Form 8453-E0

Exempt Organization Declaration and Signature for

OMB No. 1545-1879

Electronic Filing

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

For calendar year 2016, or tax year beginning 07/01 , 2016, and ending 06/30 2016

Department of the Treasury Internal Revenue Service Name of exempt organization

Employer identification number

ST. AGNES HEALTHCARE, INC.

52-0591657

20 17

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank. then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ► ☑ b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	440,565,839
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ► □ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b D Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ► □ b Balance due (Form 8868, line 3c)	5b	

Declaration of Officer Part II

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign	Torya Mashon	5/3/2018	TAX OFFICER			
Here	Signature of officer	Date	Title			

Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) Part III

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's	ERO's signature		Date	also paid	Check if self- employed	ERO's SSN or PTIN		
Use Only	Firm's name (or yours if self-employed), address, and ZIP code		•	•		EIN Phone no.		
Under pe	Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.							
Paid Prepa	Print/Type preparer	's name Pre	parer's signature		Date	Check if self- employed	PTIN	
						Firm's EIN ►		

Firm's address ►

Use Only

Phone no.

_	qqn
Form	330

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at *www its gov/form*990.

20**16** Open to Public Inspection

OMB No. 1545-0047

inter	nai nevei	nue Service	Information about Form 990 and its instructions is at www.irs.g	07/10/11/990).	Inspection		
A	For the	e 2016 cale	ndar year, or tax year beginning 07/01 , 2016, and ending	06	6/30	, 20 17		
В	Check if	if applicable:	C Name of organization ST. AGNES HEALTHCARE, INC.		D Employer identification number			
	Address	s change	Doing business as			52-0591657		
	Name c	change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephor	ne number		
	Initial re	eturn		40		(314) 733-8000		
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amende	ed return	BALTIMORE, MD 21229		G Gross re			
	Applicat	tion pending	F Name and address of principal officer: KEITH VANDER KOLK SAME AS C ABOVE	H(a) Is this a gr	roup return for s	subordinates? 🗌 Yes 🗹 No		
			- ` '		included? Yes No			
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	lf "N	o," attach a	list. (see instructions)		
J	Website		/W.STAGNES.ORG	H(c) Group	exemption	number ► 0928		
-			✓ Corporation Trust Association Other ► L Year of formatio	n: 1862	M State	of legal domicile: MD		
P	art I	Summ						
	1		escribe the organization's mission or most significant activities: TO IMPI	ROVE THE	HEALTH A	ND WELL-BEING		
Activities & Governance		OF ALL F	PEOPLE IN THE COMMUNITIES WE SERVE.					
nar								
ver	2		is box $\blacktriangleright arsigma$ if the organization discontinued its operations or disposed of					
ő	3		of voting members of the governing body (Part VI, line 1a)			13		
ο δο	4		of independent voting members of the governing body (Part VI, line 1b) nber of individuals employed in calendar year 2016 (Part V, line 2a)			10		
itie	5			5	3,480			
ctiv	6	Total nur	6	302				
Ă	7a		elated business revenue from Part VIII, column (C), line 12		7a	3,972,539		
	b	Net unre	ated business taxable income from Form 990-T, line 34		7b	(23,546)		
				Prior Ye		Current Year		
e	8		tions and grants (Part VIII, line 1h)		,101,515	1,476,708		
Revenue	9	•	service revenue (Part VIII, line 2g)		3,752,391	433,684,456		
Bev	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		,080,666	89,136		
_	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,352,044	5,315,539		
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	445	,286,616	440,565,839		
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		90,715	1,034,740		
	14		paid to or for members (Part IX, column (A), line 4)					
Expenses	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	213	8,694,874	221,077,540		
ens	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	0		
Ц.	b		draising expenses (Part IX, column (D), line 25) ▶0		100 101	404.444.000		
	11		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		0,102,184	191,144,336		
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,887,773	413,256,616		
	19	Revenue	less expenses. Subtract line 18 from line 12	12 ginning of Cu	2,398,843	27,309,223 End of Year		
Net Assets or Fund Balances	00	Tatala						
Asset Bala	20		ets (Part X, line 16)),122,410	347,832,846		
Vet ∕	21		ilities (Part X, line 26)		2,076,064	201,430,379		
	22 art II		ts or fund balances. Subtract line 21 from line 20	378	8,046,346	146,402,467		

Part II Signature Block

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

	· ····	a alasha	5	5/3/2018				
Sign	Signature of officer		C	Date				
Here	TONYA MERSHON, TAX OFFICER							
	Type or print name and title							
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN			
Use Only	Firm's name	Fir	Firm's EIN ►					
	Firm's address ►	Pr	Phone no.					
May the IRS	May the IRS discuss this return with the preparer shown above? (see instructions)							
For Paperwo	For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2016)							

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ST. AGNES HEALTHCARE IS A SPIRITUALLY CENTERED HOSPITAL WHICH IS ROOTED IN THE HEALING MINISTRY OF
	JESUS. IN THE SPIRIT OF ST. ELIZABETH ANN SETON, AND IN COLLABORATION WITH OTHERS, WE CONTINUALLY
	REACH OUT TO ALL PERSONS IN OUR COMMUNITY WITH A SPECIAL CONCERN FOR THOSE WHO ARE POOR AND
	(CONTINUED ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
0	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.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$178,970,695 including grants of \$888,256) (Revenue \$303,476,509)
та	(Code:) (Expenses \$ 178,970,695 including grants of \$ 888,256) (Revenue \$ 303,476,509) ST. AGNES HOSPITAL PROVIDES A SUBSTANTIAL PORTION OF ITS SERVICES TO THE ELDERLY AND POOR. OF THE
	OVERALL SERVICES RENDERED DURING THE FISCAL YEAR ENDED JUNE 30, 2017, 43% OF THE VALUE OF SERVICES
	WAS TO ELDERLY PATIENTS UNDER THE MEDICARE PROGRAM, AND 21% WAS TO PATIENTS WHO WERE DEEMED INDIGENT
	UNDER STATE, COUNTY, OR HOSPITAL GUIDELINES. THIS VALUE OF THESE SERVICES TO THE ELDERLY AND POOR
	TOTALED \$303,322,904 FOR THE YEAR. IN THE SPIRIT OF PRINCIPLES ADOPTED BY ASCENSION HEALTH, ST.
	AGNES HOSPITAL HAS TAKEN PROACTIVE STEPS TO ADDRESS THOSE ISSUES THAT WILL AFFECT ACCESSIBILITY. THE
	FINANCING, AND THE DELIVERY OF HEALTHCARE TO ALL PERSONS, ESPECIALLY THE UNINSURED, UNDER INSURED,
	AND THE UNDER SERVED. DURING THE FISCAL YEAR ENDING JUNE 30, 2017, THE ESTIMATED UNREIMBURSED COST
	OF SERVICES PROVIDED TO THE ELDERLY, UNINSURED, AND UNDER INSURED TOTALED \$21,425,111, INCLUDING
	\$14,212,189 FOR CHARITY CARE, AND \$7,212,922 OF UNREIMBURSED MEDICAID.
4b	(Code:) (Expenses \$91,619,890_ including grants of \$) (Revenue \$118,470,293_)
	ST. AGNES HOSPITAL PROVIDES THE FOLLOWING INPATIENT AND OUTPATIENT MEDICAL SERVICES TO THE
	COMMUNITY: AMBULATORY CARE CENTER SERVICES, CARDIOVASCULAR SERVICES, CANCER TREATMENT SERVICES,
	EMERGENCY CARE CENTER SERVICES, LABORATORY SERVICES, ORTHOPEDIC SERVICES, PAIN MANAGEMENT, PRIMARY
	CARE PHYSICIANS, RADIOLOGY SERVICES, REHABILITATION SERVICES, SLEEP STUDIES, STROKE SERVICES,
	OBSTETRICS, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, WOUND CARE, RESPIRATORY THERAPY,
	SURGERY, PEDIATRICS, IMAGING CLINIC, BARIATRIC SERVICES, RESPIRATORY THERAPY, WOMEN'S HEALTH
	SERVICES, DIABETES WELLNESS PROGRAMS, PALLIATIVE CARE SERVICES, AND AN ANTICOAGULATION CLINIC. SOME
	OF THE SERVICES LISTED OPERATE AT A LOSS IN ORDER TO ENSURE THAT ALL SERVICES ARE AVAILABLE TO MEET
	COMMUNITY HEALTH CARE NEEDS. DURING THE FISCAL YEAR ENDING JUNE 30, 2017, OUR HOSPITAL TREATED
	15,802 INPATIENT ADULTS AND CHILDREN IN THE COMMUNITY FOR A TOTAL OF 69,648 PATIENT DAYS OF SERVICE.
	THE HOSPITAL ALSO PROVIDED SERVICES TO 512,610 OUTPATIENTS, INCLUDING 4,942 OUTPATIENT SURGERY
	PATIENTS, 80,841 EMERGENCY ROOM VISITS, AND 58,215 CLINIC VISITS.
4c	(Code:) (Expenses \$37,957,357 including grants of \$146,484) (Revenue \$12,883,579)
	COMMUNITY BENEFITS ARE PROGRAMS OR ACTIVITIES THAT PROVIDE TREATMENT AND/OR PROMOTE HEALTH AND
	HEALING AS A RESPONSE TO IDENTIFIED COMMUNITY NEEDS. IN AN EFFORT TO PROMOTE HEALTHY LIVING, ST.
	AGNES HAS MADE AVAILABLE WELLNESS PROGRAMS TO THE COMMUNITY. THESE PROGRAMS INCLUDE, BUT ARE NOT
	LIMITED TO: ADULT, INFANT AND CHILD CPR CLASSES; ASTHMA CURRICULA; BARIATRIC SEMINARS; BASIC LIFE
	SUPPORT CLASSES; BREAST HEALTH CLINICS AND SEMINARS; FIRST AID CLASSES; JOINT AND PAIN SEMINARS;
	RUNNING CLINICS; BABYSITTING CLASSES; BLOOD PRESSURE, CHOLESTEROL, AND BLOOD SUGAR SCREENINGS;
	DIABETES AND HEART DISEASE PREVENTION EDUCATION; INTERNATIONAL EARLY LUNG CARE ACTION PROJECT
	STUDIES; HEART HEALTH AWARENESS PROGRAMS FOR AFRICAN AMERICAN WOMEN; GASTRO ESOPHAGEAL REFLUX
	DISEASE SEMINARS; ACTIVITIES IN THE PEDIATRICS WAITING ROOM OF THE COMMUNITY CARE CLINIC PROMOTING
	EARLY DEVELOPMENT OF READING SKILLS; ACTIVITIES RELATED TO THE SUCCESSFUL DISCHARGE OF PATIENTS SUCH
	AS PROVIDING TRANSPORTATION, PRESCRIPTIONS, OXYGEN, DURABLE MEDICAL EQUIPMENT, AND SHORT-TERM STAYS
14	(CONTINUED ON SCHEDULE O) Other program convises (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 308,547,942
	Form 990 (2016)

Form 990 (2016)

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Part	V Checklist of Required Schedules			
		-	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	1 2	\checkmark	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	v	✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4	~	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	1	
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, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	1	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	1	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	\checkmark	
	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 \therefore	11f	~	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		\checkmark
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14a		✓ ✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		· ✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		1

Form **990** (2016)

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Form 99	0 (2016)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	√	
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	√	
00	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	\checkmark	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		\checkmark
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23	√	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		√
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		▼
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
32	Part I	31		✓
33	<i>complete Schedule N, Part II</i>	32	✓ ✓	
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	33	✓ ✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	✓ ✓	
b 36	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 .</i> . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	✓	
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .	37		✓
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	✓	
			~ 00 0	(0010)

Form 99	0 (2016)		F	Page 5
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a 5	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 283			
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	v	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3,480			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	\checkmark	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	\checkmark	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	\checkmark	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4.5		\checkmark
h	account)?	4a		•
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		\checkmark
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		\checkmark
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		\checkmark
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		1
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		\checkmark
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		•
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a 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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
is a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	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 organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	. 000	(2016)
		⊢orr	າ ອອບ	(2016)

Form 99	00 (2016)		1	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13	4		
	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 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 10 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		✓
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		\checkmark
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		\checkmark
6	Did the organization have members or stockholders?	6	\checkmark	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	\checkmark	
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	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	\checkmark	
b	Each committee with authority to act on behalf of the governing body?	8b	\checkmark	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		\checkmark
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		\checkmark
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	\checkmark	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	\checkmark	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	✓	
13	Did the organization have a written whistleblower policy?	13	\checkmark	
14	Did the organization have a written document retention and destruction policy?	14	\checkmark	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		\checkmark
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10-		
h		16a	✓	
D	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?	4.01		
Soct:	organization's exempt status with respect to such arrangements?	16b	\checkmark	
<u>Secti</u> 17	List the states with which a copy of this Form 990 is required to be filed MD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio	n 5010	c)(3)s	onlv)
	available for public inspection. Indicate how you made these available. Check all that apply.		5,0,0	(), (i)
	□ Own website □ Another's website ☑ Upon request □ Other (<i>explain in Schedule O</i>)			

- **19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► SCOTT FURNISS, 900 CATON AVENUE, BALTIMORE, MD 21229, (410) 368-3130, FAX: (410) 368-3594 Form **990** (2016)

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

• List all of the organization's **former** officers, key employees, 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.

					C)					,
(A)	(B)	<i>.</i> .			sition			(D)	(E)	(F)
Name and Title	Average				ck more than person is both			Reportable	Reportable	Estimated
	hours per					or/truste	ee)	compensation	compensation from	amount of
	week (list any hours for related organizations below dotted line)		Key employee Officer Institutional trustee Individual trustee		Former Highest compensated employee Key employee Officer		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) CARLOS S INCE JR, MD	50.0									
SECRETARY/PHYSICIAN	0.0	1		1				443,995	0	43,097
(2) KEITH VANDER KOLK	47.7									
PRESIDENT & CEO	2.3	1		1				541,031	0	30,106
(3) JOHN E WHEELER, JR	2.7									
BOARD CHAIR (START 7/2016)	0.0	1		1				0	0	0
(4) BRUCE R GRINDROD, JR	2.0									
BOARD DIRECTOR	0.0	✓						0	0	0
(5) MARGARET HAYES	1.5									
BOARD DIRECTOR	0.0	1						0	0	0
(6) MOHANNAD F JISHI	2.0									
BOARD DIRECTOR	0.0	✓						0	0	0
(7) A GREGORY KELLY, JR	2.4									
BOARD DIRECTOR	0.0	✓						0	0	0
(8) IRENE D KNOTT	1.4									
BOARD DIRECTOR	0.0	✓						0	0	0
(9) CAROLE B MILLER, MD	50.0									
BOARD DIRECTOR/PHYSICIAN	0.0	✓						449,817	0	47,230
(10) JAMES B SELLINGER	1.3									
BOARD DIRECTOR	0.0	✓						0	0	0
(11) JOHN B STANSBURY	1.7									
BOARD DIRECTOR	0.0	✓						0	0	0
(12) SISTER MARY LOU STUBBS	2.0									
BOARD DIRECTOR	0.0	✓						0	0	0
(13) SAM V SYDNEY, MD	1.4									
BOARD DIRECTOR	0.0	✓						0	0	0
(14) SCOTT M FURNISS	27.1									
CFO-MINISTRY MKT DC/BALTIMORE	22.9			\checkmark				437,628	0	32,131

Form **990** (2016)

Part VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (contin	ued)
(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15) NANCY M HAMMOND, MD	48.6									
EXECUTIVE VP/CMO	1.4				\checkmark			354,224	0	42,150
(16) PATRICK F MUTCH EXEC VP PHYSICIAN AND POPULATION HEALTH SERVICES (END 7/2016)	48.6 1.4				1			390,849	0	26,926
(17) ANDREW M AVERBACH, MD	50.0									
GENERAL SURGEON	0.0					✓		637,853	0	37,712
(18) GEORGE T GRACE, MD	50.0									
MEDICAL DIRECTOR - PLASTIC HAND RECONSTRUCTIVE SURGEON	0.0					✓		806,938	0	45,071
(19) HOWARD S HESSAN, MD	50.0									
MEDICAL DIRECTOR - OTOLARYNGOLOGY	0.0					✓		853,566	0	39,435
(20) AJAY V KUMAR, MD	50.0									
PLASTIC SURGEON	0.0					✓		691,142	0	42,547
(21) MICHAEL A ZATINA, MD	50.0									
SURGERY DIRECTOR - CARDIOVASCULAR INST	0.0					✓		642,035	0	43,242
(22) BONNIE L PHIPPS	0.0									
FORMER OFFICER	50.0						√	0	1,905,534	34,144
(23)										
(24)										
(25)										
1b Sub-total					I			6,249,078	1,905,534	463,791
c Total from continuation sheets to Part			:					0,240,070	1,505,554	
d Total (add lines 1b and 1c)	-							6,249,078	1.905.534	463.791
 2 Total number of individuals (including but reportable compensation from the organi 	not limited								//	, -
3 Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> a	ficer, direc							bloyee, or high		Yes No d

- **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*

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CEP AMERICA, LLC, 2100 POWELL STREET, SUITE 900, EMERYVILLE, CA 94608-1844	MEDICAL STAFFING SERVICES	1,532,745
CONTEMPORARY NURSING SOLUTIONS INC, 1000 JEFFERSON STREET, SUITE 1A, LYNCHBURG, VA 24504-1724	NURSING SERVICES	1,288,141
EAGLE EYE RADIOLOGY INC, 12100 SUNRISE VALLEY DRIVE, SUITE 290 B, RESTON, VA 20191	RADIOLOGY SERVICES	949,056
DVA RENAL HEALTHCARE, INC, P O BOX 40308, ATLANTA, GA 31192	MEDICAL SERVICES	931,739
DRS HICKEN CRANLEY & TAYLOR PA, 900 S CATON AVE, BALTIMORE, MD 21229	MEDICAL SERVICES	832,392
2 Total number of independent contractors (including but not limited to		
received more than \$100,000 of compensation from the organization \blacktriangleright	39	

4 ↓ ✓

5

Part VIII Statement of Revenue

		Check if Schedule C) contains a res	oonse or note to	o any line in this	Part VIII		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a	Federated campaigns	s 1a					
ìrar oun	b	Membership dues .						
∆n D	с	Fundraising events	1c					
ar /	d	Related organizations	s 1d	208,697				
s, C	е	Government grants (con	tributions) 1e	1,268,011				
tion r S	f	All other contributions, g	ifts, grants,					
ibur		and similar amounts not inc	luded above 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions inclue	ded in lines 1a-1f: \$					
	h	Total. Add lines 1a-1	f		1,476,708			
Program Service Revenue				Business Code				
evel	2a	NET PATIENT REVEN		621990	423,447,478	420,795,832	2,651,646	
eB	b	JOINT VENTURE REVI	ENUE	900099	6,911,137	6,911,137		
rzic	C	LAB REVENUE		621500	1,320,893		1,320,893	
Se	d	REVENUE FROM AFFI		561000	855,737	855,737		
ram	e	PHYSICIAN ADMIN AND		621990	935,442	935,442		
rog	f	All other program ser		900099	213,769	213,769	0	0
<u> </u>	9 3	Total. Add lines 2a–2 Investment income	including divid		433,684,456			
	Ŭ	and other similar amo		· · · · · •	143,208			143,208
	4	Income from investmen	,		143,200			140,200
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents	889,323					
	b	Less: rental expenses						
	с	Rental income or (loss)	889,323	0				
	d	Net rental income or ((loss)	🕨	889,323			889,323
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 20				
	b	Less: cost or other basis and sales expenses .						
			0	54,092				
	c d	Gain or (loss) Net gain or (loss) .	0	(54,072)	(54,072)			(54,072)
	u	Net gain of (1055) .		🕨	(34,072)			(34,072)
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte See Part IV, line 18	ed on line 1c).					
the	h	Less: direct expenses						
0		Net income or (loss) f						
	9a		aming activities.					
	b	Less: direct expenses	s b					
	с	Net income or (loss) f		vities 🕨				
	10a	Gross sales of in returns and allowance		256,560				
	b	Less: cost of goods s						
	с	Net income or (loss) f		-	97,828			97,828
		Miscellaneous R		Business Code				
	11a	CAFETERIA REVENUE		722514	1,552,731			1,552,731
	b	EDUCATION REVENU	E	611430	1,262,740	1,262,740		
	C	ESCHEAT REVENUE		900099	450,646	150 105		450,646
	d	All other revenue .		900099	1,062,271	153,185	0	909,086
	е 12	Total. Add lines 11a- Total revenue. See in			4,328,388	121 127 040	2 072 520	2 000 750
	12	rotar revenue. See If	1311 10110115	🚩	440,565,839	431,127,842	3,972,539	3,988,750 Form 990 (2016)

Form **990** (2016)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) **(D)** Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . 1,034,740 1,034,740 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 2.839.184 2.839.184 Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 186,298,910 169,594,130 16,704,780 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) (26, 283)54,952 (81, 235)Other employee benefits 9 19,367,853 17,507,338 1,860,515 10 12,597,876 11,309,369 1,288,507 Payroll taxes 11 Fees for services (non-employees): 3,651 14,569 Management (10,918)а Legal 93.095 10.370 82.725 b С Accounting 325,618 18,515 307,103 Lobbying 24,844 24,844 d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . 15,259,855 11,643,016 3,616,839 0 12 Advertising and promotion . . . 730,854 68,921 661,933 648,022 13 1,731,193 1,083,171 Office expenses 1,603,756 1,209,151 14 Information technology . . 394,605 . . 15 Royalties 16 Occupancy 9.969.568 4.056.737 5.912.831 Travel 246,820 65,353 17 181,467 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 258,194 59.446 Conferences, conventions, and meetings . 317,640 20 Interest 2,640,094 2,640,094 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 18,699,393 12,059,725 6.639.668 23 6.829.951 2.692.032 4,137,919 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PURCHASED SERVICES 52,104,541 10,567,507 41,537,034 а MEDICAL SUPPLIES 52,076,508 52,076,508 b CORPORATE ALLOCATIONS 8,795,994 8.795.994 С CONTRACT LABOR 7,489,409 6,420,393 1,069,016 d 12,201,552 7,122,286 5,079,266 0 е All other expenses Total functional expenses. Add lines 1 through 24e 25 413.256.616 308,547,942 104,708,674 0 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 🔲 if

following ŠOP 98-2 (ASC 958-720)

Form 990 (2016)

Part	X Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Par	tX		🗌
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	4,712,028	1	5,030,130
2	2 Savings and temporary cash investments		2	3,330,101
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	50,061,659	4	56,916,621
Ę	 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
Assets			6 7	0
VSS6		7 000 070	-	7.044.004
		7,829,072	8	7,914,894
10	Prepaid expenses and deferred charges	1,185,716	9	892,278
	b Less: accumulated depreciation 10b 186,002,688	229,023,146	10c	221,529,117
11		766,503	11	221,020,117
12	· · · · ·	0	12	0
13		20,093,436	13	27,004,573
14		5,997,231	14	5,187,107
15		220,453,619	15	20,028,025
16		540,122,410	16	347,832,846
17		37,814,256	17	45,845,634
18			18	,
19	· · ·	601,318	19	601,318
20		,	20	,
2	· · · ·		21	
Liabilities				
abi	disqualified persons. Complete Part II of Schedule L		22	0
<u>ت</u> 23	B Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	123,660,490	25	154,983,427
26		162,076,064	26	201,430,379
ces	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
<u>la</u> 27		373,501,973	27	142,219,446
8 28		4,417,841	28	4,053,684
r Fund Balances	Permanently restricted net assets	126,532	29	129,337
Net Assets or			30	
31 Set			31	
Ø 32			32	
33 et		378,046,346	33	146,402,467
2 34		540,122,410	34	347,832,846

Form **990** (2016)

Form 99	90 (2016)			Pa	ge 12
Part	XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI				\checkmark
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	40,56	5,839
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	13,25	6,616
3	Revenue less expenses. Subtract line 2 from line 1	3		27,30	9,223
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	878,04	6,346
5	Net unrealized gains (losses) on investments	5		9	0,849
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(2	59,043	,951)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	46,40	2,467
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	<u></u>			
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in			
-	Schedule O.				,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp reviewed on a separate basis, consolidated basis, or both:	olled or			
	•				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	\checkmark	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	d on a			
	•				
	☐ Separate basis	oreight			
C	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c		/
	If the organization changed either its oversight process or selection process during the tax year, ex		20		V
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
Ja	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the	Ja		v
5	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		
		-			(0010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2016

Open to Public

Inspection

Department	of the	Treasury	

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Internal Revenue Service

Employer identification number

Name of the organization	Employer identification numb
ST. AGNES HEALTHCARE, INC.	52-0591657
Part I Reason for Public Charity Status (All organizations must complete this p	art.) See instructions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only or	ie box.)

- A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g,
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
 - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
- Enter the number of supported organizations f

Provide the following information about the supported organization(s). α

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))			listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No																										
(A)																														
(B)																														
(C)																														
(D)																														
(E)																														
Total																														

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2016

13

Schedu	ile A (Form 990 or 990-EZ) 2016						Page 2
Part	II Support Schedule for Organiza	ations Desci	ribed in Sect	ions 170(b)(1	I)(A)(iv) and 1	170(b)(1)(A)(v	/i)
	(Complete only if you checked th						
	Part III. If the organization fails to	o qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
Sect	on A. Public Support						
Caler	idar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	[1	1	1	1	
	idar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	•			· ·		. , . ,
	organization, check this box and stop he						🕨 📘
	ion C. Computation of Public Suppor						
14	Public support percentage for 2016 (line					14	<u>%</u>
15 16a	Public support percentage from 2015 Sch 33 ¹ / ₃ % support test-2016. If the organ	ization did not	check the bo	x on line 13, a	nd line 14 is 3		
	box and stop here. The organization qua			-			
b	33 ¹ / ₃ % support test — 2015. If the organi this box and stop here. The organization						
1 7a	10%-facts-and-circumstances test — 2 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	s-and-circumst	ances" test, cl est. The organi	heck this box a	and <mark>stop here</mark>	. Explain in
b	10%-facts-and-circumstances test — 2 15 is 10% or more, and if the organization r Explain in Part VI how the organization r supported organization	ation meets th	ne "facts-and-	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization di instructions						

Schedule A (Form 990 or 990-EZ) 2016

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						_
8	Public support. (Subtract line 7c from						
Saati	line 6.)						
		(a) 2012	(b) 0010	(a) 0014	(4) 0015	(a) 2016	(f) Total
9	dar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gross income from interest, dividends,						
10a	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b				1		
11	Net income from unrelated business				1		
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	0	n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a sec	tion 501(c)(3)
	organization, check this box and stop he			<u> </u> .		· · · ·	> _
Secti	on C. Computation of Public Suppor	-	·				
15	Public support percentage for 2016 (line 8						%
16	Public support percentage from 2015 Sch					16	%
	on D. Computation of Investment In		-				
17	Investment income percentage for 2016 (-			%
18	Investment income percentage from 2015						%
19a	33 ¹ / ₃ % support tests-2016. If the organ						
	17 is not more than $33^{1}/_{3}$ %, check this box		-	-		-	
b	33 ¹ / ₃ % support tests — 2015. If the organiz						
	line 18 is not more than 33 ¹ / ₃ %, check this l						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,			
					Sch	nedule A (Form	990 or 990-EZ) 2016

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.)

Schedule A (Form 990 or 990-EZ) 2016

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedu	ile A (Form 990 or 990-EZ) 2016		F	Page 5
Part	V 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		
С	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		
Sect	ion 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		
Sect	ion C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	Yes	No

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
	organization's governing documents in elect on the date of notification, to the extent hot 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		

Section E. Type III Functionally Integrated Supporting Organizations

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

17

2a

2b

3a

3b



Yes No

_

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

	e A (Form 990 or 990-EZ) 2016			Page I
Part		B) Supporting Organi	zations (continued)	0
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
		nizotiono		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)			
<u>5</u> 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 whic	h the organization is rea	ponsivo	
0	(provide details in Part VI). See instructions.	an the organization is res	polisive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
10			(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required – explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
C	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
· ·	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017 . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a b	Excess from 2013			
	Execce from 2014			
0				
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

2016 Return St. Agnes Healthcare, Inc. 52-0591657

Political Campaign and Lobbying Activities

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

Department of the Treasury Internal Revenue Service Se

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

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

SCHEDULE C

(Form 990 or 990-EZ)

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name	of organization	Employer identific	ation number	
ST. A	GNES HEALTHCARE, INC.	52-0)591657	
Part	I-A Complete if the organization is exempt under section 501(c) or is a s	ection 527 orga	anization.	
1	Provide a description of the organization's direct and indirect political campaign act definition of "political campaign activities")	ivities in Part IV.	(see instructi	ions for
2	Political campaign activity expenditures (see instructions)	► \$		
3	Volunteer hours for political campaign activities (see instructions)			
Part	I-B Complete if the organization is exempt under section 501(c)(3).			
1	Enter the amount of any excise tax incurred by the organization under section 4955 .	► \$		
2	Enter the amount of any excise tax incurred by organization managers under section 495	5►\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			No
4a	Was a correction made?		. Yes	No
b	If "Yes," describe in Part IV.			
Part	I-C Complete if the organization is exempt under section 501(c), except	section 501(c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exemp	ot function		
	activities	Þ \$		
2	Enter the amount of the filing organization's funds contributed to other organizations f	or section		
	527 exempt function activities	► \$		
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1			
	line 17b	Þ \$		
4	Did the filing organization file Form 1120-POL for this year?		. Yes	No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 p	olitical organizatio	ons to which t	he filing
	organization made payments. For each organization listed, enter the amount paid from the amount of political contributions received that were promptly and directly delivered to			

as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (c) EIN (a) Name (b) Address (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2) (3) (4) (5) (6)

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2016



Pa	art	II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (eleo	ction under			
Α	С		ongs to an affiliated group (and list in Part IV e		up member's			
		name, address, EIN, expenses, and share of excess lobbying expenditures).						
В	C	neck 🕨 🗌 if the filing organization che	cked box A and "limited control" provisions a	pply.				
		-	ving Expenditures	(a) Filing	(b) Affiliated			
		(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals			
	la	Total lobbying expenditures to influence p	oublic opinion (grass roots lobbying)					
	b	Total lobbying expenditures to influence a	a legislative body (direct lobbying)					
	С	Total lobbying expenditures (add lines 1a	and 1b)					
	d	Other exempt purpose expenditures						
	е	Total exempt purpose expenditures (add	lines 1c and 1d)					
	f		ne amount from the following table in both					
	_	columns.						
		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
		Not over \$500,000	20% of the amount on line 1e.					
		Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.					
		Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.					
		Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.					
		Over \$17,000,000	\$1,000,000.					
	g	Grassroots nontaxable amount (enter 259	% of line 1f)					
	h	Subtract line 1g from line 1a. If zero or les	ss, enter -0					
	i	Subtract line 1f from line 1c. If zero or les	,					
	j		on either line 1h or line 1i, did the organization	file Form 4720				
		reporting section 4911 tax for this year?			Yes No			

4-Year Averaging Period Under section 501(h)

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

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column (e))								
с	Total lobbying expenditures								
d	Grassroots nontaxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2016

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)).

