for determining a contributor's	total contributions.
Special Rules		
Eor an organia	zation described in section $501(2)(3)$ filling Form 990 or 990 FZ that met the 33 $1/3\%$ support t	est of the regulations under

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

52-0591684

SHEPPARD PRATT HEALTH SYSTEM, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		
	\$ <u>2,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	\$ 1,208,267.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	\$ <u>480,267.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$164,448.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	\$181,847.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b)	(c) Total contributions	(d) Type of contribution
No. Name, address, and ZIP + 4 6	\$48,188.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)

Employer identification number

52-0591684

SHEPPARD PRATT HEALTH SYSTEM, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 42,874. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17

1

art II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	

4

Name of organization

Employer identification number

16180510 769024 SPHS

2017.05060 SHEPPARD PRATT HEALTH SYS SPHS___1

ne of organ	lization		Employer identification number
	RD PRATT HEALTH SYSTEM,	INC.	52-0591684
art III	the year from any one contributor. Complete c	olumns (a) through (e) and the follow	n section 501(c)(7), (8), or (10) that total more than \$1,000 fo ving line entry. For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) *
No.			
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
_ -			
		(e) Transfer of gift	
	Transferee's name, address, an	d ZI P + 4	Relationship of transferor to transferee
-		[
No.			
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
_ _			
		(e) Transfer of gift	
	Transferee's name, address, an	Id ZIP + 4	Relationship of transferor to transferee
-			
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
art I			
-			
-	U)		
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-			
) No.	•		
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
— <u>-</u>			
		(e) Transfer of gift	
	Transferss's name address an	d 7 ID + 4	Polationship of transformer to transformer
	Transferee's name, address, an	u zir + 4	Relationship of transferor to transferee
-			
-			
54 11-01-17		5	Schedule B (Form 990, 990-EZ, or 990-PF) (

16180510 769024 SPHS

5 2017.05060 SHEPPARD PRATT HEALTH SYS SPHS___1

SCHEDULE C	Po	OMB No. 1545-0047				
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete	anizations Exempt From Income if the organization is described Go to www.irs.gov/Form990 for i	2017 Open to Public Inspection			
If the organization answ • Section 501(c)(3) org • Section 501(c) (other • Section 527 organization If the organization answ • Section 501(c)(3) org • Section 501(c)(3) org If the organization answ Tax) (see separate instr • Section 501(c)(4), (5) Name of organization Part I-A Completion 1 Provide a description	hen lete Part II-B. complete Part II-A.					
	political campai	gn activities			►\$	
 Enter the amount o Enter the amount o If the organization ii 4a Was a correction m b If "Yes." describe ir 	f any excise tax f any excise tax ncurred a sectio ade?	janization is exempt under incurred by the organization under incurred by organization managers n 4955 tax, did it file Form 4720 fo	r section 4955 s under section 4955 or this year?	0	.►\$_	Yes No
 Enter the amount d Enter the amount o exempt function ac Total exempt function interaction Total exempt function Did the filing organi Enter the names, are made payments. For contributions received 	irectly expended f the filing organ tivities on expenditures zation file Form ddresses and en or each organiza yed that were pro	Janization is exempt under d by the filing organization for secti- lization's funds contributed to othe s. Add lines 1 and 2. Enter here and 1120-POL for this year? Inployer identification number (EIN) tion listed, enter the amount paid for omptly and directly delivered to a s additional space is needed, provid	ion 527 exempt functio organizations for sec d on Form 1120-POL, of all section 527 polit from the filing organization separate political organi	n activities tion 527 ical organizations to tion's funds. Also en ization, such as a se	 \$	Yes No ne filing organization mount of political
(a) Name	2 ³	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's c	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2017

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017 Part II-A Complete if the org					591684 Page 2
section 501(h)).		empt under section		a Form 5708 (ele	
	tion belongs to an a	affiliated group (and list i	n Part IV each affiliated	aroup member's nam	e. address. EIN.
expenses, and share				9	-,,,,
B Check 🕨 🛄 if the filing organization	tion checked box A	and "limited control" pr	ovisions apply.		
Limit	s on Lobbying Ex litures" means am	penditures ounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinio	n (grass roots lobbying)			
b Total lobbying expenditures to influ	ence a legislative b	ody (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure	s				
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Ente	r the amount from	the following table in bot	h columns.		
If the amount on line 1e, column (a) of	r (b) is: The I	obbying nontaxable an	nount 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 exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50		,000 plus 10% of the exc	<i>, , , , , , , , , , , , , , , , , , ,</i>	N	
Over \$1,500,000 but not over \$17,0		,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,00	0,000.		1	
g Grassroots nontaxable amount (en					
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zer				1	Yes No
reporting section 4911 tax for this		Averaging Period Under			
(Some organizations th	at made a section		have to complete all o	f the five columns b	elow.
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		-
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	K				
2a Lobbying nontaxable amount					
b Lobbying ceiling amount	. C.				
(150% of line 2a, column(e))					
<u>c</u> Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
				Schodulo C (Eorn	990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017

732042 11-09-17

Schedule C (Form 990 or 990-EZ) 2017 SHEPPARD PRATT HEALTH SYSTEM SYSTEM 52-05916 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			(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
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:					
а	Volunteers?		X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
с	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		140) <u>,731.</u>	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?	X			3,278.	
j	Total. Add lines 1c through 1i			159	<u>,009.</u>	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b	If "Yes," enter the amount of any tax incurred under section 4912)				
с	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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No," OR	(b) Part	III-A, line	e 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al				
-	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
h	Carryover from last year		<u>2</u> b			
С	Total					
ູ້	A sum of the second state of the second state (2000) ($\lambda(4)/4$) is still as a function of $(200/4)$ is the second state of					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
-						
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	Jillical	4			
5	expenditure next year? Taxable amount of obbying and political expenditures (see instructions)		4			
Par			j כ			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lict): Dort II	A lines 1 a	nd 2 (non		
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	iisi), Fait ii	A, III les Ta	10 2 (566		
	RT II-B, LINE 1, LOBBYING ACTIVITIES:					
<u>1 /11</u>	(1 11 D, DIND 1, DODDIING ACTIVITIES.					
снг	PPARD PRATT RETAINS A LAW FIRM AS A REGISTERED LOBE	עדפת י	NO KEE	р тнг		
<u>5111</u>	ITAKE INATI KEINING A EAW TIKE AG A KECIGIEKEE EODE	1101 1				
ORC	GANIZATION INFORMED AS TO ANY NEW LEGISLATION THAT M	αν τΜΙ	יידי ער בי	нв		
0110	MATERION INFORMED AD TO ANT NEW DECIDERTION THAT A		. ACT 1.			
OPE	TRATIONS OF THE HOSPITAL (TOTAL EXPENSE IN FY18: \$14	0,731). SHE	PPARD		
PRA	ATT ALSO PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIAT	ION, N	IARYLA	ND		
		- , -				
ноя	SPITAL ASSOCIATION, NATIONAL ASSOCIATION OF BEHAVIO	RAL HE	EALTHC.	ARE,		
	· · · · · · · · · · · · · · · · · · ·		le C (Form)-EZ) 2017	
732043	3 11-09-17		•			
	00					

29

Schedule C (Form 990 or 990-EZ) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC. Part IV Supplemental Information (continued)	52-0591684	Page 4
AND NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS. A P	ORTION OF	
THE DUES PAID IS USED TO FUND LOBBYING ACTIVITIES (FY18: \$1	8,278).	
	\sim	
	2	
	•	

Schedule C (Form 990 or 990-EZ) 2017

732044 11-09-17

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

9 0)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

SHEPPARD PRATT <u>HEALTH SYSTEM, INC.</u>

Employer identification number 52-0591684

crigarization arewered "Vis" on Form 990, Part M, line 6. (a) Donor advised funds (b) Funds and other accounts (c) Donor advised funds (b) Funds and other accounts (c) Donor advised funds (b) Funds and other accounts (c) Aggregate value of contributions to (during year) (c) Aggregate value of contributions to (during year) (c) Do the organization inform all donors and donor advisors in writing that the accets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant thats can be used only for chartable purposes and not for the benefit of the doganization's exclusive legal control? (c) Do the organization inform all donors advisor in writing that grant thats can be used only for chartable purposes and not for the benefit of the doganization's exclusive legal control? (c) Form S000. Pair M, line 7. (Part LI Conservation Easements held by the organization arswered "Yes" on Form 990. Pair M, line 7. (Part LI Conservation assements held by the organization in education (c) preservation of an arbitration of the organization held a qualified conservation agarement on the late that a the fair of the sugnitization held a qualified conservation organization chartable process and more assements (c) a conservation assements modified, transferred, released to an unbroked by the organization held a qualified to require advisor, or therminated by the organization during the tax yee (c) (c) a conservation assements modified, transferred, released to an autorize conservation desement during the year (c) Anther of conservation assements modified, transferred, released to an unbroked by the organization the autore to conservation assements (c) acquiced a fit	Par	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accou	unts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of ends from (during year) 4 Aggregate value of end of year 9 Control of the term of the control of the		organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
2 Aggregate value of contributions to (during year) 4 Aggregate value of another michanic (during year) 4 Aggregate value of another michanic (during year) 5 Dot the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 6 Dot the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 7 for charatele purposes and not tor the benefit of the donor or advisors in writing that grant funds can be used only 7 for charatele purposes and not tor the benefit of the donor or advisors in writing that grant funds can be used only 7 for charatele purposes and not tor the benefit of the donor or advisors in writing that grant funds can be used only 7 for charatele purposes and not the the other of nor advisors in writing that grant funds can be used only 7 for charatele purposes and not the theorem of the donor advisors in writing that grant funds can be used only 7 for the tax set of the donor advisors in writing that grant funds can be used only 7 for the tax set of the donor advisors in writing that grant funds can be used only 7 for the tax set of the donor advisors of the donor advisors of the donor advisors in writing that grant funds can be used only 7 for the tax set of the donor advisors in writing that grant funds can be used only 7 for the tax set of the donor advisors of the donor advisors in writing that grant funds can be used only 7 for the tax set of the donor advisors of the donor advisors of the donor advisors in writing that grant funds can be used only 7 for the donor advisor advisors in writing that grant funds can be used only 7 for the donor advisors advisor of the donor advisors in writing that grant funds can be used only 7 for the donor advisors advisor of the donor advisors in writing that grant funds can be used only 7 for the donor advisor advisor in the donor advisor advisor in the donor advisor in the donor ad			(a) Donor advised funds	(b) Fi	unds and other accounts
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 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, 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 X § <u>688, 357.</u> 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 X § <u>688, 357.</u> 2 If the organization r	8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)	
 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, 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 X § <u>688, 357.</u> 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 X § <u>688, 357.</u> 2 If the organization r		and section 170(h)(4)(B)(ii)?			Yes No
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 \$ 688, 357. 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 X \$ 688, 357. 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 X \$ \$	9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement,	and balance sheet, and
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, 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 § 688 , 357 . 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 X b Assets included in Form 990, Part X b Assets included in Form		include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organiza	ation's accounting for
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 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 X b Assets included in Form 990, Part X c Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 	Par			iner Simil	ar Assets.
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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 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 X b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017					
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 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017 		···· · · · · · · · · · · · · · · · · ·		•	
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a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017	<u>~</u>				
b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017	а				\$
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017					
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31

Sche	dule D (Form 990) 2017 SHEPPARI) PRATT HE	ALTH	SYSTE	M, INC	•	52-	0591684	Page 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, c	or Other	^r Similar Ass	ets _{(contin}	ued)
3	Using the organization's acquisition, accessio	n, and other record	ls, check	any of the f	following tha	it are a sig	gnificant use of	its collection	items
	(check all that apply):								
а	X Public exhibition	c	1 🗌	Loan or exc	hange progr	rams			
b	Scholarly research	e	•	Other					
С	X Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	n how th	ey further th	ne organizati	on's exen	npt purpose in F	Part XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical treas	sures, or oth	er similar	assets		
_	to be sold to raise funds rather than to be mai				llection?			Yes	X No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered	"Yes" on	Form 990, Part	IV, line 9, or	
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia								
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing t	able:					
								Amount	:
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance				_		1f	<u> </u>	
	Did the organization include an amount on Fo						ty?	Yes	No
Par	If "Yes," explain the arrangement in Part XIII.		1						
I ai	t V Endowment Funds. Complete if								
		(a) Current year	(b)⊦	Prior year	(c) Two yea	ars dack	(d) Three years b	ack (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance	where a start had a start							
2	Provide the estimated percentage of the curre	ent year end balanc		g, column (a)) neid as:				
a L	Board designated or quasi-endowment	0/	_%						
D	Permanent endowment	%							
C	Temporarily restricted endowment	%							
2-	The percentages on lines 2a, 2b, and 2c shou		otion the	t are hold ar	ad adminiate	red for th	o organization		
38	Are there endowment funds not in the posses	sion of the organiza	ation tha	it are neid ar	iu auministe		e organization	ſ	Vee Ne
	by:							20(1)	Yes No
	(i) unrelated organizations							<u>3a(i)</u>	
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organizat	iono liotod oo roquir		obodulo D0				<u>3a(ii)</u>	
0								3b	
Par	Describe in Part XIII the intended uses of the ortification of the		wmenti	unus.					
	Complete if the organization answered) Part IV	/ line 11a S	See Form 991) Part X	line 10		
	Description of property	(a) Cost or c			t or other		ccumulated	(d) Bool	
	Description of property	basis (investr		• • •	(other)	1	preciation		Value
19	Land				7,252.			15,527	7.252.
	Buildings						041,031.		
	Leasehold improvements			,	_,_,_,		,	,•_	_,
	Equipment			60.54	9,601.	44.5	524,828.	16.024	4,773.
	Other				8,539.		076,069.		
		·		,			,	, = > -	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

▶ 168,755,936. Schedule D (Form 990) 2017

732052 10-09-17

Schedule D (Form 990) 2017 SHEPPARD PR	ATT HEALTH SY:	STEM, INC.	52-0591684 Page 3
Part VII Investments - Other Securities.			ш
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, I	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) INVESTMENTS LIMITED OR			
(B) RESTRICTED AS TO USE	119,037,892.	END-OF-YEAR	MARKET VALUE
(C) INTEREST IN NET ASSETS OF			
(D) FOUNDATION	13,828,924.	END-OF-YEAR	MARKET VALUE
(E) INVESTMENTS IN			
(F) PARTNERSHIPS/HEDGE FUNDS	10,865,312.	END-OF-YEAR	MARKET VALUE
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	143,732,128.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X I	line 15
	Description	11d. 0cc 1 0iii 000, 1 art X, 1	(b) Book value
(1)			(,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, P	Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) SELF-INSURANCE LIABILITY	1	0,327,660.	
(3) CAPITAL LEASE OBLIGATIONS		5,857,884.	
(4) ACCRUED PENSION LIABILITY		4,151,723.	
(5) DUE TO AFFILIATES		2,641,716.	
(6) DEFERRED FINANCING COSTS		-479,099.	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		2,499,884.	
	<u>, 25.)</u> 🕨 🤳	2,499,004.	

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

Schedule D (Form 990) 2017

732053 10-09-17

Sche	dule D (Form 990) 2017 SHEPPARD PRATT HEALTH SYSTE	EM, I	INC.	52-	0591684	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Revenue per Re			
	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	239,105	,554.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	668,410.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	-1,536,796.			
е	Add lines 2a through 2d			2e		<u>,386.</u>
3	Subtract line 2e from line 1			3	239,973	<u>,940.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	144,297. -189,091.	_		
b	Other (Describe in Part XIII.)	4b	091.			
с	Add lines 4a and 4b			4c		,794.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				239,929	,146.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per I	Retur	'n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	234,132	,619.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1				
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments			_		
С	Other losses		189,091.	_		
d	Other (Describe in Part XIII.)				100	0.0.1
е	Add lines 2a through 2d			2e		,091.
3	Subtract line 2e from line 1			3	233,943	,528.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	144,297.	-		
b	Other (Describe in Part XIII.)	4b				000
С	Add lines 4a and 4b			4c		,297.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	234,087	,825.
ra	rt 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.

PART II	I, LIN	JE 9:											
CONSER	/ATION	I EAS	SEMENTS	ARE F	REPORT	ED ON	THE	BALANCE	SHEET	AND	ARE	INCLUDED	
IN PROP	PERTY	AND	EQUIPM	ENT ON	THE	AUDIT	ED F	INANCIAL	STATE	1ENTS	5.		
PART TI	ГТ. Т.Т	INE 4	4:										

THE	ART	COLL	ECTIO	N OF	SHEI	PARD	PRA	TTA	EXEMP	LIE	TES '	ΓHE	HEALIN	NG	ASPECTS	OF
ART,	вол	H FO	R THE	CRE	ATOR	AND	THE	OBS	ERVER	•	THIS	UNI	QUELY	ΤH	IEMED	

COLLECTION CELEBRATES THE CAPACITY FOR ARTISTIC ENDEAVOR TO TRANSCEND AND

34

TRIUMPH OVER MENTAL ILLNESS AND ADDICTION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET ASSETS RELEASED FROM RESTRICTION

963,204.

732054 10-09-17

2017.05060 SHEPPARD PRATT HEALTH SYS SPHS___1

Schedule D (Form 990) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC.	52-0591684 Page 5
Part XIII Supplemental Information (continued)	
CAPITAL GRANTS	-2,500,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,536,796.
	,,
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
LOSS ON SALE OF ASSETS	-189,091.
PARTS XI AND XII	
PARTS XI AND XII RECONCILE TO SEPARATE COMPANY FINANCIAL STA	TEMENTS OF
SHEPPARD PRATT HEALTH SYSTEM, INC.	
732055 10.00.17	Schedule D (Form 990) 2017

732055 10-09-17

(Form 990) Complete If the organization Complete II t	SCHEDULE H											
Performance of the stream of the organization answere of the organization and the latest information. Part Financial Assistance and Certain Other Community Secretifies and the latest information. Support Identification number Support Identification and the latest information. The second second certain Other Community Secretifies and the latest information. Support Identification number Support Identification Identification Identification Identification Identification Identification Support Identification	(Form 990)	Hospitals										
Image of the organization model Image of the organization number in the state information. Image of the organization number in the organization number in the organization information of the organization information. Image of the organization number in the organization information. Image of the organization number in the organization information of the organization information. Image of the organization number in the organization information of the organization information of the organization information. Image of the organization number information. Image of the organization number information of the state of the organization of the organization information. Image of the organization number information of the state of the organization of the organizatio of the organization of the organization of the organizatio of		Complete if the organization answered "Yes" on Form 990, Part IV, question 20.										
Name of the organization Employer Identification number SHEPPARD PRATE HEALTH SYSTEM, INC. 52-0591684 Part I Financial Assistance and Certain Other Community Benefits at Cost 52-0591684 1a Dd the organization have a financial assistance policy during the tax year? If 'No.' skip to question 6a 1a b If 'Yes,' wait it a written policy' 1b X 2 Recommendation 1b X 3 Applied uniformly to all hospital facilities 1b X 3 About the organization use Federal Powerty Guideline (FPG) as a factor in determining eligibility for the core in the tollowing was the FPG family nonce limit to eligibility for the core in the tollowing was the FPG family nonce limit to eligibility for the core in the tollowing was the FPG family nonce limit to eligibility for the core in the tollowing was the FPG family nonce limit to eligibility for the core in the tollowing was the FPG family nonce limit to eligibility for the core in the tollowing was the family nonce limit to eligibility for the core in the tollowing was the family nonce limit to eligibility for the core discounted care in the taw intervention of a second taw in the taw intervention in the collowing was the family nonce limit to eligibility to free core in the collowing was the regeneration with the second taw intervention and a satisfacts or other there also the core intervention in the collowing was the regeneration with the collowing core in the collowing eligibility for free collowing core in take taw intervention in the collowing core in the collowing core in the collowing core in take taw intervention in the collowing core in take tawashale in the toleware take take the collowing core in												
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for community benefit (from Worksheet 8) 112,379. 112,379. .05% j Total. Other Benefits 4489280. 1182492. 3306788. 1.41%					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		101,0/(·•	• • • •	0		
Worksheet 8) 112,379. 112,379. 05% j Total. Other Benefits 4489280. 1182492. 3306788. 1.41%												
j Total. Other Benefits 4489280. 1182492. 3306788. 1.41%					112.379.		112.379)	.05	8		
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732091 11-28-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule H (Form 990) 2017

	Schedule H (Form 990) 2017	SHEPPARD	PRATT	HEALTH	SYSTEM,	INC.
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52-0591684 Page 2

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.

	tax year, and describe in Part	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(C) Total community building expense	(d) Direct offsetting revenue	(e) Net	· ·) Percent tal expen	
1	Physical improvements and housing								
2	Economic development								
3	Community support	14	997	11,502		11,502.		.00	8
4	Environmental improvements								
5	Leadership development and								
	training for community members								
6	Coalition building	19		231,668		231,668.		.10	8
7	Community health improvement							-	
•	advocacy		6,272	1078473		1078473.	.	.46	8
8	Workforce development		• • • = • =		-				
9	Other								
10	Total	33	7.269	1321643		1321643		.56	8
	rt III Bad Debt, Medicare, 8								-
Sect	ion A. Bad Debt Expense					\sim		Yes	No
1	Did the organization report bad debt	expense in accord	lance with Healthc	are Financial M	anagement Assoc	iation			
•	Statement No. 15?	•					1	х	
2	Enter the amount of the organization								
2	methodology used by the organization				2	1,901,017.			
3	Enter the estimated amount of the o					1,501,017	4		
3	patients eligible under the organizati	•	•						
	methodology used by the organizati								
	0 , , 0			<u> </u>	•				
	for including this portion of bad debt	•					-		
4	Provide in Part VI the text of the fool	•				t			
. .	expense or the page number on whi	ch this footnote is o	contained in the at	tached financia	l statements.				
	ion B. Medicare					7 004 760			
5	Enter total revenue received from Me		· · · · · · · · · · · · · · · · · · ·			<u>100,760</u>			
6	Enter Medicare allowable costs of ca	• • •				<u>20,109,796</u>			
7	Subtract line 6 from line 5. This is the				·····	-3,085,036	<u>-</u>		
8	Describe in Part VI the extent to white								
	Also describe in Part VI the costing r		arce used to deter	mine the amour	nt reported on line	6.			
	Check the box that describes the me		_	-					
	Cost accounting system	X Cost to char	ge ratio	Other					
	ion C. Collection Practices	• ()							
9a	Did the organization have a written of	lebt collection polic	cy during the tax y	ear?			9a	Х	
b	If "Yes," did the organization's collection								
_	collection practices to be followed for pat	ients who are known	to qualify for financia	al assistance? De	scribe in Part VI		9b	Х	
Pa	rt IV Management Compan	ies and Joint V	entures (owned	10% or more by offic	ers, directors, trustees, l	key employees, and physici	ans - see	instructio	ons)
	(a) Name of entity	(b) Des	cription of primary	/ (c) Organization's	(d) Officers, direct-	(e) P	hysicia	ıns'
		ac	tivity of entity	p	rofit % or stock	ors, trustees, or key employees'		ofit % c	or
					ownership %	profit % or stock		stock 1ership	0/
						ownership %	OWI	lersnip	70
-		1							

37

732092 11-28-17

Schedule H (Form 990) 2017 SHEPPARD PRATT	HEALTH	SYST	'EM	1,	IN	c.				52-0591684	Page 3
Part V Facility Information				-							
				Т							
Section A. Hospital Facilities			<u>1</u>			lita					
(list in order of size, from largest to smallest)			surgical	a a		Critical access hospital					
How many hospital facilities did the organization operate		icensed hospital	sul	Children's hospital	eaching hospital	Ĕ	Ē				
during the tax year? 2		lso	<u>~</u>	ļἕ	osl	es	Research facility	Ś			
Name, address, primary website address, and state license number	or	Ē	medical	ν.	d P		ц Ц	ER-24 hours			Facility
(and if a group return, the name and EIN of the subordinate hospita	al	sec	l e	Ē	ļ i	ala	잂	ř	hei		reporting
organization that operates the hospital facility)		e	1 -	lidi	SC	tici	š	-24	ER-other		group
		<u>.</u> 	Gen.	5	ĕ	Ğ		ER	E	Other (describe)	
1 SHEPPARD PRATT HOSPITAL											
6501 N CHARLES STREET											
TOWSON, MD 21204											
WWW.SHEPPARDPRATT.ORG											
03-039		Х			Х					SEE NARRATIVE	
2 SHEPPARD PRATT AT ELLICOTT CITY											
4100 COLLEGE AVENUE											
ELLICOTT CITY, MD 21041											
WWW.SHEPPARDPRATT.ORG											
13-002		Х								SEE NARRATIVE	
		_									
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38 2017.05060 SHEPPARD PRATT HEALTH SYS SPHS___1

me of hospital facility or letter of facility reporting group SHEPPARD PRATT HOSPITAL			
e number of hospital facility, or line numbers of hospital			
ilities in a facility reporting group (from Part V, Section A): <u>1</u>		Yes	N
Community Health Needs Assessment			
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		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		2
During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a		x	
community health needs assessment (CHNA)? If "No," skip to line 12	3		-
If "Yes," indicate what the CHNA report describes (check all that apply): a X A definition of the community served by the hospital facility			
b X Demographics of the community			
X Existing health care facilities and resources within the community that are available to respond to the health needs			
of the community			
d X How data was obtained			
• X The significant health needs of the community			
X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
groups			
g X The process for identifying and prioritizing community health needs and services to meet the community health needs			
n X The process for consulting with persons representing the community's interests			
X The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
Other (describe in Section C)			
Indicate the tax year the hospital facility last conducted a CHNA: 20 15			
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		v	
community, and identify the persons the hospital facility consulted	5	X	-
a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	6	х	
hospital facilities in Section C b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"	<u>6a</u>	Δ	-
	6b		:
Did the hospital facility make its CHNA report widely available to the public?	7	х	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):	-		
a X Hospital facility's website (list ur): HTTPS://WWW.SHEPPARDPRATT.ORG/CHNA			
b Other website (list url):			
c Made a paper copy available for public inspection without charge at the hospital facility			
d Cher (describe in Section C)			
	8	Х	
Did the hospital facility adopt an implementation strategy to meet the significant community health needs			
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	10	Х	
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 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>	10		
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 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u> Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		
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 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u> Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes," (list url): <u>HTTPS://WWW.SHEPPARDPRATT.ORG/CHNA</u>	10 10b		
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 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u> Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes," (list url): <u>HTTPS://WWW.SHEPPARDPRATT.ORG/CHNA</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? Describe in Section C how the hospital facility is addressing the significant needs identified in its most			
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 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u> Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes," (list url): <u>HTTPS://WWW.SHEPPARDPRATT.ORG/CHNA</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? 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			
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 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u> Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes," (list url): <u>HTTPS://WWW.SHEPPARDPRATT.ORG/CHNA</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? 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.			
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 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u> Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes," (list url): <u>HTTPS://WWW.SHEPPARDPRATT.ORG/CHNA</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? 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. a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a			
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 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u> Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes," (list url): <u>HTTPS://WWW.SHEPPARDPRATT.ORG/CHNA</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? 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. a 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)?	10b 12a		Σ
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 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u> Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes," (list url): <u>HTTPS://WWW.SHEPPARDPRATT.ORG/CHNA</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? 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. a 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(a)(3)2	10b		2

39

732094 11-28-17

Part V Facility Information (continued)

Schedule H (Form 990) 2017	SHEPPARD	PRATT	HEALTH	SYSTEM,	INC
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Part V	Facility Information	(continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group SHEPPARD PRATT HOSPITAL

				Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explain	ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
	If "Yes,	" indicate the eligibility criteria explained in the FAP:			
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of %			
		and FPG family income limit for eligibility for discounted care of250%			
b		Income level other than FPG (describe in Section C)			
с	X	Asset level			
d	X	Medical indigency			
е		Insurance status			
f		Underinsurance status			
g		Residency			
h		Other (describe in Section C)			
14	Explain	ed the basis for calculating amounts charged to patients?	14	Х	
15	Explain	ed the method for applying for financial assistance?	15	Х	
	If "Yes,	" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
	explain	ed the method for applying for financial assistance (check all that apply):			
а	X	Described the information the hospital facility may require an individual to provide as part of his or her application			
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part of his			
		or her application			
с	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
d		Provided the contact information of nonprofit organizations or government agencies that may be sources			
		of assistance with FAP applications			
е		Other (describe in Section C)			
16	Was wi	idely publicized within the community served by the hospital facility?	16	Х	
	If "Yes,	" indicate how the hospital facility publicized the policy (check all that apply):			
а		The FAP was widely available on a website (list url): SEE PART V - SECTION C			
b		The FAP application form was widely available on a website (list url): SEE PART V - SECTION C			
с		A plain language summary of the FAP was widely available on a website (list url): SEE PART V - SECTION C			
d		The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital			
		facility and by mail)			
f	X	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	X	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	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
		spoken by LEP populations			
j	X	Other (describe in Section C)			

Schedule H (Form 990) 2017

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INC.

_	rt V Facility Information (continued)	100		ige o
Billi	ng and Collections			
Nan	ne of hospital facility or letter of facility reporting group SHEPPARD PRATT HOSPITAL			
			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon			
	nonpayment?	17	Х	
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:			
а	Reporting to credit agency(ies)			
b	Selling an individual's debt to another party			
С	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			
c	Actions that require a legal or judicial process			
е	e Other similar actions (describe in Section C)			
f	X 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		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
а	Reporting to credit agency(ies)			
b	Selling an individual's debt to another party			
C	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			
c	Actions that require a legal or judicial process			
е				
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):			
а				
	FAP at least 30 days before initiating those ECAs			
b				
c				
c				
e				
f	X None of these efforts were made			
	cy 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		v	
	individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
	If "No," indicate why:			
a				
b				
C				
				0047
	Schedule H	i (Forr	n 990)	2017

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Schedule H (Fo	orm 990) 2017	SHEPPARD	PRATT	HEALTH	SYSTEM,	INC.

	rges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Nan	ne of hospital facility or letter of facility reporting group <u>SHEPPARD PRATER HOSPITAL</u>		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		103	
а	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			
с	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	X 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?	23		Х
	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?	24		X
	If "Yes," explain in Section C.			

ame of hospital facility or letter of facility reporting group <u>SHEPPARD PRATT AT ELLICOTT CITY</u>			
cilities in a facility reporting group (from Part V, Section A): 2		N	
Community Health Needs Assessment		Yes	N
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		Х
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		Σ
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a			
community health needs assessment (CHNA)? If "No," skip to line 12	3	Х	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a X A definition of the community served by the hospital facility			
b X Demographics of the community			
c X Existing health care facilities and resources within the community that are available to respond to the health needs			
of the community			
d X How data was obtained			
e X The significant health needs of the community			
f X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
groups			
g X The process for identifying and prioritizing community health needs and services to meet the community health needs			
h X The process for consulting with persons representing the community's interests			
i X The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: $20 \underline{15}$			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad	í		
interests of the community served by the hospital facility, including those with special knowledge of or expertise in public	í		
health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the	5	х	
community, and identify the persons the hospital facility consulted 5a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	5	- 23	
hospital facilities in Section C	6a	х	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"	00	- 23	
	6b		2
	7	х	-
If "Yes," indicate how the CHNA report was made widely available (check all that apply):	-		
a X Hospital facility's website (list url): HTTPS://WWW.SHEPPARDPRATT.ORG/CHNA			
b Other website (list url):			
c Made a paper copy available for public inspection without charge at the hospital facility			
d Other (describe in Section C)			
 B 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	х	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>			
D Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	х	
a If "Yes," (list url): HTTPS://WWW.SHEPPARDPRATT.ORG/CHNA			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
1 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.			
2a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a	1 1		
2a 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		Σ
	12a 12b		<u>``</u>

SHEPPARD PRATT HEALTH SYSTEM, INC.

Part V | Facility Information (continued)

Schedule H (Form 990) 2017

Schedule H (Form 990) 2017

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Schedule H (Form 990) 2017	SHEPPARD	PRATT	HEALTH	SYSTEM,	INC.
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Part V	Facility Information	(continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group SHEPPARD PRATT AT ELLICOTT CITY

				Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explair	ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
	If "Yes	s," indicate the eligibility criteria explained in the FAP:			
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of250%			
		and FPG family income limit for eligibility for discounted care of 250 %			
b		Income level other than FPG (describe in Section C)			
с	X	Asset level			
d	X	Medical indigency			
е		Insurance status			
f		Underinsurance status			
g		Residency			
h		Other (describe in Section C)			
14	Explair	ed the basis for calculating amounts charged to patients?	14	X	
15	Explair	ed the method for applying for financial assistance?	15	Х	
	If "Yes	" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
	explain	ed the method for applying for financial assistance (check all that apply):			
а	X	Described the information the hospital facility may require an individual to provide as part of his or her application			
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part of his			
		or her application			
С	X	X Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
d		Provided the contact information of nonprofit organizations or government agencies that may be sources			
		of assistance with FAP applications			
е		Other (describe in Section C)			
16		idely publicized within the community served by the hospital facility?	16	X	
		" indicate how the hospital facility publicized the policy (check all that apply):			
а		The FAP was widely available on a website (list url): SEE PART V - SECTION C			
b		The FAP application form was widely available on a website (list url): SEE PART V - SECTION C			
С		A plain language summary of the FAP was widely available on a website (list url): SEE PART V - SECTION C			
d		The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital			
f	37	facility and by mail)			
	X	A plain language summary of the FAP was available upon request and without charge (in public locations in			
		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		A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
g		A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) 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			
g		A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
g	X	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) 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			
g h	X	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) 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 Notified members of the community who are most likely to require financial assistance about availability of the FAP			
g h i	X	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) 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 Notified members of the community who are most likely to require financial assistance about availability of the FAP The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
g h i	X	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) 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 Notified members of the community who are most likely to require financial assistance about availability of the FAP			

Schedule H (Form 990) 2017

	l (Form 990) 2017	SHEPPAR
Part V	Facility Information	ation (continued)

Billi	ng and Collections				
Nar	ne of hospital facility or letter of facility reporting group SHEPPARD PRATT AT ELLICOTT CITY				
			Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial				
	assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon				
	nonpayment?				
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the				
	tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:				
a					
k					
c	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				
c	Actions that require a legal or judicial process				
e	Other similar actions (describe in Section C)				
f	X 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		X	
	If "Yes," check all actions in which the hospital facility or a third party engaged:				
a	a Reporting to credit agency(ies)				
k	Selling an individual's debt to another party				
c	c 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				
c	Actions that require a legal or judicial process				
e	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):				
â	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				
k	Made a reasonable effort to orally notify individuals about the FAP and FAP application process				
c	Processed incomplete and complete FAP applications				
c	Made presumptive eligibility determinations 🔸				
e	Other (describe in Section C)				
f	X None of these efforts were made				
Poli	icy 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	Х	<u> </u>	
	If "No," indicate why:				
a					
k					
C					
	d Other (describe in Section C)				
	Schedule I	H (Forr	n 990	2017 (

Schedule H (Form 990) 2017	SHEPPARD	PRATT	HEALTH	SYSTEM	INC.

Pa	Int V Facility Information (continued)			
Cha	rges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Nan	ne of hospital facility or letter of facility reporting group SHEPPARD PRATT AT ELLICOTT CITY			
			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
а				
b	12-month period 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 			
c	I X 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?	23		X
	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?	24		X
	If "Yes," explain in Section C. Schedule			
	public disclosure			

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

SHEPPARD PRATT HOSPITAL:

PART V, SECTION B, LINE 5: SHEPPARD PRATT'S COMMUNITY HEALTH NEEDS

ASSESSMENT INCLUDED INTERVIEWS WITH QUALITATIVE RESEARCH PARTICIPANTS SUCH

AS EXPERTS WITH INSIGHT REGARDING THE HEALTH NEEDS OF THE COMMUNITY,

HOSPITAL LEADERS, FOCUS GROUPS AND KEY STAKEHOLDERS REPRESENTING PUBLIC

HEALTH, MEDICAL SERVICES, NON-PROFIT AND SOCIAL ORGANIZATIONS AS WELL AS

CHILDREN AND YOUTH AGENCIES. INFORMATION FROM THESE INTERVIEWS WERE USED

TO PRIORITIZE ISSUES IN ORDER TO DEVELOP THE IMPLEMENTATION PLAN.

ONE-ON-ONE INTERVIEWEES:

MS. DIANE BELL MCCOY, ASSOCIATED BLACK CHARITIES

DR. GREGORY W. BRANCH, BALTIMORE COUNTY DEPARTMENT OF HEALTH

MS. TRISH CANE, FAMILY NETWORK; PATHFINDERS FOR AUTISM

MS. LISA CULP, DEPARTMENT OF SOCIAL SERVICES ANNE ARUNDEL COUNTY

LT. MICHELLE DENTON, THE LISTENING PLACE

MS. JOAN DRIESSEN, ASSOCIATION OF COMMUNITY SERVICES

DR. INGVILD OLSEN, BEHAVIORAL RESOURCES, INC.

MS. JANE GEHRING, CHILD ADVOCACY CENTER

MS. PHYLLIS HALL, BALTIMORE COUNTY, BUREAU OF BEHAVIORAL HEALTH OF

BALTIMORE COUNTY

DR. BRIAN HEPBURN, NATIONAL ASSOC. OF STATE MENTAL HEALTH PROGRAMS

MS. JESS HONKE, NAMI MARYLAND

MS. ADRIENNE MICKLER, ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY

FOCUS GROUP PARTICIPANTS:

MS. TORI SHEQUINE, FOUNDER, ALTERNATIVE COUNSELING AND WELLNESS CENTER

47

Schedule H (Form 990) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC.	52-0591684 Page 8
Part V Facility Information (continued) Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, S 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each higroup, designated by facility reporting group letter and hospital facility line number from Part V, Section A name of hospital facility.	ospital facility in a facility reporting
MS. MELINDA HEIKIN, PSYCHIATRIC LIAISON AT ST. JOSEPH	MEDICAL CENTER
DR. ANTHONY CHICO, CHILD ADOLESCENT PSYCHIATRIST (PRIV	ATE PRACTICE AND
INPT AT ST. JOSEPHS)	
OLEG TARKOVSKY, DIRECTOR OF CLINICAL SERVICES AT SHEPP	ARD PRATT AFFILIATE,
MOSAIC COMMUNITY SERVICES	
CATHERINE BEST, BESTCARE ASSISTED LIVING	
KAREN BOOTH, HUMANIM	$\overline{\mathcal{X}'}$
RONALD GINSBERG, MD, LEVINDALE ASSISTED LIVING	
DWIGHT HOLMES, MD, DEPARTMENT OF PSYCHIATRY, BALTIMORE	WASHINGTON MEDICAL
CENTER	
JANE KRIMEL, ER PSYCHIATRY, ST. AGNES HOSPITAL	
DEMI OLASIMBO, HEALTHCARE LIVING FOR FAMILIES	
DAVID WAMSLEY, EMERGE SERVICES	
MARK DONOVAN, CONGRUENT COUNSELING SERVICES	
SHEPPARD PRATT AT ELLICOTT CITY:	
PART V, SECTION B, LINE 5: SHEPPARD PRATT'S COMMUNITY	HEALTH NEEDS
ASSESSMENT INCLUDED INTERVIEWS WITH QUALITATIVE RESEAR	CH PARTICIPANTS SUCH
AS EXPERTS WITH INSIGHT REGARDING THE HEALTH NEEDS OF	THE COMMUNITY,
HOSPITAL LEADERS, FOCUS GROUPS AND KEY STAKEHOLDERS RE	PRESENTING PUBLIC
HEALTH, MEDICAL SERVICES, NON-PROFIT AND SOCIAL ORGANI	ZATIONS AS WELL AS
CHILDREN AND YOUTH AGENCIES. INFORMATION FROM THESE I	NTERVIEWS WERE USED
TO PRIORITIZE ISSUES IN ORDER TO DEVELOP THE IMPLEMENT	ATION PLAN.

ONE-ON-ONE INTERVIEWEES:

MS. DIANE BELL MCKOY, ASSOCIATED BLACK CHARITIES

DR. GREGORY W. BRANCH, BALTIMORE COUNTY DEPARTMENT OF HEALTH
732098 11-28-17
Schedule H (Form 990) 2017
48

Schedule H (Form 990) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC. 52-0591684 Page 8 Part V Facility Information (continued)
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.
MS. TRISH CANE, FAMILY NETWORK; PATHFINDERS FOR AUTISM
MS. LISA CULP, DEPARTMENT OF SOCIAL SERVICES ANNE ARUNDEL COUNTY
LT. MICHELLE DENTON, THE LISTENING PLACE
MS. JOAN DRIESSEN, ASSOCIATION OF COMMUNITY SERVICES
DR. INGVILD OLSEN, BEHAVIORAL RESOURCES, INC.
MS. JANE GEHRING, CHILD ADVOCACY CENTER
MS. PHYLLIS HALL, BALTIMORE COUNTY, BUREAU OF BEHAVIORAL HEALTH OF
BALTIMORE COUNTY
DR. BRIAN HEPBURN, NATIONAL ASSOC. OF STATE MENTAL HEALTH PROGRAMS
MS. JESS HONKE, NAMI MARYLAND
MS. ADRIENNE MICKLER, ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY
FOCUS GROUP PARTICIPANTS:
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DR. ANTHONY CHICO, CHILD ADOLESCENT PSYCHIATRIST (PRIVATE PRACTICE AND
INPT. AT ST. JOSEPHS)
OLEG TARKOVSKY, DIRECTOR OF CLINICAL SERVICES AT SHEPPARD PRATT AFFILIATE,
MOSAIC COMMUNITY SERVICES
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DWIGHT HOLMES, MD, DEPARTMENT OF PSYCHIATRY, BALTIMORE WASHINGTON MEDICAL
CENTER
JANE KRIMEL, ER PSYCHIATRY, ST. AGNES HOSPITAL
DEMI OLASIMBO, HEALTHCARE LIVING FOR FAMILIES
DAVID WAMSLEY, EMERGE SERVICES

15590510 769024 SPHS

732098 11-28-17

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

MARK DONOVAN, CONGRUENT COUNSELING SERVICE

SHEPPARD PRATT HOSPITAL:

PART V, SECTION B, LINE 6A: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS A

COLLABORATION LED BY SHEPPARD PRATT HEALTH SYSTEM, INC. WHICH INCLUDED

RELATED HOSPITAL FACILITIES, SHEPPARD PRATT HOSPITAL AND SHEPPARD PRATT AT

ELLICOTT CITY.