	(election under section 501(h)).					
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)		
	iption of the lobbying activity.	Yes	No	An	nount	
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?		✓			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓			
С	Media advertisements?		\checkmark			
d	Mailings to members, legislators, or the public?		\checkmark			
е	Publications, or published or broadcast statements?		\checkmark			
f	Grants to other organizations for lobbying purposes?		\checkmark			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		\checkmark			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		\checkmark			
i	Other activities?	\checkmark			24	4,844
j	Total. Add lines 1c through 1i				24	4,844
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		✓			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), c	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	<u> </u>		3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				ine 3	3, is
1	Dues, assessments and similar amounts from members	.	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	.	2a			
b	Carryover from last year		2b			
с	Total	+	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	+	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	the				

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions) .

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

SEE NEXT PAGE

5

Schedule C (Form 990 or 990-EZ) 2016

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

Return Reference - Identifier	Explanation
	LOBBYING EXPENSES REPRESENT THE DUES PAID TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS, A PORTION OF WHICH IS SPECIFICALLY ALLOCABLE TO LOBBYING.
	ST. AGNES, INC. DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE.

SCHEDULE D (Form 990)

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.

	ent of the Treasury Revenue Service		 Attach to Form 990. orm 990) and its instructions is at www.ii 		Open to Public n990. Inspection
Name o	f the organization	1 1		Employer	identification number
ST. AC	GNES HEALTHO	CARE, INC.			52-0591657
Par			vised Funds or Other Similar Fun	ds or Ac	counts.
	Comp	lete if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(1	b) Funds and other accounts
1		at end of year			
2		lue of contributions to (during year)			
3		lue of grants from (during year) .			
4		lue at end of year			
5			advisors in writing that the assets h		
			e organization's exclusive legal contro		
6			and donor advisors in writing that gran		
			fit of the donor or donor advisor, or fo		
Par		ervation Easements.			· · · · L Yes L No
rai			"Yes" on Form 990, Part IV, line 7.		
1		conservation easements held by the			
			tion or education) Preservation of	f a historio	cally important land area
		n of natural habitat	, —		d historic structure
		ion of open space			
2			eld a qualified conservation contributio	on in the f	orm of a conservation
		the last day of the tax year.			Held at the End of the Tax Year
а	Total number	of conservation easements		2	a
b	Total acreage	e restricted by conservation easemen	ts	2	b
С			nistoric structure included in (a)		c
d			(c) acquired after 8/17/06, and not		
-		-			-
3		onservation easements modified, tran	sferred, released, extinguished, or terr	ninated b	y the organization during the
4	tax year ►	ates where property subject to conse	nution assemant is located		
4 5			garding the periodic monitoring, ins	nection	handling of
5			sements it holds?		
6			ting, handling of violations, and enforcing		
Ū				oonoon rain	on outcomonito during the your
7	Amount of exp	penses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conservat	ion easements during the year
	▶\$	с, т	5, 5 , 5		5,
8	Does each co	onservation easement reported on line	2(d) above satisfy the requirements of	section 1	70(h)(4)(B)(i)
9		•	conservation easements in its revenue		
			of the footnote to the organization's fin	ancial sta	tements that describes the
		s accounting for conservation easeme		0.1	· • •
Part			s of Art, Historical Treasures, or	Other S	imilar Assets.
10			"Yes" on Form 990, Part IV, line 8.		statement and belance about
1 a			AS 116 (ASC 958), not to report in its assets held for public exhibition, ec		
			cootnote to its financial statements that		
b	-		FAS 116 (ASC 958), to report in its		
			r assets held for public exhibition, ec		
		e, provide the following amounts relat			
					. 🕨 \$
	(ii) Assets inc	luded in Form 990, Part X			. ▶ \$
2	If the organiz	zation received or held works of art	, historical treasures, or other similar	assets f	or financial gain, provide the
			FAS 116 (ASC 958) relating to these it		
а	Revenue inclu	uded on Form 990. Part VIII. line 1 .			. 🕨 \$

b Assets included in Form 990, Part X . . .

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

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Cat. No. 52283D

▶ \$

Schedule D (Form 990) 2016

OMB No. 1545-0047

2016

Schedu	e D (Form 990) 2016						Page 2
Part	III Organizations Maintaining	Collections of A	Art, Historical 7	Freasures,	, or Ot	her Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):		her records, cheo	k any of the	e follov	ving that are a sig	nificant use of its
а	Public exhibition		d 🗌 Loan	or exchang	e prog	rams	
b	Scholarly research			-			
с	Preservation for future generations	6					
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.						
5	During the year, did the organization assets to be sold to raise funds rather						
Part				eoiganizati	011 3 00		
T al t	Complete if the organization	-	' on Form 990, I	Part IV, line	e 9, or	reported an amo	ount on Form
	990, Part X, line 21.	evetediene evete	en internetien f				
1a	Is the organization an agent, trustee, included on Form 990, Part X?						
b					• •		📋 Yes 🔝 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following t	able:		٨٣	iount
-	Decimains belower				4		iount
C	Beginning balance				10		
d	Additions during the year				10		
e	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amour						
Par	If "Yes," explain the arrangement in Patent Endowment Funds.			IT Has been	provide		•••
1 ai	Complete if the organization	answered "Ves"	' on Form 990	Part IV line	10		
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Four years back
10	Designing of year belongs						
1a	Beginning of year balance	624,222	625,190	0	14,329	570,832	2,944,473
b	Contributions				0	0	0
С	Net investment earnings, gains, and losses	24 141	(069)		10.961	42 407	(4 774 700)
ام		34,141	(968)		10,861 0	43,497	(4,774,700)
d e	Grants or scholarships Other expenditures for facilities and				0	0	0
C	programs				0	0	(2,401,059)
f	Administrative expenses				0	0	(2,401,039)
f	End of year balance	658,363	624,222	6	25,190	614,329	570,832
g 2	Provide the estimated percentage of t						570,052
	Board designated or quasi-endowmer	•		, column (a)) Helu	a5.	
a b		.00 %	<i>7</i> 70				
c	Temporarily restricted endowment	80.00 %					
C	The percentages on lines 2a, 2b, and		10%				
3a	Are there endowment funds not in the			at are held :	and ad	ministered for the	
ou	organization by:		e erganzatert tr				Yes No
	(i) unrelated organizations						3a(i) √
	(ii) related organizations						3a(ii) √
b	If "Yes" on line 3a(ii), are the related of						3b
4	Describe in Part XIII the intended uses	0			• •		0.0
Part							
- T art	Complete if the organization		on Form 990	Part IV line	- 11a	See Form 990 F	Part X line 10
	Description of property	(a) Cost or oth		or other basis		Accumulated	(d) Book value
		(investme		other)		epreciation	(3) 2001 10100
1a	Land			10,252,790			10,252,790
b	Buildings			261,686,954		101,395,671	160,291,283
c	Leasehold improvements			9,388,056		3,876,298	5,511,758
d	Equipment			99,911,202		75,603,485	24,307,717
e	Other			26,292,803		5,127,234	21,165,569
	Add lines 1a through 1e. (Column (d) n		90, Part X. columi)c.) .		221,529,117
					,		

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page 3 Part VII Investments-Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: (a) Description of investment Cost or end-of-year market value EQUITY INVESTMENT IN MARYLAND PHYSICIANS CARE 27,004,573 COST (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► 27,004,573 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) INTEREST IN FOUNDATION NET ASSETS 1,787,655 (2) DEFERRED COMPENSATION ASSET 12,979,392 (3) DUE FROM AFFILIATES 3,753,461 (4) OTHER RECEIVABLES 921.111 (5) OTHER ASSETS 277,648 SECURITY DEPOSITS 308,758 (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 20,028,025 Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (b) Book value (a) Description of liability (1) Federal income taxes (2) DEBT WITH ASCENSION HEALTH ALLIANCE 75,167,980 (3) ESTIMATED SETTLEMENT TO THIRD-PARTY PAYOR 31,355 (4) PENSION PLAN LIABILITY 17,128,587 (5) AH SAVINGS PLAN LIABILITY 2,350,000 (6) DEFERRED COMPENSATION LIABILITY 12,979,392 (7) DUE TO AFFILIATES 42,607,515 (8) AT-RISK LIABILITY 1,475,000 (9) (SEE STATEMENT)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 154,983,427 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII \checkmark

Schedu	e D (Form 990) 2016		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	1
с	Recoveries of prior year grants		1
d	Other (Describe in Part XIII.)		1
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		1
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments		1
c	Other losses		-
d	Other (Describe in Part XIII.)		-
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		-
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, lin</i>		5
Part			0
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4 [.] Part IV lines 1b and 2b	o: Part V line 4: Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
	TATEMENT		

Schedule D	Other Liabilities - Complete if the organization answere	d "Yes" to
Part X	Form 990, Part IV, line 11e or 11f. See Form 990, Part	X, line 25.
	(a) Description of liability	(b) Book value
	26,338	
	307,099	
	2,910,161	

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	WHITEFORD ENDOWMENT - 50% TO BE UTILIZED TO ERECT A WING OR ADDITIONAL BUILDING, ADDITIONAL 50% MAY BE USED TO SUPPORT HOSPITAL OPERATIONS.
	BROWNE ENDOWMENT - ESTABLISHED FOR USE BY CARDIAC UNIT TO AID THE INDIGENT.
	GITTINGS ENDOWMENT - CREATED TO PROVIDE A BED IN THE CHILDREN'S WARD.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2017.

SCHE	DULE	Н
(Form	990)	

Hospitals

OMB No. 1545-0047
2016
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Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
 Attach to Form 990.

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

Internal F	Revenue Service		about Schedule	; ii (i oiiii 990) a		15 at www.m	5.90V/I	Ins	bect	ion	
	of the organization						Employ	er identification num	ber		
ST. AC	GNES HEALTHC						52	0591	657		
Par	t I Finan	cial Assistanc	ce and Certai	n Other Cor	nmunity Benefit	s at Cost					
										Yes	No
1a	Did the organi	zation have a fin	ancial assistan	ce policy durir	ng the tax year? If	"No," skip t	o ques	stion 6a	1a	✓	
b	If "Yes," was i	t a written policy	/?					[1b	\checkmark	
2	If the organiza	tion had multiple	e hospital facilit	ies, indicate w	hich of the followi	ng best des	cribes	application of			
	the financial a	ssistance policy	to its various h	ospital facilitie	es during the tax ye	ear.					
	✓ Applied un	iformly to all hos	spital facilities		Applied uniforml	y to most h	ospita	facilities			
	Generally 1	ailored to individ	dual hospital fa	cilities		-	-				
3	Answer the fo	llowing based or	n the financial a	assistance elig	ibility criteria that	applied to t	he larg	est number of			
	the organization	on's patients dur	ring the tax yea	r.							
а	Did the organ	ization use Fede	eral Poverty Gu	idelines (FPG)	as a factor in det	termining el	igibilit	for providing			
					FPG family income				3a	\checkmark	
	100%	□ 150% □	200%	Other	250 %						
b	Did the organ	ization use FPG	as a factor in	determining	eligibility for provi	ding <i>discou</i>	inted o	care? If "Yes,"			
	indicate which	of the following	y was the family	income limit f	for eligibility for dis	counted ca	re: .		3b	\checkmark	
	200%	250%	300%	350% 🗸] 400% 🗌 O	ther	%				
с	If the organiza	ation used factor	rs other than Fl	PG in determi	ning eligibility, des	cribe in Par	t VI th	e criteria used			
					e in the descriptio						
	an asset test	or other thresh	hold, regardles	s of income,	as a factor in de	etermining	eligibil	ity for free or			
	discounted ca	re.									
4	Did the organi	zation's financia	al assistance po	licy that appli	ed to the largest n	number of it	s patie	ents during the			
	tax year provid	de for free or dis	counted care to	o the "medical	ly indigent"?				4	\checkmark	
5a	Did the organizat	ion budget amounts	s for free or discou	inted care provid	ed under its financial a	assistance pol	licy duri	ng the tax year?	5a	\checkmark	
b	If "Yes," did th	ne organization's	s financial assis	tance expense	es exceed the budg	geted amou	int? .		5b	\checkmark	
С	If "Yes" to lin	ie 5b, as a resu	ult of budget o	onsiderations	, was the organiz	ation unabl	e to p	rovide free or			
			-		counted care? .				5c		\checkmark
	-		-		iring the tax year?				6a	\checkmark	
b		•			?				6b	\checkmark	
				sheets provid	ed in the Schedul	e H instruc	tions.	Do not submit			
		ets with the Sch									
7		stance and Certa	1								
Mean	Financial Assis	tance and	(a) Number of activities or	(b) Persons served	(c) Total community benefit expense	(d) Direct offs revenue		(e) Net community benefit expense	(f) Perc of tota	
Wealt	s-rested doven	nment Programs	programs (optional)	(optional)						expens	se
а		ance at cost (from			44.040.400			44.040.40			0.44
					14,212,189	10.4	FO 7F4	14,212,189	-		3.44
b C	Medicaid (from Wo Costs of other me	orksheet 3, column a)			17,372,673	10,1	59,751	7,212,922	-		1.75
Ŭ	government progr	ams (from						,			0.00
	Worksheet 3, colu	- /						('		0.00
d	Total Financial A	ssistance and overnment Programs	0	0	31,584,862	10.4	59,751	01 105 11			5.18
	Other Be			U	51,304,002	10,1	58,751	21,425,117	<u> </u>		5.10
е	Community health										
-	services and com operations (from V	munity benefit			1,972,194		39,270	1,932,924			0.47
f					1,972,194		53,210	1,902,924	'		0.47
	LIEALLI DI DI DI ESSIC		1		1				1		

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

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Cat. No. 50192T

12,559,417

12,883,579

23,043,330

284,892

7,546,994

27,389,970

476,509

571,690

37,957,357

69,542,219

Schedule H (Form 990) 2016

1.83

3.59

0.05

0.14

6.07

11.25

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h

i.

j

(from Worksheet 5)

Subsidized health services (from

Worksheet 6)

. . . .

Research (from Worksheet 7)

Cash and in-kind contributions

for community benefit (from

Total. Other Benefits . .

k Total. Add lines 7d and 7j

Worksheet 8)

0

0

7,546,994

14,830,553

191,617

571,690

25,073,778

46,498,889

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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.

	health of the communitie	es it serves.			-				
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense		Percent tal exper	
1	Physical improvements and housing			514,018	24,00	0 490,018	k.		
2	Economic development					0	1	-	0.00
3	Community support			5,866	30,00	0 (24,134))		0.00
4	Environmental improvements					0	,		0.00
5	Leadership development and training								
	for community members					0)		0.00
6	Coalition building					0)		0.00
7	Community health improvement advocacy					0	i		0.00
8	Workforce development					0)		0.00
9	Other					0)		0.00
10	Total	0	0	519,884	54,00	0 465,884		-	0.11
Par	t III Bad Debt, Medicare, &	Collection	Practices	5					
Section	on A. Bad Debt Expense							Yes	No
1 2	Did the organization report bad debt exp Enter the amount of the organ methodology used by the organiz	nization's ba ation to estim	d debt ex nate this an	pense. Explain ii nount	Part VI the	n Statement No. 15? 2 517,616	1		✓
3 4	patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit								
Sacti	on B. Medicare								
5	Enter total revenue received from	Medicare (in	cluding DS	H and IME)		5 161,179,746			
6	Enter Medicare allowable costs of		-			6 146,052,614	-		
7	Subtract line 6 from line 5. This is	-				7 15,127,132	-		
8	Describe in Part VI the extent to benefit. Also describe in Part VI to on line 6. Check the box that desc	o which any he costing m	shortfall re nethodology thod used:	eported in line 7 y or source used t	should be treate	ed as community	-		
Section	on C. Collection Practices								
9a	Did the organization have a writte	n debt collec	tion policy	during the tax yea	r?		9a	\checkmark	
b	If "Yes," did the organization's collection on the collection practices to be followed	for patients who	o are known t	o qualify for financial a	ssistance? Describe	in Part VI	9b	✓	
Par	t IV Management Companie	s and Joint	Ventures	owned 10% or more by off	icers, directors, trustees	key employees, and physic	ians—se	e instruc	tions)
	(a) Name of entity		escription of p activity of entit		(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	profit	Physicia % or st nership	tock
1_									
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11									

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12 13

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Part V Facility Information			1	1			1			1
Section A. Hospital Facilities	Lice	Gen	Child	Teac	Criti	Rese	ER-24 hours	ER-other		
(list in order of size, from largest to smallest-see instructions)	nsed	eralr	dren'	ching	cala	earch	24 h	other		
How many hospital facilities did the organization operate during	Licensed hospital	General medical &	Children's hospital	Teaching hospital	Critical access ho	Research facility	ours			
the tax year?1	oital	al &	spital	oital	on 8	ity				
Name, address, primary website address, and state license number										Facility
(and if a group return, the name and EIN of the subordinate hospital										reporting group
organization that operates the hospital facility)									Other (describe)	9.040
1 ST. AGNES HEALTHCARE, INC.	-									
900 CATON AVENUE, BALTIMORE, MD 21229										
HTTP://WWW.STAGNES.ORG/ STATE LICENSE NO. : 30-059	\checkmark	\checkmark		\checkmark		\checkmark				
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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ST. AGNES HEALTHCARE, INC. Line number of hospital facility, or line numbers of hospital facility reporting group (from Part V, Section A): 1

			Yes	NO
Comm	nunity Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		~
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		1
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	✓	
a b c d f g	 If "Yes," indicate what the CHNA report describes (check all that apply): A definition of the community served by the hospital facility Demographics of the community Existing health care facilities and resources within the community that are available to respond to the health needs of the community How data was obtained The significant health needs of the community Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups The process for identifying and prioritizing community health needs and services to meet the community health needs 			
h i	 The process for consulting with persons representing the community's interests The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) 			
j 4 5	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 community, and identify the persons the hospital facility consulted	5	~	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		1
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"			
7	list the other organizations in Section C	6b 7	√	
a b c d 8	 Hospital facility's website (list url): <u>HTTP://WWW.STAGNES.ORG/ABOUT-US/COMMUNITY/</u> Other website (list url):	8	√	
9 10	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	√	
а	If "Yes," (list url): HTTP://WWW.STAGNES.ORG/ABOUT-US/COMMUNITY/		v	
ь 11	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.	10b		
12 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)?	12a		~
	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
	4720 for all of its hospital facilities? \$			

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Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name U	лпс	spital facility or letter of facility reporting group ST. AGNES HEALTHCARE, INC.			
				Yes	No
С	Did t	he hospital facility have in place during the tax year a written financial assistance policy that:			
		ined eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	\checkmark	
lf	f "Ye	es," indicate the eligibility criteria explained in the FAP:			
a	\checkmark	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 2 5 0 %			
		and FPG family income limit for eligibility for discounted care of 4 0 0 %			
b [Income level other than FPG (describe in Section C)			
c	\checkmark	Asset level			
d [\checkmark	Medical indigency			
е [Insurance status			
f [Underinsurance status			
g		Residency			
h [Other (describe in Section C)			
1 4 E	Expla	ained the basis for calculating amounts charged to patients?	14	\checkmark	
		ained the method for applying for financial assistance?	15	✓	
		es," indicate how the hospital facility's FAP or FAP application form (including accompanying			
ir	nstri	uctions) explained the method for applying for financial assistance (check all that apply):			
a	\checkmark	Described the information the hospital facility may require an individual to provide as part of his or her			
		application			
b	\checkmark	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of his or her application			
с [\checkmark	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
d	\checkmark	Provided the contact information of nonprofit organizations or government agencies that may be			
		sources of assistance with FAP applications			
e		Other (describe in Section C)			
		widely publicized within the community served by the hospital facility?	16	✓	
-		es," indicate how the hospital facility publicized the policy (check all that apply):			
		The FAP was widely available on a website (list url): (SEE STATEMENT)			
	\checkmark	The FAP application form was widely available on a website (list url): (SEE STATEMENT)			
_	✓	A plain language summary of the FAP was widely available on a website (list url): (SEE STATEMENT)			
d		The FAP was available upon request and without charge (in public locations in the hospital facility and			
		by mail)			
e	\checkmark	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f		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	\checkmark				
9 [•	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 [Notified members of the community who are most likely to require financial assistance about availability			
L		of the FAP			
i [\checkmark	The FAP, FAP application form, and plain language summary of the FAP were translated into the			
L		primary language(s) spoken by LEP populations			
j	\checkmark	Other (describe in Section C)			
j[\checkmark				

Schedule H (Form 990) 2016

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Part	V Facility Information (continued)			
Billing	g and Collections			
Nam	e of hospital facility or letter of facility reporting group ST. AGNES HEALTHCARE, INC.			
			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	✓	
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 b c	 Reporting to credit agency(ies) Selling an individual's debt to another party Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP 			
d e f				
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		~
a b c	 If "Yes," check all actions in which the hospital facility or a third party engaged: Reporting to credit agency(ies) Selling an individual's debt to another party Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP 			
d e	 Actions that require a legal or judicial process 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 line to checked) in line 19 (check all that apply):			
а	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language FAP at least 30 days before initiating those ECAs	sumr	nary o	of the
b c d e f	 Made a reasonable effort to orally notify individuals about the FAP and FAP application process Processed incomplete and complete FAP applications Made presumptive eligibility determinations Other (describe in Section C) None of these efforts were made 			
Policy	Relating to Emergency Medical Care	_	-	
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	1	
a b c	 If "No," indicate why: The hospital facility did not provide care for any emergency medical conditions The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) 			

d 🗌 Other (describe in Section C)

Schedule H (Form 990) 2016

Part	V	Facility Information (continued)			
Charg	ges to	Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Nam	e of l	nospital facility or letter of facility reporting group ST. AGNES HEALTHCARE, INC.			
				Yes	No
22		cate how the hospital facility determined, during the tax year, the maximum amounts that can be charged AP-eligible individuals for emergency or other medically necessary care.			
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	\checkmark	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		The hospital facility used a prospective Medicare or Medicaid method			
23	prov	ng the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility ided emergency or other medically necessary services more than the amounts generally billed to iduals who had insurance covering such care?	23		1
	lf "Y	es," explain in Section C.			
24		ng the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross ge for any service provided to that individual?	24		~
	lf "Y	es," explain in Section C.			

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO	FACILITY NAME: ST. AGNES HEALTHCARE, INC.
REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	DESCRIPTION: THE ASSESSMENT PROCESS INVOLVED QUANTITATIVE AND QUALITATIVE COMPONENTS. ST. AGNES ENGAGED THE PARTICIPATION OF THE GENERAL PUBLIC AS WELL AS KEY INTERNAL AND EXTERNAL STAKEHOLDERS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITIES SERVED BY ST. AGNES TO REVIEW THE QUANTITATIVE ANALYSIS. THE PUBLIC PROVIDED INPUT THROUGH A STRUCTURED ONLINE SURVEY AND VIA FOCUS GROUPS ACROSS THE ASSESSMENT PROCESS DURING FISCAL YEAR 2016. THE INTERNAL AND EXTERNAL STAKEHOLDERS WERE INDIVIDUALS WITH EXPERTISE IN PROVISION OF HEALTH CARE SERVICES AND PUBLIC HEALTH AND INCLUDED COMMUNITY LEADERS, PHYSICIANS, NURSING, SOCIAL WORK, PASTORAL CARE, EMERGENCY OUTPATIENT AND MANAGEMENT REPRESENTATIVES AND A BROAD RANGE OF COMMUNITY ORGANIZATIONS.
	A FULL LIST OF INTERNAL AND EXTERNAL STAKEHOLDERS CAN BE FOUND IN APPENDIX 6 OF THE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH IS LOCATED ON THE SAINT AGNES HEALTHCARE WEBSITE USING THE FOLLOWING LINK: HTTP://WWW.STAGNES.ORG/ABOUT-US/COMMUNITY/
	KEY EXTERNAL STAKEHOLDERS INCLUDE REPRESENTATIVES FROM THE AMERICAN DIABETES ASSOCIATION, BALTIMORE CITY HEALTH DEPARTMENT, BALTIMORE MEDICAL SYSTEMS, CATHOLIC CHARITIES, EQUITY MATTERS, GREEN AND HEALTHY HOMES, HEALTHCARE ACCESS MARYLAND, THE CAROLINE CENTER, UNIVERSITY OF MARYLAND SCHOOL OF NURSING, UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK, AND WEST BALTIMORE MAHA SAMPATH.
	A QUANTITATIVE ASSESSMENT WAS CONDUCTED USING A SURVEY ADMINISTERED ELECTRONICALLY AND ON PAPER TO GAIN BROAD PUBLIC INPUT. A COPY OF THE SURVEY IS INCLUDED AS APPENDIX 2 OF THE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH IS AVAILABLE ON THE HOSPITAL'S WEBSITE.
	A QUALITATIVE ASSESSMENT WAS CONDUCTED USING FOCUS GROUPS FACILITATED BY OBSERVATION BALTIMORE; A DIVISION OF THE RESEARCH GROUP/FAMILY RESEARCH CENTER. SIX FOCUS GROUPS WERE CONDUCTED FOR SAINT AGNES HOSPITAL TO BETTER UNDERSTAND THE HEALTHCARE NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN THE MOST VULNERABLE COMMUNITIES IDENTIFIED IN THE FY13 ASSESSMENT. THE COMPOSITION OF THE FOCUS GROUPS WAS RECRUITED TO MATCH THE DEMOGRAPHIC COMPOSITION OF THE COMMUNITY'S SURVEY. PARTICIPANTS WERE ALSO INCLUDED BY EITHER A PERSONAL HISTORY OR FAMILY HISTORY OF CHRONIC DISEASE WITH A CONSIDERATION OF ENVIRONMENTAL RISKS (SPECIFICALLY SMOKING TOBACCO, DRINKING ALCOHOL DAILY OR OCCASIONALLY, AND USE OF NON-PRESCRIPTION DRUGS). THE HISPANIC POPULATION WAS ALSO TARGETED TO ENSURE INPUT FROM ALL ETHNICITIES.
SCHEDULE H, PART V, SECTION B, LINE 7D -	FACILITY NAME: ST. AGNES HEALTHCARE, INC.
OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE	DESCRIPTION: MANAGEMENT GAVE MULTIPLE PRESENTATIONS OF THE CHNA TO VARIOUS COMMUNITY GROUPS AND THE BALTIMORE CITY HEALTH DEPARTMENT.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS	FACILITY NAME:
ADDRESSING NEEDS IDENTIFIED IN CHNA	DESCRIPTION: AFTER USING BOTH PRIMARY AND SECONDARY RESEARCH METHODS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY AND TAKING INTO ACCOUNT THE INPUT RECEIVED FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, THE COMMUNITY HEALTH ADVISORY COUNCIL PRIORITIZED THE TOP THREE HEALTH NEEDS AS A RESULT OF THE ASSESSMENT.
	ADDRESS OBESITY AND DIABETES PREVALANCE - THE GOAL OF ADDRESSING OBESITY AND DIABETES PREVALENCE IS TO INCREASE AWARENESS OF AND ACCESS TO MEDICAL AND SURGICAL OPTIONS FOR REDUCING OBESITY AND DIABETES, PARTICULARLY FOR THE VULNERABLE POPULATION. THE STRATEGY TO ACHIEVE THIS GOAL IS TO PROVIDE INCREASED OUTREACH, EDUCATION AND MEDICAL INTERVENTION WHEN APPROPRIATE TO PATIENTS SUFFERING FROM THE PHYSICAL AND MENTAL EFFECTS OF MORBID OBESITY AND SEEKING A CHANGE IN THEIR HEALTH STATUS. THERE ARE TWO OBJECTIVES. FIRST, DECREASE THE PROPORTION OF ADULTS WITH COMORBIDITIES ASSOCIATED WITH OBESITY THROUGH EFFECTIVE EDUCATION, OUTREACH, AND MEDICAL INTERVENTION. THE SECOND OBJECTIVE IS WITHIN ONE YEAR OF INTERVENTION DECREASE BODY MASS INDEX BY 20% FOR PATIENTS ENGAGING IN MEDICAL WEIGHT LOSS TECHNIQUES AND OR BARIATRIC SURGERY.
	THE FOLLOWING ACTIVITIES WERE CONDUCTED DURING FISCAL YEAR 2017:
	1,424 INDIVIDUALS ATTENDED BARIATRIC EDUCATIONAL SEMINARS 28.6% OF BARIATRIC EDUCATIONAL SEMINAR ATTENDEES FOLLOWED UP WITH AN APPOINTMENT WITH A BARIATRIC SURGEON
	213 INDIVIDUALS ATTENDED NATIONAL DIABETES PREVENTION PROGRAM CLASSES 47.4% OF INDIVIDUALS ATTENDING COMPLETED THE NATIONAL DIABETES PREVENTION PROGRAM CLASSES
	11.9% OF NATIONAL DIABETES PREVENTION PROGRAM GRADUATES DECREASED THEIR WEIGHT BY AT LEAST 5%
	527 BARIATRIC SURGERY PROCEDURES WERE PERFORMED 53.4% OF BARIATRIC SURGERY PATIENTS LOWERED THEIR BMI BY AT LEAST 20% WITHIN ONE YEAR FROM THE SURGERY
	THE SECOND GOAL IS TO REDUCE THE INCIDENCE AND BURDEN OF CARDIOVASCULAR DISEASE IN THE COMMUNITY. THE STRATEGY TO ACHIEVE THIS GOAL IS TO CONTINUE TO OFFER AND PROMOTE A SERIES OF COMMUNITY BASED PROGRAMS PROVIDING EDUCATION, SCREENING AND CASE MANAGEMENT TO REDUCE THE INCIDENCE AND BURDEN OF CARDIOVASCULAR DISEASE. THERE ARE TWO OBJECTIVES. FIRST, INCREASE BY A PERCENTAGE THE IMPLEMENTATION OF EFFECTIVE COMMUNITY BASED EDUCATION PROGRAMS, SCREENING, AND CASE MANAGEMENT FOR CARDIOVASCULAR DISEASE FOR THE TARGET POPULATION. THE SECOND OBJECTIVE IS TO DECREASE THE RATE OF INPATIENT AND REDUCE CARDIOVASCULAR DISEASE BURDEN - EMERGENCY DEPARTMENT USE BY CARDIOVASCULAR PATIENTS AS MEASURED BY A DECREASE IN PREVENTION QUALITY INDICATOR DISCHARGES.
	THE FOLLOWING ACTIVITIES WERE CONDUCTED DURING FISCAL YEAR 2017:
	3,202 ADULTS PARTICIPATED IN A HYPERTENSION SCREENING PROGRAM 29.7% OF THOSE SCREENED FOR HYPERTENSION WERE AT RISK AND REFERRED TO A PRIMARY CARE PHYSICIAN
	12 ADULTS PARTICIPATED IN A WOMEN'S HEART SCREENING PROGRAM 443 ADULTS PARTICIPATED IN A LUNG SCREENING PROGRAM 218 ADULTS WITH DIAGNOSED HEART FAILURE PARTICIPATED IN AN EDUCATIONAL INITIATIVE TO UNDERSTAND ADVANCE DIRECTIVES AND GOALS OF CARE 27 ADULTS RECEIVED EDUCATION AND CARE FOR HEART FAILURE THROUGH A COLLABORATION WITH EMERGENCY DEPARTMENT PHYSICIANS AND THE SAINT AGNES HEART FAILURE CENTER THE PREVENTIVE QUALITY INDICATOR FOR THE HYPERTENSION ADMISSION RATE DECREASED FROM A BASELINE OF .66% TO .23%
	THE THIRD PRIORITY IS TO CREATE PERSON-CENTERED HEALTHY NEIGHBORHOODS. THERE ARE TWO GOALS RELATED TO THIS PRIORITY. FIRST, COLLABORATE WITH COMMUNITY AGENCIES TO PROVIDE HEALTH EDUCATION AND CARE MANAGEMENT FOR POPULATIONS THAT HAVE THE GREATEST NEEDS AND LEAST RESOURCES. THERE ARE TWO PRIMARY OBJECTIVES RELATED TO THIS GOAL. FIRST, BY 2020, INCREASE THE PROPORTION OF ADULTS WHO HAVE A PRIMARY HEALTH CARE PROVIDER. THE SECOND OBJECTIVE IS TO DECREASE ACUTE CARE UTILIZATION (INPATIENT, INPATIENT OBSERVATION, EMERGENCY DEPARTMENT), PARTICULARLY POTENTIALLY AVOIDABLE UTILIZATION BY HIGH NEEDS PATIENTS THROUGH COMMUNITY BASED CARE MANAGEMENT INITIATIVES. THE SECOND GOAL IS TO BECOME A COMMUNITY PARTNER TO CREATE HEALTHY, THRIVING NEIGHBORHOODS WITH A VISIBLE PRESENCE WHERE THE COMMUNITY NEEDS US THE MOST. THE STRATEGY TO ACHIEVE THIS GOAL IS TO TRANSFORM THE 32 ACRE FORMER CARDINAL GIBBONS HIGH SCHOOL AND CREATE GIBBONS COMMONS, A HEALTHY NEIGHBORHOOD WITH HOUSING, RETAIL, RECREATION, AND SUPPORT SERVICES IN SOUTHWEST BALTIMORE. THERE ARE THREE OBJECTIVES WITH THIS STRATEGY. THE FIRST OBJECTIVE IS TO HAVE AT LEAST 100% OF THE APARTMENTS UNDER RENTAL CONTRACTS BY 2017. THE CREASTE PERSON CENTERED HEALTHY NEIGHBORHOODS - SECOND OBJECTIVE IS TO PROVIDE INDOOR AND OUTDOOR SPACE FOR PHYSICAL ACTIVITY THAT IS SAFE AND AFFORDABLE BY 2018. THE FINAL OBJECTIVE IS TO PROVIDE EDUCATION AND JOB TRAINING TO COMMUNITY RESIDENTS BY 2016 IN CONJUNCTION WITH THE CAROLINE CENTER.
	THE FOLLOWING ACTIVITIES WERE CONDUCTED DURING FISCAL YEAR 2017:
	IN PARTNERSHIP WITH BALTIMORE MEDICAL SYSTEMS, A FEDERALLY QUALIFIED HEALTH CENTER LOCATED ON THE ST. AGNES CAMPUS, 48,455 PATIENT VISITS OCCURRED DURING FISCAL YEAR 2017 BALTIMORE MEDICAL SYSTEMS SAW 3,950 NEW PATIENT VISITS ST. AGNES MEDICAL GROUP - MEDICAID ENROLLED PATIENT VISITS: 9.6% OF PATIENT VISITS
	THE FISCAL YEAR 2016 COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED A WIDE VARIETY OF COMMUNITY HEALTH NEEDS INCLUDING BEHAVIORAL HEALTH, CANCER, ARTHRITIS, HIV AND OR AIDS, LUNG DISEASES, ALZHEIMER'S OR DEMENTIA, SOCIO-ECONOMIC CONDITIONS, COMMUNITY VIOLENCE, AND

Return Reference - Identifier	Explanation
	ACCESS TO HEALTH INSURANCE AND PHYSICIAN PROVIDERS. HOWEVER, THROUGH PRIORITIZATION EXERCISES WITH COMMUNITY MEMBERS, HEALTH EXPERTISE AND OTHER COMMUNITY STAKEHOLDERS, OBESITY AND DIABETES, CARDIOVASCULAR DISEASE, AND HEALTHY NEIGHBORHOODS WERE DETERMINED TO BE THE GREATEST UNMET NEEDS. WHILE SAINT AGNES HOSPITAL WILL FOCUS THE MAJORITY OF OUR EFFORTS ON THE IDENTIFIED STRATEGIC PROGRAMS OUTLINED ABOVE, WE WILL REVIEW THE COMPLETE SET OF NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR FUTURE COLLABORATION. THESE NEEDS, WHILE IMPORTANT TO THE HEALTH OF THE COMMUNITY, WILL BE MET THROUGH EXISTING SAINT AGNES OR OTHER AREA HOSPITAL CLINICAL PROGRAMS OR THOUGH COLLABORATIONS WITH OTHER HEALTH CARE ORGANIZATIONS AS NEEDED.
	THE UNMET NEEDS NOT ADDRESSED SPECIFICALLY BY SAINT AGNES HOSPITAL IN ITS COMMUNITY HEALTH INITIATIVES, SUCH AS COMMUNITY VIOLENCE, SOCIO ECONOMIC CONDITIONS, AND ACCESS TO INSURANCE WILL CONTINUE TO BE ADDRESSED BY KEY GOVERNMENTAL AGENCIES AND OTHER EXISTING COMMUNITY BASED ORGANIZATIONS. THE SAINT AGNES IDENTIFIED CORE COMMUNITY HEALTH PRIORITIES TARGET THE INTERSECTION OF THE IDENTIFIED COMMUNITY NEEDS AND THE SAINT AGNES'S KEY STRENGTHS AND MISSION.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTP://WWW.STAGNES.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE/
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTP://WWW.STAGNES.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE/
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTP://WWW.STAGNES.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE/
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	FACILITY NAME: ST. AGNES HEALTHCARE, INC. DESCRIPTION: THE FOLLOWING PARAGRAPH APPEARS ON THE HOSPITAL WEBSITE (HTTP://WWW.STAGNES.ORG/ABOUT- US/MISSION-AND-VALUES/): "IN ACCORDANCE WITH OUR MISSION AND VALUES, SAINT AGNES HOSPITAL IS COMMITTED TO CARING FOR ALL PEOPLE REGARDLESS OF THEIR ABILITY TO PAY, WITH SPECIAL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE. SAINT AGNES OFFERS FINANCIAL COUNSELING AND ASSISTANCE TO HELP ADDRESS ANY FINANCIAL CONCERNS PATIENTS OR FAMILIES MAY HAVE REGARDING THEIR CARE. OUR FINANCIAL AID POLICIES REFLECT THE HOSPITAL'S DEDICATION TO WORKING TOGETHER WITH OUR PATIENTS IN A COMPASSIONATE AND CARING MANNER TO IDENTIFY OPTIONS FOR RESOLVING THEIR FINANCIAL OBLIGATIONS. COPIES OF OUR FINANCIAL AID POLICES AND REQUESTS FOR ASSISTANCE ARE AVAILABLE BY CONTACTING OUR PATIENT ADVOCACY DEPARTMENT AT 667-234-2140, BY E-MAIL AT KTHOMPS@STAGNES.ORG, OR IN PERSON AT THE PATIENT ADVOCACY DEPARTMENT IN THE HOSPITAL'S MAIN LEVEL."

Name and address	
1 MARYLAND SURGEONS SURGERY CENTER OF COLUMBIA	OUTPATIENT SURGICAL CENTER
11055 LITTLE PATUXENT PARKWAY, SUITE L6	
COLUMBIA, MD 21044	
2 PLASTIC AND RECONSTRUCTIVE SURGERY	PLASTIC SURGERY
300 FREDERICK ROAD, SUITE 200	
CATONSVILLE, MD 21228	
3 ANGELOS MEDICAL PAVILION	BLOOD DRAWING STATION
3407 WILKENS AVENUE, SUITE 420	
BALTIMORE, MD 21229	
4 ST. AGNES MEDICAL CENTER	BLOOD DRAWING STATION AND DIAGNOSTIC
6501-D BALTIMORE NATIONAL PIKE	IMAGING
BALTIMORE, MD 21228	
5 WOMEN'S CENTER IN COLUMBIA	BLOOD DRAWING STATION
8945 GUILFORD ROAD, SUITE 100	
COLUMBIA, MD 21046	
6 PINE HEIGHTS PROFESSIONAL BUILDING	BLOOD DRAWING STATION
1001 PINE HEIGHTS AVENUE, SUITE 202	
BALTIMORE, MD 21229	
7 SETON IMAGING CENTER	DIAGNOSTIC IMAGING
3449 WILKINS AVENUE	
BALTIMORE, MD 21229	
8	
9	
10	

Schedule H (Form 990) 2016

Schedule H (Form 990) 2016

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

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

Provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments reported in Part V, Section B.
- 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.
- 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.

community benefi	
Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - OTHER CRITERIA FOR DETERMINING FREE OR DISCOUNTED CARE	GENERALLY, DISCOUNTED CARE TO LOW INCOME INDIVIDUALS IS PROVIDED ON A SLIDING SCALE FOR THOSE NOT EXCEEDING 300% OF THE FEDERAL POVERTY LEVEL. FOR EMERGENCY DEPARTMENT PATIENTS AND OTHER OUTPATIENTS (ACCOUNT BALANCES UNDER \$500.00) MAY BE GRANTED CHARITY EXCLUSIVELY BASED UPON THE USE OF THE AUTOMATED ELIGIBILITY SOFTWARE ONLY. IN THOSE INSTANCES, A SIGNED/COMPLETED APPLICATION WILL NOT BE REQUIRED.
	ADDITIONALLY, PATIENTS MAY ALSO BE ELIGIBLE FOR CHARITY CARE IF THEY MEET CRITERIA THAT WOULD DETERMINE THAT THEY ARE EXPERIENCING A FINANCIAL HARDSHIP. FINANCIAL HARDSHIP IS DEFINED AS MEDICAL DEBT FOR MEDICALLY NECESSARY SERVICES INCURRED BY A FAMILY WITH INCOME BELOW 500% OF THE FEDERAL POVERTY LEVEL THAT EXCEEDS 25% OF THE FAMILY INCOME OVER A 12 MONTH PERIOD. MEDICAL DEBT IS OUT OF POCKET EXPENSES, EXCLUDING COPAYMENTS, COINSURANCE AND DEDUCTIBLES FOR MEDICAL COSTS BILLED BY SAINT AGNES HEALTHCARE. THE PATIENT AND ANY IMMEDIATE FAMILY MEMBER OF THE PATIENT LIVING IN THE SAME HOUSEHOLD ARE ELIGIBLE.
SCHEDULE H, PART I, LINE 6A - COMMUNITY BENEFIT REPORT DISCLOUSRE	SUMMARY COMMUNITY BENEFIT INFORMATION IS INCLUDED IN THE SAINT AGNES HOSPITAL ANNUAL REPORT WHICH IS POSTED ON THE HOSPITAL WEBSITE.
SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G	SCHEDULE H, LINE 7G INCLUDES \$352,031 ATTRIBUTABLE TO A SUBSIDIZED PRIMARY CARE CLINIC ON CAMPUS IN WEST BALTIMORE.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COST OF PROVIDING CHARITY CARE, MEANS-TESTED GOVERNMENT PROGRAMS, AND OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES. THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF PAY). THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE. FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED.
SCHEDULE H, PART I, LINE 7A - CHARITY CARE AT COST	MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAK OUT OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.
SCHEDULE H, PART I, LINE 7A - PRESUMPTIVE CHARITY CARE	DURING FISCAL YEAR 2016 ST. AGNES HEALTHCARE IMPLEMENTED A PRESUMPTIVE CHARITY POLICY WHICH ALLOWED CHARITY TO BE GRANTED TO QUALIFIED PATIENTS WHO FOR VARIOUS REASONS FAIL TO COMPLETE THE FULL CHARITY APPLICATION PROCESS, BUT WHO NEVERTHELESS HAVE VERY LIMITED MEANS TO PAY. THE DECISION TO GRANT FULL OR PARTIAL CHARITY WAS BASED ON THE USE OF A PROPRIETARY THIRD-PARTY SCREENING TOOL WHICH TAKES INTO ACCOUNT THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY INCOME GUIDELINES FOR GRANTING CHARITY, THE PATIENT'S CREDIT SCORE, AND THE PATIENT'S TRACK RECORD OF PAYING MEDICAL DEBT. DURING FISCAL YEAR 2016, MANAGEMENT RETROACTIVELY APPLIED THE NEW PROCESS USING AN 18 MONTH LOOKBACK, RESULTING IN SIGNIFICANT RECLASSIFICATIONS FROM BAD DEBT EXPENSE TO CHARITY THAT MANAGEMENT BELIEVES ARE FAR MORE REFLECTIVE OF THE PATIENT'S ABILITY TO PAY.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 7B - STATE WIDE DISCLOSURE FOR MARYLAND HOSPITALS	MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYOR'S RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAK OUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO; MEDICAID RECOGNIZES FULL REIMBURSEMENT. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.
	THE AMOUNTS REPORTED IN PART I, LINE 7B REPRESENT UNREIMBURSED MEDICAID COSTS FOR UNREGULATED HEALTH CARE ACTIVITIES AND THE MEDICAID ASSESSMENT.
SCHEDULE H, PART I, LINE 7F - CHARITY PERCENTAGE CALCULATION	BAD DEBT EXPENSE FROM PART IX, STATEMENT OF FUNCTIONAL EXPENSES, EXCLUDED FROM THE DENOMINATOR USED TO CALCULATE TOTAL CHARITY CARE EXPENSE WAS \$217,576.
SCHEDULE H, PART I, LINE 7F - HEALTH PROFESSIONS EDUCATION	MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.
SCHEDULE H, PART II - DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	GIBBONS COMMONS IS A VIBRANT, 32-ACRE, MIXED-USE COMMUNITY, BEING DEVELOPED AND DESIGNED BY SAINT AGNES HEALTHCARE- IN COLLABORATION WITH MAJOR COMMUNITY PARTNERS -IN ORDER TO PROVIDE SOUTHWEST BALTIMORE RESIDENTS WITH A SAFE AND HEALTHY PLACE TO LIVE, WORK, PLAY AND LEARN. SINCE PURCHASING THE PROPERTY, SAINT AGNES HAS WORKED CLOSELY WITH COMMUNITY PARTNERS, NEIGHBORS, THE CITY AND DEVELOPERS TO ENSURE WE ARE CREATING A COMMUNITY ASSET THAT WILL IMPROVE THE QUALITY OF LIFE OF THOSE WE HAVE SERVED FOR OVER 150 YEARS. OUR VISION IS TO PROVIDE GREEN SPACE, COMMUNITY SERVICES, RECREATIONAL FACILITIES AND COMMUNITY HOUSING.
	SAINT AGNES HAS BEEN FORTUNATE IN PARTNERING AND COLLABORATING WITH LIKE-MINDED ORGANIZATIONS, BRINGING TO THE COMMUNITY:
	*HOUSING- BON SECOURS GIBBONS APARTMENTS, BUILT AND MANAGED BY BON SECOURS BALTIMORE HEALTH SYSTEM AND ENTERPRISE HOMES, OFFERS COMMUNITY HOUSING ON THE PROPERTY. THIS FOUR- STORY FACILITY OFFERS 80 ONE-, TWO- AND THREE-BEDROOM APARTMENTS; COMMUNITY AND RECREATIONAL SPACE; AND UNDERGROUND PARKING FOR ALL RESIDENTS. *BABE RUTH FIELD-PROVIDING MUCH NEEDED GREEN AND RECREATION SPACE FOR THE COMMUNITY WHILE HONORING THE PROPERTIES RICH HISTORY, MOST NOTABLY BABE RUTH. BUILT BY THE CAL RIPKEN, SR. FOUNDATION AND MANAGED BY THE Y OF CENTRAL MARYLAND, THIS NEW TURF FIELD IS POSITIONED ON THE EXACT SITE WHERE RUTH PLAYED IN THE EARLY 1900S AND PROVIDES SPACE FOR COMMUNITY RESIDENTS TO PLAY BASEBALL, FOOTBALL AND LACROSSE. *SAINT AGNES CONTINUES TO HAVE CONVERSATIONS WITH THE Y OF CENTRAL MARYLAND WHO ARE CONSIDERING THE OPPORTUNITY TO EXPAND THEIR OFFERINGS AT GIBBONS COMMONS TO INCLUDE A FULL SERVICE FAMILY CENTER, INCLUDING A WARM WATER POOL, A GYMNASIUM AND FULL CARDIO AND STRENGTH FITNESS FLOOR, GROUP EXERCISE ROOMS, MULTI-PURPOSE FAMILY/YOUTH SPACE, LOCKER ROOMS AND COMMUNITY GATHERING SPACE.
	THE AMOUNTS REPORTED FOR COMMUNITY SUPPORT RELATE TO THE FEDERAL HOSPITAL PREPAREDNESS PROGRAM AND THE PUBLIC HEALTH EMERGENCY PREPAREDNESS ALIGNED COOPERATIVE AGREEMENTS.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2017 WAS \$786,710 AT CHARGES, (\$517,616 AT COST).
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL EXPERIENCE, ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE ORGANIZATION IS PART OF THE ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT EXPENSE IS LOCATED ON PAGE 19.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	ST. AGNES HEALTHCARE'S POLICY IS TO PLACE ACCOUNTS THAT HAVE BEEN WRITTEN OFF TO BAD DEBT WITH A COLLECTION AGENCY FOR ADDITIONAL COLLECTION EFFORT. PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE REVENUE CYCLE. PATIENTS WHO WORK TO APPLY FOR CHARITY CARE WHOSE ACCOUNT RESIDES AT THE AGENCY WILL BE REFERRED TO THE HOSPITAL BY THE AGENCY. THE AGENCY WILL DELETE THE ACCOUNT AND THE HOSPITAL WILL WORK WITH THE PATIENT TO COMPLETE THE CHARITY CARE APPLICATION PROCESS. EMERGENCY DEPARTMENT PATIENTS AND OTHER OUTPATIENTS (ACCOUNT BALANCES UNDER \$500.00) MAY BE GRANTED CHARITY EXCLUSIVELY BASED UPON THE USE OF AN AUTOMATED ELIGIBILITY SOFTWARE. A SIGNED/COMPLETED APPLICATION WILL NOT BE REQUIRED IN THOSE INSTANCES.
SCHEDULE H, PART V, SECTION B, LINE 17 - BILLING AND COLLECTION POLICY	DURING TAX YEAR 2017, THE ORGANIZATION LEARNED VIA VERBAL COMMENTS OF IRS AGENTS AT PUBLIC EVENTS THAT THE IRS INTENDS THAT THE "READILY OBTAINABLE" STANDARD IN THE 501(R) REGULATIONS FOR THE AGB CALCULATION AND BILLING AND COLLECTION POLICY IS ONLY MET IF THOSE ITEMS ARE POSTED TO THE ORGANIZATION'S WEB SITE. THE ORGANIZATION HAD INTERPRETED THAT WEB POSTING STANDARD TO BE A SAFE HARBOR AFTER CONSULTING WITH EXTERNAL COUNSEL AND TAX ADVISORS, AND TIMELY TOOK OTHER STEPS TO MAKE THE INFORMATION READILY OBTAINABLE. CONSEQUENTLY, THE ORGANIZATION DOES NOT BELIEVE ITS DECISION TO NOT POST THESE DOCUMENTS TO ITS WEB SITE RISES TO THE LEVEL OF A FAILURE, NOR DOES IT BELIEVE THE CIRCUMSTANCES WERE EITHER WILLFUL OR EGREGIOUS, HAVING OTHERWISE TIMELY TAKEN THE STEPS NECESSARY TO ATTAIN AND CONTINUE TO MAINTAIN COMPLIANCE WITH THE OTHER REQUIREMENTS RELATED TO THE BILLING AND COLLECTION POLICY AND THE AGB, AS PART OF ITS POLICIES AND PROCEDURES FOR ENSURING COMPLIANCE WITH ALL ASPECTS OF 501(R). HOWEVER, THE ORGANIZATION IS MAKING THIS VOLUNTARY DISCLOSURE IN ORDER TO COMMUNICATE TO THE IRS THE CHANGES IT IS UNDERTAKING IN RESPONSE TO THE RECENT IRS INFORMAL GUIDANCE ON THIS SPECIFIC POINT CONCERNING THE "READILY OBTAINABLE" STANDARD, AND THE FACT THAT THE ORGANIZATION HAS STARTED THE WORK NECESSARY TO POST ITS AGB INFORMALIGN AND BILLING AND COLLECTION POLICY TO ITS WEB SITE AND WILL COMPLETE THOSE ADDITIONAL POSTINGS AS SOON AS REASONABLY POSSIBLE. THE OTHER WEB POSTINGS REQUIRED UNDER 501(R) (I.E., THOSE RELATED TO THE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE FINANCIAL ASSISTANCE POLICY) WERE TIMELY COMPLETED AND CONTINUE TO REMAIN IN PLACE AS REQUIRED. THE ORGANIZATION BELIEVES ITS SAFEGUARDS WORKED AS INTENDED IN THE SCASE (I.E., THE ORGANIZATION BELIEVES IS SAFEGUARDS WORKED AS INTENDED IN THE SCASE (I.E., THE ORGANIZATION BELIEVES IS SAFEGUARDS WORKED AS INTENDED IN THE SCASE (I.E., THE ORGANIZATION BUT A NUMBER OF EXTERNAL LAW FIRMS AND TAX CONSULTANTS AND THE TIMELY ATTENTION TO THE RECENT GUIDANCE WAS SUPPOR
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	THE ASSESSMENT PROCESS INVOLVED QUANTITATIVE AND QUALITATIVE COMPONENTS. ST. AGNES ENGAGED THE PARTICIPATION OF THE GENERAL PUBLIC AS WELL AS KEY INTERNAL AND EXTERNAL STAKEHOLDERS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITIES SERVED BY ST. AGNES TO REVIEW THE QUANTITATIVE ANALYSIS. THE PUBLIC PROVIDED INPUT THROUGH A STRUCTURED ONLINE SURVEY AND VIA FOCUS GROUPS ACROSS THE ASSESSMENT PROCESS DURING FISCAL YEAR 2016. THE INTERNAL AND EXTERNAL STAKEHOLDERS WERE INDIVIDUALS WITH EXPERTISE IN PROVISION OF HEALTH CARE SERVICES AND PUBLIC HEALTH AND INCLUDED COMMUNITY LEADERS, PHYSICIANS, NURSING, SOCIAL WORK, PASTORAL CARE, EMERGENCY OUTPATIENT AND MANAGEMENT REPRESENTATIVES AND A BROAD RANGE OF COMMUNITY ORGANIZATIONS. A QUANTITATIVE ASSESSMENT WAS CONDUCTED USING A SURVEY ADMINISTERED ELECTRONICALLY AND ON PAPER TO GAIN BROAD PUBLIC INPUT. A COPY OF THE SURVEY IS INCLUDED AS APPENDIX 2 OF THE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH IS AVAILABLE ON THE HOSPITAL'S WEBSITE. A QUALITATIVE ASSESSMENT WAS CONDUCTED USING FOCUS GROUPS FACILITATED BY OBSERVATION BALTIMORE; A DIVISION OF THE RESEARCH GROUP/FAMILY RESEARCH CENTER. SIX FOCUS GROUPS WERE CONDUCTED FOR SAINT AGNES HOSPITAL TO BETTER UNDERSTAND THE HEALTHCARE NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN THE MOST VULNERABLE COMMUNITIES IDENTIFIED IN THE FY13 ASSESSMENT. THE COMPOSITION OF THE FOCUS GROUPS WAS RECRUITED TO MATCH THE DEMOGRAPHIC COMPOSITION OF THE COMMUNITY'S SURVEY. PARTICIPANTS WERE ALSO INCLUDED BY EITHER A PERSONAL HISTORY OR FAMILY HISTORY OF CHRONIC DISEASE WITH A CONSIDERATION OF ENVIRONMENTAL RISKS (SPECIFICALLY SMOKING TOBACCO, DRINKING ALCOHOL DAILY OR OCCASIONALLY, AND USE OF NON-PRESCRIPTION DRUGS). THE HISPANIC POPULATION WAS ALSO TARGETED TO ENSURE INPUT FROM ALL ETHNICITIES.
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	ST. AGNES HEALTHCARE DISPLAYS SIGNAGE, IN BOTH ENGLISH AND SPANISH IN ALL REGISTRATION AREAS THAT INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE PROGRAMS AND CONTACT INFORMATION. THE SIGNAGE IS ACCOMPANIED BY BROCHURES THAT EXPLAIN THE VARIOUS FINANCIAL ASSISTANCE PROGRAMS THAT ARE AVAILABLE. THE MARYLAND STATE FINANCIAL ASSISTANCE APPLICATION IS ALSO AVAILABLE. REGISTRATION AREAS ARE ROUTINELY CHECKED TO INSURE THESE MATERIALS ARE PROMINENTLY DISPLAYED. ST. AGNES HEALTHCARE HAS EMPLOYEES WHO ARE RESPONSIBLE FOR SCREENING ADMISSIONS TO IDENTIFY PATIENTS WHO MAY BE ELIGIBLE FOR CHARITY, MEDICAID, OR OTHER STATE PROGRAMS. ONCE THESE PATIENTS ARE IDENTIFIED, ST. AGNES HEALTHCARE EMPLOYEES ASSIST THEM WITH COMPLETING THE ELIGIBILITY PROCESS. ALL INPATIENTS ARE PROVIDED THE PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET AT THE TIME OF ADMISSION. IT IS ALSO MAILED TO THE PATIENT WITH THE SUMMARY BILL THAT IS SENT AFTER DISCHARGE. THE INFORMATION SHEET IS PROVIDED IN BOTH ENGLISH AND SPANISH AND PROVIDES THE PATIENT WITH INFORMATION REGARDING ST. AGNES HEALTHCARE'S FINANCIAL ASSISTANCE POLICY, HOW TO APPLY FOR FINANCIAL ASSISTANCE AND MEDICAL ASSISTANCE AND THE PATIENT'S RIGHTS AND OBLIGATIONS. A PUBLIC NOTICE IS ALSO PUBLISHED ANNUALLY IN THE BALTIMORE SUN NEWSPAPER NOTIFYING THE PUBLIC OF THE AVAILABILITY OF UNCOMPENSATED CARE AT ST. AGNES HEALTHCARE.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	DUE TO ITS LOCATION IN THE SOUTHWEST SEGMENT OF THE BALTIMORE METROPOLITAN AREA, SAINT AGNES' SERVES A DIVERSE PATIENT POPULATION. SAINT AGNES COMMUNITY BENEFIT SERVICE AREA (SOUTHWEST BALTIMORE CITY AND BALTIMORE COUNTY, NORTHERN ANNE ARUNDEL COUNTY, EASTERN HOWARD COUNTY, AND SOUTHERN CARROLL COUNTY) HAS A POPULATION OF APPROXIMATELY 766,900 AND REPRESENTS THE ZIP CODES THAT COMPRISE EIGHTY PERCENT OF SAINT AGNES HOSPITAL PATIENT POPULATION. A MAP OF THE COMMUNITIES SAINT AGNES SERVES CAN BE FOUND IN THE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH IS AVAILABLE FOR DOWNLOAD ON THE HOSPITAL'S WEBSITE.
	WITHIN THE COMMUNITY BENEFIT SERVICE AREA (CBSA), SAINT AGNES HAS DEFINED ELEVEN COMMUNITIES BASED ON GROUPING ZIP CODES THAT HAVE SIMILAR DEMOGRAPHIC CHARACTERISTICS AND CONSIDERING VARIOUS GEOGRAPHIC BOUNDARIES. A BRIEF OVERVIEW DESCRIPTION OF EACH OF THE INDIVIDUAL COMMUNITY'S IS PROVIDED BELOW.
	ARBUTUS (ZIP CODE 21227):
	ARBUTUS IS AN OLDER SUBURBAN COMMUNITY, LOCATED SOUTH OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 34,245. THE TRADITIONALLY BLUE COLLAR COMMUNITY IS PART OF THE BALTIMORE COUNTY HEALTH JURISDICTION. SAINT AGNES HOSPITAL IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.
	BROOKLYN LINTHICUM (ZIP CODES 21090, 21225):
	BROOKLYN LINTHICUM IS AN OLDER URBAN SUBURBAN COMMUNITY, LOCATED SOUTHEAST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 43,816. THE INDUSTRIAL AND BLUE COLLAR COMMUNITY HAS SEEN AN INCREASE IN THE UNINSURED POPULATION AND IS PART OF BOTH THE BALTIMORE CITY AND BALTIMORE COUNTY HEALTH JURISDICTIONS. HARBOR HOSPITAL IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.
	CATONSVILLE (ZIP CODE 21228):
	CATONSVILLE IS AN OLDER SUBURBAN COMMUNITY, LOCATED WEST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 49,586, WITH A GROWING PROPORTION OF SENIORS. THE TRADITIONALLY WHITE COLLAR COMMUNITY IS PART OF THE BALTIMORE COUNTY HEALTH JURISDICTION. SAINT AGNES HOSPITAL IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.
	ELLICOTT CITY (ZIP CODES 21042, 21043, 21075):
	ELLICOTT CITY IS A GROWING SUBURBAN COMMUNITY, LOCATED WEST/SOUTHWEST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 119,615. THE PREDOMINANTLY WHITE COLLAR COMMUNITY IS PART OF THE HOWARD COUNTY HEALTH JURISDICTION. HOWARD COUNTY GENERAL HOSPITAL IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.
	GLEN BURNIE (ZIP CODES 21060, 21061):
	GLEN BURNIE IS AN OLDER SUBURBAN COMMUNITY, LOCATED WEST SOUTHWEST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 87,752, WITH A GROWING PROPORTION OF SENIORS. THE TRADITIONALLY BLUE COLLAR COMMUNITY IS PART OF THE ANNE ARUNDEL COUNTY HEALTH JURISDICTION. BALTIMORE WASHINGTON MEDICAL CENTER IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.
	PASADENA (ZIP CODE 21122):
	PASADENA IS A SUBURBAN COMMUNITY, LOCATED SOUTHEAST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 62,625, WITH A GROWING PROPORTION OF SENIORS. THE GROWING COMMUNITY IS PRIMARILY SERVED BY BALTIMORE WASHINGTON MEDICAL CENTER AND IS PART OF THE ANNE ARUNDEL COUNTY HEALTH JURISDICTION. BALTIMORE WASHINGTON MEDICAL CENTER AND ANNE ARUNDEL MEDICAL CENTER ARE THE PRIMARY HOSPITAL PROVIDERS BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.
	SOUTH BALTIMORE CITY (ZIP CODE 21223, 21230):
	SOUTH BALTIMORE CITY IS AN OLDER URBAN COMMUNITY, LOCATED EAST OR SOUTHEAST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 60,356. THE URBAN COMMUNITY IS PROJECTED TO EXPERIENCE POPULATION DECLINES. SOUTH BALTIMORE CITY IS PART OF THE BALTIMORE CITY HEALTH JURISDICTION. BALTIMORE WASHINGTON MEDICAL CENTER IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.
	SOUTH CARROLL (ZIP CODES 21104, 21163, 21784):
	SOUTH CARROLL IS A SUBURBAN COMMUNITY, LOCATED NORTHWEST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 52,609, WITH A GROWING PROPORTION OF SENIORS. THE TRADITIONALLY RURAL COMMUNITY HAS TRANSITIONED TO A GROWING SUBURB OF THE METRO BALTIMORE REGION. SOUTH CARROLL IS PART OF CARROLL COUNTY HEALTH JURISDICTION. CARROLL COUNTY GENERAL HOSPITAL AND NORTHWEST HOSPITAL ARE THE PRIMARY HOSPITAL PROVIDERS BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.
	SOUTHWEST BALTIMORE CITY (ZIP CODE 21229):
	SOUTHWEST BALTIMORE CITY IS AN OLDER URBAN COMMUNITY, LOCATED AT CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 44,997. SIMILAR TO OTHER URBAN AREAS, SOUTHWEST BALTIMORE IS PROJECTED TO EXPERIENCE POPULATION DECLINES. SOUTHWEST BALTIMORE CITY IS PART OF THE BALTIMORE CITY HEALTH JURISDICTION. SAINT AGNES HOSPITAL IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.
	WEST BALTIMORE CITY (ZIP CODE 21215, 21216, 21217):