SHEPPARD PRATT AT ELLICOTT CITY:

PART V, SECTION B, LINE 6A: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS A

COLLABORATION LED BY SHEPPARD PRATT HEALTH SYSTEM, INC. WHICH INCLUDED

RELATED HOSPITAL FACILITIES, SHEPPARD PRATT HOSPITAL AND SHEPPARD PRATT AT

ELLICOTT CITY.

SHEPPARD PRATT HOSPITAL
PART V, SECTION B, LINE 11: COMMUNITY BENEFIT INITIATIVES TO BE
IMPLEMENTED AS A RESULT OF THE FINDINGS OF THE FISCAL YEAR 2016 (TAX YEAR
2015) CHNA-IMPLEMENTATION IN FY 2016.

FOR THE TOWSON CAMPUS, THERE WERE 29 IDENTIFIED COMMUNITY BENEFIT

INITIATIVES. AS A RESULT OF THE RANKING METHODOLOGY DEPLOYED, THE

FOLLOWING SIX INITIATIVES, REPRESENTING ISSUES OF BASIC ACCESS TO CARE,

GAPS IN SPECIALIZED SERVICES, AND SYSTEMS ISSUES WERE PRIORITIZED AS THE

NEW INITIATIVES ON WHICH TO FOCUS OVER THE NEXT THREE YEAR PERIOD:

-OUTPATIENT SERVICES FOR GENERAL PSYCHIATRIC CONDITIONS AND ALL AGE GROUPS
732098 11-28-17
50
50

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

(BASIC ACCESS ISSUE)

-OUTPATIENT SERVICES FOR TREATMENT OF OPIOID DEPENDENCY (BASIC ACCESS

ISSUE)

-STIGMA REDUCTION (SYSTEMS ISSUE)

-AFTERCARE SERVICES AND CARE COORDINATION POST DISCHARGE (SPECIALIZED

SERVICES)

-ACCESS TO MENTAL HEALTH SERVICES DELIVERED ON AN INTEGRATED CARE BASIS

(I.E., IN PRIMARY CARE SETTINGS) (ACCESS ISSUE)

-ADOLESCENT SUBSTANCE ABUSE SERVICES ACROSS THE CONTINUUM OF OP, IP, IOP

PHP (SPECIALIZED SERVICES)

IN ADDITION TO THESE SIX PRIORITIZED INITIATIVES, 23 ADDITIONAL

RECOMMENDATIONS WERE RANKED BY NEED AND FEASIBILITY. THE NEXT SET OF NINE

INITIATIVES WERE DETERMINED TO HAVE HIGH NEED AND BENEFIT TO THE COMMUNITY

AS WELL AS HIGH FEASIBILITY POTENTIAL. HOWEVER, GIVEN SHEPPARD PRATT'S

FINITE RESOURCES AND CAPACITY TO IMPLEMENT THEM, THERE ARE NO PLANS

CURRENTLY TO INTRODUCE THESE INITIATIVES, BUT THEY WILL CONTINUE TO BE

CONSIDERED OVER TIME. NOTE THAT TWO OF THESE RECOMMENDATIONS ARE

CATEGORIZED AS SYSTEMS ISSUES AND REQUIRE SIGNIFICANT INVESTMENT OF TIME

IN CREATING PUBLIC POLICY SUPPORT AND REIMBURSEMENT.

-24/7 CRISIS RESPONSE SERVICES (BASIC ACCESS ISSUE)

-OUTPATIENT SERVICES FOR HOMELESS INDIVIDUALS (BASIC ACCESS ISSUE)

-SERVICES FOR INDIVIDUALS WITH BRAIN INJURIES (SPECIALIZED SERVICES)

-AUTISM SPECTRUM SERVICES FOR CHILDREN AND FAMILIES INCLUDING SCREENING,

OUTPATIENT AND FAMILY SUPPORT (SPECIALIZED SERVICES)

-AUTISM SPECTRUM SERVICES FOR OLDER ADOLESCENTS AND YOUNG ADULTS WITH A

BEHAVIORAL MANAGEMENT FOCUS (SPECIALIZED SERVICES)

Schedule H (Form 990) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC. 52-0591684 Page 8 Part V Facility Information (continued)
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.
-INTEGRATED OUTPATIENT CARE FOR CO-OCCURRING DISORDERS (SUD AND MI) FOR
ADULTS (SPECIALIZED SERVICES)
-EMERGENCY DEPARTMENT DIVERSION STRATEGIES & SERVICES FOR BEHAVIORAL
HEALTH EMERGENCIES (SYSTEMS ISSUE)
-IN-HOME BEHAVIORAL HEALTH SERVICES FOR SENIORS (SPECIALIZED SERVICES)
-MENTAL HEALTH COURTS IN EVERY COUNTY (SYSTEMS ISSUE)
THE REMAINING 14 RECOMMENDATIONS WERE RANKED AS EITHER LOW NEED (DUE TO
AVAILABILITY OF COMPARABLE SERVICES) OR LOWER FEASIBILITY IN TERMS OF THE
ABILITY TO SUCCESSFULLY IMPLEMENT OR OPERATIONALIZE THE SOLUTION. FOR
THESE INITIATIVES, SHEPPARD PRATT WILL NOT IMPLEMENT SOLUTIONS BUT WILL
CONTINUE TO CONSIDER MORE VIABLE OPTIONS TO MEET THESE IDENTIFIED NEEDS
OVER TIME.
-LONG TERM INPATIENT BEDS FOR CHRONIC PSYCHIATRIC CONDITIONS (SYSTEMS
ISSUE)
-TRANSITIONAL SERVICES FOR ADOLESCENTS SUCH AS INTENSIVE OUTPATIENT,
TRANSITIONAL HOUSING (SPECIALIZED SERVICES)
-SOBER HOMES (SPECIALIZED SERVICES)
-INTENSIVE OUTPATIENT SERVICES FOR GENERAL PSYCHIATRIC CONDITIONS
(SPECIALIZED SERVICE) [THIS EXISTS TO SOME DEGREE]
-DAY HOSPITAL PROGRAMS FOR SENIORS (SPECIALIZED SERVICES)
-INTENSIVE, NON-TRADITIONAL SERVICE DELIVERY FOR INDIVIDUALS WITH SERIOUS
MENTAL ILLNESS (SYSTEMS ISSUE)
-CULTURALLY COMPETENT BEHAVIORAL HEALTH SERVICES FOR GROWING IMMIGRANT
POPULATIONS (SPECIALIZED SERVICES)
-TRANSPORTATION OPTIONS FOR TREATMENT FACILITY TRANSFERS (SPECIALIZED
SERVICES) [THIS EXISTS TO SOME DEGREE]

15590510 769024 SPHS

732098 11-28-17

1

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

-SCHOOL BASED EARLY INTERVENTION PROGRAMS FOR BEHAVIORAL HEALTH AND

SUBSTANCE ABUSE (SPECIALIZED SERVICES)

-CHILD PSYCHIATRY SERVICES, ESPECIALLY IN-HOME SERVICES (SPECIALIZED

SERVICES)

-OUTPATIENT SERVICES FOR TRAUMA (SPECIALIZED SERVICES)

-ADOLESCENT WRAP-AROUND SERVICES (SPECIALIZED SERVICES)

-CRISIS BEDS FOR CHILDREN (SYSTEMS ISSUE)

-TRAUMA SERVICES FOR SPECIAL POPULATIONS: AUTISM SPECTRUM, NON-ENGLISH

SPEAKERS, INDIVIDUALS WITH LEARNING DISABILITIES AND DEVELOPMENTALLY

DELAYED CHILDREN AND ADULTS (SPECIALIZED SERVICES)

OF THE SIX ISSUES PRIORITIZED AS THE NEW INITIATIVES ON WHICH TO FOCUS

OVER THE NEXT THREE YEAR PERIOD IN THE TOWSON SERVICE AREA, TO DATE

SHEPPARD PRATT HAS FOCUSED ON STIGMA REDUCTION AND ACCESS TO MENTAL HEALTH

SERVICES DELIVERED ON AN INTEGRATED CARE BASIS.

STIGMA REDUCTION

A SURVEY OF ATTITUDES TOWARD MENTAL ILLNESS WAS CONDUCTED IN LATE FY17 TO ESTABLISH A BASELINE FOR THE DEVELOPMENT OF FUTURE ANTI-STIGMA EDUCATION CAMPAIGNS. THERE WERE 374 SURVEYS COMPLETED WITH AN 87% COMPLETION RATE. A REDUCTION IN STIGMA ASSOCIATED WITH SEEKING MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT IS THE DESIRED OUTCOME AND WILL BE MEASURED BY FUTURE SURVEYS. IN FEBRUARY OF 2018 A FREE COMMUNITY LECTURE ENTITLED "SHATTERING STIGMA, ADVOCATING FOR CHANGE" WAS HELD AT OUR CONFERENCE CENTER IN TOWSON AND WAS ATTENDED BY 150 PEOPLE.

ACCESS TO MENTAL HEALTH SERVICES DELIVERED ON AN INTEGRATED CARE BASIS

 PRIMARY RESEARCH CONDUCTED FOR THE FISCAL YEAR 2016 (TAX YEAR 2015) CHNAS

 732098 11-28-17
 Schedule H (Form 990) 2017

 53
 53

 15590510 769024 SPHS
 2017.05060 SHEPPARD PRATT HEALTH SYS SPHS

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.

FOR BOTH THE TOWSON AND ELLICOTT CITY CAMPUSES IDENTIFIED A LACK OF		
COMMUNICATION AND COORDINATION BETWEEN MEDICAL AND BEHAVIORAL HEALTH CARE		
SERVICE PROVIDERS. IT ALSO IDENTIFIED A STIGMA ON THE PART OF SOME		
MEDICAL SERVICE PROVIDERS THAT RESULTS IN THE INAPPROPRIATE IDENTIFICATION		
AND REFERRAL OF PATIENTS WHO NEED BEHAVIORAL HEALTH CARE. IN RESPONSE, WE		
DEVELOPED AN INTEGRATED CARE MODEL IN COLLABORATION WITH PRIMARY CARE		
ASSOCIATES OF GBMC IN ORDER TO BROADEN ACCESS TO CARE AND SUPPORT THE		
INTEGRATION OF SOMATIC AND BEHAVIORAL CARE. A SECONDARY OBJECTIVE WAS TO		
REDUCE STIGMA ON THE PART OF MEDICAL PROVIDERS AND TO REDUCE STIGMA		
RELATED TO THE UNDERSTANDING AND TREATMENT OF MENTAL ILLNESS AND RELATED		
CONDITIONS. SERVICES BEGAN IN 9 SEPARATE PRIMARY CARE MEDICAL HOMES IN		
FY17, AND THE 10TH LOCATION WAS OPENED IN EARLY FY18. THERE WERE 2,031		
PATIENTS SEEN IN FY18, FOR A TOTAL OF 5,875 VISITS AT THE 10 SITES. THIS		
REPRESENTED A 450% INCREASE IN VISITS OVER FY17.		

SHEPPARD PRATT AT ELLICOTT CITY:

PART V, SECTION B, LINE 11: COMMUNITY BENEFIT INITIATIVES TO BE IMPLEMENTED AS A RESULT OF THE FINDINGS OF THE FISCAL YEAR 2016 (TAX YEAR 2015) CHNA-IMPLEMENTATION IN FY 2016.

THERE WERE 25 IDENTIFIED COMMUNITY BENEFIT INITIATIVES THAT CAME FORWARD FROM THE SHEPPARD PRATT AT ELLICOTT CITY CHNA. AS A RESULT OF THE RANKING METHODOLOGY DEPLOYED, THE FOLLOWING SIX INITIATIVES, REPRESENTING ISSUES OF BASIC ACCESS TO CARE, GAPS IN SPECIALIZED SERVICES AND SYSTEMS ISSUES WERE PRIORITIZED AS THE NEW INITIATIVES ON WHICH TO FOCUS OVER THE THREE YEAR PERIOD WITH PLANNING AND IMPLEMENTATION CURRENTLY UNDERWAY IN FY 2018:

54

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

-STIGMA REDUCTION (SYSTEMS ISSUE)

-AFTERCARE SERVICES AND CARE COORDINATION POST DISCHARGE (SPECIALIZED

SERVICES)

-OUTPATIENT SERVICES FOR GENERAL PSYCHIATRIC CONDITIONS AND ALL AGE

GROUPS. (BASIC ACCESS ISSUE)

-ACCESS TO MENTAL HEALTH SERVICES DELIVERED ON AN INTEGRATED CARE BASIS

(ACCESS ISSUE)

-TRANSITIONAL SERVICES FOR ADOLESCENTS SUCH AS INTENSIVE OUTPATIENT,

TRANSITIONAL HOUSING (SPECIALIZED SERVICES)

-INTEGRATED CARE FOR COOCCURRING DISORDERS (SUD AND MI) FOR ADULTS-

OUTPATIENT (SPECIALIZED SERVICES)

IN ADDITION TO THESE SIX PRIORITIZED INITIATIVES, THERE WERE 19 OTHER RECOMMENDATIONS THAT WERE RANKED BY NEED AND FEASIBILITY. BASED ON THE RANKING PROCESS, FOUR OF THESE INITIATIVES WERE DETERMINED TO BE LOW NEED; THOSE RECOMMENDATIONS WILL NOT BE PURSUED. WITH RESPECT TO THE REMAINING 15 RECOMMENDATIONS, BECAUSE OF LIMITED RESOURCES AND THE INTENSITY OF FOCUS ON THE DEVELOPMENT OF THE ELKRIDGE CAMPUS, SHEPPARD PRATT WILL NOT PURSUE THESE OTHER IDENTIFIED NEEDS AT THIS TIME BUT WILL INCORPORATE SOME OF THEM INTO MULTI-YEAR PLANNING FOR THE EXPANDED CAMPUS IN ELKRIDGE.

RANKED AS HIGH NEED (WILL BE CONSIDERED WITH LONGER RANGE VISION DUE TO

LIMITED HEALTH SYSTEM RESOURCES):

-ADOLESCENT WRAP-AROUND SERVICES (SPECIALIZED SERVICES)

-MENTAL HEALTH COURTS IN EVERY COUNTY (SYSTEMS ISSUE)

-IN-HOME BEHAVIORAL HEALTH SERVICES FOR SENIORS (ELLICOTT CITY - INCLUDES

55

SUBSTANCE ABUSE) - (SPECIALIZED SERVICES)

732098 11-28-17

Schedule H (Form 990) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC. 52-0591684 Page 8
Part V Facility Information (continued)
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.
-AUTISM SPECTRUM SERVICES FOR OLDER ADOLESCENTS AND YOUNG ADULTS WITH A
BEHAVIORAL MANAGEMENT FOCUS (SPECIALIZED SERVICES)
-LONG TERM INPATIENT BEDS FOR CHRONIC PSYCHIATRIC CONDITIONS (SYSTEMS
ISSUE)
-TRAUMA SERVICES FOR SPECIAL POPULATIONS: AUTISM SPECTRUM, NON-ENGLISH
SPEAKERS, INDIVIDUALS WITH LEARNING DISABILITIES AND DEVELOPMENTALLY
DELAYED CHILDREN AND ADULTS (SPECIALIZED SERVICES)
-SCHOOL BASED EARLY INTERVENTION PROGRAMS FOR BEHAVIORAL HEALTH AND
SUBSTANCE ABUSE (SPECIALIZED SERVICES)
-CULTURALLY COMPETENT BEHAVIORAL HEALTH SERVICES FOR GROWING IMMIGRANT
POPULATIONS
-INTENSIVE, NON-TRADITIONAL SERVICE DELIVERY FOR INDIVIDUALS WITH SERIOUS
MENTAL ILLNESS (SYSTEMS ISSUE)
-24/7 CRISIS RESPONSE SERVICES (BASIC ACCESS ISSUE)
-OUTPATIENT SERVICES FOR TRAUMA (SPECIALIZED SERVICES)
-AUTISM SPECTRUM SERVICES FOR CHILDREN AND FAMILIES INCLUDING SCREENING,
OUTPATIENT AND FAMILY SUPPORT (SPECIALIZED SERVICES)
-EMERGENCY DEPARTMENT DIVERSION STRATEGIES AND SERVICES FOR BEHAVIORAL
HEALTH EMERGENCIES (SYSTEMS ISSUE)
-SOBER HOMES (SPECIALIZED SERVICES)
FOUR IDENTIFIED NEEDS WILL NOT BE PURSUED AT THIS TIME DUE TO LOW NEED
DETERMINATION:

-TRANSPORTATION OPTIONS FOR TREATMENT FACILITY TRANSFERS (SPECIALIZED

SERVICES)

-DAY HOSPITAL PROGRAMS FOR SENIORS (SPECIALIZED SERVICES)

-CRISIS BEDS FOR CHILDREN (SYSTEMS ISSUE)

732098 11-28-17

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

-CHILD PSYCHIATRY SERVICES, ESPECIALLY IN-HOME SERVICES (SPECIALIZED

SERVICES)

OF THE SIX ISSUES PRIORITIZED AS THE NEW INITIATIVES ON WHICH TO FOCUS IN

THE ELLICOTT CITY SERVICE AREA OVER THE NEXT THREE YEAR PERIOD, TO DATE WE

HAVE FOCUSED ON STIGMA REDUCTION AND OUTPATIENT SERVICES FOR GENERAL

PSYCHIATRIC CONDITIONS AND ALL AGE GROUPS.

STIGMA REDUCTION

A SURVEY OF ATTITUDES TOWARD MENTAL ILLNESS WAS CONDUCTED IN LATE FY17 TO ESTABLISH A BASELINE FOR THE DEVELOPMENT OF FUTURE ANTI-STIGMA EDUCATION CAMPAIGNS. THERE WERE 374 SURVEYS COMPLETED WITH AN 87% COMPLETION RATE. A REDUCTION IN STIGMA ASSOCIATED WITH SEEKING MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT IS THE DESIRED OUTCOME AND WILL BE MEASURED BY FUTURE SURVEYS.