Return Reference - Identifier	Explanation
	WEST BALTIMORE CITY IS AN OLDER URBAN COMMUNITY, LOCATED NORTH OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 126,744. SIMILAR TO OTHER URBAN AREAS, WEST BALTIMORE IS PROJECTED TO EXPERIENCE POPULATION DECLINES. WEST BALTIMORE CITY IS PART OF THE BALTIMORE CITY HEALTH JURISDICTION. SINAI HOSPITAL, UNIVERSITY OF MARYLAND AND BON SECOURS HOSPITAL ARE THE PRIMARY HOSPITAL PROVIDERS BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.
	WOODLAWN (ZIP CODE 21207, 21244):
	WOODLAWN IS A SUBURBAN COMMUNITY, LOCATED NORTHWEST OF CATON AND WILKENS AVENUES, AND HAS A POPULATION OF 84,545, WITH A GROWING PROPORTION OF SENIORS. WOODLAWN IS PART OF THE BALTIMORE COUNTY HEALTH JURISDICTION. NORTHWEST HOSPITAL IS THE PRIMARY HOSPITAL PROVIDER BEST POSITIONED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF THIS COMMUNITY.
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	THE INFORMATION PROVIDED AS COMMUNITY SUPPORT, IN PART II, COMMUNITY BUILDING ACTIVITIES, REPRESENTS FUNDS SPENT FOR DISASTER READINESS AND PUBLIC HEALTH EMERGENCY ACTIVITIES. THESE COSTS, WHICH ARE PARTIALLY FUNDED BY THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, SUPPORT ACTIVITIES SUCH AS EDUCATION AND PREPAREDNESS TRAINING, DECONTAMINATION EQUIPMENT AND SUPPLIES NEEDED FOR VICTIM'S EASE, COMFORT AND TRACKING DURING DECONTAMINATION.
	ST. AGNES HEALTHCARE FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY IN VARIOUS WAYS. A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY RESIDES IN ST. AGNES HEALTHCARE'S SERVICE AREA AND IS NEITHER COMPOSED OF EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION. THE GOVERNING BODY HAD SIXTEEN VOTING MEMBERS, THIRTEEN OF WHICH WERE INDEPENDENT COMMUNITY MEMBERS. ADDITIONALLY, ST. AGNES HEALTHCARE HAS AN OPEN MEDICAL STAFF AND CREDENTIALS ALL QUALIFIED MEDICAL STAFF, INCLUDING COMMUNITY BASED PROVIDERS. ST. AGNES HEALTHCARE APPLIES SURPLUS FUNDS TO IMPROVE PATIENT CARE IN VARIOUS WAYS. FOR INSTANCE, SURPLUS FUNDS ARE USED TO REINVEST IN THE LATEST EQUIPMENT AND TECHNOLOGIES TO IMPROVE PATIENT SAFETY, COMFORT, AND OUTCOMES. SURPLUS FUNDS ARE ALSO USED TO RENOVATE EXISTING FACILITIES AND CONSTRUCT NEW FACILITIES IN ORDER TO IMPROVE THE HEALTHCARE ENVIRONMENT. AS A MEMBER OF A NATIONAL HEALTH SYSTEM, ASCENSION HEALTH, SURPLUS FUNDS GENERATED BY ST. AGNES HEALTHCARE MAY ALSO BE DIRECTED TO ASCENSION HEALTH TO APPLY TOWARDS STRATEGIC INITIATIVES OR TO BE RE-DISTRIBUTED TO OTHER MEMBER HEALTHCARE PROVIDERS WITHIN ASCENSION HEALTH. THIS ALLOWS ST. AGNES TO NOT ONLY SERVICE THE SURROUNDING COMMUNITY, BUT ALSO HELP FUND THE CARE FOR THE UNDERPRIVILEGED THROUGHOUT MANY PARTS OF THE UNITED STATES.
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	ST. AGNES HEALTHCARE IS A MEMBER OF ASCENSION HEALTH, A NATIONAL HEALTH CARE SYSTEM. ASCENSION HEALTH IS THE SOLE CORPORATE MEMBER OF SAINT AGNES HEALTHCARE. SAINT AGNES HEALTHCARE IS THE SOLE CORPORATE MEMBER OF SETON MEDICAL GROUP INC., WHICH PROVIDES PRIMARY CARE, GYNECOLOGY AND OBSTETRICS CARE FOR PATIENTS IN THE SAINT AGNES HEALTHCARE'S SERVICE AREA. SAINT AGNES HEALTHCARE IS ALSO THE SOLE CORPORATE MEMBER OF SAINT AGNES FOUNDATION, THE PHILANTHROPIC ARM OF SAINT AGNES HEALTHCARE.
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	SAINT AGNES HEALTHCARE FILES A COMMUNITY BENEFITS REPORT WITH THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), THE REGULATORY AGENCY IN THE STATE OF MARYLAND. THE REPORT IS THEN MADE PUBLIC BY THE HSCRC. ADDITIONALLY, COMMUNITY BENEFIT INFORMATION IS AVAILABLE IN THE SAINT AGNES HEALTHCARE ANNUAL REPORT AND THE SAINT AGNES HEALTHCARE FACT SHEET. BOTH DOCUMENTS ARE AVAILABLE ON THE HOSPITAL WEBSITE.

SCHEDULE I (Form 990)		- 0	Grants and Governments	Grants and Other Assistance to Organizations, overnments, and Individuals in the United State meter if the organization answered "Yes" on Form 990. Part IV. line 21 o	tance to Org uals in the Uves" on Form 990.	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	a a a a a a a a a a a a a a a a a a a	OMB No. 1545-0047	0047
Department of the Treasury Internal Revenue Service		► Infor	mation about Sche	► Attach to Form 990. and its instru	Form 990. Id its instructions i	 Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at <i>www.irs.gov/form990</i>. 		Open to Public Inspection	iblic on
Name of the organization								Employer identification number	
Dart Canaral Inform	ie, INC. nformation	TEAL ITCARE, INC. General Information on Grants and Assistance	Accictance					1001800-70	
1 Does the organiz	zation mainta	in records to sub	stantiate the amou	int of the grants or	assistance. the d	rantees' elicibility f	Does the organization maintain records to substantiate the amount of the orants or assistance. the orantees' elicibility for the orants or assistance, and	ance. and	
	eria used to a	the selection criteria used to award the grants or assistance?	or assistance?					√ Yes	No
2 Describe in Part	IV the organi	zation's procedui	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	the use of grant fu	nds in the United	States.]	
Part II Grants an 990, Part I	Id Other As IV, line 21, fo	Grants and Other Assistance to Domestic Orgar 990, Part IV, line 21, for any recipient that received	that received mo	ations and Dom ore than \$5,000.	lestic Governm Part II can be d	ients. Complete i uplicated if addit	izations and Domestic Governments. Complete if the organization answore than \$5,000. Part II can be duplicated if additional space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	۲
1 (a) Name and address of organization or government	organization	(q)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	t
(1) ST. AGNES FOUNDATION, INC. 900 CATON AVENUE, BALTIMORE, MD 21229	TION, INC. ORE, MD 21229	52-1415083	501 (C)(3)	6,000				OPERATING SUPPORT	ORT
(2) BALTIMORE MEDICAL SYSTEM, INC. P.O. BOX 1593. MERRIFIELD. VA 22116	SYSTEM, INC. LD. VA 22116	52-1358241	501(C)(3)	888.255				OPERATING SUPPORT	ORT
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(6)									
(10)									
(11)									
(12)									
	ber of section	501(c)(3) and gov	Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table	tions listed in the li	ine 1 table		· · · · ·	<!--</td--><td></td>	
3 Enter total numb	ber of other or	ganizations listed	Enter total number of other organizations listed in the line 1 table			· · ·	· · ·	•	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	n Act Notice, s	see the Instruction	ıs for Form 990.		ö	Cat. No. 50055P		Schedule I (Form 990) (2016)	0) (2016)

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Schedule I (F Part III	Schedule I (Form 990) (2016) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua I space is needed	als. Complete if the J.	e organization answ	ered "Yes" on Form 990,	Page 2 Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
7						
TA	(SEE STATEMENT)					
						Schedule I (Form 990) (2016)

2016 Return St. Agnes Healthcare, Inc. 52-0591657

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

Return Reference - Identifier	Explanation
	DISCRETIONARY GRANTS OR ASSISTANCE TO OTHER ORGANIZATIONS ARE APPROVED BY EITHER THE CHIEF EXECUTIVE OFFICER OR THE CHIEF FINANCIAL OFFICER.

(Form 990) For certain Officers, Directors, Trustees, Koy Employees, and Highest Compensate Employees Compensate Employee Compensate Employees Compensate Employees Compensate Employee Compensate Employeemployee Compensate Employee Compensate Employee Compens		EDULE J	Comper	sation Information		OMB No.	1545-0	047
Complete if the organization assured "Yes" on Form 960, Part IV, Ine 23. Information about Schedule J (*Attoch Form 960) and its instructions is at worw.irs.gov/form.300 Temployer identification in the organization assured and the instructions is at worw.irs.gov/form.300 Temployer identification is a structure in the instruction is at work.irs.gov/form.300 Temployer identification is a structure in the instruction is a structure in the instruction is a structure in the instruction is a structure in the instructure instructure is at work.irs.gov/form.300 Temployer identification is a structure in the instructure instr	(Form	990)	For certain Officers, Direc	tors, Trustees, Key Employees, and H	ighest	20	16	5
Description of the Unserver Inspection Inspection Image: Strate in the inspection of the comparison			Complete if the organizatio	n answered "Yes" on Form 990. Part l	V, line 23.	Open t	o Put	blic
ST. ACMED HEALTHCARE, INC: 52-0591657 PartI Questions Regarding Compensation Yet 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A. Ine 1a. Complete Part III to provide any relevant information regarding these items. Yet Image: Tax Indemnification and gross-up payments Image: Discretionary spanding account Image: Discretionary spanding account Image: Discretionary spanding account Image: Discretionary spanding account 1b 2 Did the boxes on line 1a are checked, did the organization follow a written policy regarding payment or aribus/spanding account 1b 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustese, and officers, including the CEO/Executive Director, put explain in Part III. 1b 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization or stablish compensation or methods used by a nelated organization to actibuli h compensation of the CEO/Executive Director, the explain in Part III. 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation accommittee Image: Discretionary spanding account 2 4 Out the organization organization and organization and organization areas or compensation comminitee Image: Discretionary spa			Information about Schedule J (For	m 990) and its instructions is at www.	irs.gov/form990.	-		
211 Questions Regarding Compensation Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Company Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence	Name o	f the organization	•		Employer identification	on number		
1a Check the appropriate box(s) 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. Image: The section A in the image: The section A in the s					52-0	591657		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terns. Image: Class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Image: Class or charter travel Payments for business use of personal residence Image: Class or charter travel Payments for business use of personal residence Image: Class or charter travel Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, but explain in Part III. 2 Did the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Indicate which, if any, of the following the filing organization survey or study Form 980 of other organizations Compensation committee Qurite memployment contract Parelated arganization or challed organization Approva	Part	Questions	s Regarding Compensation				Voc	No
First-class or charter travel	1a					orm	Tes	NO
 Discretionary spending account Personal services (such as, maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Indicate which, if any, of the following the filing organization survey or study Compensation committee Outing the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, as upplemental nonqualified retirement plan? Participate in, or receive payment from, as upplemental nonqualified retirement plan? Participate in, or receive payment from, as upplemental nonqualified retirement plan? Participate in on the revenues of: The organization? Any related organization? Any related organization? Any related organization? Participate in on the revenues of: The organization? Any related organization? A		First-class	or charter travel ompanions	 Housing allowance or residence Payments for business use of period 	for personal use rsonal residence			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain								
 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	b	or reimburser	ment or provision of all of the exp	enses described above? If "No,"		to		
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract Independent compensation consultant Compensation arrayed of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment from, a supplemental nonqualified retirement plan? 44 c dec Participate in, or receive payment from, an equity-based compensation arrangement? dec dec 4a Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? Sb If "Yes" on line 6a or 6b, describe in Part III. 	2	Did the orga	nization require substantiation prior	to reimbursing or allowing expe	nses incurred by			
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 V 4 V 5 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 6 Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? c The organization? b Any related organization? c Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? c Sa c Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of: a The organization? Sa b Any related organization?		directors, trus	tees, and officers, including the CEO	/Executive Director, regarding the i		line		
 Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? May related organization? Any related o	3	organization's related organiz	CEO/Executive Director. Check all th zation to establish compensation of th tion committee	at apply. Do not check any boxes fo ne CEO/Executive Director, but expla Written employment contract	r methods used by	a		
organization or a related organization: 4a 4 a Receive a severance payment or change-of-control payment? 4a 4b 4b 4b 4b 4b 4c 4b 4c	4	Form 990 c	of other organizations	Approval by the board or compe				
 b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? d d d c Participate in, or receive payment from, an equity-based compensation arrangement? d f "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation? d f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 		organization o	r a related organization:		-			
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization? 5a b Any related organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 5b 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization? 6a b Any related organization? 6a b May related organization? 6a b May related organization? 6a b <td< td=""><td>-</td><td></td><td></td><td></td><td></td><td></td><td>\checkmark</td><td></td></td<>	-						\checkmark	
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		Participate in,	or receive payment from, an equity-b	ased compensation arrangement?		-	✓	√
 b Any related organization?	5	For persons lis	sted on Form 990, Part VII, Section A,					
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? Any related organization? Any related organization? Any related or 6b, describe in Part III. 6a 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8	а							\checkmark
compensation contingent on the net earnings of: 6a a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 6b 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe and the section become and the secting the section	b	•				. 5b		✓
 b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe and a section be a secti	6			line 1a, did the organization pay or	accrue any			
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	а	The organizat	ion?			. 6a		\checkmark
payments not described on lines 5 and 6? If "Yes," describe in Part III	b		•			. <u>6b</u>		✓
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8	7							~
	8	to the initial	contract exception described in F	Regulations section 53.4958-4(a)(3)	? If "Yes," descr	ibe		~
	9	lf "Yes" on li	ne 8, did the organization also follo	ow the rebuttable presumption pro	ocedure described	l in		
Regulations section 53.4958-6(c)? 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990)	For Pa	-					orm 00	0) 2016

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chedule J

Page 2

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

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.

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.	or eac	n listed individual mu	ist equal the total amo	DUNT OF FORM 990, Pa	IT VII, Section A, line 1	a, applicable columi	n (D) and (E) amounts	s for that individual.
		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(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
CARLOS S INCE JR, MD	(i)	400,954	40,938	2,103	14,575	28,522	487,092	0
1 SECRETARY/PHYSICIAN	(ii)	0	0	0	0	0	0	0
KEITH VANDER KOLK	(j)	420,555	73,950	46,526	12,656	17,450	571,137	0
2 PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
CAROLE B MILLER, MD	(j)	403,942	41,861	4,014	17,225	30,005	497,047	0
3 BOARD DIRECTOR/PHYSICIAN	(ii)	0	0	0	0	0	0	0
BONNIE L PHIPPS	(j)	0	0	0	0	0	0	0
4 FORMER OFFICER	(ii)	422,604	977,694	505,236	15,334	18,810	1,939,678	0
SCOTT M FURNISS	(j)	320,367	86,365	30,896	16,347	15,784	469,759	0
5 CFO-MINISTRY MKT DC/BALTIMORE	(0	0	0	0	0	0	0
NANCY M HAMMOND, MD	(i)	350,433	0	3,791	17,034	25,116	396,374	0
6 EXECUTIVE VP/CMO	(ii)	0		0	0	0	0	0
PATRICK F MUTCH	(i)	165,367	64,408	161,074	9,659	17,267	417,775	0
7 EXEC VP PHYSICIAN AND POPULATION HEALTH SERVICES (END 7/2016)	(ii)	0	0	0	0	0	0	0
ANDREW M AVERBACH, MD	(i)	578,465	51,864	7,524	14,575	23,137	675,565	0
B GENERAL SURGEON	(ii)	0	0	0	0	0	0	0
GEORGE T GRACE, MD	(i)	799,414	0	7,524	14,575	30,496	852,009	0
9 MEDICAL DIRECTOR - PLASTIC HAND RECONSTRUCTIVE SURGEON	(ii)	0		0	0	0	0	0
HOWARD S HESSAN, MD	(i)	848,664	0	4,902	14,575	24,860	893,001	0
10 MEDICAL DIRECTOR - OTOLARYNGOLOGY	(ii)	0		0	0	0	0	0
AJAY V KUMAR, MD	(i)	345,108	345,096	938	14,575	27,972	733,689	0
11 PLASTIC SURGEON	(ii)	0	0	0	0	0	0	0
MICHAEL A ZATINA, MD	(j)	566,633	67,878	7,524	17,225	26,017	685,277	0
12 SURGERY DIRECTOR - CARDIOVASCULAR INST	(ii)	0	0	0	0	0	0	0
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Schedule J (Form 990) 2016

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
3 - ARRANGEMENT USED TO ESTABLISH THE TOP	ASCENSION HEALTH, A RELATED ORGANIZATION OF ST. AGNES HEALTHCARE, INC., USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT: - COMPENSATION COMMITTEE, - INDEPENDENT COMPENSATION CONSULTANT, - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS FROM THE ORGANIZATION OR A RELATED ORGANIZATION: BONNIE L PHIPPS - \$269,231 PATRICK F MUTCH - \$128,333
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	ELIGIBLE EXECUTIVES PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS. THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION. BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED. DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. NO INDIVIDUALS RECEIVED CURRENT YEAR DISTRIBUTIONS.

SCHEDULE N	Liquida	Liquidation, Terminatio	iination, Disso	n, Dissolution, or Significant Disposition of Assets	iificant Dispos	ition of Asse	ts	OMB No. 1545-0047
(Form 990 or 990-EZ)	Com Attac	plete if the organ ch certified copie	iization answered "Yes s of any articles of dis	Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions, or plans.	lines 31 or 32; or Form · plans.	990-EZ, line 36.		2016
Department of the Treasury Internal Revenue Service	Atta Info	Attach to Form 990 or 990-EZ. Information about Schedule N (r 990-EZ. hedule N (Form 990 or	Form 990 or 990-EZ) and its instructions is at <i>www.irs.gov/form99</i> 0.	tions is at <i>www.irs.gov</i>	lform990.		Open to Public Inspection
Name of the organization ST. AGNES HEALTHCARE, INC.	ARE, INC.						Employer identification number 52-0591657	itification number 52-0591657
Part Liquidatio	Liquidation, Termination, or Dissolution. Complete Part I can be duplicated if additional space is needed	Dissolution. O		this part if the organization answered	"Yes"	on Form 990, Part IV, line 31, or	ine 31, or Forr	Form 990-EZ, line 36.
1 (a) Descriptic distributed o expens	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	s of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
2 Did or will any	Did or will any officer, director, trustee, or key employee of the organization:	ee, or key emplo	yee of the organizatio	:uo				Yes No
a Become a dire b Become an en	Become a director or trustee of a successor or transferee organization? Become an employee of or independent contractor for a successor or transferee organization?	iccessor or trans	feree organization? for: a successor or tr	ansferee organization'				2a 2b
	Become a direct or indirect owner of a successor or transferee organization?	f a successor or	transferee organizati	on?	· · ·	· · ·	· ·	2c
	Receive, or become entitled to, compensation or other similar	pensation or oth	ier similar payments :	payments as a result of the organization's liquidation, termination, or dissolution?	ization's liquidation,	ermination, or disso	olution?	2d
e It the organiza	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.	o any of the que	stions on lines 2a thr	ough 2d, provide the r	name of the person in	<u>olved and explain ir</u>	n Part III.	
For Paperwork Reduct	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.	Instructions for F	-orm 990 or Form 990-	EZ.	Cat. No. 50087Z		Schedule N (Fo	Schedule N (Form 990 or 990-EZ) (2016)

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Schedul	Schedule N (Form 990 or 990-EZ) (2016)	v Diccolution	(continued)				Page 2
	Note Tota	id all of its ass)	the tax year, then Form 990, Part X, column (B), line 16	Part X, column (B)	, line 16 (Total assets), and line	²⁶ Yes No
з 4а		sets in accordan the attorney ger	ice with its governing reral or other appropr	governing instrument(s)? If "No," describe in Part III	describe in Part III . intent to dissolve, lic	uidate, or terminate?	3 4a
ۍ م ۲	 If "Yes," did the organization provide such notice? Did the organization discharge or pay all of its liabilities in accordance with state laws? 	e such notice? V all of its liabiliti	es in accordance with	h state laws?	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
6a		empt bonds out	standing during the y	ear?	· · ·		6a
q		charge or defease	all of its tax-exempt bond	d liabilities during the tax y	ear in accordance with t	he Internal Revenue Code and state law	/s; 6b
	÷	II how the organ	ization defeased or o	therwise settled these	liabilities. If "No" on I	ine 6b, explain in Part III.	
	*II Sale, Exchange, Disposition, or Other Lransfer of More Than 25% of the Organization's Assets. Complete this "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.	on, or Other Ti line 32, or Forr		an 25% of the Org Part II can be duplic	anızatıon's Assets ated if additional sp	More I han 25% of the Organization's Assets. Complete this part if the organization answered line 36. Part II can be duplicated if additional space is needed.	nization answered
-	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
CAS	CASH ACCOUNTS TRANSFERRED TO PARENT'S BALANCE SHEET	07/01/2016	204,620,391	FMV	45-3358926	ASCENSION HEALTH ALLIANCE P.O. BOX 45998, ST. LOUIS, MO 63145	501(C)(3)
о ^в		∋e, or key emplo ccessor or trans	yee of the organizatio feree organization?	· · · · · · · · · · · · · · · · · · ·	• • • •	· · · · ·	Yes No 2a /
συσ		Ident contractor f a successor or pensation or oth	for, a successor or trans transferee organization? ier similar payments as a	ansferee organization? on? is a result of the organ	ization's significant d	isposition of assets?	2c 2b <
Φ	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III sched	o any of the que	stions on lines 2a thrc	ough 2d, provide the n	ame of the person in	volved and explain in Part III .	art III . ▶ Schedule N (Form 990 or 990-EZ) (2016)

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

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

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

OMB No. 1545-0047

2016 Open to Public Inspection

Name of the Organization ST. AGNES HEALTHCARE, INC.