OUTPATIENT SERVICES FOR GENERAL PSYCHIATRIC CONDITIONS AND ALL AGE GROUPS THE RESEARCH CONDUCTED IN THE DEVELOPMENT OF THE FISCAL YEAR 2016 (TAX YEAR 2015) CHNA FOR SHEPPARD PRATT ELLICOTT CITY REVEALED THAT ALTHOUGH MANY INDIVIDUALS HAVE PRIVATE HEALTH INSURANCE, THERE ARE FEWER PROVIDERS WHO ACCEPT MEDICAID/MEDICARE. CHILD AND GERIATRIC PSYCHIATRY WERE HIGHLIGHTED AS SOME OF THE GREATER AREAS OF NEED AMONG LOWER INCOME TO EXPAND THE AVAILABILITY OF OUTPATIENT MENTAL HEALTH HOUSEHOLDS. SERVICES FOR GENERAL PSYCHIATRIC CONDITIONS, PARTICULARLY FOR THE CHILD AND GERIATRIC POPULATIONS WITH PUBLIC INSURANCE, SHEPPARD PRATT PROVIDED CHILD PSYCHIATRY TIME AT NO CHARGE TO WAY STATION'S HOWARD COUNTY MENTAL HEALTH CLINIC TO HELP THEM MEET THE NEED FOR URGENT CRISIS ASSESSMENT OF Schedule H (Form 990) 2017 732098 11-28-17

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57

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Schedule H (Form 990) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC. 52-0591684 Page 8 Part V Facility Information (continued) 52-0591684 Page 8
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.
CHILDREN. THIS SERVICE, WHICH CONTINUED IN FY18, IS PROVIDED VIA THE
MEDIUM OF TELEMEDICINE FROM THE TOWSON LOCATION TO HOWARD COUNTY. THERE
WERE 68 PATIENT ENCOUNTERS, AND 37 ACTIVE PATIENTS RECEIVING SERVICES
THROUGH THIS PROGRAM IN FY18.
SHEPPARD PRATT HOSPITAL:
PART V, SECTION B, LINES 16A-C:
HTTPS://WWW.SHEPPARDPRATT.ORG/FINANCIAL-ASSISTANCE-POLICY/
SHEPPARD PRATT AT ELLICOTT CITY:
PART V, SECTION B, LINES 16A-C:
HTTPS://WWW.SHEPPARDPRATT.ORG/FINANCIAL_ASSISTANCE-POLICY/
SHEPPARD PRATT HOSPITAL:
PART V, SECTION B, LINE 16J: FINANCIAL CASE MANAGERS ALSO PROVIDE
INFORMATION ON FINANCIAL ASSISTANCE TO PATIENTS AND THEIR FAMILIES WHOM
THEY BELIEVE MAY BENEFIT FROM ASSISTANCE.
SHEPPARD PRATT AT ELLICOTT CITY:
PART V, SECTION B, LINE 16J: FINANCIAL CASE MANAGERS ALSO PROVIDE
INFORMATION ON FINANCIAL ASSISTANCE TO PATIENTS AND THEIR FAMILIES WHOM
THEY BELIEVE MAY BENEFIT FROM ASSISTANCE.
SHEPPARD PRATT HOSPITAL:
PART V, SECTION B, LINE 22D: WITH THE EXCEPTION OF MEDICARE AND

Schedule H (Form 990) 2017	SHEPPARD	PRATT	HEALTH	SYSTEM,	INC.	52-0591684 Page
	nation (continued)					
Section C. Supplemental Inf 13h, 15e, 16j, 18e, 19e, 20e, 2 group, designated by facility r name of hospital facility.	formation for Part V, 21c, 21d, 23, and 24. reporting group letter	Section B. If applicable and hospita	Provide descr e, provide sepa I facility line nu	iptions required arate descriptio Imber from Par	d for Part V, Section E ns for each hospital f t V, Section A ("A, 1,"	3, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, acility in a facility reporting "A, 4," "B, 2," "B, 3," etc.) and
MEDICAID, THE MA	RYLAND HEAI	TH SEF	RVICES C	COST REV	IEW COMMISS	SION SETS
HOSPITAL RATES I	N THE STATE	OF M2	ARYLAND	FOR ALL	PAYERS.	
SHEPPARD PRATT A	T ELLICOTT	CITY:				
PART V, SECTION	B, LINE 221): WITH	H THE EX	CEPTION	OF MEDICAR	RE AND
MEDICAID, THE MA	RYLAND HEAI	TH SEP	RVICES C	COST REV	IEW COMMISS	SION SETS
HOSPITAL RATES I	N THE STATE	OF MZ	ARYLAND	FOR ALL	PAYERS.	$\dot{\mathcal{O}}$,
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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?

Nor	ne and address	Turne of Facility (describe)
1	MANN RESID. TREATMENT CENTER & SCHOOL	Type of Facility (describe)
<u> </u>	6501 NORTH CHARLES STREET	LICENSED RESIDENTIAL TREATMENT
	BALTIMORE, MD 21204	CENTER/SP. ED. SCHOOL
2	THE RETREAT AT SHEPPARD PRATT	CENTER/SP. ED. SCHOOL
<u> </u>	6501 NORTH CHARLES STREET	16-BED LICENSED ASSISTED
	BALTIMORE, MD 21204	LIVING PROGRAM
3	JEFFERSON RESID. TREATMENT CTR/SCHOOL	DIVING PROGRAM
5	2940 POINT OF ROCKS ROAD, P.O. BOX 9	LICENSED RESIDENTIAL TREATMENT
	JEFFERSON, MD 21755	CENTER/SP. ED. SCHOOL
4	FORBUSH SCHOOL AT GLYNDON HIGH SCHOOL	12-MONTH NON-PUBLIC PROGRAM
-	12039 REISTERSTOWN ROAD	FOR SPECIAL EDUCATION AND
	BALTIMORE, MD 21136	RELATED SERVICES
5	FORBUSH SCHOOL AT GLYNDON	12-MTH SPECIAL ED. DAY SCH FOR
<u> </u>	407 CENTRAL AVENUE	STUDENTS WITH BEHAVIORAL &
	REISTERSTOWN, MD 21136	EMOTIONAL DISABILI
6	FROST SCHOOL & OAKMONT & LODGE PROG.	12-MTH SPECIAL ED. DAY SCH FOR
<u> </u>	4915 ASPEN HILL ROAD	STUDENTS WITH BEHAVIORAL &
	ROCKVILLE, MD 20853	EMOTIONAL DISABILI
7	FORBUSH SCHOOL AT HUNT VALLEY	12-MONTH SPECIAL EDUCATION DAY
-	11201 PEPPER ROAD	SCHOOL FOR STUDENTS WITH
	HUNT VALLEY, MD 21031	AUTISM
8	FORBUSH SCHOOL AT PRINCE GEORGE'S CO.	12-MONTH SPECIAL EDUCATION DAY
	4819 WALDEN LANE	SCHOOL FOR STUDENTS WITH
	LANHAM, MD 20706	AUTISM
9	JEFFERSON SCHOOL AT FINAN CENTER	12-MTH SPECIAL ED. DAY SCH FOR
	10100 COUNTRY CLUB ROAD	STUDENTS WITH BEHAVIORAL &
	SOUTHEAST CUMBERLAND, MD 21502	EMOTIONAL DISABILI
10	RUXTON HOUSE	
	1506 LABELLE AVENUE	
	BALTIMORE, MD 21204	8-BED LICENSED GROUP HOME
	<i>SN</i>	Schedule H (Form 990) 2017

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?

News and address	
Name and address 11 FORBUSH SCHOOL AT OAKMONT - UPPER	Type of Facility (describe) 12-MONTH SPECIAL EDUCATION DAY
610 EAST DIAMOND AVENUE	SCHOOL FOR STUDENTS WITH
GAITHERSBURG, MD 20877	AUTISM
12 FORBUSH SCHOOL AT ANNE ARUNDEL	11-MONTH DAY SCHOOL FOR
648 OLD MILL ROAD	SPECIAL ED. & RELATED SERVICES
MILLERSVILLE, MD 21108	IN A PUBLIC SCHOOL
13 HANNAH MORE AT MILLERSVILLE ELEM. SCH	10-MONTH DAY SCHOOL FOR
1601 MILLERSVILLE ROAD	SPECIAL ED. & RELATED SERVICES
MILLERSVILLE, MD 21108	IN A PUBLIC SCHOOL
14 HANNAH MORE AT SEVERN MIDDLE SCHOOL	10-MONTH DAY SCHOOL FOR
241 PENINSULA FARM ROAD	SPECIAL ED. & RELATED SERVICES
ARNOLD, MD 21012	IN A PUBLIC SCHOOL
15 HANNAH MORE AT SEVERNA PARK HIGH SCH.	10-MONTH DAY SCHOOL FOR
60 ROBINSON ROAD	SPECIAL ED. & RELATED SERVICES
SEVERNA PARK, MD 21146	IN A PUBLIC SCHOOL
16 FORBUSH SCHOOL AT ANNE ARUNDEL SOUTH	11-MONTH SPECIAL ED. AND
140 STEPNY LANE	RELATED SERVICES PROGRAM IN A
EDGEWATER, MD 21037	PUBLIC SCH SETTING
	-
	Schedule H (Form 990) 2017

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.

PART I, LINE 3C:

SHEPPARD PRATT HEALTH SYSTEM USES AN ASSET TEST	IN	CONJUNCTION	WITH TH	ίE
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250% FPG FACTOR TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE.

INDIVIDUALS WITH ASSETS LESS THAN \$10,000 AND FAMILIES WITH ASSETS LESS

THAN \$25,000 ARE ELIGIBLE FOR FREE OR DISCOUNTED CARE. THE EQUITY VALUE OF

AN APPLICANT'S PRINCIPAL RESIDENCE IS EXCLUDED FROM THE ASSET TEST.

PART I, LINE 7:

RATIO OF COST TO CHARGES, AS CALCULATED FROM THE FILED MEDICARE COST

REPORT, WAS THE METHODOLOGY USED IN CALCULATING ITEMS LISTED IN PART I,

LINE 7.

PART I, LN 7A COL(D): MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL, EXCEPT FOR THE GOVERNMENTAL CARVE-OUT FOR PSYCHIATRIC HOSPITALS. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM 732100 11-28-17 62

15590510 769024 SPHS

2017.05060 SHEPPARD PRATT HEALTH SYS SPHS

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.

PART I, LINE 7G:

DURING FY 2018, SHEPPARD PRATT'S RESIDENCY TRAINING PROGRAM CONTINUED TO OFFER THE RESIDENT'S OUTPATIENT CLINIC WHICH PROVIDES SERVICES FREE OF CHARGE, OR FOR A SMALL CO-PAY. SERVICES INCLUDE AN INITIAL EVALUATION AS RECIPIENTS OF THIS PSYCHIATRIC WELL AS MEDICATION MANAGEMENT SESSIONS. SERVICE AGREE TO BE TREATED BY A M.D. PSYCHIATRY RESIDENT WHOSE SERVICE IS SUPERVISED BY A LICENSED PSYCHIATRIST. THE RECIPIENT MUST BE AT LEAST 6 YEARS OF AGE AND AGREE TO BE SCREENED AT THE **INT**AKE FOR OUTPATIENT TREATMENT CRITERIA. DURING FY 2018, THE PROGRAM PROVIDED A TOTAL OF 2,909 SERVICES.

TELEPSYCHIATRY PROVIDED TO RURAL REGIONS OF MARYLAND: SHEPPARD PRATT'S TELEBEHAVIORAL SERVICES PROGRAM PROVIDES BOTH TELEHEALTH (DISTANCE PROFESSIONAL EDUCATION) AND TELEPSYCHIATRY (REALTIME PSYCHIATRIC SERVICES). SHEPPARD PRATT MAINTAINS ISDN AND IP LINE CONNECTIVITY AND A BRIDGING UNIT TO ENSURE CONNECTIVITY THROUGH ALL CIRCUMSTANCES. UTILIZING VIDEOCONFERENCING EQUIPMENT, SHEPPARD PRATT PROVIDES PSYCHIATRIC TREATMENT SERVICES TO CHILDREN, ADOLESCENT, AND ADULT PATIENTS IN HEALTH DEPARTMENTS AND CLINICS LOCATED IN FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS AND MENTAL HEALTH PROVIDER SHORTAGE AREAS. IN FY18, THERE WERE 907 ACTIVE CLIENTS AT 8 LOCATIONS. THERE WERE 471 NEW CLIENTS SEEN AND 2,135 HOURS OF SERVICE WERE PROVIDED INCLUDING 1,630 FOLLOW UPS. PREVIOUS TO THE TELEPSYCHIATRY SERVICE, MANY CLIENTS WERE FORCED TO USE AREA EMERGENCY ROOMS AFTER THEIR SYMPTOMS BECAME OVERWHELMING; IT WAS ALSO NOT UNCOMMON Schedule H (Form 990)

52-0591684 Page 10 SHEPPARD PRATT HEALTH SYSTEM, INC. Schedule H (Form 990) Part VI Supplemental Information (Continuation) FOR CLIENTS TO BE JAILED FOR SOME OF THEIR BEHAVIORS. ADDITIONALLY, SHEPPARD PRATT'S TELEBEHAVIORAL SERVICES, TELEHEALTH COMPONENT HAS PROVIDED RURAL PROVIDERS ACCESS TO SHEPPARD PRATT'S COMPLIMENTARY FY18 PROFESSIONAL EDUCATION: 27 WEDNESDAY AND FRIDAY LECTURE SESSIONS WERE PROVIDED TO A VARIETY OF RURAL LOCATIONS UTILIZING A VIDEOCONFERENCING BRIDGE; 867 NONSHEPPARD PRATT CLINICAL PROFESSIONALS ACCESSED THESE FREE CME SESSIONS VIA VIDEOCONFERENCING WHICH MAY NOT HAVE BEEN OTHERWISE AVAILABLE LOCALLY. PART II, COMMUNITY BUILDING ACTIVITIES: SHEPPARD PRATT STRIVES TO MEET THE MENTAL HEALTH NEEDS OF A DIVERSE COMMUNITY THROUGH THE FLEXIBILITY OF TRADITIONAL TREATMENT MODALITIES COMBINED WITH COMMUNITY BENEFIT PROGRAMMING SO THAT THE MOST VULNERABLE OF OUR SOCIETY HAVE ACCESS TO INFORMATION, ACTIVITIES AND/OR TREATMENT. DUE TO THE SENSITIVITY OF THE SUBJECT MATTER, AND WITH AN UNDERSTANDING OF THE BURDEN SOME PEOPLE LABOR UNDER IN ASKING FOR INFORMATION, SHEPPARD PRATT HAS WORKED DILIGENTLY TO PROVIDE ACCESS THROUGH MANY LEVELS FROM FREELY AVAILABLE INFORMATION ON THE INTERNET, TO PUBLIC MEETINGS AND PROFESSIONAL SERVICES.

SHEPPARD PRATT HEALTH SYSTEM ATTENDS LOCAL, REGIONAL AND NATIONAL CONFERENCES IN ORDER TO REACH A BROAD SPECTRUM OF THE COMMUNITY WITH GENERAL PSYCHIATRIC EDUCATION LITERATURE. IN FY18, SHEPPARD PRATT SPONSORED SEVEN EDUCATIONAL EVENTS FOR THE COMMUNITY; THESE EVENTS INCLUDED: DR. DREW PATE: ANXIETY & DEPRESSION IN CHILDREN; TEACHER TALK: AUTISM-RELATED DISORDERS; PARENT TALK: CHILDHOOD ANXIETY; SHATTERING STIGMA, ADVOCATING FOR CHANGE; BECOMING RYAN: DOCUMENTING SELF-DISCOVERY THROUGH TRANSITION AND RECOVERY; TALKING ABOUT MENTAL HEALTH; PARENT TALK: Schedule H (Form 990)

15590510 769024 SPHS

52-0591684 Page 10 SHEPPARD PRATT HEALTH SYSTEM, INC. Schedule H (Form 990) Part VI Supplemental Information (Continuation) SOCIAL MEDIA SAFETY; CHILDREN'S MENTAL HEALTH MATTERS IN PARTNERSHIP WITH NAMI METROPOLITAN BALTIMORE; BODY IMAGE & MEDIA LITERACY; WHEN 'SNAPPING OUT OF IT ISN'T AN OPTION: DEALING WITH DEPRESSION; AND, LOVE YOUR TREE EATING DISORDERS EVENT.

SHEPPARD PRATT'S MOBILE CRISIS TEAM RESPONDS TO MENTAL HEALTH EMERGENCIES IN HARFORD COUNTY AT HOMES, WORK OR SCHOOLS. THIS PROGRAM AVERTS UNNECESSARY VISITS TO EMERGENCY ROOMS AND SUBSEQUENT HOSPITALIZATION FOR PERSONS EXPERIENCING A MENTAL HEALTH CRISIS. IN FY18 - THE MOBILE CRISIS PROGRAM SPENT 15,726 STAFF HOURS TO SERVE 6,043 INDIVIDUALS THROUGH A VARIETY OF ACTIVITIES. THESE EVENTS INCLUDED CLINICAL CALLS, DURING POLICE CALLS, CRITICAL INCIDENT STRESS INCIDENTS, COMMUNITY EDUCATION EVENTS, AND CRISIS INTERVENTION TRAINING PROGRAMS FOR LAW ENFORCEMENT, LOCAL SCHOOL TEACHERS, AND STAFF AT ABERDEEN PROVING GROUND.

TRANSPORTATION SERVICES WERE PROVIDED TO 6,272 PERSONS WHO REQUIRED TRANSPORTATION TO GET TO DOCTOR APPOINTMENTS OR OTHER MEDICAL SERVICES, AND TO RECEIVE CARE AT SHEPPARD PRATT. THIS TOTAL INCLUDES PATIENTS TRANSPORTED TO AND FROM OUR DAY HOSPITAL PROGRAMS, PATIENTS WHO WERE PROVIDED AMBULANCE TRANSPORTATION, AS WELL AS PATIENTS TRANSPORTED TO APPOINTMENTS FOR VARIOUS MEDICAL SERVICES OUTSIDE OF THE HOSPITAL. THE FY18 COST FOR THESE SERVICES WAS \$1,078,473.

SHEPPARD PRATT ALSO ADDRESSES THE HEALTH OF THE COMMUNITY BY ATTENDING PUBLIC EVENTS AND DISTRIBUTING FREE INFORMATION ON WELLNESS, GOOD NUTRITION, BODY IMAGE, AS WELL AS MEDIA LITERACY AS IT IMPACTS THE DIET AND HEALTH OF TODAY'S YOUTH. SHEPPARD PRATT ALSO PROVIDES FREE MEETING SPACE TO AREA SUPPORT GROUPS AND OTHER SOCIAL SERVICE NONPROFIT AGENCIES Schedule H (Form 990)

THROUGHOUT THE YEAR. IN FY18, APPROXIMATELY 9,589 INDIVIDUALS BENEFITED

FROM THIS SERVICE.

IN FY18, SHEPPARD PRATT'S WEB SITE RESOURCE PAGE RECEIVED MORE THAN 27,000 PAGE VIEWS TO ACCESS INFORMATION ON PARENTING AND CHANGING YOUR CHILD'S BEHAVIOR, SCHOOL TRANSITIONS, A PARENT'S INSTRUCTIONAL VIDEO SERIES AS WELL AS INFORMATION ON DIALECTICAL BEHAVIOR THERAPY (DBT), LINKS TO MENTAL HEALTH RESOURCES, INFORMATIVE BLOGS, AND OTHER USEFUL TREATMENT INFORMATION.

SHEPPARD PRATT ALSO DISTRIBUTES HEAL MAGAZINE WHICH SERVES AS A COMMUNITY RESOURCE. THE MAGAZINE SHARES PATIENT STORIES IN AN EFFORT TO DESTIGMATIZE MENTAL ILLNESS. THE PUBLICATION WAS DISTRIBUTED TO 35,622 HOUSEHOLDS IN FY18.

PART III, LINE 2:

SHEPPARD PRATT HEALTH SYSTEM'S POLICY IS TO WRITE OFF ALL ACCOUNTS THAT HAVE BEEN IDENTIFIED AS UNCOLLECTIBLE. AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLE IS RECORDED FOR ACCOUNTS NOT YET WRITTEN OFF THAT ARE ANTICIPATED TO BECOME UNCOLLECTIBLE IN FUTURE PERIODS. INSURANCE COVERAGE AND CREDIT INFORMATION ARE OBTAINED FROM PATIENTS WHEN AVAILABLE. NO COLLATERAL IS OBTAINED FOR ACCOUNTS RECEIVABLE. A COST-TO-CHARGE RATIO IS USED BASED ON FILED MEDICARE COST REPORTS TO DETERMINE AMOUNTS REPORTED AS BAD DEBT EXPENSE.

PART III, LINE 4:

PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY ALLOWANCES FOR BAD DEBTS. IN

EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE HEALTH SYSTEM

66

 Schedule H (Form 990)
 SHEPPARD PRATT HEALTH SYSTEM, INC.
 52-0591684 Page 10

 Part VI
 Supplemental Information (Continuation)
 ANALYZES HISTORICAL COLLECTIONS AND WRITE-OFFS AND IDENTIFIES TRENDS FOR

 EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE
 ALLOWANCE FOR BAD DEBTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS.

 MANAGEMENT REGULARLY REVIEWS ITS ESTIMATE AND EVALUATES THE SUFFICIENCY OF
 THE ALLOWANCE FOR BAD DEBTS. FOR PATIENT ACCOUNTS RECEIVABLE ASSOCIATED

 WITH SELF-PAY PATIENTS, WHICH INCLUDES THOSE PATIENTS WITHOUT EXISTING
 INSURANCE COVERAGE FOR A PORTION OF THE BILL, THE HEALTH SYSTEM RECORDS A

 SIGNIFICANT PROVISION FOR BAD DEBTS FOR PATIENTS THAT ARE UNABLE OR
 UNWILLING TO PAY FOR THE PORTION OF THE BILL REPRESENTING THEIR FINANCIAL

 RESPONSIBILITY. ACCOUNT BALANCES ARE CHARGED OFF AGAINST THE ALLOWANCE FOR
 DOUBTFUL ACCOUNTS AFTER ALL MEANS OF COLLECTION HAVE BEEN EXHAUSTED.