Employer Identification Number 52-0591657

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	VULNERABLE. AS A CATHOLIC HEALTHCARE MINISTRY, WE ARE DEDICATED TO THE ART OF HEALING TO IMPROVE THE LIVES OF THOSE THAT WE SERVE; WE ADVOCATE FOR A JUST SOCIETY. THROUGH OUR WORDS AND DEEDS, WE MINISTER IN AN ATMOSPHERE OF DEEP RESPECT, LOVE AND COMPASSION. PATIENTS ARE OUR PASSION. OUR PHYSICIANS, NURSES AND ASSOCIATES ARE OUR PRIDE. HEALING IS OUR JOY. WE ARE WIDELY KNOWN FOR THE WAY OUR PHYSICIAN, NURSES AND ASSOCIATES COMBINE SOPHISTICATED MEDICAL TECHNOLOGY WITH SPIRITUALITY AND COMPASSION. SHOULDER TO SHOULDER, WE STAND UNITED IN OUR COMMITMENT TO CARE FOR THOSE IN NEED. WE WILL BE A LEADER IN SERVICE EXCELLENCE.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	IN NURSING OR REHABILITATION CENTERS; PROVIDING GYNECOLOGICAL SERVICES TO UNINSURED, LARGELY SPANISH SPEAKING PERSONS AT THE ESPERANZA CLINIC; AND THE WELL4LIFE PROGRAM, WHICH USES A MULTIDISCIPLINARY APPROACH TO WEIGHT LOSS, EXERCISE, LIFESTYLE AND MINDSET CHANGES, FOCUSED ON BATTLING OBESITY CHALLENGES.
	ST. AGNES HEALTHCARE HAS A LONG STANDING TRADITION OF PROVIDING MEDICAL EDUCATION AND TRAINING. ST. AGNES ADMINISTERS A FIVE YEAR, FULLY ACCREDITED, GENERAL SURGERY RESIDENCY PROGRAM CONSISTING OF TWENTY SURGICAL RESIDENTS. THIS ACADEMICALLY ORIENTED, COMMUNITY BASED, UNIVERSITY AFFILIATED RESIDENCY PROGRAM IS THE SECOND OLDEST SURGICAL RESIDENCY PROGRAM IN THE UNITED STATES. THE PROGRAM IS ACTIVE IN BOTH BASIC AND ADVANCED LAPAROSCOPIC SURGERY. RESIDENTS ARE OFFERED A BROAD- BASED SURGICAL EXPERIENCE WITH EXPOSURE NOT ONLY TO THE FIELD OF GREATER GENERAL SURGERY, BUT ALSO TO ALL THE SURGICAL SPECIALTIES. THERE IS EXTENSIVE EXPERIENCE AND TRAINING IN MANAGING THE CRITICALLY ILL SURGICAL PATIENT. ADDITIONALLY, THE PROGRAM ALSO CONTAINS ROTATIONS IN BURN MANAGEMENT, TRAUMA, TRANSPLANT AND GASTROINTESTINAL ENDOSCOPY. THE DEPARTMENT OF SURGERY INCLUDES MORE THAN 152 SURGEONS IN 10 SURGICAL SPECIALTIES. THERE ARE THIRTY FULL-TIME SURGEONS IN THE DEPARTMENT COMPLEMENTED BY ATTENDING SURGEONS WHO ARE DEDICATED TO THE RESIDENCY- TRAINING PROGRAM AND ARE ACTIVELY INVOLVED IN THE TEACHING PROGRAM. MEDICAL STUDENTS HAVE ALSO BEEN A PART OF ST. AGNES' TRAINING PROGRAM FOR MORE THAN SIX DECADES. THE OPPORTUNITY FOR THE RESIDENTS TO TEACH THE STUDENTS CONTRIBUTES SIGNIFICANTLY TO THE PROFESSIONAL DEVELOPMENT OF THE RESIDENT AND PROVIDES A VITAL SERVICE TO THE STUDENT.
	ST. AGNES ALSO HAS A MEDICAL RESIDENCY PROGRAM CONSISTING OF FORTY-FIVE RESIDENTS. THE DYNAMIC INTERACTION BETWEEN THE FACULTY AND THE HOUSE STAFF CREATES A STIMULATING INTELLECTUAL ENVIRONMENT CENTERED ON THE KEY PRINCIPLES OF PATIENT CARE, EDUCATION AND CLINICAL RESEARCH. SIMILAR TO THE SURGICAL RESIDENTS, THE MEDICAL RESIDENTS ARE INVOLVED IN THE TEACHING OF MEDICAL STUDENTS. DUE TO ST. AGNES' AFFILIATION WITH THE UNIVERSITY OF MARYLAND MEDICAL SCHOOL AND JOHNS HOPKINS SCHOOL OF MEDICINE, THE RESIDENTS ARE PRESENTED AN OPPORTUNITY TO ROTATE THROUGH THOSE HOSPITALS, FURTHER ENRICHING THE PATIENT CARE EXPERIENCE. THE RESIDENCY PROGRAM ALLOWS THE RESIDENTS TO BECOME PROFICIENT IN OBTAINING CLINICAL DATA BY PATIENT INTERVIEW, PHYSICAL EXAMINATION, AND INTERPRETATION OF LABORATORY DATA. THE RESIDENTS ALSO BECOME PROFICIENT IN UTILIZING CLINICAL DATA TO PRIORITIZE PROBLEMS AND FORMULATE DIFFERENTIAL DIAGNOSES. THE TRAINING PROGRAM HELPS THE RESIDENTS LEARN TO FORMULATE DIAGNOSTIC AND THERAPEUTIC PLANS DEMONSTRATING AWARENESS OF RISKS, BENEFITS, COSTS, PATIENT PREFERENCES, AND ETHICAL AND PSYCHOSOCIAL ISSUES.
	TO FURTHER THE OBJECTIVE OF IMPROVING COMMUNITY HEALTH SAINT AGNES HEALTHCARE IS DEVELOPING GIBBONS COMMONS. GIBBONS COMMONS IS A VIBRANT, 32-ACRE, MIXED-USE COMMUNITY, BEING DEVELOPED AND DESIGNED BY SAINT AGNES HEALTHCARE- IN COLLABORATION WITH MAJOR COMMUNITY PARTNERS -IN ORDER TO PROVIDE SOUTHWEST BALTIMORE RESIDENTS WITH A SAFE AND HEALTHY PLACE TO LIVE, WORK, PLAY AND LEARN. SINCE PURCHASING THE PROPERTY, SAINT AGNES HAS WORKED CLOSELY WITH COMMUNITY PARTNERS, NEIGHBORS, THE CITY AND DEVELOPERS TO ENSURE WE ARE CREATING A COMMUNITY ASSET THAT WILL IMPROVE THE QUALITY OF LIFE OF THOSE WE HAVE SERVED FOR OVER 150 YEARS. OUR VISION IS TO PROVIDE GREEN SPACE, COMMUNITY SERVICES, RECREATIONAL FACILITIES AND COMMUNITY HOUSING.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	ST. AGNES HEALTHCARE HAS A SOLE CORPORATE MEMBER, ASCENSION HEALTH.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	ST. AGNES HEALTHCARE HAS A SOLE CORPORATE MEMBER, ASCENSION HEALTH, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF ST. AGNES HEALTHCARE.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	ASCENSION HEALTH HAS DESIGNED A SYSTEM AUTHORITY MATRIX WHICH ASSIGNS AUTHORITY FOR KEY DECISIONS THAT ARE NECESSARY IN THE OPERATION OF THE SYSTEM. SPECIFIC AREAS THAT ARE IDENTIFIED IN THE AUTHORITY MATRIX ARE: NEW ORGANIZATIONS & MAJOR TRANSACTIONS; GOVERNING DOCUMENTS; APPOINTMENTS/REMOVALS; EVALUATION; DEBT LIMITS; STRATEGIC & FINANCIAL PLANS; ASSETS; SYSTEM POLICIES & PROCEDURES. THESE AREAS ARE SUBJECT TO CERTAIN LEVELS OF APPROVAL BY ASCENSION PER THE SYSTEM AUTHORITY MATRIX.

Return Reference - Identifier	Explanation	
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS I FUNCTIONAL AREAS INCLUDING FINANCE, ACCOUNTING, TREASURY, LEGAL, HU AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN PREPARE A COMPLETE AND ACCURATE RETURN. UPON COMPLETION, THE FORI BY THE ORGANIZATION'S INTERNAL TAX DEPARTMENT WHICH CONSISTS OF ATT CPAS. A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO THE ORGANIZ PRESIDENT, FINANCIAL OFFICER, AND/OR OTHER KEY OFFICERS IN LIEU OF THE	MAN RESOURCES, ORDER TO M 990 IS REVIEWED ORNEYS AND ATION'S
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL C MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WH OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FIN AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE D MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS THE PROPOSED TRANSACTION OR ARRANGEMENT. THE REMAINING INDIVIDUAL GOVERNING BOARD OR COMMITTEE WILL DECIDE IF CONFLICTS OF INTEREST E. DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNIN DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PE RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UN POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX E. ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPO	FFICER, OR O HAS A DIRECT JANCIAL INTEREST IRECTORS AND S CONSIDERING S ON THE XIST. EACH NG BOARD ERSON HAS DERSTANDS THE THE XEMPTION IT MUST
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S CEO, THE PROC BY ASCENSION HEALTH, A RELATED ORGANIZATION OF ST. AGNES HEALTHCARE REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AN CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. T COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION. THE COMPENSATION, THE CEO WAS COMPARED TO INDIVIDUALS AT OTHER ORG THE AREA WHO HOLD THE SAME TITLE. DURING THE REVIEW AND APPROVAL OF COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE C MINUTES. THE INDIVIDUAL WAS NOT PRESENT WHEN HIS COMPENSATION WAS I	E, INCLUDED A D THE N THE REVIEW OF GANIZATIONS IN THE OMMITTEE
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	IN DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS OR KEY E PROCESS, PERFORMED BY ST. AGNES HEALTHCARE, INC. INCLUDED A REVIEW / INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUE THE DELIBERATION AND DECISION. THE AUDIT COMMITTEE REVIEWED AND APPI COMPENSATION. IN THE REVIEW OF THE COMPENSATION, THE OTHER OFFICERS EMPLOYEES OF THE ORGANIZATION WERE COMPARED TO INDIVIDUALS AT OTHI ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE. DURING THE REVIEW OF THE COMPENSATION DOCUMENTATION OF THE DECISION WAS RECORDED IN MINUTES. INDIVIDUALS WERE NOT PRESENT WHEN THEIR COMPENSATION WAS	AND APPROVAL BY STANTIATION OF ROVED THE S OR KEY ER / AND APPROVAL I THE COMMITTEE
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECT WRITTEN REQUEST.	ION UPON
FORM 990, PART XI, LINE 9 -	(a) Description	(b) Amount
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	DEFERRED PENSION COSTS	- 9,172,509
	NET TRANSFERS WITH ALPHA FUND	- 45,251,051
	TRANSFER INTEREST IN INVESTMENTS HELD BY ASCENSION HEALTH ALLIANCE BACK TO AHA	- 204,620,391
FORM 990, PART XII, LINE 2B - AUDITED FINANCIAL STATEMENTS	THE ACTIVITY OF ST. AGNES HEALTHCARE IS REPORTED IN THE CONSOLIDATED STATEMENTS OF ASCENSION HEALTH ALLIANCE. NO INDIVIDUAL AUDIT OF ST. A HEALTHCARE IS COMPLETED. THEREFORE, THE ATTACHED AUDITED FINANCIAL OF ASCENSION HEALTH ALLIANCE AND AFFILIATES, WHICH INCLUDE THE ACTIVI HEALTHCARE.	GNES STATEMENTS ARE
FORM 990, PART XII, LINE 2C - AUDIT COMMITTEE	ST. AGNES HEALTHCARE, INC. IS INCLUDED IN THE CONSOLIDATED FINANCIAL S ASCENSION HEALTH ALLIANCE. THE FINANCE AND AUDIT COMMITTEE OF ASCEN ALLIANCE'S BOARD ASSUMES RESPONSIBILITY FOR THE CONSOLIDATED ORGAN WHOLE.	SION HEALTH

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	Related Organizations and Unrelated Partnerships plete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, ▶ Attach to Form 990. formation about Schedule R (Form 990) and its instructions is at www.irs.gov/form	d Unrelated on Form 990, Part o Form 990.	I Partnershi IV, line 33, 34, 35b, s at www.irs.gov/f	pS 36, or 37. <i>rr</i> m990.	ō	2016	ublic ion
Name of the organization ST. AGNES HEALTHCARE, INC.						Employer ide	Employer identification number 52-0591657	umber
Part I Identifio	Identification of Disregarded Entities. Complete	if the organization answered "Yes"	answered "Yes"	on Form 990,	Part IV, line 33.	-		
Name, e	(a) Name, address, and EIN (if applicable) of disregarded entity	Prima	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	trolling
(1) GIBBONS COMMO 900 CATON AVENUE, F	(1) GIBBONS COMMONS, LLC (52-0591657) 900 CATON AVENUE, BALTIMORE, MD 21229	REAL PROPER	REAL PROPERTY TO SUPPORT N COMMUNITY ACTIVITIES	MD	24,000	16,812,798	ST. AGNES HEALTHCARE, INC.	RE, INC
(2)								
(3)								
(4)								
(5)								
(9)								
Part II Identific	Identification of Related Tax-Exempt Organizations. Complete one or more related tax-exempt organizations during the tax year.	ions. Complete if th ng the tax year.	Complete if the organization answered "Yes" e tax year.	answered "Yes"	on Form 990, Part IV, line 34 because it had	t IV, line 34 beca	ause it ha	p
Name, ar	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	n Public charity status (if section 501(c)(3))	birect controlling entity	g) Section 512(b)(13) controlled entity?	g) 512(b)(13 rolled ity?
							Yes	No
(1) ASCENSION HEALTH ALLIANCE (2 P.O. BOX 45998, ST.LOUIS, MO 63145	45-3358926)	NATIONAL HEALTH SYSTEM	OM	501(C)(3)	12 TYPE I	N/A		>
(2) ASCENSION HEALTH (31-1662309) P.O. BOX 45998, ST. LOUIS, MO 63145		NATIONAL HEALTH SYSTEM	OM	501(C)(3)	12 TYPE I	ASCENSION HEALTH ALLIANCE	Щ	>
(3) ST. AGNES AUXILIARY (52-0643673) 900 CATON AVENUE, BALTIMORE, MD 2	21229	FUNDRAISING	MD	501(C)(3)	10	ST.AGNES HOSPITAL	>	
(4) SETON MEDICAL GROUP (39-2064992) 900 CATON AVENUE, BALTIMORE, MD 212	29	ROVIDE HEALTH CARE ERVICES TO THE DMMUNITY	MD	501(C)(3)	ო	ST.AGNES HOSPITAL	>	
(5) SAINT AGNES FOI 900 CATON AVENUE, I	(5) SAINT AGNES FOUNDATION (52-1415083) PF 900 CATON AVENUE, BALTIMORE, MD 21229 00	PROVIDES FUNDING TO THE NOSPITAL AND TO THE COMMUNITY	MD	501(C)(3)	12 TYPE I	ST. AGNES HOSPITAL	>	
(9)								
(7)								
For Paperwork Reduct	Eor Danenwork Beduction Act Notice see the Instructions for Form 990		ţċ	Cat No 60135V		Schodula	Schodulo D (Ecrm 000) 2016	

2016 Return St. Agnes Healthcare, Inc. 52-0591657

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(b) (c) (d) Primary activity Legal Direct controlling domicile entity income (related, income (related, income (related, income (related, income (related, income (related, country)) foreign foreign excluded from tax under country)	Bhare of total Share of end-of- Disproportionate income year assets allocations?		3	
		Is? amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
		No	Yes No	
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV,	ete if the organization answ	ered "Yes" on F	orm 990, Pa	, It IV
Primary activity Legal domicile Direct controlling entity (c)	(C corp, S corp, or trust)	(g) Share of end-of-year assets	(h) Percentage Sect ownership	(i) Section 512(b)(13) controlled entity?
			Yes	s No

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2016 Return St. Agnes Healthcare, Inc. 52-0591657

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omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	wing the tex veer did the organization engage in envice the following transactions with one or more related organizations listed in Barts II_IVO

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related orgar	izations listed in Part	s II–IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .		· · · ·	- 1 a	>
b Gift, grant, or capital contribution to related organization(s)		· · ·		>
c Gift, grant, or capital contribution from related organization(s)	· · · ·	· · ·		>
d Loans or loan guarantees to or for related organization(s)			- 1 	>
e Loans or loan guarantees by related organization(s)			- e - -	>
f Dividends from related organization(s)	· · ·	· · · ·		>
g Sale of assets to related organization(s)	· · ·	· · ·		>
h Purchase of assets from related organization(s)		· · ·	1	>
i Exchange of assets with related organization(s)	· · · ·	· · ·	1 	>
j Lease of facilities, equipment, or other assets to related organization(s)			- - - - -	>
			:	•
k Lease of facilities, equipment, or other assets from related organization(s)			¥	>
	•		= ,	
_		· · ·	<u>ד</u>	` >
			- - - - - - -	>
o Sharing of paid employees with related organization(s)			- - 	>
b Reimbursement paid to related organization(s) for expenses			- - - - - - - - - - - - - - - - - - -	>
		· · ·		>
r Other transfer of cash or property to related organization(s)		· · ·		>
 Other transfer of cash or property from related organization(s) 			- - - - -	>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	complete this line, inclu	uding covered relatior	iships and transaction thi	resholds.
(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved	unt involved
ST. AGNES FOUNDATION, INC.	_	115 180	FAIR MARKET VALUE	
(1)	L	- 10,400		
ST. AGNES FOUNDATION, INC. (2)	ď	65,673	FAIR MARKET VALUE	
SETON MEDICAL GROUP, INC.	_	1 262 600	FAIR MARKET VALUE	
(3)	L	1,202,003		
SETON MEDICAL GROUP, INC.	¢.	1,052,859	FAIR MARKET VALUE	
SETON MEDICAL GROUP, INC.	C		FAIR MARKET VALUE	
(5)	Y	5,5/4,/6/		
(SEE STATEMENT)				
(0)				0100 1000

Page 3

Schedule R (Form 990) 2016

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

			>		-	-				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
				Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Schedule R (Form 990) 2016

(continued)	
e as a Corporation or Trust	
ted Organizations Taxabl	
Identification of Rela	
Part IV	

Part V Transactions with Related Organizations (continued)	ed)	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount Involved (f) Method of determining amount involved
(6) ST. AGNES FOUNDATION	C	158,697 FAIR MARKET VALUE
(7) ST. AGNES FOUNDATION	W	638,897 FAIR MARKET VALUE

Return Reference - Identifier	Explanation
SETON MEDICAL GROUP	DUE TO A CORPORATE REORGANIZATION DURING FY 2017, THE SOLE CORPORATE MEMBER OF SETON MEDICAL GROUP CHANGED FROM ST. AGNES HEALTHCARE, INC. TO ASCENSION MEDICAL GROUP, A DISREGARDED ENTITY OF ASCENSION HEALTH, EIN 31-1662309. AT THAT TIME, SETON MEDICAL GROUP CEASED TO BE A MEMBER OF THE ASCENSION BALTIMORE GROUP.

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Form	00	UU

(Rev. January 2017)

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

OMB No. 1545-1709

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 filerle identifying

		Enter filer's identifying number, see instructions			
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or			
print	ST. AGNES HEALTHCARE, INC.	52-0591657			
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)			
	900 CATON AVENUE, 040				
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
	BALTIMORE, MD 21229				

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The books are in the care of
 SCOTT FURNISS

(410) 368-3130

Fax No

Telephone No. 🕨	(410) 368-3130	Fax No. ►	(410) 368-3594			
 If the organization of 	loes not have an office or place of b	usiness in the United State	es, check this box			
 If this is for a Group 	Return, enter the organization's fou	ur digit Group Exemption N	lumber (GEN)		. If this is	
for the whole group,	check this box ... ▶ □ . If [it is for part of the group, o	check this box	. 🕨 🗌	and attach	
a list with the names	and EINs of all members the extensi	ion is for.				

1 I request an automatic 6-month extension of time until ______, 20 _18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20

- ► 🗹 tax year beginning ______07/01 _____, 20 __16 __, and ending ______ 06/30 , 20 17 .
- If the tax year entered in line 1 is for less than 12 months, check reason: 🗌 Initial return 🗌 Final return 2 Change in accounting period
- If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a any nonrefundable credits. See instructions. 3a \$ b 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. 3b \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Ascension Health Alliance d/b/a Ascension Years Ended June 30, 2017 and 2016 With Reports of Independent Auditors

5/22/2018 1:34:33 PM

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Ascension

Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2017 and 2016

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Ernst & Young LLP The Plaza in Clayton Suite 1300 190 Carondelet Plaza St. Louis, MO 63105-3434 Tel: +1 314 290 1000 Fax: +1 314 290 1882 ev.com

Report of Independent Auditors

Board of Directors Ascension Health Alliance d/b/a Ascension

We have audited the accompanying consolidated financial statements of Ascension Health Alliance d/b/a Ascension, which comprise the consolidated balance sheets as of June 30, 2017 and 2016, and the related consolidated statements of operations and changes in nets assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

1709-2413551

A member firm of Ernst & Young Global Limited



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Ascension Health Alliance d/b/a Ascension at June 30, 2017 and 2016, and the consolidated results of their operations and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst + Young ILP

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September 22, 2017

1709-2413551

A member firm of Ernst & Young Global Limited

Ascension

Consolidated Balance Sheets (Dollars in Thousands)

		June 30,		
		2017		2016
Assets				
Current assets:				
Cash and cash equivalents	\$	857,605	\$	696,237
Short-term investments		103,857		122,545
Accounts receivable, less allowance for doubtful accounts				
(\$1,316,163 and \$1,362,060 at June 30, 2017 and June 30, 2016,				
respectively)		2,758,554		2,746,506
Inventories		354,041		349,077
Due from brokers (see Notes 4 and 5)		197,195		313,717
Estimated third-party payor settlements		133,715		186,354
Other (see Notes 4 and 5)	-	762,900		978,744
Total current assets		5,167,867		5,393,180
Long-term investments (see Notes 4 and 5)		16,999,371		15,069,123
Property and equipment, net		9,182,978		9,020,005
Other assets:				
Investment in unconsolidated entities		1,196,651		1,115,871
Capitalized software costs, net		880,819		926,710
Other (see Notes 4 and 5)		892,739		908,580
Total other assets		2,970,209		2,951,161

	June 30,			
	2017			2016
Liabilities and net assets				
Current liabilities:				
Current portion of long-term debt	\$	298,270	\$	96,193
Long-term debt subject to short-term remarketing arrangements*		999,785		1,666,245
Accounts payable and accrued liabilities (see Notes 4 and 5)		2,742,377		2,500,748
Estimated third-party payor settlements		480,694		513,677
Due to brokers (see Notes 4 and 5)		115,783		105,660
Current portion of self-insurance liabilities		206,787		219,638
Other		340,756		292,044
Total current liabilities		5,184,452		5,394,205
Noncurrent liabilitics:				
Long-term debt (senior and subordinated)		5,699,440		5,391,908
Self-insurance liabilities		513,010		513,985
Pension and other postretirement liabilities		1,318,331		1,298,653
Other (see Notes 4 and 5)		1,191,068		1,241,678
Total noncurrent liabilities		8,721,849		8,446,224
Total liabilities		13,906,301		13,840,429
Net assets:				
Unrestricted				
Controlling interest		17,933,923		16,498,086
Noncontrolling interests		1,798,361		1,429,444
Unrestricted net assets		19,732,284		17,927,530
Temporarily restricted		468,938		467,994
Permanently restricted		212,902		197,516
Total net assets		20,414,124		18,593,040
Total liabilities and net assets	\$	34,320,425	\$	32,433,469

*Consists of variable rate demand bonds with put options that may be exercised at the option of the bondholders, with stated repayment installments through 2047, as well as certain serial mode bonds with scheduled remarketing/mandatory tender dates occurring prior to June 30, 2018. In the event that bonds are not remarketed upon the exercise of put options or the scheduled mandatory tenders, management would utilize other sources to access the necessary liquidity. Potential sources include liquidating investments, a drawon the line of credit to taking 5 billion, and is sung commercial paper. The commercial paper program is supported by \$500 million of the \$1 billion fine of credit.

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

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

	Year Ended June 30,				
		2017		2016	
Operating revenue: Net patient service revenue Less provision for doubtful accounts Net patient service revenue, less provision for doubtful accounts	\$	22,023,848 1,083,661 20,940,187	\$	21,301,133 1,142,289 20,158,844	
Other revenue		1,693,038		1,739,490	
Total operating revenue		22,633,225		21,898,334	
Operating expenses: Salaries and wages Employee benefits Purchased services Professional fees Supplies Insurance Interest Depreciation and amortization Other Total operating expenses before impairment, restructuring and nonrecurring losses, net Income from operations before self-insurance trust fund investment return and impairment, restructuring and nonrecurring losses, net		9,301,057 1,829,642 1,931,021 1,299,517 3,267,278 177,352 223,356 1,083,684 2,780,838 21,893,745		9,043,625 1,748,110 1,500,887 1,369,103 3,114,261 160,232 194,962 1,032,541 2,737,244 20,900,965	
Self-insurance trust fund investment return		43,621		(16,334)	
Impairment, restructuring and nonrecurring losses, net		(230,407)		(227,832)	
Income from operations	-	552,694		753,203	
Nonoperating gains (losses): Investment return Gain (loss) on extinguishment of debt Gains (losses) on interest rate swaps Income (loss) from unconsolidated entities Contributions from business combinations Other Total nonoperating gains (losses), net		1,420,160 10,907 45,015 2,601 - (170,194) 1,308,489		(358,297) (13,594) (86,536) (40,649) 304,961 (81,339) (275,454)	
Excess of revenues and gains over expenses and losses		1,861,183		477,749	
Less noncontrolling interests		222,266		16,365	
Excess of revenues and gains over expenses and losses attributable to controlling interest		1,638,917		461,384	

Continued on next page.

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

	Year Ended June 30,		
	2017	2016	
Unrestricted net assets, controlling interest: Excess of revenues and gains over expenses and losses	\$ 1,638,917	\$ 461,384	
Transfers to sponsors and other affiliates, net	(5,062)	(8,654)	
Net assets released from restrictions for property acquisitions	92,104	45,058	
Pension and other postretirement liability adjustments	(301,182)	(729,197)	
Change in unconsolidated entities' net assets	8,039	(6,976)	
Other	2,795	3,344	
Increase (decrease) in unrestricted net assets, controlling interest,			
before gain (loss) from discontinued operations	1,435,611	(235,041)	
Gain (loss) from discontinued operations	226	(16,230)	
Increase (decrease) in unrestricted net assets, controlling interest	1,435,837	(251,271)	
Unrestricted net assets, noncontrolling interests:			
Excess of revenues and gains over expenses and losses	222,266	16,365	
Distributions of capital	(139,477)	(254,788)	
Contributions of capital	285,894	96,150	
Membership interest changes, net	210		
Other	24	(891)	
Increase (decrease) in unrestricted net assets, noncontrolling			
interests	368,917	(143,164)	
Temporarily restricted net assets, controlling interest:			
Contributions and grants	123,594	140,210	
Investment return	29,410	(4,643)	
Net assets released from restrictions	(153,648)	(97,392)	
Contributions from business combinations	-	16,091	
Other	1,588	(4,181)	
Increase in temporarily restricted net assets, controlling			
intcrest	944	50,085	
Permanently restricted net assets, controlling interest:			
Contributions	8,046	5,298	
Investment return	7,263	(1,706)	
Contributions from business combinations	-	2,363	
Other	77	(1,227)	
Increase in permanently restricted net assets, controlling			
interest	15,386	4,728	
Increase (decrease) in net assets	1,821,084	(339,622)	
Net assets, beginning of year	18,593,040	18,932,662	
	\$20,414,124	\$ 18,593,040	

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

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Consolidated Statements of Cash Flows (Dollars in Thousands)

	Year Ended June 30,			ie 30,
	2017		2016	
Operating activities				
Increase (decrease) in net assets	\$	1,821,084	\$	(339,622)
Adjustments to reconcile increase (decrease) in net assets to net cash				
provided by operating activities:				
Depreciation and amortization		1,083,684		1,032,541
Amortization of bond premiums and debt issuance costs		(19,241)		(20,714)
(Gain) loss on extinguishment of debt		(10,907)		13,594
Provision for doubtful accounts		1,086,621		1,148,342
Pension and other postretirement liability adjustments		301,182		729,197
Contributions from business combinations		-		(323,415)
Unrealized (gains) losses on investments, net		(624,047)		493,528
Change in fair value of interest rate swaps		(70,119)		84,433
Gain on salc of assets, net		(250,594)		(192,042)
Impairment and nonrecurring expenses		40,482		21,271
Transfers to sponsor and other affiliates, net		5,062		8,654
Restricted contributions, investment return, and other		(144,085)		(165,212)
Other restricted activity		18,976		(57,923)
(Contributions) distributions of noncontrolling interest, net		(146,417)		158,638
Other		(234)		(222)
Decrease (increase) in:				
Short-term investments		11,268		71,832
Accounts receivable		(1,114,753)		(1,190,839)
Inventories and other current assets		(57,727)		(65,000)
Due from brokers		116,522		(164,852)
Investments classified as trading		(1,282,576)		(523,002)
Other assets		(79,142)		126,227
Increase (decrease) in:				
Accounts payable and accrued liabilities		206,615		29,531
Estimated third-party payor settlements, net		19,880		128,440
Due to brokers		10,123		(25,401)
Other current liabilities		55,323		(119,736)
Self-insurance liabilitics		(13,751)		(53,004)
Other noncurrent liabilities		(180,709)	_	(201,315)
Net cash provided by continuing operating activities		782,520		603,929
Net cash provided (used) by discontinued operations		7,513		(4,833)
Net cash provided by operating activities		790,033		599,096

Continued on next page.

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

	Year Ended June 30,			
	2017	2016		
Investing activities				
Property, equipment, and capitalized software additions, net	\$ (1,272,212)	\$ (1,139,060)		
Proceeds from sale of property and equipment	3,830	13,643		
Issuance of note receivable for business combination	-	(637,109)		
Net proceeds from sale/acquisition of other assets	354,933	296,071		
Net cash used by continuing investing activities	(913,449)	(1,466,455)		
Net cash provided by discontinued operations - investing	112,238	151,344		
Net cash used by investing activities	(801,211)	(1,315,111)		
Financing activities				
Issuance of debt	1,308,307	5,154,869		
Repayment of debt	(1,407,063)	(4,403,407)		
Debt issuance costs paid	(5,989)	(16,462)		
Decrease in assets under bond indenture agreements	498	18,303		
Transfers to sponsors and other affiliates, net	(10,062)	(13,654)		
Restricted contributions, investment return, and other	140,438	143,013		
Contributions (distributions) of noncontrolling interest, net	146,417	(158,638)		
Net cash provided by financing activities	172,546	724,024		
Net increase in cash and cash equivalents	161,368	8,009		
Cash and cash equivalents at beginning of year	696,237	688,228		
Cash and cash equivalents at end of year	\$ 857,605	\$ 696,237		

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

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Notes to Consolidated Financial Statements (Dollars in Thousands)

June 30, 2017

1. Organization and Mission

Organizational Structure

Ascension Health Alliance, d/b/a Ascension (Ascension), is a Missouri nonprofit corporation formed on September 13, 2011. Ascension is the sole corporate member and parent organization of Ascension Health (d/b/a Ascension Healthcare), a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Ministry Markets, located in 23 states and the District of Columbia.