PART III, LINE 8: UNLIKE ACUTE CARE HOSPITALS, SHEPPARD PRATT AS AN INSTITUTION FOR MENTAL DISORDERS (IMD), IS REIMBURSED UNDER THE MEDICARE PROSPECTIVE PAYMENT SYSTEM. MEDICARE PAYS SHEPPARD PRATT LESS THAN ITS COSTS AS SUPPORTED BY THE FINAL FILED FISCAL 2018 COST REPORT FILED WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. SHEPPARD PRATT TREATS ALL MEDICALLY APPROPRIATE MEDICARE PATIENTS AS REQUIRED BY THE CONDITIONS OF PARTICIPATION AND EMTALA.

PART III, LINE 9B:

SHEPPARD PRATT HEALTH SYSTEM'S BAD DEBT AND CHARITABLE WRITE OFF POLICY OUTLINES THE PROCESS BY WHICH THE SYSTEM COLLECTS AND ACTS UPON PATIENT'S FINANCIAL HARDSHIP INFORMATION INCLUDING ACCESS TO SHEPPARD PRATT'S FINANCIAL AID PROCESS. THE HEALTH SYSTEM DOES NOT CHARGE INTEREST, LATE FEES, OR PENALTIES ON ANY ACCOUNTS AND DOES NOT PERMIT COLLECTION AGENCIES TO REPORT ACCOUNTS TO CREDIT REPORTING AGENCIES.

67

732271 08-21-17

PART VI, LINE 2:

SHEPPARD PRATT HAS COMPLETED TWO COMMUNITY HEALTH NEEDS ASSESSMENTS (TAX YEAR 2012 AND TAX YEAR 2015). THE FIRST ASSESSMENT WAS PREPARED IN CONJUNCTION WITH GREATER BALTIMORE MEDICAL CENTER AND UNIVERSITY OF MARYLAND ST JOSEPH MEDICAL CENTER (UM-SJMC); THE ASSESSMENT WAS COMPLETED THROUGH A CONTACT WITH HOLLERAN, AN INDEPENDENT RESEARCH FIRM LOCATED IN LANCASTER, PENNSYLVANIA. THIS REPORT PROVIDED HEALTH INFORMATION FROM 18 KEY INFORMANTS AS WELL AS SECONDARY STATISTICAL DATA ABOUT THE POPULATION SERVED IN THE GREATER BALTIMORE AND HOWARD COUNTY AREAS.

FOR THE SECOND ASSESSMENT, SHEPPARD PRATT ELECTED TO CONTRACT INDIVIDUALLY WITH CRESCENDO CONSULTING (PORTLAND, MAINE) IN ORDER TO UNCOVER MORE DETAILED INFORMATION ON THE PSYCHIATRIC SERVICE GAPS IN ITS PRIMARY SERVICE AREAS OF BALTIMORE AND HOWARD COUNTIES. TWO SEPARATE REPORTS WERE PREPARED RELEVANT TO THE TOWSON AND ELLICOTT CITY CAMPUSES. THESE REPORTS GATHERED INFORMATION FROM 24 EXPERTS FOR PSYCHIATRIC SERVICES IN THE FIELDS OF PUBLIC HEALTH, HOSPITAL SERVICES, AND COMMUNITY SERVICES. FOR THE IMPLEMENTATION PLAN, IT HAS YIELDED SIX NEW INITIATIVES FOR EACH CAMPUS.

SHEPPARD PRATT ALSO CONTINUES TO UTILIZE SERVICE GAP INFORMATION GATHERED THROUGH PATIENT AND FAMILY REQUESTS FOR SERVICE AS RECEIVED THROUGH ITS WEB SITE, CRISIS WALK IN, AND THERAPY REFERRAL SERVICE PROGRAMS.

DURING THIS YEAR, SHEPPARD PRATT'S POPULATION HEALTH EFFORTS HAVE EVOLVED; THE LEAD INDIVIDUALS INVOLVED IN THINKING ABOUT POPULATION HEALTH ARE THE VICE PRESIDENT OF MEDICAL AFFAIRS, THE VICE PRESIDENT OF OPERATIONS AND Schedule H (Form 990)

68

732271 08-21-17

Schedule H (Form 990) SHEPPARD PRATT HEALTH SYSTEM, INC. 52-0591684 Page 10 Part VI Supplemental Information (Continuation) BUSINESS DEVELOPMENT, AND THE COMMUNITY PROGRAMS COORDINATOR. MUCH OF THE EFFORT IN FY18 WAS FOCUSED ON THE IMPLEMENTATION OF A COLLABORATIVE CARE PROJECT WITH THE GREATER BALTIMORE MEDICAL CENTER (GBMC), TO INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES IN BALTIMORE COUNTY. WE BEGAN PROVIDING BEHAVIORAL HEALTH SERVICES IN 9 PRIMARY CARE MEDICAL HOMES (PCMHS) OPERATED BY GBMC PRIMARY CARE ASSOCIATES. SERVICES BEGAN IN THE 10TH SITE AT THE BEGINNING OF FY18. THIS INTEGRATED CARE MODEL WILL HELP TO CREATE MORE CAPACITY FOR MENTAL HEALTH SERVICES IN ALLIANCE WITH SOMATIC CARE PROVIDERS, WILL HELP TO REDUCE THE STIGMA THAT IS OFTEN ASSOCIATED WITH SEEKING MENTAL HEALTH TREATMENT, AND WILL HELP TO REDUCE VISITS RELATED TO MENTAL HEALTH CONDITIONS.

IN ADDITION, FOR A MAJORITY OF THE YEAR WE OPERATED A BEHAVIORAL OBSERVATION SERVICE (BOS) WHICH WAS DEVELOPED WITH THE INTENTION OF REDUCING HOSPITAL REFERRALS FOR PATIENTS PRESENTING FOR CO-OCCURRING (MENTAL HEALTH & ADDICTIONS CARE) AS WELL AS INPATIENT ADMISSIONS FOR SUCH CARE. AFTER BEING MEDICALLY STABILIZED IN OBSERVATION STATUS, PATIENTS CAN THEN BE EVALUATED TO DETERMINE THE MOST APPROPRIATE LEVEL OF CARE.

PATIENTS DISCHARGED FROM OUR INPATIENT OR DAY HOSPITAL PROGRAMS OFTEN EXPERIENCE A SIGNIFICANT WAIT TIME BEFORE THEY CAN SCHEDULE AN APPOINTMENT WITH AN OUTPATIENT THERAPIST. THE TAP PROGRAM PROVIDES THESE PATIENTS THE ABILITY TO SEE A PSYCHIATRIST FOR UP TO 90 DAYS POST DISCHARGE, UNTIL THEY ARE ABLE TO SEE THEIR OUTPATIENT THERAPIST. THERE WERE 715 VISITS PROVIDED IN THE TAP PROGRAM IN FY18.

PART VI, LINE 3:

EACH PATIENT IS PROVIDED WITH A PATIENT HANDBOOK UPON ADMISSION. THE

69

Schedule H (Form 990)

732271 08-21-17

52-0591684 Page 10 SHEPPARD PRATT HEALTH SYSTEM, INC. Schedule H (Form 990) Part VI | Supplemental Information (Continuation) PATIENT HANDBOOK OUTLINES POLICIES, RULES, AND BASIC INFORMATION ABOUT THE HOSPITAL INCLUDING INSTRUCTIONS ON HOW TO ACCESS FINANCIAL ASSISTANCE/CHARITY CARE. SIGNAGE IS POSTED IN THE ADMISSIONS SUITE IN BOTH PATIENT AND FAMILY WAITING AREAS INFORMING INTERESTED PARTIES THAT FINANCIAL ASSISTANCE IS AVAILABLE. BECAUSE NO TWO PATIENTS HAVE IDENTICAL TREATMENT NEEDS, ALL PATIENTS ARE URGED TO SPEAK WITH THEIR THERAPIST OR OTHER HOSPITAL STAFF TO LEARN MORE ABOUT THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. ADDITIONALLY, AS PART OF THE PAYMENT POLICY AND ACTION ON PAST DUE ACCOUNTS, SHEPPARD PRATT'S FINANCIAL OFFICE PERSONNEL ACT AS PATIENT FINANCIAL ADVOCATES AND MAY FORWARD THE FINANCIAL ASSISTANCE PAPERWORK FOR COMPLETION BY ALL RESPONSIBLE PARTIES. FINALLY, PRIOR TO TRANSFER TO A COLLECTION AGENCY, ACCOUNTS ARE REVIEWED AGAIN FOR POSSIBLE FINANCIAL ASSISTANCE.

PART VI, LINE 4:

SHEPPARD PRATT'S SERVICE COMMUNITY CONSISTS OF ANNE ARUNDEL, BALTIMORE, AND HOWARD COUNTIES. ACCORDING TO U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY, 2010-2014 GEOGRAPHY TRACT ESTIMATES, THE TOTAL POPULATION IN THE GREATER BALTIMORE COMMUNITY IS 1,439,991. THE BALTIMORE CITY/COUNTY AREA (TOWSON CAMPUS) IS 53% FEMALE AND 47% MALE. THE ANNE ARUNDEL/HOWARD COUNTY (ELLICOTT CITY CAMPUS) AREA IS 51% FEMALE AND 49% MALE.

NEARLY TWO OF THREE (63.1%) BALTIMORE CITY RESIDENTS ARE AFRICAN AMERICAN WHILE ABOUT THREE OF TEN (30.3%) ARE WHITE. WITHIN THE TOWSON SERVICE AREA, BALTIMORE COUNTY HAS THE OPPOSITE RACIAL MAKEUP. MORE THAN ONE IN FIVE (22.9%) HOWARD COUNTY RESIDENTS SPEAKS A PRIMARY LANGUAGE OTHER THAN ENGLISH. (AMERICAN COMMUNITY SURVEY 2010).

732271 08-21-17

Schedule H (Form 990) SHEPPARD PRATT HEALTH SYSTEM, INC. 52-0591684 Page 1 Part VI Supplemental Information (Continuation)	<u>10</u>
BALTIMORE, ANNE ARUNDEL AND HOWARD COUNTIES EACH HAVE A MEDIAN AGE SIMILAR	_
TO THE MARYLAND AVERAGE OF 38.1 YRS WHILE BALTIMORE CITY HAS A LOWER	
MEDIAN AGE OF 34.5 YRS. REGARDING EDUCATION, CLOSE TO ONE THIRD OF	
BALTIMORE CITY ADULTS HAVE ONLY A HIGH SCHOOL DIPLOMA (29.1%) WHILE 19.1%	
HAVE SOME COLLEGE AND CLOSE TO ONE THIRD (32.1%) HAVE A COLLEGE DEGREE. IN	
HOWARD COUNTY, ONLY 14.5% OF RESIDENTS HAVE ONLY A HIGH SCHOOL DIPLOMA AND	
66% HAVE A COLLEGE DEGREE. MARYLAND'S COLLEGE DEGREE RATE IS 43.6% AND ITS	
HIGH SCHOOL ONLY DEGREE RATE IS 25.7%. IN BALTIMORE CITY, 34.62% OF	
CHILDREN ARE LIVING BELOW THE FEDERAL POVERTY LEVEL COMPARED TO 11.6% IN	
BALTIMORE COUNTY, 7.11% IN ANNE ARUNDEL COUNTY, AND 6.14% IN HOWARD	
COUNTY; THE STATE REPORTS 13.17% OF CHILDREN LIVE UNDER THE FEDERAL	
POVERTY LEVEL. ACCORDING TO MARYLAND'S VITAL STATISTICS, DEATHS PER	
100,000 FROM SUICIDE RANGE FROM A HIGH OF 10.5 IN BALTIMORE COUNTY TO A	
LOW OF 7.3 IN BALTIMORE CITY.	

IN THE TOWSON FACILITY SERVICE AREA, THE MEDIAN INCOME IS \$66,940 IN BALTIMORE COUNTY AND \$41,819 IN BALTIMORE CITY, WHICH ARE BOTH LOWER THAN THE MARYLAND AVERAGE OF \$79,149. IN THE ELLICOTT CITY SERVICE AREA, THE MEDIAN INCOME IS \$89,031 IN ANNE ARUNDEL COUNTY AND \$110,113 IN HOWARD COUNTY.

ACCORDING TO THE 2015 MARYLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, THERE IS A GREATER CONCENTRATION OF ADULT (AGES 18+) RESIDENTS IN BALTIMORE COUNTY DIAGNOSED WITH DEPRESSIVE DISORDERS THAN IN BALTIMORE CITY, ANNE ARUNDEL COUNTY, HOWARD COUNTY, OR MARYLAND AS A WHOLE. AT 16.7% EACH, BALTIMORE COUNTY AND HOWARD COUNTY HAVE THE HIGHEST PREVALENCE OF ANXIETY DISORDER WITHIN THE HOSPITAL'S COMBINED SERVICE AREAS. BOTH ARE ALSO HIGHER THAN THE STATEWIDE PREVALENCE RATE OF 13.5 PERCENT. Schedule H (Form 990)

BINGE DRINKING IS DEFINED AS MALES HAVING FIVE OR MORE DRINKS ON ONE OCCASION, OR FEMALES HAVING FOUR OR MORE DRINKS ON ONE OCCASION. EXCESSIVE ALCOHOL CONSUMPTION IN THE TOWSON SERVICE AREA IS RELATIVELY CONSISTENT WITH THE STATE PERCENTAGE (14.2%), ALTHOUGH BALTIMORE CITY'S PERCENTAGE (15.7%) IS SLIGHTLY HIGHER. IN THE ELLICOTT CITY SERVICE AREA THERE IS A SIGNIFICANT DIFFERENCE IN THE PREVALENCE OF BINGE DRINKING BETWEEN THE TWO COUNTIES AND AS COMPARED TO THE STATEWIDE PREVALENCE RATE. HOWARD COUNTY HAS A 9.5% PREVALENCE RATE WHICH IS 4.7% LESS THAN THE STATEWIDE RATE OF 14.2%. ANNE ARUNDEL COUNTY HAS A 18.4% PREVALENCE RATE, WHICH IS 4.2% HIGHER THAN THE STATE AND 8.9% HIGHER THAN HOWARD COUNTY.

THERE ARE NO OTHER MENTAL HEALTH HOSPITALS IN THIS GEOGRAPHIC REGION TO SERVE THE AFOREMENTIONED DEMOGRAPHICS.

PART VI, LINE 5:

SHEPPARD PRATT HAS EVOLVED SERVICES BEYOND THE TRADITIONAL INPATIENT OR OUTPATIENT BOUNDARIES AS IT CONTINUES ITS COMMITMENT TO THE FOUNDERS' CHARTER TO "CARRY FORWARD, IMPROVE, THE AMELIORATED SYSTEM OF TREATMENT OF THE INSANE WITH THOUGHTFUL, PROACTIVE SERVICES". THE SYSTEM PROVIDES A POSITIVE IMPACT ON THOUSANDS OF INDIVIDUALS, THEIR FAMILIES AND COMMUNITIES BY PROVIDING ACCESS TO A CREATIVE MIX OF COMMUNITY BENEFIT-DRIVEN BEHAVIORAL HEALTH SERVICES WHEN, WHERE AND IN WHATEVER FORM IS BEST SUITED TO THOSE IN NEED. IN FY 2016, SHEPPARD PRATT WAS AGAIN RECOGNIZED BY U.S. NEWS AND WORLD REPORT AS ONE OF THE NATION'S TOP TEN HOSPITALS FOR PSYCHIATRIC CARE AND RANKED AS #6, THE ONLY PSYCHIATRIC SPECIALTY HOSPITAL IN THE TOP TEN WHICH IS NOT OTHERWISE AFFILIATED WITH A LARGER GENERAL HOSPITAL SYSTEM.

72

732271 08-21-17

IN FY 2018, SHEPPARD PRATT PROVIDED SERVICE FOR 8,674 INPATIENT ADMISSIONS RESULTING IN SERVICE TO 105,307 INPATIENT DAYS; 87,783 OUTPATIENT AND DAY HOSPITAL VISITS; 37,835 RESIDENTIAL TREATMENT CENTER DAYS; AND, 143,037 STUDENT DAYS. 56% OF INPATIENT SERVICES WERE PROVIDED TO MEDICARE OR MEDICAID RECIPIENTS AND 2% OF THE HOSPITAL'S PATIENTS WERE UNINSURED. SHEPPARD PRATT'S CRISIS WALK IN CLINIC (CWIC) CONTINUES TO RESPOND TO THE NEED FOR WALK-IN PSYCHIATRIC ASSESSMENTS. CWIC PROVIDES AN EVALUATION OUTSIDE THE RIGORS OF A MEDICAL EMERGENCY ROOM SETTING. THE PROGRAM OPERATES MONDAYS THROUGH FRIDAYS FROM 10:30 AM TO 10:00 PM; AND, SATURDAY 1:00 P.M. TO 5:00 P.M. CWIC PROVIDES A PSYCHIATRIST TO EVALUATE COMMUNITY MEMBERS IN NEED OF CRISIS ASSESSMENT AND TRIAGE. IN FY 2018, 4,212 COMMUNITY MEMBERS PRESENTED TO THE CLINIC FOR EVALUATION.

IN ADDITION, THE BEHAVIORAL OBSERVATION SERVICE, WHICH WAS DESIGNED TO REDUCE HOSPITAL EMERGENCY DEPARTMENT REFERRALS FOR PATIENTS PRESENTING FOR ADMISSIONS WITH CO-OCCURRING (MENTAL HEALTH & ADDICTIONS CARE) CONDITIONS. IN FY18 THERE WERE 104 PATIENTS STABILIZED AND EVALUATED THROUGH THIS SERVICE.

SHEPPARD PRATT'S FLAGSHIP CAMPUS IS LOCATED AT 6501 NORTH CHARLES STREET, BALTIMORE, MARYLAND AND IS THE FOUNDING LOCATION OF THE SYSTEM WITH A MAJORITY OF SERVICES PROVIDED FROM THIS CAMPUS. SERVICES INCLUDE INPATIENT, PARTIAL DAY HOSPITALIZATION, INTENSIVE OUTPATIENT, ELECTRO-CONVULSIVE THERAPY (ECT), CRISIS EVALUATION, TELEPSYCHIATRY, RESIDENTIAL TREATMENT, AND PHYSICIAN OUTPATIENT APPOINTMENTS. A SECOND INPATIENT CAMPUS, SHEPPARD PRATT AT ELLICOTT CITY IS LOCATED AT 4100 COLLEGE AVENUE, IN ELLICOTT CITY, MARYLAND AND PROVIDES BOTH INPATIENT AND Schedule H (Form 990)

732271 08-21-17

Schedule H (Form 990) SHEPPARD PRATT HEALTH SYSTEM, INC. 52-0591684 Page 10 Part VI Supplemental Information (Continuation) PARTIAL DAY HOSPITALIZATION SERVICES. THE TWO INPATIENT HOSPITAL PROGRAMS ARE LICENSED TO OPERATE A TOTAL OF 414 LICENSED BEDS. INPATIENT SERVICES PROVIDE A WIDE ARRAY OF PSYCHIATRY DIAGNOSTIC CATEGORIES INCLUDING UNITS SPECIFICALLY DESIGNED FOR CHILDREN, ADOLESCENTS, YOUNGSTERS WITH CO-OCCURRING MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES, YOUNG ADULTS, GERIATRICS, ADULTS, AS WELL AS SUBSPECIALTY ADULT PROGRAMS FOR CO-OCCURRING SUBSTANCE ABUSE AND MENTAL ILLNESS, PSYCHOTIC DISORDERS, DEVELOPMENTAL DISORDERS, TRAUMA DISORDERS AND EATING DISORDERS(FOR ADULTS AND ADOLESCENTS).

THERAPY REFERRAL SERVICES PROGRAMMING (TRS): TRS IS A FREE, CONFIDENTIAL TELEPHONE SERVICE THAT PROVIDES THE PUBLIC WITH REFERRALS TO MENTAL HEALTH RESOURCES FOR THE BALTIMORE METROPOLITAN AREA INCLUDING SHEPPARD PRATT PROGRAMS. IN FY 2018, THIS PROGRAM PROVIDED THE PUBLIC WITH REFERRAL INFORMATION FOR EXTERNAL PROGRAMS 11,181 TIMES. ADDITIONAL SHEPPARD PRATT PROGRAMMING ACCESSED THROUGH THIS SERVICE INCLUDES URGENT ASSESSMENTS FOR INDIVIDUALS WHO NEED TO BE EVALUATED ON A CRITICAL BASIS WITHIN 48 HRS AND THE SCHEDULED CRISIS INTERVENTION PROGRAM WHICH PROVIDES APPOINTMENTS SCHEDULED WITHIN THE SAME DAY AS THE CALL IS RECEIVED.

THE AFFILIATE AGENCIES OF SHEPPARD AND ENOCH PRATT FOUNDATION ARE NON-PROFIT HEALTH AND SOCIAL SERVICE AGENCIES FOCUSING THEIR SERVICES AT THE COMMUNITY LEVEL. THEIR COLLECTIVE PRIMARY MISSION IS TO PROVIDE REHABILITATIVE TREATMENT, HOUSING AND VOCATIONAL SUPPORT TO INDIVIDUALS WITH CHRONIC MENTAL ILLNESS. EACH AGENCY OPERATES UNDER THE CONTROL OF A LOCAL BOARD OF DIRECTORS FOCUSED ON THE NEEDS OF THEIR COMMUNITIES. THE AFFILIATES PROVIDE SERVICES IN BALTIMORE, CARROLL, HOWARD, FREDERICK, Schedule H (Form 990)

732271 08-21-17

PART VI, LINE 6:

Schedule H (Form 990) SHEPPARD PRATT HEALTH SYSTEM, INC. 52- Part VI Supplemental Information (Continuation) 52-	0591684 Page 10
MONTGOMERY, PRINCE GEORGE'S AND WASHINGTON COUNTIES AS WELL AS B	ALTIMORE
CITY. THEY WORK COLLABORATIVELY IN SPECIAL PROJECTS DESIGNED TO	ENHANCE
EMPLOYMENT OPPORTUNITIES FOR RETURNING VETERANS. IN ADDITION TO	THE
TRADITIONAL MENTAL HEALTH SERVICES, THEY PROVIDE SUBSTANCE ABUSE	
TREATMENT, CASE MANAGEMENT, SCREENING FOR DEPARTMENTS OF SOCIAL	SERVICES,
EARLY HEAD START AND DAY CARE.	
PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPO	 RT:
MD	
732271 08-21-17	Schedule H (Form 990)

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	201		
-		Compensated Employees		ZU	/	
Dene	transit of the Transium	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organizatio		Employer i			nber
		SHEPPARD PRATT HEALTH SYSTEM, INC.	52-0)59168	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate 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.				
	First-class or o		nal use			
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as, maid, chauffer	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
•	•	rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		<u> </u>
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,	X	0		
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	•	2		<u> </u>
3	Indicato which if a	ny, of the following the filing organization used to establish the compensation of the organization	tion's			
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	51110			
	X Compensation					
		ompensation consultant X Compensation survey or study				
	X Form 990 of o		ommittee			
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 re					
а	Receive a severand	e payment or change-of-control payment?		4a	Х	
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b	Х	
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501()(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
						X
b		ation?		5 b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					v
a	Ine organization?			<u>6a</u>		X X
b		ation?		<u>6b</u>		
7		or 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x
o		nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
8				8		x
9		id the organization also follow the rebuttable presumption procedure described in		····· 0		
J	Regulations section			9		
ТНА		1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 900)	2017
		Succession Activities, see the instructions for Form 330.	Scheu		. 550)	2017

732111 10-17-17

52-0591684

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) HARSH K. TRIVEDI, M.D.	(i)	838,277.	0.	3,223.	109,275	30,634.	981,409.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RAY R. DZIESINSKI	(i)	376,038.	0.	3,967.	36,899.	16,921.	433,825.	0.
VP, CFO, SECRETARY/TREASURER	(ii)	0.	0.	0.	•	0.	0.	0.
(3) BONNIE KATZ	(i)	378,920.	0.	7,528.	79,995.	17,734.	484,177.	0.
SR. VP, STRATEGY & BUSINESS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERNESTINE COSBY	(i)	262,146.	0.	8,543.	119,521.	10,520.	400,730.	0.
VP CLINICAL SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ARMANDO E. COLOMBO	(i)	204,543.	0.	2,791.	10,356.	23,457.	241,147.	0.
EVP & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GERALD A. NOLL	(i)	214,049.	0.	2,325.	34,564.	22,661.	273,599.	0.
FORMER CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) THOMAS D. HESS	(i)	189,435.	0.	4,083.	76,222.	921.	270,661.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SHERRY L. MCGRAW	(i)	179,290.	2,722.	815.	14,030.	60.	196,917.	0.
STAFF NURSE	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANTONIO DEPAOLO	(i)	176,581.	0.	1,568.	9,358.	20,085.	207,592.	0.
CHIEF TRANSFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DONNA M. CORBETT	(i)	166,590.	0.	2,185.	36,100.	12,170.	217,045.	0.
DIR. ACCOUNTING & FINANCIAL RPTG	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CATHERINE R. DOUGHTY	(i)	94,779.	0.	131,611.	0.	259.	226,649.	0.
VP HUMAN RESOURCES (FORMER)	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARGUERITE KELLEY	(i)	66,696.	0.	96,427.	0.	4,091.	167,214.	0.
VP, PHILANTHROPY (FORMER)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

PART I, LINES 4A-B:

DURING CALENDAR YEAR 2017, THE FOLLOWING EMPLOYEES RECEIVED A SEVERANCE
PAYMENT:
CATHERINE DOUGHTY \$130,500
MARGUERITE KELLEY \$96,000
DURING CALENDAR YEAR 2017, THE FOLLOWING PARTICIPATED IN SHEPPARD PRATT'S
457(F) PLAN:
HARSH TRIVEDI \$100,000
RAY DZIESINKI \$ 25,000
BONNIE KATZ \$ 25,000
GERALD A. NOLL \$ 21,314
ARMANDO COLOMBO \$ 10,356

Schedule J (Form 990) 2017

SCHEDULE K (Form 990)		Suր Complete if the orgai		ormation on T d "Yes" on Form 9				tions,			OMB No. 1545-0047 2017			47
Department of the Treasury Internal Revenue Service	explanations, and any additional information in Part VI.											Public		
Name of the organization Employer ident											n num	ber		
SHEPPARD PRATT HEALTH SYSTEM, INC. 52-05916										584				
Part I Bond Issue		EE PART VI			TINUATI		1		1					
(a)	ssuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	le price	(f) Description	on of purpose	(g) De	feased	l (h) On behalf of issuer		(i) Po	
													1	
MD HEALTH	C UTCUED				_		CONSTRUC	π	Yes	NO	Yes	No	Yes	NO
	AL FACILITIES	52-0936091	NONE	12/20/17	10000	0127	HOSPITAL			х		x		х
MD HEALTH		52-0950091	NONE	12/20/1/	10000	0127.	CURRENT 1							_ <u>_</u>
	AL FACILITIES	52-0936091	NONE	12/20/17	7871	7873	2012A/201			х		x		Х
B BDOCKITON	AD FACIDITIED	52 0550051	NONE	12/20/1/	/0/1	1015.	20124/20	12D DOMDS		<u></u>				<u></u>
С														
_						5								
D														
Part II Proceeds														
				A			В	С				D		
1 Amount of bond				8	9,000.	1,	330,000.							
2 Amount of bond	s legally defeased													
	of issue			100,66	4,881.	. 78	747,873.							
	in reserve funds													
5 Capitalized inter	est from proceeds													
6 Proceeds in refu	Inding escrows													
7 Issuance costs f	rom proceeds													
	expenditures from proceeds													
							747 072							
11 Other spent pro					1 0 0 1	/8,	747,873.							
12 Other unspent p			•	100,66	4,001.		2010							
13 Year of substant	tial completion													
				Yes	No X	Yes X	No	Yes	No	_	Yes		No	
	issued as part of a current re				X		X					_		
	issued as part of an advance		<u></u>		X	X	A							
	ocation of proceeds been mad		·····	 X	A	X								
	maintain adequate books and records	to support the final allocation	of proceeds?	A		А								
Part III Private Bu	siness Use						в	С				D		
1 Was the organiz	ation a partner in a partnersh	in or a member of an		A	No	Yes	В No		No		Voc	Ť	No	
-	operty financed by tax-exemp		LLO,	Yes	X	198	X	162	NU		Yes		NU	
2 Are there any lease arrangements that may result in private business use of bond-financed property?					х	х								
	For Paperwork Reduction A				44		I	1		Sche	dule K	(Form	n 9001	2017
				79						20110				_0 17

Schedule K (Form 990) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC.

52-0591684

Page 2

Par	t III Private Business Use (Continued)								
			4		B	С		[<u>p</u>
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		X	Х					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?			Х					
с	Are there any research agreements that may result in private business use of bond-financed property?		X	Х					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?			Х					
4	Enter the percentage of financed property used in a private business use by								
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another								
	section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-	•							
	governmental person other than a 501(c)(3) organization since the bonds were issued?	C	X		x				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		%		%		%		%
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?	Х		Х					
Part	t IV Arbitrage								
			4		В	(C	[D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?	Х		Х					
b	Exception to rebate?		X		X				
с	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?	Х		Х					
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		X		X				
b	Name of provider								
	Term of hedge								
	Was the hedge superintegrated?								
	Was the hedge terminated?								

Schedule K (Form 990) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC.

52-0591684

Page 3

Part IV Arbitrage (Continued)								
		A	В		ç		C	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		Х				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	Х			Х				
7 Has the organization established written procedures to monitor the requirements of								
section 148?	Х		X					
Part V Procedures To Undertake Corrective Action								
		Α	E	3	C	;	C	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	Х		Х					
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	ictions					
SCHEDULE K, PART I, BOND ISSUES:		7						
(A) ISSUER NAME: MD HEALTH & HIGHER EDUCATIONAL F	ACILIT	IES						
(F) DESCRIPTION OF PURPOSE: CONSTRUCT HOSPITAL, O	THER C.	APITAL	PROJECI	'S				
PART I, LINE A & B:								
THE BONDS DESCRIBED IN LINES A AND B WERE ISSUED	AS A S	INGLE I	SSUE (I	HE				
"BONDS"). PURSUANT TO REGULATION SECTIONS 1.141-1	3(D),	1.148-9	(H) AND)				
1.150-1(C)(3) OF THE INCOME TAX REGULATIONS, THE	ISSUER	ELECTE	D TO					
TREAT THE BONDS AS TWO SEPARATE ISSUES. ONE OF TH	E MULT	IPURPOS	E ISSUE	lS,				
REFLECTING THE PORTION OF THE BONDS USED TO FINAN	CE A N	EW PSYC	HIATRIC	Y				
HOSPITAL, CERTAIN CAPITAL EXPENDITURES, AND RENOV	ATIONS	TO THE						
ORGANIZATION'S HEALTHCARE FACILITIES, CORRELATES	TO COL	UMN A T	HROUGHC	DUT				
THIS SCHEDULE K. THE OTHER MULTIPURPOSE ISSUE, R	EFLECT	ING THE	PORTIC	N				
OF THE BONDS USED FOR THE CURRENT REFUNDING OF TH	E ISSU	ER'S RE	VENUE					
BONDS SHEPPARD PRATT ISSUE SERIES 2012A AND SERIE	S 2012	B (THE	"2012					
BONDS"), CORRELATES TO COLUMN B THROUGHOUT THIS S	CHEDUL	Е К.						
PART I, LINE A, COLUMN (F):								
SERIES 2003A BONDS - 05/29/2003								
PART I, LINE B, COLUMN (F):								
SERIES 2003A BONDS - 05/29/2003; SERIES 2009 BOND	S - 12	/17/200	9					
PART II, COLUMN A, LINE 3:								

732123 10-18-17

SHEPPARD PRATT HEALTH SYSTEM, INC. 52-0591684 Schedule K (Form 990) 2017 Page 4 Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions (Continued) PROCEEDS OF \$100,664,881 INCLUDE INVESTMENT EARNINGS OF \$664,673. PART II, LINE 10: THE LENDER REQUIRED THAT THE BORROWER CONTRIBUTE \$15,000,000 OF EQUITY BEFORE ANY DRAWS WERE MADE FROM THE CONSTRUCTION FUND. AS OF 6/30/2018 TOTAL CONSTRUCTION EXPENDITURES HAD NOT YET REACHED \$15,000,000. PART III, COLUMN B, LINES 4 & 5: THE BONDS DESCRIBED IN LINE B REFUNDED THE 2012 BONDS. THE 2012 BONDS REFUNDED OTHER PRIOR BONDS, SOME OF WHICH FINANCED CAPITAL PROJECTS AND OTHERS OF WHICH WERE THEMSELVES REFUNDING BONDS. NO PRIVATE USE EXISTS OF ANY PROPERTY FIRST FINANCED BY BONDS ISSUED AFTER JANUARY 1, 2003. ANY PRIVATE USE OF PROPERTY FIRST FINANCED PRIOR TO JANUARY 1 2003 IS WITHIN PERMITTED LIMITS.

SCHEDULE O (Form 990 or 990-EZ)							
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection				
Name of the organizatio	SHEPPARD PRATT HEALTH SYSTEM, INC.		identification number 591684				
<u>FORM 990, PA</u>	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:					
RESIDENTIAL	CARE FOR CHILDREN/ADOLESCENTS. SPONSOR RESIDEN	CY TRA	INING				
PROGRAMS.							
FORM 990, PA	RT VI, SECTION A, LINE 6:						
SHEPPARD & E	NOCH PRATT FOUNDATION, INC. IS THE SOLE MEMBER	OF TH	E				
ORGANIZATION		X					
	()						
FORM 990, PA	RT VI, SECTION A, LINE 7A:						
SHEPPARD & E	NOCH PRATT FOUNDATION HOLDS RESERVED RIGHTS WH	ICH IN	CLUDE THE				
POWERS TO AP	POINT BOARD MEMBERS.						
FORM 990, PA	RT VI, SECTION A, LINE 7B:						
SHEPPARD & E	NOCH PRATT FOUNDATION HOLDS RESERVED RIGHTS WH	ICH IN	CLUDE THE				
POWERS TO AP	POINT AND REMOVE BOARD MEMBERS. THE FOUNDATION	N ALSO	HOLDS THE				
RIGHT TO APP	ROVE CERTAIN SELECT TRANSACTIONS OF ITS SUBSID	IARIES	•				
<u>FORM 990, PA</u>	RT VI, SECTION B, LINE 11B:						
THE FINANCE	COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE	FORM	990 AT THE				
APRIL MEETIN	G. FOLLOWING FINANCE COMMITTEE REVIEW OF THE	FORM 9	90, THE				
FORM 990 IS	POSTED TO THE SHEPPARD PRATT WEBSITE PORTAL FO	R THE	BOARD OF				
DIRECTORS RE	VIEW PRIOR TO FILING.						
<u>FORM 990, PA</u>	RT VI, SECTION B, LINE 12C:						
IF IN THE NO	RMAL COURSE OF CONDUCTING A BOARD MEETING, AN	AGENDA	TOPIC IS				
DETERMINED T	O PRESENT A CONFLICT OF INTEREST, THE INTEREST	ED BOA	RD MEMBER				

Schedule O (Form 990 or 990-EZ) (2017) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization SHEPPARD PRATT HEALTH SYSTEM, INC.	Employer identification number 52-0591684
IS REQUIRED TO DISQUALIFY HIM OR HERSELF FROM ANY FURTHER	DISCUSSION ON THE
MATTER. THE CHAIRPERSON WILL SELECT A DISINTERESTED PERSON	TO INVESTIGATE
ALTERNATIVES TO THE TRANSACTION THAT POSES THE POTENTIAL C	ONFLICT. IF AFTER
EXERCISING DUE DILIGENCE THE BOARD DETERMINES THAT ITS UNA	BLE TO SECURE A
MORE ADVANTAGEOUS TRANSACTION WITH AN ENTITY THAT WOULD NO	T GIVE RISE TO A
CONFLICT OF INTEREST, THE BOARD WILL DETERMINE WHETHER OR	NOT TO ENTER INTO
THE TRANSACTION, IF IT IS IN THE BEST INTEREST OF THE ORGA	NIZATION.
	0,

THE ORGANIZATION REQUIRES ALL TRUSTEES AND KEY EXECUTIVE PERSONNEL TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE CFO WHO SUMMARIZES THE REPORTED CONFLICTS. THIS INFORMATION IS THEN PRESENTED TO THE CEO AND THE CHAIRMAN OF THE BOARD FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 15: SALARIES OF THE CEO AND TOP MANAGEMENT ARE REVIEWED BY THE EMPLOYEE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF SHEPPARD AND ENOCH PRATT FOUNDATION, INC. THIS COMMITTEE IS COMPRISED OF INDEPENDENT TRUSTEES. THETRUSTEES REVIEW COMPENSATION FOR REASONABLENESS. THEY USE COMPARATIVE INDUSTRY DATA AND FORM 990S OF OTHER ORGANIZATIONS IN THEIR REVIEW PROCESS. THE PROCESS FOR EMPLOYEE COMPENSATION INCLUDES DEVELOPMENT OF COMPENSATION RECOMMENDATIONS BASED ON MARKET SURVEYS AND OTHER COMPARATIVE INDUSTRY DATA AS WELL AS WRITTEN EMPLOYMENT CONTRACTS. THE SALARY INFORMATION FOR THIS GROUP IS OBTAINED BY A CONSULTANT THAT IS ENGAGED BY THE EXECUTIVE COMPENSATION COMMITTEE. THIS CONSULTANT USES CURRENT MARKET COMPENSATION SURVEYS AND OTHER COMPARATIVE INDUSTRY DATA TO MAKE RECOMMENDATIONS. THE RECOMMENDATIONS ARE THEN PRESENTED TO THE EXECUTIVE COMPENSATION COMMITTEE FOR APPROVAL. THE EXECUTIVE COMPENSATION COMMITTEE REPORTS THAT Schedule O (Form 990 or 990-EZ) (2017) 732212 09-07-17 84

2017.05060 SHEPPARD PRATT HEALTH SYS SPHS___1

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization SHEPPARD PRATT HEALTH SYSTEM, INC.	Employer identification number 52-0591684
COMPENSATION WAS APPROVED TO THE FULL BOARD. THERE IS CON	TEMPORANEOUS
DOCUMENTATION AND RECORDKEEPING FOR DELIBERATIONS AND DECI	SIONS REGARDING
THE COMPENSATION ARRANGEMENTS.	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND OTHER POLIC	IES INCLUDING THE
CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.	
	<u>Ö, </u>
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER FROM SHEPPARD PRATT INVESTMENT, INC.	4,373,568.
CHANGES IN PENSION LIABILITY	8,639,418.
INTEREST IN ASSETS OF FOUNDATION	6,125,812.
ASSETS RELEASED FROM RESTRICTION-SHEPPARD AND ENOCH PRATT	
FOUNDATION, INC.	1,038,313.
TRANSFER TO SHEPPARD PRATT PHYSICIANS PA, INC.	-8,090,000.
TOTAL TO FORM 990, PART XI, LINE 9	12,087,111.
FORM 990, PART XII, 2C	
THE PARENT ENTITY, SHEPPARD AND ENOCH PRATT FOUNDATION, IN	C., HAS A
FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE CONS	OLIDATED
AUDITED FINANCIAL STATEMENTS. THIS PROCESS HAS NOT CHANGED	FROM THE
PRIOR YEAR.	

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

SCH	EDULE	R

(Form 990)

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.

2017 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

52-0591684

Employer identification number

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM, INC.

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
		S.			
		SUI			
	2	0			

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	(f) Direct controlling entity	Section 5 contr ent	rolled
				501(c)(3))		Yes	No
SHEPPARD & ENOCH PRATT FOUNDATION -	CONDUCT FUNDRAISING						1
52-1357109, PO BOX 6815, BALTIMORE, MD	ACTIVITIES TO SUPPORT						1
21285	AFFILIATED ORGANIZATIONS	MARYLAND	501(C)(3)	7	N/A		х
SHEPPARD PRATT PHYSICIANS PA - 52-1392214	PROVIDE HEALTHCARE TO						
PO BOX 6815	PATIENTS & RESIDENCY				SHEPPARD & ENOCH		
BALTIMORE, MD 21285	TRAINING TO MEDICAL PROF.	MARYLAND	501(C)(3)	10	PRATT FOUNDATION		х
SHEPPARD PRATT INVESTMENT, INC 52-1388935	HOLD AND MANAGE ENDOWMENT						
PO BOX 6815	FUNDS OF RELATED NONPROFIT				SHEPPARD & ENOCH		l
BALTIMORE, MD 21285	ENTITIES	MARYLAND	501(C)(3)	12A	PRATT FOUNDATION		х
MOSAIC COMMUNITY SERVICES, INC 52-1388141	PROVIDES THERAPEUTIC						
1925 GREENSPRING DRIVE	RESIDENTIAL REHAB &				SHEPPARD & ENOCH		1
TIMONIUM, MD 21093	SUPPORT SERVICES	MARYLAND	501(C)(3)	7	PRATT FOUNDATION		х

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

Schedule R (Form 990) 2017

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	(f) Direct controlling entity	organiz	olled zation?
				501(c)(3))		Yes	No
WAY STATION, INC 52-1162749							
PO BOX 3826	PROVIDES REHABILITATIVE		F01/(0)/(2)		SHEPPARD & ENOCH		37
FREDERICK, MD 21705	AND TREATMENT SERVICES	MARYLAND	501(C)(3)		PRATT FOUNDATION		Х
FAMILY SERVICES, INC 52-0730225	FOSTER HEALTHY FAMILIES						
610 EAST DIAMOND AVE	THROUGH EDUCATION,				SHEPPARD & ENOCH		37
GAITHERSBURG, MD 20877		MARYLAND	501(C)(3)	7	PRATT FOUNDATION		Х
REVISIONS COMMUNITY HOUSING DEVELOPMENT	PROVIDE AFFORDABLE HOUSING						
ORGANIZATION, INC 52-1849336, 1925	TO CHRONICALLY MENTALLY				MOSAIC COMMUNITY		
GREENSPRING DRIVE, TIMONIUM, MD 21093	DISABLED INDIVIDUALS	MARYLAND	501(C)(3)	10	SERVICES, INC.		X
DULANEY STATION COMMUNITY HOUSING	CREATES AFFORDABLE HOUSING						
DEVELOPMENT ORGANIZATION, INC 02-065028,	FOR LOW-INCOME ADULTS W/				MOSAIC COMMUNITY		
1925 GREENSPRING DRIVE, TIMONIUM, MD 21093	PSYCHIATRIC DISABILITIES	MARYLAND	501(C)(3)	10	SERVICES, INC.		Х
ALLIANCE INC - 52-1277262	EDUC., VOC., & RESID.						
8003 CORPORATE DRIVE	SERVICES FOR INDIVIDUALS				MOSAIC COMMUNITY		
NOTTINGHAM, MD 21236	WITH DISABILITIES	MARYLAND	501(C)(3)	7	SERVICES, INC.		Х
WAY STATION FOUNDATION, INC 52-1857765	SOLICIT AND ACCEPT FUNDS						
230 W. PATRICK ST. PO BOX 3826	AND PROPERTY TO SUPPORT						
FREDERICK, MD 21705	AFFILIATED ORGANIZATION	MARYLAND	501(C)(3)	7	WAY STATION, INC.		Х
	-						

Schedule R (Form 990) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC.