Ascension serves as the member or shareholder of various subsidiaries as listed below:

- Ascension Care Management
- Ascension Global Mission
- Ascension Healthcare
- Ascension Holdings
- Ascension Information Services
- Ascension Investment Management (AIM)
- Ascension Leadership Institute
- Ascension Ministry and Mission Fund
- Ascension Ministry Service Center
- Ascension Ventures (AV)
- AV Holding Company
- Consulting Network
- The Resource Group
- Smart Health Solutions

Ascension is also the majority investor in the Alpha Fund, LLC (Alpha Fund) as discussed in the Pooled Investment Fund note. Ascension and its member organizations are hereafter referred to collectively as the System.

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

1. Organization and Mission (continued)

Sponsorship

Ascension is sponsored by Ascension Sponsor, a Public Juridic Person. The Participating Entities of Ascension Sponsor are the Daughters of Charity of St. Vincent de Paul, St. Louise Province; the Congregation of St. Joseph; the Congregation of the Sisters of St. Joseph of Carondelet; the Congregation of Alexian Brothers of the Immaculate Conception Province, Inc. – American Province; and the Sisters of the Sorrowful Mother of the Third Order of St. Francis of Assisi – US/Caribbean Province.

Mission

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

- Traditional charity carc includes the cost of services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured.
- Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons.
- Cost of other programs for persons living in poverty and other vulnerable persons includes unreinbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome.
- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research.

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

1. Organization and Mission (continued)

Discounts are provided to all uninsured and underinsured patients, including those with the means to pay. Discounts provided to those patients who did not qualify for financial assistance are not included in the cost of providing care of persons living in poverty and other community benefit programs. The cost of providing care to persons living in poverty and other community benefit programs is estimated by reducing charges forgone by a factor derived from the ratio of each entity's total operating expenses to the entity's billed charges for patient care. Certain costs such as graduate medical education and certain other activities are excluded from total operating expenses for purposes of this computation.

The amount of traditional charity care provided, determined on the basis of cost, was \$537,672 and \$452,246 for the years ended June 30, 2017 and 2016, respectively. The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost is reported in the accompanying supplementary information.

2. Significant Accounting Policies

Principles of Consolidation

All corporations and other entities for which operating control is exercised by the System or one of its member corporations are consolidated, and all significant inter-entity transactions have been eliminated in consolidation. Investments in entities where the System does not have operating control are recorded under the equity or cost method of accounting. Income (loss) from unconsolidated entities is included in consolidated excess of revenues and gains over expenses and losses in the accompanying Consolidated Statements of Operations and Changes in Net Assets as follows:

	Year Ended June 30,				
	 2017		2016		
Other revenue Nonoperating gains (losses)	\$ 105,473 2,601	\$	114,085 (40,649)		

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

2. Significant Accounting Policies (continued)

Use of Estimates

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

Fair Value of Financial Instruments

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

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and interest-bearing deposits with original maturities of three months or less.

Short-Term Investments

Short-term investments consist of investments with original maturities exceeding three months and up to one year.

Inventories

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

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

2. Significant Accounting Policies (continued)

Long-Term Investments and Investment Return

Investments, excluding investments in unconsolidated entities, are measured at fair value, are classified as trading securities, and include pooled short-term investment funds; U.S. government, state, municipal and agency obligations; corporate and foreign fixed income securities; asset-backed securities; and equity securities. Investments also include alternative investments and other investments which are valued based on the net asset value of the investments, as further discussed in the Fair Value Measurements note. Investments also include derivatives held by the Alpha Fund, also measured at fair value, as discussed in the Pooled Investment Fund note.

Long-term investments include assets limited as to use of approximately \$1,342,000 and \$1,284,000, at June 30, 2017 and 2016, respectively, comprised primarily of investments placed in trust and held by captive insurance companies for the payment of self-insured claims and investments which are limited as to use, as designated by donors.

Purchases and sales of investments are accounted for on a trade-date basis. Investment returns consist of dividends, interest, and gains and losses. The cost of substantially all securities sold is based on the FIFO method. Investment returns, excluding returns of self-insurance trust funds, are reported as nonoperating gains (losses) in the Consolidated Statements of Operations and Changes in Net Assets, unless the return is restricted by donor or law. Investment returns of self-insurance trust funds are reported as a separate component of income from operations in the Consolidated Statements of Operations and Changes in Net Assets.

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair market value at the date of the gift. Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets. The range of estimated useful lives used in computing depreciation is as follows: buildings and leasehold improvements, 2 to 40 years; and equipment, 2 to 20 years. Depreciation expense in 2017 and 2016 was \$851,540 and \$825,681, respectively.

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

2. Significant Accounting Policies (continued)

A summary of property and equipment at June 30, 2017 and 2016 is as follows:

	June 30,				
		2017 2016			
Land and improvements	\$	950,074	\$ 935,542		
Buildings and equipment		17,069,585	16,505,068		
		18,019,659	17,440,610		
Less accumulated depreciation		9,447,994	8,981,575		
		8,571,665	8,459,035		
Construction in progress		611,313	560,970		
Total property and equipment, net	\$	9,182,978	\$ 9,020,005		

Several capital projects have remaining construction and related equipment purchase commitments of approximately \$545,000 as of June 30, 2017.

Intangible Assets

Intangible assets primarily consist of goodwill and capitalized computer software costs, including internally developed software. Costs incurred in the development and installation of internal use software are expensed or capitalized depending on whether they are incurred in the preliminary project stage, application development stage, or post-implementation stage, and the nature of the costs. Intangible assets are included in the Consolidated Balance Sheets as presented in the table that follows. Capitalized software costs in the table below include software in progress of \$228,499 and \$244,552 at June 30, 2017 and 2016, respectively:

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

2. Significant Accounting Policies (continued)

	June 30,				
		2017	2016		
Capitalized software costs	\$	2,213,989	\$ 2,050,184		
Less accumulated amortization		1,333,170	1,123,474		
Capitalized software costs, net		880,819	926,710		
Goodwill		211,278	210,320		
Other, net		27,781	31,731		
Intangible assets included in other assets		239,059	242,051		
Total intangible assets, net	\$	1,119,878	\$ 1,168,761		

Intangible assets whose lives are indefinite, primarily goodwill, are not amortized and are evaluated for impairment at least annually or when circumstances indicate a possible impairment may exist, while intangible assets with definite lives, primarily capitalized computer software costs, are amortized over their expected useful lives. Amortization expense for these intangible assets in 2017 and 2016 was \$232,144 and \$206,860, respectively.

Estimated future amortization of intangible assets with definite lives, excluding software in progress, as of June 30, 2017 is as follows:

Ycar ending June 30:	
2018	\$ 190,154
2019	151,630
2020	124,447
2021	98,228
2022	72,052
Thereaster	 34,437
Total	\$ 670,948

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

2. Significant Accounting Policies (continued)

The System is in the final phases of a significant multi-year, System-wide enterprise resource planning project, including information technology and process standardization (Symphony), which is expected to continue through fiscal year 2018. The project is facilitating a transition to a common software product for various finance, information technology, procurement, and human resources management processes, including standardization, were approximately \$351,000 and \$329,000 at June 30, 2017 and 2016, respectively, and are being amortized on a straight-line basis over the expected useful life of the software. Certain costs of this project were also expensed. Accumulated amortization of Symphony was approximately \$160,000 and \$120,000 at June 30, 2017 and 2016, respectively. See the Impairment, Restructuring, and Nonrecurring Losses discussion below for additional information about costs associated with Symphony.

Noncontrolling Interests

The consolidated financial statements include all assets, liabilities, revenues, and expenses of entities that are controlled by the System and therefore consolidated. Noncontrolling interests in the Consolidated Balance Sheets represent the portion of net assets owned by entities outside the System, for those entities in which the System's ownership interest is less than 100%.

Temporarily and Permanently Restricted Net Assets

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

Temporarily and permanently restricted net assets consist solely of controlling interests of the System.

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

2. Significant Accounting Policies (continued)

Performance Indicator

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

Operating and Nonoperating Activities

The System's primary mission is to meet the healthcare needs in its market areas through a broad range of general and specialized healthcare services, including inpatient acute care, outpatient services, long-term care, and other healthcare services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to the System's primary mission are considered to be nonoperating.

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

Net patient service revenue is reported at the estimated realizable amounts from patients, thirdparty payors, and others for services provided and includes estimated retroactive adjustments under reimbursement agreements with third-party payors. The System recognizes patient service revenue at the time services are rendered, even though the patient's ability to pay may not be completely assessed at that time. Revenue under certain third-party payor agreements is subject to audit, retroactive adjustments, and significant regulatory actions. Provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and as final settlements are determined.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue related to prior periods increased net patient service revenue by \$128,100 and \$102,217 for the years ended June 30, 2017 and 2016, respectively.

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

2. Significant Accounting Policies (continued)

The percentage of net patient service revenue, less provision for doubtful accounts earned by payor for the years ended June 30, 2017 and 2016, is as follows:

	Year Ended June 30,					
	2017	2016				
Medicare - traditional and managed	36 %	35 %				
Medicaid - traditional and managed	13	12				
Commercial and other managed care	46	47				
Self-Pay and other	5	6				
	100 %	100 %				

The System grants credit without collateral to its patients, who are primarily local residents and are insured under third-party payor arrangements. Significant concentrations of accounts receivable, less allowance for doubtful accounts, at June 30, 2017 and 2016, are as follows:

	June	June 30,					
	2017	2016					
Medicare - traditional and managed	27 %	27 %					
Medicaid - traditional and managed	11	9					
Commercial and other managed care	42	42					
Self-Pay and other	20	22					
	100 %	100 %					

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

2. Significant Accounting Policies (continued)

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

Other Operating Revenue

Other operating revenue includes net gains on sales of assets, clinical engineering services, retail pharmacy revenue, income from unconsolidated entities, premium revenue, net assets released from restrictions for operating purposes, and other nonpatient service revenue. Net gains on sales of assets were \$258,631 and \$201,330 for the years ended June 30, 2017 and 2016, respectively. Assets sold during the years ended June 30, 2017 and 2016 include certain hospital and nonhospital operating entities and patient care equipment.

Impairment, Restructuring, and Nonrecurring Losses

Long-lived assets are reviewed for impairment whenever events or business conditions indicate the carrying amount of such assets may not be fully recoverable. Initial assessments of recoverability are based on estimates of undiscounted future net cash flows associated with an asset or group of assets. Where impairment is indicated, the carrying amount of these long-lived assets is reduced to fair value based on future discounted net cash flows or other estimates of fair value.

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

2. Significant Accounting Policies (continued)

Nonrecurring expenses associated with Symphony primarily include deployment costs to implement Symphony in certain Health Ministries. Costs associated with product deployment are recorded as nonrecurring losses, and costs associated with product support are recorded as recurring operating expenses.

During the year ended June 30, 2017, the System recorded total impairment, restructuring, and nonrecurring losses, net of \$230,407. This amount was comprised primarily of \$110,390 of nonrecurring expenses associated with Symphony, one-time termination benefits and other restructuring expenses of \$86,669, impairment expenses of \$34,689, and other nonrecurring expenses of \$38,659 partially offset by a pension curtailment gain of \$40,000.

During the year ended June 30, 2016, the System recorded total impairment, restructuring, and nonrecurring losses, net of \$227,832. This amount was comprised primarily of \$129,494 of nonrecurring expenses associated with Symphony, one-time termination benefits and other restructuring expenses of \$72,097, impairment expenses of \$14,064, and other nonrecurring expenses of \$12,177.

Amortization

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

Capitalized software, including internally developed software, is amortized on a straight-line basis over the expected useful life of the software.

Income Taxes

The member healthcare entities of the System are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or Section 501(c)(2), and their related income is exempt from federal income tax under Section 501(a). The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2017.

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

2. Significant Accounting Policies (continued)

The System had deferred tax assets of approximately \$461,000 and \$378,000 for federal and state income tax purposes primarily related to net operating loss carryforwards for the years ended June 30, 2017 and 2016, respectively, with expiration dates through 2037. A valuation allowance of approximately \$459,000 and \$377,000 was recorded due to the uncertainty regarding use of the deferred tax assets for the years ended June 30, 2017 and 2016, respectively.

Regulatory Compliance

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

Reclassifications

Certain reclassifications were made to the accompanying 2016 consolidated financial statements to conform to the 2017 presentation.

Recently Issued Accounting Standards

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)* (ASU 2014-09). In August 2015, the FASB amended the guidance to defer the effective date by one year. ASU 2014-09 affects any entity that either enters into contracts with customers to transfer goods or services or enters into contracts for the transfer of nonfinancial assets unless those contracts are within the scope of other standards. The guidance in ASU 2014-09 outlines a single comprehensive model for entities to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance, including industry-specific guidance, and requires significantly expanded disclosures about revenue recognition. The core principle of the revenue model is that an entity recognizes revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services.

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

2. Significant Accounting Policies (continued)

The requirements of ASU 2014-09 will result in changes to the presentation and disclosure of revenue from services to patients. Currently, a significant portion of the System's provision for doubtful accounts relates to uninsured patients as well as deductibles and co-pays due from patients with insurance. Under ASU 2014-09, the uncollectible amounts due from patients will generally be reported as a direct reduction to net patient service revenue and will result in a significant reduction in the amounts presented separately as provision for doubtful accounts. Although the adoption of ASU 2014-09 will have a significant impact on the amounts presented in certain categories of the System's Consolidated Statements of Operations and Changes in Net Assets, it is not expected to materially impact the System's financial position, results of operations or cash flows. The System is currently evaluating the requirements of the new standard to cnsure that the processes and systems are in place to implement the new standard and to collect the related information required. The new guidance will be effective for Ascension beginning July 1, 2018, and interim periods within that year. Early adoption is permitted, but the System does not plan to early adopt the new standard.

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842) (ASU 2016-02)*, which affects any entity that enters into a lease (as that term is defined in ASU 2016-02), with some specified scope exceptions. The main difference between the guidance in ASU 2016-02 and current guidance is the recognition of lease assets and liabilities by lessees for those leases classified as operating leases under current guidance. Recognition of these assets and liabilities will have a significant impact on the System's Consolidated Balance Sheet upon adoption. This guidance will be effective for Ascension on July 1, 2019. Ascension is in the process of evaluating the potential impact on its consolidated financial statements.

Subsequent Events

The System evaluates the impact of subsequent events, which are events that occur after the Consolidated Balance Sheet date but before the consolidated financial statements are issued, for potential recognition or disclosure in the consolidated financial statements as of the Consolidated Balance Sheet date. For the year ended June 30, 2017, the System evaluated subsequent events through September 22, 2017, representing the date on which the accompanying audited consolidated financial statements were issued.

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

2. Significant Accounting Policies (continued)

Subsequent to June 30, 2017, certain debt obligations which had a total outstanding balance of \$188,705 as of June 30, 2017 were defeased or redecmed. Specifically, the Series 2012 Oklahoma Development Finance Authority St. John Health System Revenue & Refunding Bonds were legally defeased, and a commercial bank loan was repaid in full.

3. Organizational Changes

Business Combinations

Crittenton Hospital Medical Center -- Michigan

Effective October 1, 2015, Ascension Michigan became the sole corporate member of Crittenton Hospital Medical Center (Crittenton) under the terms of an agreement among Ascension Michigan, Crittenton and Ascension Health. The fair value of the unrestricted net assets totaling \$137,912 was recognized in the Consolidated Statements of Operations and Changes in Net Assets for the year ended June 30, 2016 as a nonoperating contribution from business combination.

Wheaton Franciscan Healthcare - Southeast Wisconsin, Inc.

Effective March 1, 2016, Ascension Hcalth became the sole corporate member of Wheaton Franciscan Healthcare – Southeast Wisconsin, Inc. (Wheaton) under the terms of an agreement between Ascension Health and Wheaton Franciscan Services, Inc. The fair value of the unrestricted net assets totaling \$167,049 was recognized in the Consolidated Statements of Operations and Changes in Net Assets for the year ended June 30, 2016 as a nonoperating contribution from business combination.

The fair values of Crittenton and Wheaton's net assets, by major type, that were recognized by the System during the year ended June 30, 2016 were as follows. The valuations of these net assets were substantially complete as of June 30, 2016.

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

3. Organizational Changes (continued)

	(Crittenton		Wheaton		Total
Net working capital	\$	80,335	\$	312,129	\$	392,464
Long-term investments		102,890		27,511		130,401
Property and equipment		193,174		645,299		838,473
Investments in unconsolidated entities		4,491		58,174		62,665
Intangible assets, including capitalized software costs		-		48,820		48,820
Other long-term assets		795		2,567		3,362
Long-term debt		(161,205)		(641,936)		(803,141)
Other long-term liabilites assumed		(79,177)		(270,452)		(349,629)
Fair value of total net assets	\$	141,303	\$	182,112	\$	323,415

The fair value of net assets of \$323,415 in the preceding table was recognized in the Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2016, as a nonoperating contribution from business combinations of \$304,961, and contributions of temporarily and permanently restricted net assets of \$16,091 and \$2,363, respectively.

During the year ended June 30, 2016, Ascension recognized revenues of Crittenton and Wheaton combined totaling \$611,100, and an excess of revenues and gains over expenses and losses totaling \$15,560, of which all was attributable to controlling interest. Ascension recognized a decrease in unrestricted net assets – controlling interests, excluding the excess of revenues and gains over expenses and losses of \$15,560 above, of \$10,003 and a decrease in temporarily restricted net assets of Crittenton and Wheaton of \$618 for the year ended June 30, 2016.

The following unaudited pro forma financial information presents the combined results of operations of Ascension, Crittenton and Wheaton for the year ended June 30, 2016 as though the business combination transactions had occurred on July 1, 2015. This pro forma financial information is not necessarily indicative of the results of operations that would occur if these entities were consolidated into the System during that period, nor is it necessarily indicative of future operating results.

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

3. Organizational Changes (continued)

	Year Ended June 30, 2016		
Total operating revenue	\$	22,838,814	
Deficit of revenues and gains over expenses and			
losses attributable to controlling interest		118,977	
Decrease in unrestricted net assets			
- controlling interest		(532,879)	
Decrease in unrestricted net assets			
- noncontrolling interests		(143,164)	
Decrease in temporarily restricted net assets		36,226	
Decrease in permanently restricted net assets		2,636	

Divestitures

Discontinued Operations

During the years ended June 30, 2017 and 2016, Ascension, including certain of its wholly owned subsidiaries, closed on the sale of, or undertook actions to sell or transfer ownership of, certain assets and liabilities, as follows:

- On July 1, 2015, Catholic Health, Inc. (Catholic Health) became the sole corporate inember of Mount St. Mary's Hospital in Lewiston, New York under the terms of an affiliation agreement between Ascension Health and Catholic Health.
- On September 1, 2015, Carondelet Health Network, a subsidiary of Ascension Health, sold certain assets, liabilities and related operations, excluding certain non-acute entities, in Tucson, Arizona to CHN Holdings, LLC, a joint venture in which Ascension holds a noncontrolling interest.

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

3. Organizational Changes (continued)

- On September 28, 2016, St. Joseph Regional Medical Center, Inc. in Lewiston, Idaho (St. Joseph Regional), a wholly owned subsidiary of Ascension Healthcare, and RCCH entered into an asset purchase agreement, whereby RCCH purchased substantially all assets and assumed certain liabilities associated with the operations of St. Joseph Regional. Assets and liabilities of St. Joseph Regional's foundation remain with Ascension Healthcare. The sale was completed on May 1, 2017.
- On September 28, 2016, Our Lady of Lourdes Hospital at Pasco in Pasco, Washington, d/b/a Lourdes Health Network (Lourdes Health), a wholly owned subsidiary of Ascension Healthcare, and Capella Healthcare, Inc. (a predecessor corporation of RCCH HealthCare Partners) (RCCII) entered into an asset purchase agreement, whereby RCCH will purchase substantially all assets and assume certain liabilities associated with the operations of Lourdes Health. Assets and liabilities of Lourdes Health's foundation will remain with Ascension Healthcare. The sale is expected to close in fiscal year 2018, after obtaining all necessary regulatory approvals.

Assets and liabilities associated with the aforementioned transactions were held for sale and qualified for discontinued operations as of June 30, 2017 and 2016, and are included in other current assets and other current liabilities, respectively, in the System's Consolidated Balance Sheets. Assets held for sale were \$44,935 and \$144,490 at June 30, 2017 and 2016, respectively, while liabilities held for sale were \$22,531 and \$30,552 at June 30, 2017 and 2016, respectively. Net losses of the entities, which include excess of revenues over expenses of St. Joseph Regional through the May I, 2017 sale date and a deficit of revenues over expenses of Carondelet Health Network through the September 1, 2015 sale date and a \$14,520 loss on sale, are included in the loss from discontinued operations in the Consolidated Statements of Operations and Changes in Net Assets and were \$1,292 and \$15,790 for the years ended June 30, 2017 and 2016, respectively. Total operating revenues of the entities were \$260,219 and \$355,516 for the years ended June 30, 2017 and 2016, respectively, which includes total operating revenues of St. Joseph Regional and Carondelet Health through the sale dates.

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

3. Organizational Changes (continued)

Assets Held for Sale

On March 31, 2017, St. Joseph's Hospital of Marshfield, Inc. in Marshfield, Wisconsin (SJHM), a subsidiary of Ministry Health Care (Ministry), entered into an asset sale agreement with MCHS Hospitals Inc. (Marshfield Clinic) whereby Marshfield Clinic purchased substantially all the assets and assumed certain liabilities associated with SJHM. Ministry is a subsidiary of Ascension Healthcare. The sale was completed on June 30, 2017.

Assets and liabilities associated with the aforementioned transaction were designated as assets and liabilities held for sale, and included in other current assets and other current liabilities, respectively, in the System's Consolidated Balance Sheets at June 30, 2016. Assets and liabilities held for sale were \$161,058 and \$11,760 at June 30, 2016, respectively. Net income of SJHM is included in the excess of revenues and gains over expenses and losses in the Consolidated Statements of Operations and Changes in Net Assets and is \$32,766 and \$35,499 for the years ended June 30, 2017 and 2016, respectively. Revenues of SJHM total \$300,364 and \$319,959 for the years ended June 30, 2017 and 2016, respectively.

Other

In May 2016, Ascension sold primarily all of the assets, liabilities and operations of its Medxeel, Inc. business to TMX Holdings, LLLP (TMX), a partnership in which Ascension maintains a 50% interest. As a result of the transaction, Ascension recognized a gain, which is included in other operating revenue in the Consolidated Statements of Operations and Changes in Net Assets for the year ended June 30, 2016, and the interest in TMX was recorded at its initial fair value. Subsequent to the transaction, Ascension is accounting for its interest in TMX under the equity method of accounting.

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

4. Pooled Investment Fund

At June 30, 2017 and 2016, a significant portion of the System's investments consists of the System's interest in the Alpha Fund, a limited liability company organized in the state of Delaware. Certain System investments, including some held by the Health Ministries and their consolidated foundations, are managed outside of the Alpha Fund.

The Alpha Fund includes the investment interests of the System and other Alpha Fund members. AIM, a wholly owned subsidiary of the System, serves as the manager and primary investment advisor of the Alpha Fund, overseeing the investment strategies offered to the Alpha Fund's members. AIM provides expertise in the areas of asset allocation, selection and monitoring of outside investment managers, and risk management. The Alpha Fund is consolidated in the System's financial statements. The portion of the Alpha Fund's net assets representing interests held by entitics other than the System are reflected in noncontrolling interests in the Consolidated Balance Sheets, which amount to \$1,598,399 and \$1,256,666 at June 30, 2017 and 2016, respectively.

The Alpha Fund invests in a diversified portfolio of investments including alternative investments, such as real asset funds, hedge funds, private equity funds, commodity funds, and private credit funds. Collectively, these funds have liquidity terms ranging from daily to annual with notice periods ranging from 1 to 120 days. Due to redemption restrictions, investments in certain of these funds, whose fair value was approximately \$2,528,129 at June 30, 2017, cannot currently be redeemed for periods ranging from one to twelve years. However, the potential for the Alpha Fund to sell its interest in these funds in a secondary market prior to the end of the fund term does exist.

The Alpha Fund's investments in certain alternative investment funds also include contractual commitments to provide capital contributions during the investment period, which is typically five years and can extend to the end of the fund term. During these contractual periods, investment managers may require the Alpha Fund to invest in accordance with the terms of the agreement. Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2017, contractual agreements of the Alpha Fund expire between August 2017 and February 2023. The remaining unfunded capital commitments of the Alpha Fund total approximately \$1,863,000 for 169 individual funds as of June 30, 2017. Due to the uncertainty surrounding whether the contractual commitments will require funding during the contractual period, future minimum payments to meet these commitments cannot be reasonably estimated. These committed amounts are expected to be primarily satisfied by the liquidation of existing investments in the Alpha Fund.

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

4. Pooled Investment Fund (continued)

In the normal course of operations and within established Alpha Fund guidelines, the Alpha Fund may enter into various exchange-traded and over-the-counter derivative contracts for trading purposes, including futures, options, and forward contracts as well as warrants and swaps. These instruments arc used primarily to adjust the portfolio duration, restructure term structure exposure, change sector exposure, and arbitrage market inefficiencies. See the Fair Value Measurements note for a discussion of how fair value for the Alpha Fund's derivatives is determined.

At June 30, 2017 and 2016, the notional value of Alpha Fund derivatives outstanding was approximately \$5,533,000 and \$4,540,000, respectively. The fair value of Alpha Fund derivatives in an asset position was \$30,032 and \$34,713 at June 30, 2017 and 2016, respectively, while the fair value of Alpha Fund derivatives in a liability position was \$28,809 and \$31,677 at June 30, 2017 and 2016, respectively. These derivatives are included in long-term investments in the Consolidated Balance Sheets at June 30, 2017 and 2016.

Due from brokers and due to brokers on the Consolidated Balance Sheets at June 30, 2017 and 2016, represent the Alpha Fund's positions and amounts due from or to various brokers, primarily for security transactions not yet settled, and cash held by brokers for securities sold, not yet purchased.

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

5. Cash and Investments

The System's cash and investments are reported in the Consolidated Balance Sheets as presented in the table that follows. Total cash and investments, net, includes both the System's membership interest in the Alpha Fund and the noncontrolling interests held by other Alpha Fund members. System unrestricted cash and investments, net, represent the System's cash and investments excluding the noncontrolling interests held by other Alpha Fund members and assets limited as to use.

	June 30,							
		2017		2016				
Cash and cash equivalents	\$	857,605	\$	696,237				
Short-term investments		103,857		122,545				
Long-term investments		16,999,371		15,069,123				
Subtotal		17,960,833		15,887,905				
Other Alpha Fund assets and liabilities:								
In other current assets		34,314		27,768				
In other long-term assets		2,174		2,335				
In accounts payable and other accrued liabilities		(14,698)		(9,312)				
In other current liabilities		(330)		-				
In other noncurrent liabilities		(2,342)		(4,569)				
Due from brokers, net		81,412		208,057				
Total cash and investments, net		18,061,363		16,112,184				
Less noncontrolling interests of Alpha Fund		1,598,399		1,256,666				
System cash and investments, including assets limited as to use		16,462,964		14,855,518				
Less assets limited as to use:								
Under bond indenture agreement		19,504		20,002				
Self-insurance trust funds		689,197		676,375				
Temporarily or permanently restricted		649,891		595,761				
Total assets limited as to use		1,358,592		1,292,138				
System unrestricted cash and investments, net	\$	15,104,372	\$	13,563,380				

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

5. Cash and Investments (continued)

At June 30, 2017 and 2016, the composition of cash and cash equivalents, short-term investments and long-term investments, which include certain assets limited as to usc, is summarized as follows.

	June 30,							
		2017		2016				
Cash and cash equivalents and short-term investments	\$	1,200,191	\$	935,026				
Pooled short-term investment funds U.S. government, state, municipal and agency obligations		515,516 2,534,968		471,099 3,064,411				
Corporate and foreign fixed income securities Asset-backed securities		2,501,060 1,190,364		1,728,149 771,971				
Equity securities Alternative investments and other investments:		4,282,517		2,996,662				
Private equity and real estate funds Hedge funds		2,002,292 2,068,742		1,648, 545 2,677,2 75				
Commodities funds and other investments		1,665,183		1,594,767				
Total alternative investments and other investments Total eash and eash equivalents, short-term investments,		5,736,217		5,920,587				
and long-term investments	\$	17,960,833		15,887,905				

As of June 30, 2017 and 2016, the System's membership interest in the Alpha Fund totaled \$13,634,600 and \$11,861,266, respectively. As of June 30, 2017 and 2016, the noncontrolling interest (see Note 4) in the Alpha Fund, representing interests held by entities other than the System, totaled \$1,598,399 and \$1,256,666, respectively.