52-0591684 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule	General o managin partner	^{or} Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	
						5					
	-				C	OX OX					
					(0						
				105							

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.

	3 , , ,								
(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	512(t contr ent	(i) ction (b)(13) rolled tity? No
SHEPPARD PRATT PREFERRED RESOURCES, INC 52-1757742, 6501 N. CHARLES STREET, TOWSON, MD 21285	INACTIVE	MD	N/A	C CORP	N/A	N/A	N/A		x
	_								
	_								

Schedule R (Form 990) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transaction		-				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	ty			1a		X
b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)					X	<u> </u>
d Loans or loan guarantees to or for related organization(s)					X	<u> </u>
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)			\sim	1f		x
g Sale of assets to related organization(s)						X
h Purchase of assets from related organization(s)						X
i Exchange of assets with related organization(s)						X
j Lease of facilities, equipment, or other assets to related organization(s)				<u></u> 1i	x	<u> </u>
·						
k Lease of facilities, equipment, or other assets from related organization(s)				1k	x	
I Performance of services or membership or fundraising solicitations for related orga						X
m Performance of services or membership or fundraising solicitations by related orga	-				X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organizat					X	
					X	
p Reimbursement paid to related organization(s) for expenses				1p		X
q Reimbursement paid by related organization(s) for expenses				1q	X	
r Other transfer of cash or property to related organization(s)				1 r	X	
s Other transfer of cash or property from related organization(s)				1s	X	
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoun	t involved		
(1) SHEPPARD PRATT INVESTMENTS, INC.	с	4,373,568.	FMV			
(2) SHEPPARD PRATT INVESTMENTS, INC.	D	2,633,998.	FMV			
(3)						
(4)						
(5)						
(6)						

Schedule R (Form 990) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC.

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

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

	3 3	–	· ·				1		T	· · · · · · · · · · · · · · · · · · ·
(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all		Share of			General o	Percentage
of entity	T finally doubly	(state or foreign	(related, unrelated,	partners s 501(c)(3 orgs.?	total	end-of-year	Dispropor- tionate allocations	amount in box 20	managing	ownorship
of entity		(state of loreight	excluded from tax under	orgs.?				of Schedule K-1	partner?	
		country)	sections 512-514)	Yes N	income	assets	Yes No	(Form 1065)	Yes NO	
										
			_							
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		•								
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	• • • • • • • • • • • • • • • • • • •									
									+	

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 SHEPPARD PRATT HEALTH SYSTEM, INC. 52-0591684 Page 5 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.
SCHEDULE R, PART II:
SHEPPARD PRATT HEALTH SYSTEM, INC. WORKS WITH NUMEROUS HUD ENTITIES TO
CARRY OUT ITS EXEMPT PURPOSE. WHILE THERE IS BOARD OVERLAP THE
ULTIMATE CONTROL RESIDES WITH THE HUD ENTITIES. AS SUCH THE HUD
ENTITIES ARE NOT LISTED ON SHEPPARD PRATT HEALTH SYSTEM, INC.'S
SCHEDULE R. HUD ENTITIES ARE REFLECTED ON THE SCHEDULE R OF WAY
STATION, INC AND MOSAIC COMMUNITY SERVICES INC.
G_`
S
732165 09-11-17 Schedule R (Form 990) 2017 91

Form	shep 990-W		Тах	on Unrelate	c. ed Business ot Organizati		1684	L OMB No. 1545-0976
•	rksheet)	(and	d on Inv	vestment Income for	Private Foundations) ons and the latest info	FORM 990-	т	2018
Depa Intern	rtment of the Treasury al Revenue Service	Keep for y	our rec	ords. Do not send to	the Internal Revenue	Service.		
1	Unrelated business taxa	ble income expected in the tax	year				1	
2	Tax on the amount on li	ne 1. See instructions for tax	computa	ation			2	
3	Alternative minimum tax	for trusts. See instructions					3	
4	Total. Add lines 2 and 3						4	
5	Estimated tax credits. Se	ee instructions					5	
6	Subtract line 5 from line	4					6	
7	Other taxes. See instruc	tions					7	
8	Total. Add lines 6 and 7						8	
9	Credit for federal tax pai	d on fuels. See instructions					9	
10a		8. Note: If less than \$500, the Private foundations, see instru	-					
b		the 2017 return. See instruction			10a			
		for less than 12 months, skip						
	and enter the amount fro	om line 10a on line 10c			10b			
C		nter the smaller of line 10a or li	ne 10b.	If the organization is requ	ired to skip line 10b, ente	r the amount		04 000
	from line 10a on line 10	C		(a)	(b)	(C)	10c	<u>94,000.</u> (d)
				(4)	(0)	(0)		(u)
11	Installment due dates.	See instructions	11					06/17/19
	_							
12	Required installments. columns (a) through (d)							
	the organization uses th							
	installment method, the							
	installment method, or i	s a "large organization."	12					94,000.
10	2017 Overnovment		10					
13	2017 Overpayment. See		13					
14	Payment due (Subtract	line 13 from line 12)	14					94,000.
1 1 1 4	For Donomuorly Dodug	tion Act Notico, and instructio						Form QQA_W (0010)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

723801 04-10-18

Form	990-T	E	Exempt Or	ganization Bu			ax Return	۱ L	OMB No. 1545-0687
				(and proxy tax un		• • •		_	0047
		For cal		tax year beginning JUL 1				8.	2017
Depart Interna	ment of the Treasury Revenue Service	►		www.irs.gov/Form990T for umbers on this form as it ma	ay be ma	de public if your organiz			Open to Public Inspection for 501(c)(3) Organizations Only
A 🗌	Check box if address changed		Name of organization	on (Check box if name	changed	and see instructions.)		Empl	oyer identification number oyees' trust, see ctions.)
B Ex	empt under section	Print	SHEPPARD	PRATT HEALTH	SYST	TEM, INC.		_	2-0591684
X	501(c)(3)	or Type		room or suite no. If a P.O. b	ox, see ir	structions.			ated business activity codes nstructions.)
	408(e) 220(e)	lint	P.O. BOX					4	
	408A 530(a) 529(a)		City or town, state of BALTIMORE	or province, country, and ZIP	or foreig	n postal code		900	002
C Boo at e	k value of all assets			number (See instructions.)					
	<u>415,217,5</u>			on type 🕨 🔀 501(c) co			401(a	,	Other trust
				s activity. ► RENTAL					
lf "	res," enter the name a	nd ident	tifying number of the			STATEMENT 2	2	X Ye	
	books are in care of						none number 🕨 (
Par	t I Unrelated	d Trac	de or Business	Income	_	(A) Income	(B) Expense	S	(C) Net
	Gross receipts or sale								
	Less returns and allov			c Balance b					
						0.			
				Form 4797)					
				(Form 4797)					
				ns (attach statement)					
	Rent income (Schedul					331,568.	331,5	68.	
	•			·····					
				lled organizations (Sch. F)	8				
				17) organization (Schedule G	i) 9				
10	Exploited exempt activ	vity inco	me (Schedule I)		10				
11	Advertising income (S	Schedule	e J)	•	11				
				STATEMENT 1	12	223,035.			223,035.
	Total. Combine lines	3 throu	gh 12		13	554,603.		68.	223,035.
Par				here (See instructions must be directly connected					
14				(Schedule K)				14	
14 15								14	
16								16	
17								17	
18								18	
19								19	
20	Charitable contribution	ons (See	e instructions for limi	tation rules)				20	
21									
22				where on return				22b	
23								23	
24	Contributions to defe	erred co	mpensation plans					24	
25	Employee benefit pro	•						25	
26								26	
27								27	
28								28	0.
29 30				rating loss deduction. Subtra				29 30	223,035.
30 31				nt on line 30)				30	223,035.
31 32				deduction. Subtract line 31				31	223,035.
33				33 instructions for exception				33	1,000.
34				ie 33 from line 32. If line 33 i					_,
	1				-			34	222,035.
723701				Notice, see instructions.					Form 990-T (2017)

35 Organization Table a Corporations. See instructions for far computation. 25 Organization Table a Corporations. See instructions for far computation. 26 Entry own far and the SQ(0,0) and SQ(2,0)	Form 990-T	. ,	SHEPPARD PRATT HE	ALTH SYSTEM, INC	•	52-05	91684	Page 2
b Enter organizations stare of: (1) Additional %/s tax (not more than \$11,720) 8,297.] (2) Additional %% tax (oftom reals %0,000) 5 (3) Trasts Taxable at Trast Rates. See instructions for tax computation. Income tax on the annount on line 34 from: 5 (3) Trasts Taxable at Trast Rate. See instructions for tax computation. Income tax on the annount on line 34 from: 5 (3) Trasts Taxable at Trast Rates. See instructions 37 (3) Trasts Taxable at Trast Rates. See instructions 38 (4) Trasts Tax on Ro-Compilant Facility lecome. See instructions 39 (4) Trasts Tax on Ro-Compilant Facility lecome. See instructions 39 (4) Trasts Tax on Ro-Compilant Facility lecome. See instructions 39 (4) Trasts Tax on Ro-Compilant Facility lecome. See instructions 40 (4) Trasts Tax on Ro-Compilant Facility lecome. See instructions 41 (4) Trasts Tax on Ro-Compilant Facility lecome. See instructions 41 (4) Trasts Tax on Ro-Compilant Facility lecome. See instructions 41 (4) Trasts Tax on Ro-Compilant Sea Starb (AD BOT 0 8827) 41 (4) Trasts Tax on Ro-Compilant Tax on Ro-Compilant Sea Starb (AD BOT 0 8827) 41 (4) Trasts Tax on Ro-Compilant Tax on Ro-Compi	35	Organiz Controll	ations Taxable as Corporations. See in ed group members (sections 1561 and	1563) check here 🕨 🗴 See inst				
(2) Additional 3% Lax (not more then \$100,000)	h	., _						
c Income tax on the amount on line 34 SEE STATEMENT 3 > 350 59,438. 38 Tust actase schedule or Schedule D (Form 1041) > 36 59,438. 39 Tax rate schedule or Schedule D (Form 1041) > 38 38 38 38 38 38 38 39 39 30 <td< th=""><th>5</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	5							
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46 Total payments. Add lines 45a through 45g 46 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 47 2,180. 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48 61,618. 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49 50 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ Refunded ▶ 50 Part V Statements Regarding Certain Activities and Other Information (see instructions) 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Yes No 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X 53 Enter the amount of laxeexempt interest received or accrued during the tax year \$ S 54 Under penalties of perlary, I decider that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. 55 Sign Infer the amount of trepenarer (other than taxpayer) is based on all informat		Fo Fo	rm 4136	Other	Total 🕨 45g			
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 2,180. 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owerd 48 61,618. 49 0 49 50 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ Refunded ▶ 49 50 Statements Regarding Certain Activities and Other Information (see instructions) 50 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file X 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 53 Enter the amount of tax exempt interest received or accrued during the tax year >\$ Sign 54 Under penalties of perior, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. 55 Sign Under penalties of perior, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. 56 Sign Child of officer Date May the IRS discuss this return with th	46	Total pa	yments. Add lines 45a through 45g				46	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▲ 49 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ Refunded ▶ 50 Part V Statements Regarding Certain Activities and Other Information (see instructions) 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ X 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 53 Enter the amount of tax exempt interest received or accrued during the tax year ▶\$ X Sign More the penaties of perjury, I declare that 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 taxpayer) is based on all information of the preparer shown below (see instructions)? X Sign Print/Type preparer's name Preparer's signature Date Check if print is elf- employed P00370694 Print/Type preparer's name Preparer's signature Date Ch	47		,					
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded 50 Part V Statements Regarding Certain Activities and Other Information (see instructions) 50 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶								61,618.
Part V Statements Regarding Certain Activities and Other Information (see instructions) 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ Yes No 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X 53 Enter the amount of tax exempt interest received or accrued during the tax year ▶\$ \$ X Sign Under penalties of periory. 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 or preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer has any knowledge. Figure Preparer Vertice Date CHIEF OP OFFICER May the IRS discuss this return with the preparer's name Preparer Print/Type preparer's name Preparer's signature Date Check if get-employed P00370694 Firm's name ▶ SC&H TAX & ADVISORY SERVICES, LLC Firm's EIN ▶ 41-2069731 910 RIDGEBROOK ROAD Phone no. 410-403-1500					Daid I			
51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ Yes No 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X 53 Enter the amount of tax exempt interest received or accrued during the tax year ▶\$ \$ X Sign Under penalties of privy. I declare that I have examined this return, including accound of which preparer has any knowledge. Way the IRS discuss this return with the preparer shown below (see Instructions)? X Yes No Paid Preparer Date Check if self- employed P1N Paid Preparer Date Check if self- employed P00370694 Firm's name ▶ SC&H TAX & ADVISORY SERVICES, LLC Firm's EIN ▶ 41-2069731 P10 RIDGEBROOK ROAD P10 RIDGEBROOK ROAD P10-403-1500					ormation (see i		► 50	
over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Image: Securities of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 53 Enter the amount of tax exempt interest received or accrued during the tax year ▶\$ Image: Second complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign 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. Sign Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Sign EXECUTIVE VP & EXECUTIVE VP & Image: Second complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Date Print/Type preparer's name Preparer's signature Paid Preparer's signature Preparer Use Only Firm's name > SC&H TAX & ADVISORY SERVICES , LLC Firm's EIN > 41-2069731 910 RIDGEBROOK ROAD Phone no. 410-403-1500	L					,		Yes No
here X 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 16 YES, see instructions for other forms the organization may have to file. S 53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ S Sign Under penaties 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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Heree Signature of officer Date CHIEF OP OFFICER May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Paid Print/Type preparer's name Preparer's signature Date Check if PTIN Self- employed P00370694 P00370694 P00370694 Vise Only Firm's name ▶ SC&H TAX & ADVISORY SERVICES, LLC Firm's EIN ▶ 41-2069731 910 RIDGEBROOK ROAD Phone no. 410-403-1500	•••			•	•	•		100 110
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If YES, see instructions for other forms the organization may have to file. 53 53 Enter the amount of tax exempt interest received or accrued during the tax year ▶\$ 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 taxpayer) is based on all information of which preparer has any knowledge. Sign CHIEF OP OFFICER Signature of officer Date Print/Type preparer's name Preparer's signature Paid Print/Type preparer's name Preparer LORI S. BURGHAUSER Use Only Signature state and back transferor to a difference 910 RIDGEBROOK ROAD Firm's address SPARKS, MD 21152		FinCEN I	Form 114, Report of Foreign Bank and F	inancial Accounts. If YES, enter the n	ame of the foreign cou	intry		
If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Sign 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 taxpayer) is based on all information of which preparer has any knowledge. Sign EXECUTIVE VP & May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Signature of officer Date Print/Type preparer's name Preparer's signature LORI S. BURGHAUSER LORI S. BURGHAUSER LORI S. BURGHAUSER LORI S. BURGHAUSER Joint DigebBROOK ROAD Phone no. Firm's address SPARKS, MD 21152		here 🕨						
53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Sign Sign Childer benaties 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 taxpayer) is based on all information of which preparer has any knowledge. Sign EXECUTIVE VP & Signature of officer Date Print/Type preparer's name Preparer's signature Preparer Date LORI S. BURGHAUSER LORI S. BURGHAUSER LORI S. BURGHAUSER LORI S. BURGHAUSER Pirm's name ▶ SC&H TAX & ADVISORY SERVICES, LLC Firm's EIN ▶ 41-2069731 910 RIDGEBROOK ROAD Phone no. 410-403-1500	52	-			tor of, or transferor to	, a foreign trust?		<u>X</u>
Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge. EXECUTIVE VP & May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self- employed PTIN Image: Print/Type preparer's name Preparer's signature Date Check If self- employed P00370694 Firm's name SC&H TAX & ADVISORY SERVICES, LLC Firm's EIN ► 41-2069731 910 RIDGEBROOK ROAD Phone no. 410-403-1500	50	,	, i i i i i i i i i i i i i i i i i i i					
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. EXECUTIVE VP & Signature of officer May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if 910 RIDGEBROOK ROAD P10 RIDGEBROOK ROAD Firm's address SPARKS, MD 21152 Phone no. 410-403-1500			· · · · · · · · · · · · · · · · · · ·		edules and statements, and	to the best of my know	vledge and belief, i	t is true.
Here CHIEF OP OFFICER May the HS obcuss this return with the preparer shown below (see instructions)? X Yes No Paid Print/Type preparer's name Preparer's signature Date Check if self-employed Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name ► SC&H TAX & ADVISORY SERVICES, LLC Firm's EIN ► 41-2069731 910 RIDGEBROOK ROAD Phone no. 410-403-1500	Sign	correc	ct, and complete. Declaration of preparer (other	han taxpayer) is based on all information of v	which preparer has any kno ECUTIVE VI	wledge.	_	
Signature of officer Date Title instructions)? X Yes No Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self- employed PTIN Ise Only Firm's name ► SC&H TAX & ADVISORY SERVICES, LLC Firm's EIN ► 41-2069731 910 RIDGEBROOK ROAD Firm's address ► SPARKS, MD 21152 Phone no. 410-403-1500	Here			1			,	
Paid Preparer Use Only LORI S. BURGHAUSER LORI S. BURGHAUSER Self- employed Firm's name SC&H TAX & ADVISORY SERVICES, LLC Firm's EIN 41-2069731 910 RIDGEBROOK ROAD Phone no. 410-403-1500		Ī	Signature of officer	Date				
Preparer Use Only LORI S. BURGHAUSER LORI S. BURGHAUSER DOI SORY P00370694 Firm's name SC&H TAX & ADVISORY SERVICES, LLC Firm's EIN 41-2069731 910 RIDGEBROOK ROAD Phone no. 410-403-1500		P	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Use Only Firm's name ► SC&H TAX & ADVISORY SERVICES, LLC Firm's EIN ► 41-2069731 910 RIDGEBROOK ROAD Firm's address Firm's address SPARKS, MD 21152 Phone no. 410-403-1500	Paid							
910 RIDGEBROOK ROAD Firm's address ► SPARKS, MD 21152 Phone no. 410-403-1500	Prepa							
Firm's address ► SPARKS, MD 21152 Phone no. 410-403-1500	Use C)nly ≞			S, LLC	Firm's EIN	▶ 41-2	4069731
						Phone no	410-403	8-1500
						FIIUIR IIU.		

723711 01-22-18

Schedule A - Cost of Goods Sold.	Enter method of inve	ntory valuation 🕨 N/A			
1 Inventory at beginning of year 1			r	6	
2 Purchases 2		7 Cost of goods sold. Su			
3 Cost of labor 3		from line 5. Enter here			
4a Additional section 263A costs			·	7	
(attach schedule) 4a		8 Do the rules of section		· · ·	Yes No
b Other costs (attach schedule) 4b		property produced or a	cquired for resale) apply to		
5 Total. Add lines 1 through 4b 5		the organization?	. ,		
Schedule C - Rent Income (From R (see instructions)	eal Property and	d Personal Property L	eased With Real Prop	perty)	
1. Description of property					
(1) CONFERENCE CENTER					
(2)					
(3)					
(4)					
	received or accrued				
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	` of rent for	and personal property (if the percentag personal property exceeds 50% or if ent is based on profit or income)	ge 3(a) Deductions directly columns 2(a) a SEE STAT	ind 2(b) (attach sched	income in ule)
(1)		331,5			31,568.
(2)					
(3)					
(4)					
Total	0. Total	331,5	68.		
(c) Total income. Add totals of columns 2(a) and 2(here and on page 1, Part I, line 6, column (A)	· · · · · · · · · · · · · · · · · · ·	331,5	68. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. 🕨 33	81,568.
Schedule E - Unrelated Debt-Finan	ced Income (see	e instructions)			
		2. Gross income from or allocable to debt-	3. Deductions directly con to debt-finant	ced property	
1. Description of debt-financed proper	rty	financed property	 (a) Straight line depreciation (attach schedule) 	(b) Other ((attach s	deductions chedule)
(1)					
(2)		•			
(3)					
(4)					
debt on or allocable to debt-financed	of or allocable to bt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		le deductions otal of columns ind 3(b))
(1)		%			
(2)		%			
(3)		%			
(4)		%			
			Enter here and on page 1, Part I, line 7, column (A).	Enter here an Part I, line 7,	
Totals		►	0	.	0.
Total dividends-received deductions included in c	olumn 8	•			0.

723721 01-22-18

Page 3

52-0591684

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Form 990-T (2017) SHEPP.									52-05	9168	4 Page
Schedule F - Interest,	Annuities	s, Royaltie	es, and Rent	ts Fro	m Cont	trolle	d Organiza	ations	(see ins	struction	s)
			Exemp	ot Contr	rolled Org	anizati	ons				
1. Name of controlled organiz	zation	2. Employer identification number 3. Net unre (loss) (see		et unrelated income s) (see instructions) 4. Total of specified payments made		tal of specified ments made	ied 5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5		
(4)											
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations										
7. Taxable Income		nrelated income (ee instructions)	(loss) 9. To		cified payme ade	nts	10. Part of colu in the controll gros	mn 9 that is ing organiz s income	s included ation's		ductions directly connected n income in column 10
(1)											
(2)											
(3)											
(4)											
							Enter here and	mns 5 and ⁻ 1 on page 1 column (A).	, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals						🕨			0.		0.
Schedule G - Investm	ent Incon	ne of a Se	ection 501(c)	(7), (9), or (17	7) Org	ganization				
(see ins	structions)										
1 . De	scription of inco	me		2. /	Amount of inc	come	3. Deduction directly connection (attach sched	ected	4. Set- (attach s		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)					C						
(3)											
(4)					()						
					here and on , line 9, colur						Enter here and on page 1 Part I, line 9, column (B).
Totals			• C			Ο.					0.
Schedule I - Exploited (see inst	d Exempt ructions)	Activity Ir	ncome, Othe	Tha	an Adve	rtisin	ig Income				
1. Description of exploited activity	2. G unrelated incom trade or b	e from	3. Expenses directly connected with production of unrelated business income	from bu mir	Net income (n unrelated tra usiness (colur nus column 3 n, compute c through 7.	ade or nn 2 I). If a ols. 5	5. Gross inco from activity is not unrela business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
	Enter her page 1 line 10,	, Part I,	Enter here and on page 1, Part I, line 10, col. (B).								Enter here and on page 1, Part II, line 26.
Totals 📃	<u>•</u> [0.	0	•							0.
Schedule J - Advertis			structions)		· · · -						
Part I Income From	Periodic	als Repor	ted on a Co	nsolio	dated B	asis					
		2. Gross advertising	3. Direct		4. Advertision (loss) (col.		5. Circula	tion	6. Read	ership	7. Excess readership costs (column 6 minus

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.
						Form 990-T (2017)

723731 01-22-18

Form 990-T (2017) SHEPPARD PRATT HEALTH SYSTEM, INC.

52-0591684

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		culation 6	. Readership costs	7. Excess readers costs (column 6 min column 5, but not m than column 4).	nus Iore
(1)									
(2)									
(3)									
(4)									
Totals from Part I	0.		0.						0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, , col. (B).					Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	0.		Ο.						0.
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)									
1. Name				2. Title		3. Percent of time devoted to business		ensation attributable related business	
(1)						c	%		

(2) (3) (4) % 0. Total. Enter here and on page 1, Part II, line 14 ►

Form 990-T (2017)

Public discussion

723732 01-22-18

SCHEDULE O (Form 1120)	Consent Plan and Apportionment Schedule for a Controlled Group		OMB No. 1545-0123
(Rev. December 2012) Department of the Treasury Internal Revenue Service	 Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RI Information about Schedule 0 (Form 1120) and its instructions is available at www.irs.gov/form 		
Name	· · · · · · · · · · · · · · · · · · ·		identification number
SHEPPARD	PRATT HEALTH SYSTEM, INC.	52-	0591684
	nment Plan Information		
1 Type of controlled group a X Parent-subsidiant b Brother-sister group c Combined group d Life insurance combined group	y group oup		
	en a member of this group:		
a X For the entire ye	ar, until		
 the current tax y Amend the current tax y Amend the current tax y Amend the current tax y adopted plan, why years. Terminate the current tax y Terminate the current tax y 	ionment plan. All the other members of this group are adopting an apportionment plan effective for ear which ends on <u>JUNE 30, 2018</u> , and for all succeeding tax years. In apportionment plan. All the other members of this group are currently amending a previously inch was in effect for the tax year ending, and for all succeeding tax years and for all succeeding tax years. In apportionment plan and not adopt a new plan. All the other members of this group are not previonment plan. In and adopt a new plan. All the other members of this group are adopting an apportionment plan and adopt a new plan. All the other members of this group are adopting at plan effective for the current tax year which ends on, and	eding tax	
 plan was: a Elected by the constraints b Required for the 5 If you did not check a bapportionment plan (see a No apportionment 	nt plan is in effect and none is being adopted. nt plan is already in effect. It was adopted for the tax year ending	, and	
 (including extensions) of from the date this corporins tructions. a Yes. (i) The statute (ii) On Internal Rev b No. The member 7 Required information an a The corporation amount of its tax 	s group are adopting a plan or amending the current plan for a tax year after the due date is the tax return for this corporation, is there at least one year remaining on the statute of limitations ration filed its amended return for such tax year for assessing any resulting deficiency? See of limitations for this year will expire on , this corporation entered into an agreement with the renue Service to extend the statute of limitations for purposes of assessment until s may not adopt or amend an apportionment plan. d elections for component members. Check the applicable box(es) (see instructions). will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire table income. and the other members of the group elect the FIFO method (rather than defaulting to the		
	ethod) for allocating the additional taxes for the group imposed by section $11(b)(1)$.		
	has a short tax year that does not include December 31.		
713335 04-01-17 JWA	ct Notice, see Instructions for Form 1120.	ineaule V (F	orm 1120) (Rev. 12-2012)

15590510 769024 SPHS

98 2017.05060 SHEPPARD PRATT HEALTH SYS SPHS___1

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(1-)		Taxable Ind	come Amount All Each Bracket	ocated to	
	(b) Tax year end (Yr-Mo)	(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))
52-0591684	18-06	50,000.	25,000.	147,035.		222,035.
52-1388935	18-06	0	0.	0.		0.
52-1162749	18-06	0.	0.	29,386.		29,386.
52-0730225	18-06	0.	0.	8,410.		8,410.
52-1338141	18-06	0.	0.	6,100.		6,100.
52-1357109	18-06	0.	0.	0.		0.
	2					
· Co						
		50,000.	25,000.	190,931.		265,931.
	52-1388935 52-1162749 52-0730225 52-1338141 52-1357109	end (Yr-Mo) 52-0591684 18-06 52-1388935 18-06 52-1162749 18-06 52-0730225 18-06 52-1338141 18-06 52-1357109 18-06	Tax year end (Yr-Mo) (c) 15% 52-0591684 18-06 50,000. 52-1388935 18-06 0. 52-1162749 18-06 0. 52-0730225 18-06 0. 52-1338141 18-06 0. 52-1357109 18-06 0. 52-1357109 18-06 0. 52-1357109 18-06 0. 52-1357109 18-06 0. 52-1357109 18-06 0.	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$\begin{array}{ c c c c c c c } \hline \begin{tabular}{ c c c c c c } \hline & & & & & & & & & & & & & & & & & & $	$\begin{array}{ c c c c } \hline \ & \ & \ & \ & \ & \ & \ & \ & \ & \$

PUDIC

			Income	• Tax Apportionm	ent		
(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax
							(combine lines (b) through (g))
SHEPPARD PRATT HEALTH SYSTEM, INC.	7,500.	6,250.	49,992.		8,297.		72,039
SHEPPARD PRATT INVESTMENT, INC.	0.	0.	0.		0.		
WAY STATION, INC.	0.	0.	9,991,		0.		9,993
FAMILY SERVICES, INC.	0.	0.	2,859.		0.		2,859
MOSAIC COMMUNITY SERVICES, INC.	0.	0.	2,075.	_	0.		2,075
SHEPPARD AND ENOCH PRATT FOUNDATION, INC.	0.	0.	0.		0.		
		\$	0				
3							
2							
otal	7,500.	6,250.	64,917.		8,297.		86,964
					Schedu	le O (Form 1	120) (Rev. 12-201:

52-0591684

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
PARKING EXPENSES - QUALIFIE	ED TRANSPORTATION FRINGE E	BENEFITS 223,035.
TOTAL TO FORM 990-T, PAGE 1	L, LINE 12	223,035.
FORM 990-T PARENT CORPOR	RATION'S NAME AND IDENTIFY	ING NUMBER STATEMENT 2
CORPORATION'S NAME		IDENTIFYING NO
THE SHEPPARD AND ENOCH PRAT	ois closure	52-1357109

SHEPPARD PRATT HEALTH SYSTEM, INC.

ORM	990-T LINE 35C TAX COMPUTA	TION		STATEMENT 3
1.	TAXABLE INCOME		222,035	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUN	r	50,000	
3.	LINE 1 LESS LINE 2	•••	172,035	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	νт	25,000	
5.	LINE 3 LESS LINE 4	•••	147,035	
6.	INCOME SUBJECT TO 34% TAX RATE	•••	147,035	
7.	INCOME SUBJECT TO 35% TAX RATE	•••	0	
8.	15 PERCENT OF LINE 2	•••	7,500	
9.	25 PERCENT OF LINE 4	•••	6,250	
0.	34 PERCENT OF LINE 6		49,992	
1.	35 PERCENT OF LINE 7		0	
2.	ADDITIONAL 5% SURTAX	• • •	8,297	
3.	ADDITIONAL 3% SURTAX		0	
! .	TOTAL INCOME TAX			72,039
			=	
5.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20	=	46,627	
		DAYS		
5. 7.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018	184 181	36,316 23,122	
8.	TOTAL TAX PRORATED	365		59,438
			=	

FORM 990-T	DEDUCTIONS CON	NECTED WITH	RENTAL	INCOME	STATEMENT 4
DESCRIPTION			CTIVITY NUMBER	AMOUNT	TOTAL
	CCUPANCY COSTS	_		158,124.	
EQUIPMENT				3,085.	
INFO SYSTEMS INTERDPT BENER	ITS			17,204. 28,097.	
LICENSES				274.	
MISCELLANEOUS				5,604.	
PROFESSIONAL E				747. 3,550.	
SALARIES				109,430.	
SPECIAL FUNCTI	ONS			150.	
SUPPLIES SUPPORT SERVIC	'F.S			96,381. 9,258.	
TELEPHONE	.00			1,059.	
UNIFORMS				94.	
ADVERTISING	I FOR PROFIT - DIS.	AT.LOWED		3.	
DEDUCTION	TION INOTII DID.			-101,492.	
	– S'	UBTOTAL -	1		331,568
TOTAL TO FORM	990-T, SCHEDULE C	, COLUMN 3	S		331,568
		. ch			
	JIC.				
•	O				

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying N	umber
SHEPPARD P	RATT HEALTH S	YSTEM, INC.		52-05	91684
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
10/15/17	14,860.	14,860.	61	.000109589	99
12/15/17	14,859.	29,719.	90	.000109589	293
03/15/18	14,860.	44,579.	16	.000109589	78
03/31/18	0.	44,579.	76	.000136986	464
06/15/18	14,859.	59,438.	153	.000136986	1,246
			G		
			S		
			0		
		G			
	X				

* Date of estimated tax payment, withholding credit date or installment due date.

712511 04-01-17

Department of the Treasury Internal Revenue Service ▲ Attach to the corporation's tax return. FORM 990-T 2017 Name SHEPPARD PRATT HEALTH SYSTEM, INC. Employer identification number 52-0591684 Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 incure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. Part I Required Annual Payment 1 Total tax (see instructions) 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 3 59,438. 4 The resuit is less than \$500, do not completed re
Description Description Description Employer identification number 52-0591684 Note: Generally, the corporation in threquired to file Form 2220 (see Part II) below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still uses Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. Part I Required Annual Payment 1 Total tax (see instructions) 1 59, 438. 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 2a 2a b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method 2a 2 a 2a 2a 2a 3 59, 438. 4 59, 438. 4 Total. Add lines 2 atmough 2c 3 59, 438. 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4. 5 6 The corporation is 2016 income tax return. See instructions. 5 59, 438. 6 The the ax shown on the corporation s 2016 income tax return. See instructions. 5 59, 438. 5<
SHEPPARD PRATT HEALTH SYSTEM, INC. 52-0591684 Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation's income tax return, but do not attach Form 2220. Part I Required Annual Payment 1 Total tax (see instructions) 2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 2a b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(q) for depreciation under the income forecast method 2b c Credit for federal tax paid on fuels (see instructions) 2c 2d 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation doesn't owe the penalty 4 4 Enter the tax shown on the corporation's 2016 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 4 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4. 5 59, 438. Part II Resons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it doesn't owe a penalty. See instructions. 5 59, 438. 6 The corporation is us
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(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the
Use 5th month), 6th, 9th, and 12th months of the
cornoration's fax year $10/15/17 \mid 12/15/17 \mid 03/15/18 \mid 06/15/18$
10 Required installments. If the box on line 6 and/or line 7
above is checked, enter the amounts from Sch A, line 38. If
the box on line 8 (but not 6 or 7) is checked, see instructions
for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column 10 14,860. 14,859. 14,860. 14,859.
11 Estimated tax paid or credited for each period. For
column (a) only, enter the amount from line 11 on line 15. See instructions 11
See instructions 11 Complete lines 12 through 18 of one column
before going to the next column.
12 Enter amount, if any, from line 18 of the preceding column 12
13 Add lines 11 and 12 13
14 Add amounts on lines 16 and 17 of the preceding column 14 14,860. 29,719. 44,579.
15 Subtract line 14 from line 13. If zero or less, enter -0- 15 0 • <
16 If the amount on line 15 is zero, subtract line 13 from line
14. Otherwise, enter -0- 16 14,860. 29,719.
17 Underpayment. If line 15 is less than or equal to line 10,
subtract line 15 from line 10. Then go to line 12 of the next
subtract line 15 from line 10. Then go to line 12 of the next 17 14,860. 14,859. 14,860. 14,859. column. Otherwise, go to line 18 17 14,860. 14,859. 14,860. 14,859.
subtract line 15 from line 10. Then go to line 12 of the next

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2017)

712801 02-07-18

FORM	990-T
Form 2220	(2017)

Part IV Figuring the Penalty

			(a)	(b)	(C)	(d)			
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19							
20	Number of days from due date of installment on line 9 to the								
	date shown on line 19	20							
21	Number of days on line 20 after 4/15/2017 and before 7/1/2017	21							
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	\$			
23	Number of days on line 20 after 06/30/2017 and before 10/1/2017	23							
24	Underpayment on line 17 x Number of days on line 23 x 4% (0.04) 365	24	\$	\$	\$	\$			
25	Number of days on line 20 after 9/30/2017 and before 1/1/2018	25							
26	Underpayment on line 17 x Number of days on line 25 x 4% (0.04) 365	26	\$	\$	\$	\$			
27	Number of days on line 20 after 12/31/2017 and before 4/1/2018	27	SEE	ATTACHED W	DRKSHEET				
28	Underpayment on line 17 x Number of days on line 27 x 4% (0.04)	28	\$	\$	\$	\$			
29	Number of days on line 20 after 3/31/2018 and before 7/1/2018	29		2					
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$			
31	Number of days on line 20 after 6/30/2018 and before 10/1/2018	31	S						
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$			
33	Number of days on line 20 after 9/30/2018 and before 1/1/2019	33							
34	Underpayment on line 17 x Number of days on line 33 x %	34	\$	\$	\$	\$			
35	Number of days on line 20 after 12/31/2018 and before 3/16/2019	35							
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$			
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$			
38	Penalty. Add columns (a) through (d) of line 37. Enter the tot or the comparable line for other income tax returns			e 33;		\$ 2,180.			
* U	se the penalty interest rate for each calendar quarter, which the								
	These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this								

information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2017)

712802 02-07-18

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Nu	mber
SHEPPARD PH	RATT HEALTH S	YSTEM, INC.		52-059	01684
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
	11.000	-0-			
10/15/17	14,860.	14,860.	61	.000109589	99
12/15/17	14,859.	29,719.	90	.000109589	293
03/15/18	14,860.	44,579.	16	.000109589	78
03/31/18	0.	44,579.	76	.000136986	464
06/15/18	14,859.	59,438.	153	.000136986	1,246
			S		
			<u>O</u>		
)		
		C			
nalty Due (Sum of Colu	ımn F).				2,180

* Date of estimated tax payment, withholding credit date or installment due date.

712511 04-01-17

Form 8868	
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(Rev. January 2017)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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

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

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

				Enter file	er's identifyiı	ng number	
Type or print	or Name of exempt organization or other filer, see instructions. E			Employer identification number (EIN) or			
print	SHEPPARD PRATT HEALTH SYSTEM, INC.				52-0591684		
File by the				Social se	curity numbe		
due date for filing your	$P_{1}O_{2}$ BOX 6815						
return. See instructions		preign addu	ress see instructions		•		
	BALTIMORE, MD 21285						
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For				
) or Form 990-EZ	01	Form 990-T (corporation)				
Form 990)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	D-PF	04	Form 5227				
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 990	D-T (trust other than above)	06	Form 8870				
 If the If this box 1 I reform I 	hone No. \blacktriangleright (410) 938-3344 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box \blacktriangleright equest an automatic 6-month extension of time until the organization named above. The extension is for the of calendar year or . Tax year beginning JUL 1, 2017 he tax year entered in line 1 is for less than 12 months, cl	Group Exe and atta MAX organizatic , an	mption Number (GEN) ch a list with the names and EINs of <u>X 15, 2019</u> , to file on's return for: d ending 30, 2018	f this is fo all memb	r the whole g ers the exten npt organizati 	sion is for.	
	Change in accounting period						
	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			•	
	nrefundable credits. See instructions.			<u> </u>	\$	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0	
	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your paymen						0	
	using EFTPS (Electronic Federal Tax Payment System).			30	\$	0.	
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct deb	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879	-EO for payment	
LHA F	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2017)	

723841 04-01-17

Form 8868	
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(Rev. January 2017)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

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

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

		E			Enter filer's identifying number			
Type or print				Employe	Employer identification number (EIN) or			
	SHEPPARD PRATT HEALTH SYSTEM, INC.					91684		
File by the due date for	hate for Number, street, and room or suite no. If a P.O. box, see instructions.					ocial security number (SSN)		
filing your return. See								
instructions	City, town or post office, state, and ZIP code. For BALTIMORE, MD 21285							
Enter the	Return Code for the return that this application is for	r (file a separat	te application for each return)					
Applicat	ion	Return	Application			Return		
Is For		Code	Is For	Q .				
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)	07				
Form 99	D-BL	02	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99)-PF	04	Form 5227	10				
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11				
Form 99	D-T (trust other than above)	06	Form 8870			12		
 If the If this box 1 I reform form 	equest an automatic 6-month extension of time until the organization named above. The extension is for t	git Group Exe and atta <u>MAS</u> the organizatio	mption Number (GEN) ch a list with the names and EINs of <u>X 15, 2019</u> , to file on's return for: d ending JUN 30, 2018	f this is fo all memb	r the whole <u>g</u> ers the exter npt organizat	group, check this ision is for.		
 3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 47	720 or 6060 d	enter the tentative tax, less any					
	nrefundable credits. See instructions.	20, 01 0000, 0		3a	\$	0.		
	· · · · · · · · · · · · · · · · · · ·	069 enter any	refundable credits and	0a	Ψ			
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.		
	lance due. Subtract line 3b from line 3a. Include you			3b	\$			
	using EFTPS (Electronic Federal Tax Payment Syster		, , ,	3c	\$	0.		
Caution: instruction	If you are going to make an electronic funds withdra	wal (direct det	bit) with this Form 8868, see Form 84	153-EO an		9-EO for payment 3868 (Rev. 1-2017)		