Investment return recognized by the System for the years ended June 30, 2017 and 2016, is summarized in the following table. Total investment return includes the System's return on certain investments held and managed outside the Alpha Fund and the investment return of the Alpha Fund. System investment return represents the System's total investment return, net of the investment return earned by the noncontrolling interests of other Alpha Fund members.

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

5. Cash and Investments (continued)

	Year Ended June 30,									
		2017		2016						
Interest and dividends	\$	256,949	\$	234,677						
Net gains (losses) on investments reported at fair value		1,206,832		(609,308)						
Restricted investment return and unrealized gains (losses), net		36,673		(6,349)						
Total investment return		1,500,454		(380,980)						
Less return earned by noncontrolling interests of Alpha Fund		140,511		(42,756)						
System investment return	\$	1,359,943	\$	(338,224)						

6. Fair Value Measurements

The System measures the fair value of assets and liabilities in accordance with FASB ASC 820, *Fair Value Measurement*. Under ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability at the measurement date. Assets and liabilities reported at fair value are classified and disclosed in one of the following four categories:

Level 1 – Quoted prices (unadjusted) that are readily available in active markets/exchanges for identical assets or liabilities.

Level 2 – Pricing inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 pricing inputs include prices quoted for similar assets and liabilities in active markets/exchanges or prices quoted for identical or similar assets and liabilities in markets that are not active. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 -- Significant pricing inputs that are unobservable for the asset or liability, including assets or liabilities for which there is little, if any, market activity for such asset or liability. Inputs to determine the fair value of Level 3 assets and liabilities require management judgment and estimation.

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

6. Fair Value Measurements (continued)

Net Asset Value – Values are based on the calculated net asset value. The calculated net asset values for underlying invostments are fair value estimates determined by an external fund manager based on quoted market prices, operating results, balance sheet stability, growth, and other business and market sector factors.

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

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

There were no significant transfers between Levels 1 and 2 during the years ended June 30, 2017 and 2016.

As of June 30, 2017 and 2016, the assets and liabilities listed in the fair value hierarchy tables below use the following valuation techniques and inputs:

Cash and Cash Equivalents and Short-Term Investments

Cash and cash equivalents and certain short-term investments include certificates of deposit, whose fair value is based on cost plus accrued interest. Significant observable inputs include security cost, maturity, and relevant short-term interest rates. Other short-term investments designated as Level 2 investments primarily consist of commercial paper, whose fair value is based on the income approach. Significant observable inputs include security cost, maturity, credit rating, interest rate, and par value.

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

6. Fair Value Measurements (continued)

Pooled Short-term Investment Fund

The pooled short-term investment fund is a short term exchange traded money market fund primarily invested in treasury securities.

U.S. Government, State, Municipal, and Agency Obligations

The fair value of investments in U.S. government, state, municipal, and agency obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, and issuer spreads.

Corporate and Foreign Fixed Income Securities

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

Asset-backed Securities

The fair value of U.S. agency, mortgage, and other asset-backed securities is primarily determined using techniques that are consistent with the income approach. Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and observable broker/dealer quotes.

Equity Securities

The fair value of investments in U.S. and international equity securities is primarily determined using techniques that are consistent with the market and income approaches. The values for underlying investments are fair value estimates determined by an external fund manager based on quoted market prices, operating results, balance sheet stability, growth, dividend, dividend yield, and other business and market sector fundamentals.

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

6. Fair Value Measurements (continued)

Alternative Investments and Other Investments

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

The fair value of hedge funds, private equity funds, commodity funds, and real estate partnerships is primarily determined using net asset values, which approximate fair value, as determined by an external fund manager based on quoted market prices, operating results, balance sheet stability, growth, and other business and market sector fundamentals.

Other investments include derivative assets and derivative liabilities of the Alpha Fund, whose fair value is primarily determined using techniques consistent with the market approach. Significant observable inputs to valuation models include interest rates, Treasury yields, volatilities, credit spreads, maturity, and recovery rates.

Benefit Plan Assets

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

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

6. Fair Value Measurements (continued)

Interest Rate Swap Assets and Liabilities

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

Investments Sold, Not Yet Purchased

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

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

6. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2017, for all financial assets and liabilities measured at fair value on a recurring basis in the System's consolidated financial statements:

	Level 1			Level 2		Level 3	 Total
June 30, 2017	_						
Cash equivalents	\$	61,317	\$	579	\$	54	\$ 61,896
Short-term investments		109,387		103,344		345	213,076
Pooled short-term investment funds		515,516		-		~	515,516
U.S. government, state, municipal							
and agency obligations		-	2	2,534,968		-	2,534,968
Corporate and foreign fixed income securities		-	1	2,371,296		28,119	2,399,415
Asset-backed securities		-		997,153		193,211	1,190,364
Equity securities		3,775,634		224,584		4,738	4,004,956
Alternative investments and other investments:							
Private equity and real estate funds		1,873		2,400		241,420	245,693
Commodities funds and other investments		12,537		5,339		7,493	25,369
Assets at net asset value:							
Corporate and foreign fixed income securities							101,645
Equity securities							277,561
Private equity and real estate funds							1,756,599
Hedge funds							2,068,742
Commodities funds and other investments							1,553,370
Cash and other investments not at fair value							 1,011,663
Cash and investments							\$ 17,960,833
			1				
Bencfit plan assets, in other							
noncurrent assets	\$	312,120	\$	47,163	\$	54,698	\$ 413,981
Interest rate swaps, in other noncurrent assets		-		1,648		~	1,648
Investments sold, not yet purchased, in other							
noncurrent liabilities		-		2,342		-	2,342
Interest rate swaps, included in							
other noncurrent liabilities		-		157,518		-	157,518

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

6. Fair Value Measurements (continued)

For the year ended June 30, 2017, the changes in the fair value of the assets and liabilities measured using significant unobservable inputs (Level 3) consisted of the following.

	Short-lem investments		Corporate and Foreign Fixed Income Securities		Asset-Backed		Equity Securities		Private Equity and Real Estate Funds		I	ommodities Funds and Other rvestments	Benefit Plan Assets		
Year Ended															
June 30, 2017															
Beginning balance	\$	287	\$	29,545	\$	142,831	\$	3,759	\$	t97,886	S	4,464	\$	56,070	
Total realized and unrealized gains (losses): Included in nonoperating															
gains (losses)		58		3,428		14,434		663		28,731		19			
Included in changes in				,		,									
net assets		-		-		-						(35)		-	
Purchases		-		6,357		154,039		1,158		57,900		2,880		127,432	
Sales		-		(5,033)		(84,813)		(584)		(43,141)				(127,097)	
Transfers into Level 3		-		2,379				121		44		320		54,003	
Transfers out of Level 3		-		(8,557)		(33,280)		(379)		-		(155)		(55,710)	
Ending balance	\$	345	S	28,119	S	193,211	Ş	4,738	S	241,420	S	7,493	\$	54,698	
The amount of total gains or losses for the period included in nonoperating gains (losses) attributable to the changes in unrealized gains or losses relating to assets still held at June 30, 2017	S		S	3,377	s	8,404	s	705	S	800	s	3,339	s		

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

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

6. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2016, for all financial assets and liabilities measured at fair value on a recurring basis in the System's consolidated financial statements:

	Level 1		Level 2		Level 3		Total	
June 30, 2016								
Cash equivalents	\$	497,847	\$	12,173	\$	-	\$	510,020
Short-tenn investments		46,750		20,291		287		67,328
Pooled short-term investment funds		471,099		**		-		471,099
U.S. government, state, municipal								
and agency obligations		-		3,064,411		-		3,064,411
Corporate and foreign fixed income securities		-		1,604,725		29,545		1,634,270
Asset-backed securities		-		629,140		142,831		771,971
Equity securities		2,671,500		130,930		3,759		2,806,189
Alternative investments and other investments:								
Private equity and real estate funds		1,409		2,400		197,886		201,695
Commodities funds and other investments		13,420		5,183		4,464		23,067
Assets at net asset value:								
Corporate and foreign fixed income securities								93,879
Equity securities								190,473
Private equity and real estate funds								1,446,850
Hedge funds								2,677,275
Commodities funds and other investments								1,454,136
Cash and other investments not at fair value								475,242
Cash and investments							\$	15,887,905
Benefit plan assets, in other	\$	300,726	\$	33,055	s	56,070	s	389,851
noneun an abben.	-	,	-	,	_	,		
Interest rate swaps, in other noncurrent assets		-		10,713		-		10,713
Investments sold, not yet purchased, in other noncurrent liabilities				4,569		-		4,569
Interest rate swaps, included in other noncurrent liabilities		-		236,702				236,702

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

6. Fair Value Measurements (continued)

For the year ended June 30, 2016, the changes in the fair value of the assets and liabilities measured using significant unobservable inputs (Level 3) consisted of the following.

	Short-term investments				Asset-Backed Securities			Equity Securities	Private Equity and Real Estate Funds		F	ommodities funds and Other tvestments	Benefit Plan Assets		
Year Ended															
June 30, 2016									_			(11)0			
Beginning balance	\$	301	Ş	26,599	\$	89,364	\$	2,198	S	187,338	\$	(4,245)	8	35,256	
Total realized and unrealized gains (losses):															
Included in nonoperating															
gains (losses)		(14)		(2,661)		(3,472)		(61)		17,014		(6,445)		(3)	
Included in changes in															
net assets		-				-		-		-		(47)			
Purchases		-		19,410		82,958		611		50,400		8,701		31,245	
Sales		-		(10,790)		(40,064)		(2,222)		(55,697)		-		(19,892)	
Transfers into Level 3		-		3,512		16,075		3,233		1		6,500		25,508	
Transfers out of Level 3		-		(6,525)		(2,030)				(1,170)				(16,044)	
Ending balance	\$	287	s	29,545	\$	142,831	\$	3,759	\$	197,886	s	4,464	\$	56,070	
The amount of total gains															
or losses for the period															
included in nonoperating gains															
(losses) attributable to the															
changes in unrealized gains or															
losses relating to assets still held															
at June 30, 2016	\$	-	\$	(1,625)	\$	(5,621)	S	494	\$	4,153	S	-	\$	-	

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

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

7. Long-Term Debt

Long-term debt at June 30, 2017 and 2016 is comprised of the following and is presented in accordance with the specific master trust indenture to which the debt relates. As further discussed below, certain portions of long-term debt are secured under the Alexian Brothers Health System Master Trust Indenture; the Mercy Regional Health Center, Inc. Master Trust Indenture; and the St. John Health System Master Trust Indenture.

	June 30,		
	2017		2016
 Tax-exempt hospital revenue bonds secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture: Variable rate demand bonds, subject to a put provision that provides for a cumulative 7-month notice and remarketing period, payable through November 2047; interest (0.68% at 			
Junc 30, 2016) tied to a market index plus a spread Variable rate demand bonds, subject to a 7-day put provision, payable through November 2047; interest (0.87% to 0.92% at	\$ -	\$	350,890
June 30, 2017) set at prevailing market rates Indexed put bonds subject to weekly rate resets based on a taxable index, payable through November 2046; interest (1.264% at	533,935		553,820
June 30, 2016) Fixed rate put bonds (converted from an indexed put bond mode	-		153,800
based on a taxable index in May 2009) payable through November 2046; interest (4.10% at June 30, 2016) Fixed rate serial, term and mode bonds fixed to maturity payable	-		153,690
in installments through November 2051; interest at 3.00% to 5.00% Fixed rate serial mode bonds payable through 2047 with purchase dates ranging from February 2018 through March 2023; interest	2,723,220		2,392,360
at 0.95% to 5.00% through the purchase dates Tax-exempt hospital revenue bonds – unsecured under Ascension Health Alliance Subordinate Master Trust Indenture: Variable rate demand bonds, subject to a 7-day put provision, payable through November 2025; interest (0.90% at June 30,	1,386,245		1,120,680
2017) set at prevailing market rates Fixed rate serial mode bonds payable through 2027 with purchase	39,085		42,985
dates through May 2020; interest at 1.15% to 4.00%	387,260		419,055

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

7. Long-Term Debt (continued)

	June 30,			
	 2017		2016	
Taxable bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture:				
Taxable fixed rate term bonds payable in installments through November 2053; interest at 4.847%	\$ 425,000	\$	425,000	
Taxable fixed rate term bonds payable as of November 2046; interest at 3.945%	925,000		700,000	
Total hospital revenue bonds under Senior Master Trust Indenture and Subordinate Master Trust Indenture	6,419,745		6,312,280	
Tax-exempt hospital revenue bonds – secured under Alexian Brothers Health System Master Trust Indenture: Fixed rate serial and term bonds payable in installments through				
February 2038; interest at 4.25% to 5.50%	49,090		61,935	
Total hospital revenue bonds under the Alexian Brothers Health System Master Trust Indenture	 49,090		61,935	
Tax-exempt hospital revenue bonds – secured under Mercy Regional Health Center, Inc. Master Trust Indenture: Fixed rate serial and term bonds payable in installments through				
November 2029; interest at 4.00% to 5.00%	 20,790		21,915	
otal hospital revenue bonds under the Mercy Regional Health Center, Inc. Master Trust Indenture	 20,790		21,915	
Tax-exempt hospital revenue bonds – secured under St. John Health System Master Trust Indenture: Fixed rate serial and term bonds payable in installments through				
February 2042; interest at 4.00% to 5.00%	 165,110		385,240	
Total hospital revenue bonds under the St. John Health System Master Trust Indenture	165,110		385,240	
Total hospital revenue bonds all Master Trust Indentures	6,654,735		6,781,370	

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

7. Long-Term Debt (continued)

June 30,				
	2017		2016	
	22,134		24,987	
	84,783		111,923	
	6,761,652		6,918,280	
	274,438		271,774	
	(38,595)		(35,708)	
	(298,270)		(96,193)	
	(999,785)		(1,666,245)	
\$	5,699,440	\$	5,391,908	
	Jun	le 30).	
	2017		2016	
\$	5.332.260	\$	4,477,894	
	-, -, -, -,			
	239,406		309,316	
	· ·			
	34,498		50,296	
	21,158		22,627	
	-		403,132	
	72,118		128,643	
	\$	2017 22,134 84,783 6,761,652 274,438 (38,595) (298,270) (999,785) \$ 5,699,440 Jun 2017 \$ 5,332,260 239,406 34,498 21,158	2017 22,134 84,783 6,761,652 274,438 (38,595) (298,270) (999,785) \$ 5,699,440 \$ June 30 2017 \$ 5,332,260 \$ 239,406 34,498 21,158	

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

7. Long-Term Debt (continued)

Scheduled principal repayments of long-term debt, considering obligations subject to short-term remarketing as due according to their long-term amortization schedule, as of June 30, 2017, are as follows:

		scension Health		Alexian Brothers Health]	Mercy Regional Health enter, Inc.	:	St. John Health				
	Allia	nce MTIs	Sy	stem MTI		MTI	Sy	stem MTI	0	ther Debt		Total
Year Ending June 30:												
2018	\$	68,530	\$	15,355	\$	1,175	\$	165,110	\$	48,100	\$	298,270
2019		88,780		2,080		1,230		**		7,000		99,090
2020		91,880		2,495		1,285		-		19,355		115,015
2021		95,345		1,700		1,350		-		7,022		105,417
2022	•	101,685		2,260		1,420		-		6,525		111,890
Thereafter	5	,973,525		25,200		14,330		-		18,915	(5,031,970
Total	\$ 6	,419,745	\$	49,090	\$	20,790	\$	165,110	\$	106,917	\$ (5,761,652

Refer to subsequent events disclosure in Note 2 regarding defcasance, or redemption, of certain debt obligations.

The carrying values of fixed rate bonds were \$6,081,715 and \$5,679,875 at June 30, 2017 and 2016, respectively. The fair values of these fixed rate bonds were \$6,446,481 and \$6,350,071 at June 30, 2017 and 2016, respectively, representing Level 2 measurements obtained from an independent third party valuation service. The carrying amounts of variable rate bonds and other notes payable approximate fair value.

During the years ended June 30, 2017 and 2016, interest paid was approximately \$236,000 and \$203,000, respectively. Capitalized interest was approximately \$5,700 and \$3,700 for the years ended June 30, 2017 and 2016, respectively.

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

7. Long-Term Debt (continued)

Certain members of the System formed the Ascension Health Alliance Credit Group (Senior Credit Group). Each Senior Credit Group member is identified as either a senior obligated group member, a senior designated affiliate, or a senior limited designated affiliate. Senior obligated group members are jointly and severally liable under a Senior Master Trust Indenture (Senior MTI) to make all payments required with respect to obligations under the Senior MTI and may be entities not controlled directly or indirectly by the System.

Senior designated affiliates and senior limited designated affiliates are not obligated to make debt service payments on the obligations under the Senior MTI. The System may cause each senior designated affiliate to transfer such amounts as are necessary to enable the obligated group to comply with the terms of the Senior MTI, including payment of the outstanding obligations. Additionally, each senior limited designated affiliate has an independent limited designated affiliate agreement and promissory note with the System with stipulated repayment terms and conditions, each subject to the governing law of the senior limited designated affiliate's state of incorporation.

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

A Subordinate Credit Group, which is comprised of subordinate obligated group members, subordinate designated affiliates, and subordinate limited designated affiliates, was created under the Subordinate Master Trust Indenture (Subordinate MTI). The subordinate obligated group members are jointly and severally liable under the Subordinate MTI to make all payments required with respect to obligations under the Subordinate designated affiliates and subordinate limited designated affiliates and subordinate limited designated affiliates and subordinate limited designated affiliates are not obligated to make debt service payments on the obligations under the Subordinate MTI.

The System may cause each subordinate designated affiliate to transfer such amounts as are necessary to enable the obligated group members to comply with the terms of the Subordinate MTI, including payment of the outstanding obligations. Additionally, each subordinate limited designated affiliate has an independent subordinate limited designated affiliate agreement and promissory note with the System, with stipulated repayment terms and conditions, each subject to the governing law of the subordinate limited designated affiliate's state of incorporation.

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

7. Long-Term Debt (continued)

The unsecured variable rate demand bonds of both the Senior and Subordinate Credit Groups, while subject to long-term amortization periods, may be put to the System at the option of the bondholders in connection with certain remarketing dates. To the extent that bondholders may, under the terms of the debt, put their bonds within 12 months after June 30, 2017, the principal amount of such bonds has been classified as a current liability in the accompanying Consolidated Balance Sheets. Management believes the likelihood of a material amount of bonds being put to the System to be remote. However, to address this possibility, management has taken steps to provide various sources of liquidity in the event any bonds would be put, including the line of credit, commercial paper program, and maintaining unrestricted assets as a source of self-liquidity.

On January 1, 2012, Alexian Brothers became part of the System. Subsequently, the System redeemed or refinanced a portion of Alexian Brothers' debt; however, a portion of the bonds previously issued for the benefit of Alexian Brothers remains outstanding (the Alexian Brothers' Bonds). The Alexian Brothers' Bonds continue to be secured by the Alexian Brothers Health System Master Trust Indenture (As Amended and Restated), dated October 1, 1992, between the Members of the Alexian Brothers Health System Obligated Group established under this document and the Alexian Brothers Health System Master Trustee.

On April 1, 2013, Marian Health System joined Ascension Health. Subsequently, the System redecmed or refinanced a portion of the debt of the Marian Systems; however, a portion of the bonds previously issued for the benefit of the Marian Systems remains outstanding. These bonds continue to be secured by the respective Master Trust Indentures, including the Amended and Restated Master Trust Indenture dated October 1, 1999, by and between St. John Health System and the St. John Health Master Trustee; and the Master Trust Indenture dated January 15, 2013, between Mercy Regional Health Center, Inc. and the Mercy Regional Health Center, Inc. Master Trustee.

In order to terminate the respective Master Trust Indentures of Crittenton and Wheaton, and the redemption or defeasance of all associated outstanding debt, Ascension issued and redeemed taxable commercial paper of approximately \$161,000 and \$637,000, respectively, during the year ended June 30, 2016. Following the discharge of these Master Trust Indentures, certain Crittenton and Wheaton entities were added to the Senior and Subordinate Credit Groups.

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

7. Long-Term Debt (continued)

In May 2016, Ascension issued \$2,046,250 of debt, consisting of \$1,346,250 tax-exempt bonds through issuing authorities in Wisconsin, Alabama and Michigan, and \$700,000 taxable bonds. The debt was issued to refund certain Ascension 2006 fixed rate bonds payable through 2039, to refund the commercial paper associated with the Crittenton and Wheaton transactions, to refund the remaining debt of Ministry Health Care, Inc. and Howard Young Health Care, Inc. and to reimburse the System for previous capital expenditures. Subsequent to the closing, both the Ministry Health Care Master Trust Indenture and The Howard Young Medical Center, Inc. Master Trust Indenture were terminated and certain Ministry Health Care, Inc. and Howard Young Health Care, Inc. entities were added to the Senior and Subordinate Credit Groups.

In June 2017, Ascension issued \$225 million of taxable bonds through a reopening of the Series 2016A taxable bond offering, a Senior Credit Group Obligation. The debt was issued primarily to refund certain Series 2007 St. John Health System bonds. The St. John Health System has not joined the Senior or Subordinate Credit Groups.

Due to aggregate financing activity during the fiscal years ended June 30, 2017 and 2016, gains (losses) on extinguishment of debt of \$10,907 and (\$13,594), respectively, were recorded, which are included in nonoperating gains (losses) in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

As of June 30, 2017, the Senior Credit Group has two lines of credit totaling \$1,000,000. The first line of credit totals \$500,000 which may be used as a source of funding for unremarketed variable debt (including commercial paper) or for general corporate purposes. The second line of credit totals \$500,000 which may be used for general corporate purposes. Both lines are committed to November 3, 2017 and as of June 30, 2017 and 2016, there were no borrowings under either line of credit.

As of June 30, 2017, the Senior Credit Group has a \$100,000 revolving line of credit related to its letters of credit program toward which a bank commitment of \$100,000 extends to November 22, 2017. The revolving line of credit may be accessed solely in the form of Letters of Credit issued by the bank for the benefit of the members of the Credit Groups. Of this \$100,000 revolving line of credit, letters of credit totaling \$85,925 have been issued as of June 30, 2017. No borrowings were outstanding under the letters of credit as of June 30, 2017 and 2016.

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

8. Derivative Instruments

The System uses interest rate swap agreements to manage interest rate risk associated with its outstanding debt. Interest rate swaps with varying characteristics are outstanding under the Master Trust Indentures of the System and St. John Health. These swaps have historically been used to effectively convert interest rates on variable rate bonds to fixed rates and rates on fixed rate bonds to variable rates. At June 30, 2017 and 2016, the notional values of outstanding interest rate swaps were as follows:

	June 30,				
	2017			2016	
Ascension Health Alliance MTI	\$	1,146,600	\$	2,146,107	
St. John Health System MTI		100,000		100,000	
Total	\$	1,246,600	\$	2,246,107	

The System recognizes the fair value of its interest rate swaps in the Consolidated Balance Sheets as assets, recorded in other noncurrent assets, or liabilities, recorded in other noncurrent liabilities, as appropriate. The respective fair values of interest rate swaps in an asset and liability position for the System and St. John Health were as follows:

	June 30, 2017			June 30, 2016				
		lsset		Liability		Asset	1	Jability
Ascension Health Alliance MTI	\$	1,648	\$	157,394	\$	10,713	\$	236,367
St. John Health System MTI		-		124		-		335
Total	\$	1,648	\$	157,518	\$	10,713	\$	236,702

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

8. Derivative Instruments (continued)

The System's interest rate swap agreements include collateral requirements for each counterparty under such agreements, based upon specific contractual criteria, subject to master netting arrangements. Collateral requirements are separately calculated for the System and St. John Health based on the credit ratings of cach. In the case of the System, the applicable credit rating is the Senior Credit Group long-term debt credit ratings (Senior Debt Credit Ratings), as obtained from each of two major credit rating agencies. Credit rating and the net liability position of total interest rate swap agreements outstanding with each counterparty determine the amount of collateral to be posted. No collateral was posted at June 30, 2017 and 2016.

The System does not account for any of its interest rate swaps as hedges, and accordingly, all changes in the fair value of interest rate swaps are recognized in nonoperating gains (losses) in the accompanying Consolidated Statements of Operations and Changes in Net Assets. The System does not offset fair value amounts recognized for derivative instruments.

9. Retirement Plans

Defined-Benefit Plans

Certain System entities participate in defined-benefit pension plans (the System Plans), which are noncontributory, defined-benefit pension plans. Benefits are based on each participant's years of service and compensation. All of the System Plans' assets are invested in Trusts, which include the Master Pension Trust (the Trust) and other trusts (the Other Trusts). The System Plans' assets primarily consist of short-term investments, equity, fixed income, and alternative investments, consisting of various hedge funds, real estate funds, private equity funds, commodity funds, private credit funds, and certain other private funds. Contributions to the System Plans are based on actuarially determined amounts sufficient to meet the benefits to be paid to participants.

Most System defined benefit plans were frozen effective December 31, 2012. Four of the System Plans remain ongoing with \$28,174 of service cost recognized during the year ended June 30, 2017. During the year ended June 30, 2017, the System froze a defined benefit plan which resulted in the recognition of a curtailment gain of \$40,000 which was recognized in total impairment, restructuring, and nonrecurring losses as discussed in Note 2.

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

9. Retirement Plans (continued)

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

The following table sets forth the combined benefit obligations and assets of the System Plans at June 30, 2017 and 2016, components of net periodic benefit costs for the years then ended, and a reconciliation of the amounts recognized in the accompanying consolidated financial statements.

	Year Ended June 30,				
		2017	2016		
Change in projected benefit obligation:					
Projected benefit obligation at beginning of year	\$	9,435,964 \$	7,786,840		
Service cost		28,174	25,467		
Interest cost		341,998	352,212		
Actuarial (gain) loss		(18,943)	624,503		
Acquisitions		-	1,069,401		
Curtailment		(58,351)	(12,206)		
Benefits paid		(555,192)	(410,253)		
Projected benefit obligation at end of year		9,173,650	9,435,964		
Change in plan assets:					
Fair value of plan assets at beginning of year		8,199,379	7,305,030		
Actual return on plan assets		269,419	482,083		
Employer contributions		6,161	24,381		
Acquisitions			798,138		
Benefits paid		(555,192)	(410,253)		
Fair value of plan assets at end of year		7,919,767	8,199,379		
Net amount recognized at end of year and funded status	\$	(1,253,883) \$	(1,236,585)		
Accumulated benefit obligation at end of year	\$	9,169,399 \$	9,386,710		

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

9. Retirement Plans (continued)

The System Plans' funded status as a percentage of the projected benefit obligation at June 30, 2017 and 2016, was 86.3% and 86.9%, respectively. The System Plans' funded status as a percentage of the accumulated benefit obligation at June 30, 2017 and 2016, was 86.4% and 87.4%, respectively.

Included in unrestricted net assets at June 30, 2017 and 2016, are the following amounts that have not yet been recognized in net periodic pension cost for the System Plans:

	2017		2016
Unrecognized prior service credit Unrecognized actuarial loss	\$ (5 1,857	,285) \$	(8,293) 1,546,707
Onceognized actuarian loss	\$ 1,852		1,538,414

Changes in plan assets and benefit obligations recognized in unrestricted net assets for System Plans during 2017 and 2016 include:

	 2017	2016		
Current year actuarial gain	\$ 334,981 \$	749,175		
Amortization of actuarial loss	(24,141)	(35,534)		
Amortization of prior service credit	3,008	3,778		
	\$ 313,848 \$	717,419		

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

9. Retirement Plans (continued)

	2017	2016
Components of net periodic benefit cost		
Service cost	\$ 28,174 \$	25,467
Interest cost	341,998	352,212
Expected return on plan assets	(681,695)	(618,961)
Amortization of prior service credit	(2,842)	(3,140)
Amortization of actuarial loss	60,827	34,985
Curtailment gain	(40,000)	(638)
Settlement loss	3,148	549
Net periodic benefit	\$ (290,390) \$	(209,526)

The prior service credit and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending June 30, 2018, are \$2,700 and \$72,435, respectively.

The assumptions used to determine the benefit obligation and net periodic benefit cost for the System Plans arc set forth below:

	June 30,			
	2017	2016		
To determine benefit obligations:				
Weighted-average discount rate	3.87%	3.80%		
To determine net periodic benefit cost:				
Weighted-average discount rate	3.80%	1.48%		
Weighted-average expected long-term rate of return on plan assets	8.50%	8.36%		

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

9. Retirement Plans (continued)

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

The System Plans' assets invested in the Trust are invested in a portfolio designed to protect principal and obtain competitive investment returns and long-term investment growth, consistent with actuarial assumptions, with a reasonable and prudent level of risk. Diversification is achieved by allocating to funds and managers that correlate to one of three economie strategies: growth, deflation, and inflation. Growth strategies include U.S. equity, emerging market equity, global equity, international equity, directional hedge funds, private equity, high yield, and private credit. Deflation strategies include core fixed income, absolute return hedge funds, and cash. Inflation strategies include inflation-linked bonds, commodity-related investments, and real assets. The System Plans use multiple investment managers with complementary styles, philosophies, and approaches. In accordance with the System Plans' objectives, derivatives may also be used to gain market exposure in an efficient and timely manner.

In accordance with the System Plans' asset diversification targets, as presented in the table that follows, the Trust holds certain alternative investments, consisting of various hedge funds, real asset funds, private equity funds, commodity funds, private credit funds, and certain other private funds. 'fhese investments do not have observable market values. As such, each of these investments is valued at net asset value (NAV) as determined by each fund's investment manager, which approximates fair value. Management elected to use the NAV per share, or equivalent, for fair value. Collectively, these funds have liquidity terms ranging from daily to annual with notice periods ranging from 1 to 120 days. Due to redemption restrictions, investments of certain private funds, whose fair value was approximately \$893,000 at June 30, 2017, cannot currently be redeemed. However, the potential for the System Plans to sell their interest in real asset funds and private equity funds in a secondary market prior to the end of the fund term does exist.

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

9. Retirement Plans (continued)

The investments in these alternative investment funds may also include contractual commitments to provide capital contributions during the investment period, which is typically five years, and may extend to the end of the fund term. During these contractual periods, investment managers may require the System Plans to invest in accordance with the terms of the agreement. Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2017, investment periods expire between January 2018 and February 2023. The remaining unfunded capital commitments of the Trust total approximately \$587,000 for 86 individual contracts as of June 30, 2017.

The weighted-average asset allocation for the System Plans in the Trust at the end of fiscal 2017 and 2016 and the target allocation for fiscal 2018, by asset category, are as follows:

	Target Allocation	Percentage of Plan Asse At Year-End			
Asset Category	2018	2017	2016		
Growth	57 %	57 %	46 %		
Deflation	28	27	38		
Inflation	15	16	16		
Total	100 %	100 %	100 %		

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

9. Retirement Plans (continued)

The following tables summarize fair value measurements at June 30, 2017 and 2016, by asset class and by level, for the System Plans' assets and liabilities. As also discussed in the Fair Value Measurements note, the System follows the three-level fair value hierarchy to categorize plan assets and liabilities recognized at fair value, which prioritizes the inputs used to measure such fair values. The inputs and valuation techniques discussed in the Fair Value Measurements note also apply to the System Plans' assets and liabilities as presented in the following tables.

_	Level 1	Level 2	Level 3	Total
June 30, 2017				
Short-term investments	\$459,619	\$21,466	s -	\$481,085
Derivatives receivable	73	21,900	19,144	41,117
U.S. government, state, municipal				
and agency obligations	-	1,389,683	-	1,389,683
Corporate and foreign fixed				
income securities	-	876,984	931	877,915
Asset-backed securities		467,600	4,523	472,123
Equity securities	2,092,749	323	12,481	2,105,553
Assets at net asset value:				
Corporate and foreign fixed income securities				10,723
Equity securities				259,556
Private equity and real estate funds				965,209
Hedge funds				1,033,739
Commodities funds and other investments				303,244
Other receivables				229,757
Total				8,169,704
Derivatives payable	1,267	187,443	19,347	208,057
Other payables				41,880
Total			_	249,937
Fair value of plan assets			\$	7,919,767

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

9. Retirement Plans (continued)

	Level 1	Level 2	Level 3	Total
June 30, 2016				
Short-term investments	\$ 1,235,230	\$ -	\$-	\$ 1,235,230
Derivatives receivable	31,674	280,634	55,187	367,495
U.S. government, state, municipal				
and agency obligations	1,840	1,567,670	-	1,569,510
Corporate and foreign fixed				
income securities	-	617,395	7,870	625,265
Asset-backed securities	-	154,113	41,220	195,333
Equity securities	1,555,564	12,226	12,321	1,580,111
Assets at net asset value:				
Corporate and foreign fixed income securities				8,929
Equity securities				97,760
Private equity and real estate funds				908,403
Hedge funds				1,406,679
Commodities funds and other investments				349,516
Other receivables				 241,603
Total				 8,585,834
Derivatives payable	30,917	11,291	4,819	47,027
Other payables	,			339,428
Total				 386,455
Fair value of plan assets				\$ 8,199,379

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

9. Retirement Plans (continued)

For the years ended June 30, 2017 and 2016, the changes in the fair value of the System Plans' assets measured using significant unobservable inputs (Level 3) consisted of the following:

	De	Net rivatives	and Fixe	rporate Foreign d Income curities		Asset- Backed ecurities		Equity ecurities
June 30, 2017		LY dily CS		cuntics		countros		Journes
Beginning balance	\$	50,368	s	7,870	\$	41,220	\$	12,321
Total actual return on assets		~		1,282	_	3,013	-	(1,758)
Purchases (sales), net		(203)		(9,319)		(33,183)		(1,529)
Transfers (out of) into Level 3		(50,368)		1,098		(6,527)		3,447
Ending balance	\$	(203)	\$	931	\$	4,523	\$	12,481
Actual return on plan assets relating to plan assets still held at June 30, 2017	\$	-	\$	450	\$	177	\$	(33)
				rporate				
		Mad		Foreign d Income		Asset- Backed		Eaultu
	Day	Net	-	curities		ecurities		Equity ecuritics
X	Du	TVALIVES	30	cunnes		countries	-13	sournes
June 30, 2016 Beginning balance	\$	(8,737)	\$	3.372	s	19.610	s	1.345
Beginning balance Total actual return on assets	\$	(8,737) (3,649)	\$	3,372 (1,200)	\$	19,610 (73)	\$	1,345 10,198
Beginning balance	\$		\$	4.	\$	2	\$	
Beginning balance Total actual return on assets	\$	(3,649)	\$	(1,200)	\$	(73)	\$	10,198
Beginning balance Total actual return on assets Purchases (sales), net	\$	(3,649)	\$	(1,200) 6,184	\$	(73) 26,325	\$	10,198 738

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

9. Retirement Plans (continued)

The Trust has entered into a series of swap agreements with a net notional amount of approximately \$1,927,000. The combined targeted duration of these swaps and the Trust's fixed income investments approximates the duration of the liabilities of the Trust. Currently, 50% of the dollar duration of the liability is subject to this economic hedge. The purpose of this strategy is to economically hedge the change in the net funded status for a significant portion of the liability that can occur due to changes in interest rates.

Information about the expected cash flows for the System Plans follows:

Expected employer contributions 2018	\$ 5,970
Expected benefit payments:	
2018	617,125
2019	598,955
2020	610,970
2021	608,655
2022	608,820
2023-2027	2,854,281

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

Other Postretirement Benefit Plans

In addition to the retirement plan described above, certain Health Ministries sponsor postretirement benefit plans that provide healthcare benefits to qualified retirces who meet certain eligibility requirements. The total benefit obligation of these plans at June 30, 2017 and 2016 is \$28,987 and \$36,044, respectively. The net asset included in pension and other postretirement liabilities in the accompanying Consolidated Balance Sheets at June 30, 2017 and 2016 is \$17,972 and \$7,954, respectively. The change in the plans' assets and benefit obligations recognized in unrestricted net assets during the year ended June 30, 2017 and 2016, was an increase (decrease) of \$4,468 and \$(3,731), respectively.

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

9. Retirement Plans (continued)

Defined-Contribution Plans

System cntities participate in contributory and noncontributory defined-contribution plans covering all eligible associates. There are three primary types of contributions to these plans: employer automatic contributions, employee contributions, and employer matching contributions. Benefits for employer automatic contributions are determined as a percentage of a participant's salary and, for certain entities, increases over specified periods of employee service. These benefits are funded annually, and participants become fully vested over a period of time. Benefits for employer matching contributions are determined as a percentage of an eligible participant's contributions each payroll period. These benefits are funded each payroll period, and participants become fully vested in these employer contributions immediately. Expenses for the defined-contribution plans were \$349,514 and \$326,881 during 2017 and 2016, respectively, and are included in employee benefits in the Consolidated Statements of Operations and Changes in Net Assets.

10. Self-Insurance Programs

Certain System hospitals and other entities participate in pooled risk programs to insure professional and general liability risks and workers' compensation risks to the extent of certain self-insured limits. In addition, various insurance policies have been purchased to provide coverage in excess of the self-insured limits. The System provides its self-insurance through various trust funds and captive insurance companies. Actuarially determined amounts, discounted at 5.5%, are contributed to the trust funds and the captive insurance companies to provide for the estimated cost of claims. The loss reserves recorded for estimated self-insured professional, general liability, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported, which were discounted at 5.5% and 6.0% in 2017 and 2016, respectively. Those entities not participating in the self-insured programs are insured under separate policies.

Professional and General Liability Programs

Professional and general liability coverage is provided on a claims-made or occurrence basis through a wholly owned onshore trust and through Ascension Health Insurance, Ltd. (AHIL), a direct subsidiary of Ascension Risk Services.

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

10. Self-Insurance Programs (continued)

The wholly owned onshore revocable trust has a self-insured retention up to \$10,000 per occurrence with no aggregate. Excess coverage is provided through AHIL with limits up to \$225,000. AHIL retains \$5,000 per incident and in the aggregate for professional liability. The excess coverage is reinsured by commercial carriers.

Employed physicians and certain entities in the states of Indiana, Kansas, Pennsylvania, and Wisconsin are provided coverage by ProAssurance on a fronted basis and are reinsured through AHIL. These entities and physicians are provided professional liability coverage with limits in compliance with participation in the Patient Compensation Funds. The Patient Compensation Funds apply to claims in excess of the primary self-insured limit, except the Fund in Kansas, which only covers claims up to the first \$1,000 and then the trust and AHIL cover amounts above \$1,000.

Sunflower Assurance, Ltd. (Sunflower) was acquired when Via Christi Health joined the System. As of October 1, 2013, Via Christi Health's primary and excess medical professional and general liability and employed physician programs were integrated into the System trust and AHIL. After January 1, 2014, the employer stop loss and employee life insurance coverage provided by Sunflower to Via Christi Health were not renewed and are in run off.

Effective July 1, 2014, the reinsurance of Ascension's independent physician professional liability program with ProAssurance Corporation (ProAssurance), the System's partner insurance company, was transferred from AHIL to Sunflower.

Beginning July 1, 2014, Sunflower offered physician professional liability coverage through insurance or reinsurance arrangements to nonemployed physicians practicing at the System's various facilities, primarily in Michigan, Indiana, Texas, Florida, Illinois and Alabama. Coverage is offered to physicians with limits ranging from \$100 per claim to \$1,000 per claim with various aggregate limits. Beginning July 1, 2014, AHIL offered similar coverage to employed physicians in the states of Indiana, Kansas, Pennsylvania and Wisconsin.

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

10. Self-Insurance Programs (continued)

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is professional and general liability expense of \$167,393 and \$139,778 for the years ended June 30, 2017 and 2016, respectively. Included in current and long-term self-insurance liabilities on the accompanying Consolidated Balance Sheets are professional and general liability loss reserves of \$541,177 and \$552,656 at June 30, 2017 and 2016, respectively.

Workers' Compensation

Workers' compensation coverage is provided on an occurrence basis through a grantor trust. The self-insured trust provides coverage up to \$1,500 per occurrence with no aggregate. The trust provides a mechanism for funding the workers' compensation obligations of its members. Prior to October 1, 2013, workers' compensation coverage for Via Christi Health, Ministry, and St. John Health System, a subsidiary of Ascension Health, (collectively the former Marian Health System) was self-insured or commercially insured up to various limits and excess insurance against catastrophic loss was obtained through commercial insurers.

Included in employee benefits in the accompanying Consolidated Statements of Operations and Changes in Net Assets is workers' compensation expense of \$49,767 and \$41,777 for the years ended June 30, 2017 and 2016, respectively. Included in current and long-term self-insurance liabilities on the accompanying Consolidated Balance Sheets are workers' compensation loss reserves of \$131,566 and \$138,221 at June 30, 2017 and 2016, respectively.

11. Lease Commitments

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

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

11. Lease Commitments (continued)

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

	Future Payments Where the System is Lessee	Fı	iture Receipts Where the System is Sublessor/ Lessor	Net Future Payments
Year ending June 30:				
2018	\$167,069	\$	35,541	\$ 131,528
2019	153,590		30,175	123,415
2020	119,148		23,006	96,142
2021	89,713		19,053	70,660
2022	70,859		18,133	52,726
Thereafter	274,815		274,733	82
Total	\$875,194	\$	400,641	\$ 474,553

Rental expense under operating leases amounted to \$396,656 and \$391,054 in 2017 and 2016, respectively.

12. Related Parties

The System has agreements with related parties for revenue cycle management services and clinical engineering services. The System expensed approximately \$585,000 for these services during the year ended June 30, 2017.

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

13. Contingencies and Commitments

The System is involved in litigation and regulatory investigations arising in the ordinary course of business. Regulatory investigations also occur from time to time. In the opinion of management, after consultation with legal counsel, these matters are expected to be resolved without material adverse effect on the System's Consolidated Balance Sheet.

The System enters into agreements with non-employed physicians that include minimum revenue guarantees. The terms of the guarantees vary. The carrying amounts of the liability for the System's obligation under these guarantees were \$16,686 and \$21,152 at June 30, 2017 and 2016, respectively, and are included in other current and noncurrent liabilities in the accompanying Consolidated Balance Sheets. The maximum amount of future payments that the System could be required to make under these guarantees is approximately \$44,300.

The System entered into Master Service Agreements for information technology services provided by third parties. The maximum amount of future payments that the System could be required to make under these agreements is approximately \$148,600.

Guarantees and other commitments represent contingent commitments issued by Ascension Health Alliance Senior and Subordinate Credit Groups, generally to guarantee the performance of an affiliate to a third party in borrowing arrangements such as commercial paper issuances, bond financing, and other transactions. The terms of guarantees are equal to the terms of the related debt, which can be as long as 25 years. The following represents the remaining guarantees and other commitments of the Senior and Subordinate Credit Groups at June 30, 2017:

Hospital de la Concepción 2017 Series A debt guarantee	\$ 25,700
St. Vincent de Paul Series 2000 A debt guarantee	28,300
Other guarantees and commitments	22,700

Supplementary Information

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Report of Independent Auditors on Supplementary Information

The Board of Directors Ascension Health Alliance d/b/a Ascension

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying Details of Consolidated Balance Sheet, and the Details of Consolidated Statement of Operations and Changes in Net Assets are presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the records used to prepare the financial statements in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Ernst + Young LLP

September 22, 2017

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

Years Ended June 30, 2017 and 2016

The net cost of providing care to persons living in poverty and other community benefit programs is as follows:

	Year Ende	ed J	une 30,
	 2017		2016 *
Traditional charity care provided	\$ 537,672	\$	452,246
Unpaid cost of public programs for persons living in poverty	793,905		717,164
Other programs for persons living in poverty and other vulnerable persons	149,271		151,177
Community benefit programs	362,455		367,579
Care of persons living in poverty and other community benefit programs	\$ 1,843,303	\$	1,688,166

* Restated

Details of Consolidated Balance Sheet (Dollars in Thousands)

June 30, 2017

	-	onsolldated Ascension		Consolidated Ascension less lealth Ministries Presented	Rec	lassification		nsolidated Insterdam	1	onsolidated Arlington Heights		isolidated		nsolidated ngbamion		nsolidated mingham		iselidated legeport	
Assets																			
Current assets:	s	857.605	\$	437,713	\$		5	1,281	S	14,293	s	8,008	e	9,190	s	34,052	\$	16,041	
Cash and cash equivalents Short-term investments	3	103,857	3	(18,270)			9	1,401	ą	2,286	3	0,000	9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*	24,004		10,041	
		103,637		(10,210)		-				2,200		•							
Accounts receivable, less allowance for doubtful accounts		2,758,554		\$2,478				21,477		156,999		\$8,148		34,519		83,761		47,305	
founties		354,041		4,773				1,843		13,536		7,915		4,892		11,616		4,458	
Inventories Due from brokers		197,195		197,195				1,045		13,330		7,715		7,074				1,100	
Estimated third-party payor settlements		133,715		5,472				757		7,747				1,868		4,480			
Other		762,900		136,824				7,071		\$6,356		6,977		8,520		30,237		16,849	
Total current assets		5,167,867	_	816,185	_		_	32,429	_	251,217	_	81,048		58,989		164,146	_	84,653	•
1 ctal current assets		5,107,001		010,100				***											
Long-term investments		16,999,371		14,849,416		1,378,966		8,966		22,650		16,688		23,330		15,697		52,913	
Interest in investments held by Ascension		-				(1,378,966)		68,789		317,711		2,573		198,266		4,977		29,438	
Property and equipment, net		9,182,978		526,149		-		\$6,268		520,854		227,176		106,576		340,112		188,554	
Other assets:																			
Investment in unconsolidated entities		1,196,651		369,383		-				5,225		27,005		556		9,126		150	
Capitalized software costs, net		880,819		344,281		-		1,247		5,318		5,197		3,340		37,459		17,339	
Other		892,739		73,945				5,365		19,107		13,075		14,464		12,824		12,406	
Total other assets		2,970,209	_	787,609		-	_	6,612		29,650		45,277		18,360		59,409		29,895	
Total assets	5	34,320,425	\$	16,979,359	s		\$	173,064	<u>s</u>	1,142,082	\$	372,762	5	405,521	s	584,341	s	385,453	=

	nsolldated Indlana	Consolidated Jacksonville	Consolidated Kansas	Consolidated Michigan	Consolidated Mobile	Coosolidated Pensacola	Consolidated Tennessee	Consolidated Texas	Consolidated Tulsa	Consolidated Washington D.C.	Consolidated Wisconsta
s	82,871 22,792	\$ 11,521	\$ 21,454 7,622	\$ 64,657 55,244	\$ 4,655	\$ 16,534	\$ 22,364 10	\$ 17,909 6,316	\$ 19,839	\$ 8,993	\$ 66,230 27,857
	439,003 42,627	113,522 19,619	147,405 23,686	380,804 61,375	34,438 5,560	120,73-1 17,365	174,799 26,441	326,642 30,838	138,772 18,054	29,221 2,712	398,537 56,731
	9,298 87,190	6,503 10,882	13,361 28,516	20,538 108,117	407 7,104	21,736 19,508	- 9,153 26,640	11,785 48,655	2,979 61,406	1,110 7,172	16,521 94,876
	683,781	162,047	242,044	690,735	52,164	195,877	259,407	442,145	241,050	49,208	660,742
	121,753	40,444	7,845	68,049	3,605	23,594	56,736	142,749	46,387	5,491	114,092
	208,654	5,541	136,357	88,636	13,817	15,305	5,843	(702)	251,601	(128)	32,290
	709,086	299,469	504,387	1,230,850	61,422	309,709	\$66,345	1,092,071	627,631	48,496	1,767,823
	91,623	2,755	109,088	77,649	778	1,486	47,039	83,216	159,571	2,282	209,719
	64,057	9,966	37,305	73,703	15,338	30,241	23,210	60,260	39,986	7,835	104,737
	228,455	27,332	105,439	116,508	11,242	23,905	35,403	58,566	43,819	6,512	84,372
	384,135	40,053	251,832	267,860	27,358	\$5,632	105,652	202,042	243,376	16,629	398,828
s	2,107,409	\$ 547,554	\$ 1,142,465	\$ 2,346,130	\$ 158,366	\$ 600,117	\$ 993,981	<u>S 1,878,305</u>	\$ 1,410,045	\$ 119,696	\$ 2,973,775

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Details of Consolidated Balance Sheet (continued) (Dollars in Thousands)

June 30, 2017

	Consolidated Ascension	Consolidated Ascension less Health Ministries Presented	Consolidated Amsterdam	Consolidated Arlington Heights	Consolidated Baltimore	Consolidated Binghamton	Consolidated Birmingham	Consolidated Bridgeport
Liabilities and net assets								
Current liabilities:								
Current portion of long-term debt	\$ 298,270		\$ 111	\$ 20,381	\$ 1,000	\$ 546	\$ 1,479	\$ 733
Long-term debt subject to short-term remarketing arrangements		999,785			-	-		
Accounts payable and accrued liabilities	2,742,377	919,145	16,099	125,181	48,477	24,290	51,365	36,583
Estimated third-party payor settlements	480,694	9,307	2,226	98,644	31	4,902	10,138	18,706
Due to brokers	115,783	115,783	-	-	-	•	-	-
Current portion of self-insurance liabilities	206,787	206,787	-	•	•	•	-	•
Other	340,756	(1,985,687)	19,373	56,050	46,812	41,986	99,464	51,092
Total current liabilities	5,184,452	256,921	37,809	300,256	96,320	71,724	162,447	107,114
Noncorrent liabilities:								
Long-term debt (senior and subordinated)	5,699,440	(289,027)	8,221	407,288	74,168	40,527	109,695	\$4,380
Self-insurance liabilities	513,010			(14)				
Pension and other postretirement habilities	1,318,331	152,693	17,606	27,240	17,129	20,480	10,267	23,711
Other	1,191,066	596,384	4,240	6,987	17,966	14,328	22,413	12,739
Total noncurrent liabilities	8,721,849	964.372	30.067	441.501	109.263	75,335	142,375	90.830
Total liabilities	13,906,301	1,221,293	67,876	741,757	205,583	147,059	304,822	197,944
Nct assets:								
Unrestricted								
Controlling interest	17,933,923	14,028,872	96,222	388,748	160,142	233,692	265,465	152,074
Noncontrolling interests	1,798,361	1,711,919	-	(610)	-		1,105	-
Unrestricted net assets	19,732,284	15,740,791	96,222	388,138	160,142	233,692	265,570	152,074
Temporarily restricted	468,938	13,422	2,460	11,943	6,576	12,155	10,957	17,604
Permanently restricted	212,902	3,853	6,506	244	461	12,615	1,992	17,831
Total net assets	20,414,124	15,758,066	105,188	400,325	167,179	258,462	279,519	187,509
Total liabilities and net assets	<u>\$ 34,320,425</u>	\$ 16,979,359	<u>\$ 173,064</u>	<u>\$ 1,142,082</u>	<u>\$ 372,762</u>	\$ 405.521	\$584,341	\$ 385,453

	nsolidated Indiana	Consolidated Jacksonville	Consolidated Kansas	Consolidated Michigan	Consolidated Mobile	Consolidated Pensacola	Consolidated Tennessee	Consolidated Texas	Consolidated Tuisa	Consolidated Washington D.C.	Consolidated Wisconsin
s	6,018	- , ,					\$ \$,196	\$ 5,496	\$ 205,518		\$ 25,593
	260,546	65,741	90,714	296,687	16,926	59,571	109,893	227,620	78,462	21,323	293,753
	78,217	1,339	5,589	149,508	1,115	5,714	9,804	47,526	799		32,287
			•				-	-	-		-
	-	-	•		-	-			-	*	-
_	346,512	103,046	103,296	416,242	29,863	98,364	158,245	274,406	132,383	29,791	319,518
	691,293	173,457	206,987	880,813	48,801	165,222	283,138	556,048	417,162	\$7,789	671,151
	440,702	247,108	405,358	1,267,780	66,527	116,694	385,386	406,105	260,002	135,978	1,562,545
			2,891	1,689	-		*	-	4,122	-	•
	162,434	30,592		303,160	4,573	27,609	20,154	84,974	69,713	-	345,996
	\$8,\$36	11,386	59.541	90,421	11,527	28,115	17,582	61,649	35,282	4,627	107,011
	691,972	289,086	467,790	1,663,050	\$2,627	172,419	423,122	552,731	369,119	140,605	2,015,585
	1,383,265	462,543	674,777	2,\$43,863	131,428	337,641	706,260	1,108,779	786,281	198,394	2,686,736
	\$76,265	65,489	437,293	(294,691)		238,008	248,187	646,334	599,607	(85,112)	153,125
	60,264		8,920	1,908	595	1,058	8,756		-	(06.110)	4,446
	636,529	65,489	446,213	(292,783)	24,798	239,066	256,943	646,334	599,607	(85,112)	157,571
	69,330	15,166	15,550	71,398	2,140	23,373	27,348	88,901	14,157	6,414	60,0-14
	18,285	4,356	5,925	23,652		37	3,430	34,291	10,000		69,424
	724,144	85,011	467,688	(197,733)	26.938	262,476	287,721	769,526	623,764	(78,698)	287,039
<u>s</u>	2,107,409	<u>\$547,554</u>	<u>\$ 1,142,465</u>	\$ 2,346.130	\$158,366	5 600,117	<u>\$ 993,981</u>	<u>\$ 1,878,305</u>	\$ 1,410,015	\$ 119,696	<u>\$ 2,973,775</u>

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Details of Consolidated Balance Sheet (Dollars in Thousands)

June 30, 2016

	Consolidated Ascension	Consolidated Ascension less Health diinistries Presented	Reclassification	Consolidated Amsterdam	Consolidated Arlington Melghts	Consolidated Baltimore	Contolisiated Binghamten	Consolidated Birmingham	Consolidated Bridgeport
Assels Current assels:									
Content assets: Cash and cash equivalents	\$ 696,237	\$ 40,282	\$.	\$ 1,543	\$ 4,493	\$ 9,792	\$ 6,303	\$ 16,035	\$ 12,284
Interest in investments held by Ascension		4 10,000	(224,655)	• • • • • •		4 rg1r~		*,	
Short-lerm investments	122,545	(4,426)	(12 (055)		2,406		-	-	
Accounts receivable, less allowance for	102,210	(1,120)							
doubtful accounts	2,746,506	38,349		21,321	132,911	50,402	32,441	82,031	49,102
Inventories	349.077	3,493		1,450	13,650	7,829	4,478	10,677	4,485
Due from brokers	313,717	313,717		-		-			
Estimated third-party payor settlements	186,354	3,872		802	2,047	10	5,015	3,052	
Other	978.744	242,290	-	5,033	18,346	5,070	8,377	25,525	19,505
Total current assets	5,393,180	637,577	(224,655)	30,154	173,853	73,103	57,614	137,320	85,376
Long-term investments	15,069,123	4,258,570	10,098,218	7,708	21,050	15,376	21,962	 4,818	-14,070
Interest in investments held by Ascension	-	-	(9,873,563)	61,108	337,927	206,938	169,551	170,383	328,913
Property and equipment, net	9,020,005	522,263		59,015	\$\$0,630	235,527	98,557	337,641	194,927
Other assets:									
Investment in unconsolidated entities	1,115,871	306,443			5,037	20,093	762	\$,956	60
Capitalized software costs, net	926,710	342,423		1,357	7,918	5,562	4,663	19,514	21,543
Other	908,580	100,018	-	6,065	19,170	10,732	12,513	37,405	14,156
Total other assets	2,951,161	743,884		7,422	32,175	36,387	17,938	65,875	35,759
,									
Total assets	\$ 32,433,469	\$ 6,167,294	s .	\$ <u>165,407</u>	\$ 1,095,635	\$ 567,331	\$ 365,622	\$ 726,037	\$ 689,045

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0	onsolidated Todiana	Consolidated Jacksonville	Consolidated Kansas	Consolidated <u>Michigan</u>	Consolidated htobite	Consolidated Pensacola	Consolidated	Consolidated Tesas	Consolidated Tuba	Consulidated Washington D.C.	Consolidated Wisconsin
\$	76,293	\$ 5,674	\$ 40,683	\$ 137,103	\$ 12,720	\$ 13,116	\$ 20,826	\$ 17,034	\$ 13,798	\$ 5,138	\$ 258,115 224,655
	35,216	1,869	7,621	51,089			1,232	5,599	-	-	21,939
	437,866	108,584	149,403	404,495	33,748	123,310	167,219	312,427	147,492	32,822	422,583 48,955
	40,455	18,382	25,215	62,919	5,991	18,987	24,821	32,803	21,683	2,804	40,733
	7,283	14,382	16,924	35,278	3,220	19,623	10,924	48,162	3,452	355	10,953
	72,075	18,299	26,649	102,161	10,120		33,645	52,280	63,514	9,589	248,240
	669,188	167,190	266,495	793,045	65,799	198,062	258,667	468,305	249,939	50,708	1,235,440
	101,563	43,109	6,961	60,547	3,262	14,786	45,669	130,354	\$0,245	5,800	122,105
	2,950,689	172,615	\$49,700	1,557,885	150,172	201,115	709,440	1,311,105	282,347	(49,657)	763,282
	630,612	277,584	503,269	1,216,916	63,910	308.229	538,723	981,900	632,732	61,344	1,826,226
	96,491	3,449	100,185	79,363	813	1,350	39,415	81,201	150,961	2,827	218,415
	74,114	12,372	47,284	90.054	9,864	17,257	29,455	44,983	40,290	11,427	146,630
	226,656	24,778	\$8,405	103,622	9,751	23,504	37,628	\$4,571	54,048	4,799	75,759
	397,261	40,599	235,874	278,039	20.428	42,111	106,498	180.755	245,299	19,053	440,804
S	4,7\$2,313	\$ 701,097	\$ 1,562,299	\$ 3,906,432	\$ 303,571	<u>\$</u> 764,303	5 1.658.997	\$ 3,072,419	\$ 1,460,562	\$ 87,243	\$ 4,387,857

Details of Consolidated Balance Sheet (continued) (Dollars in Thousands)

June 30, 2016

	-	uidated Insion	As Heal	onsolidated cension less ih Milnistrics Presented	Consolio		A	uolidated rlington Jelghts		solidated altimore		solidated ghamion		ningham		solidated
Linbilities and net assets																
Current liabilities:			-				-		~	000	~					
Current portion of long-term debt	S	96,193	2	(11,189)	\$	111	5	17,864	8	999	\$	546	5	1,477	2	732
Long-term debt subject to short-term remarketing arrangements		1,666,245		1,666,245		^				-						
Accounts payable and accrued liabilities	1	2,500,748		763,876		4,854		84,498		46,571		19,011		57,078		34,284
Estimated third party payor settlements		513,677		9,583		3,356		106,774		85		14,065		12,994		19,264
Due to brokers		105,660		105,660		-		-		-				-		-
Current portion of self-insurance liabilities		219,638		142,280		816		7,361		2,599		1,310		2,094		3,699
Other		292,044		(239,106)		1,652		12,870		9,445		9,698		44,648	_	11,089
Total current liabilities		5,394,205		2,437,349	2	3,789		229,367		59,699		44,630		118,291		69,068
Noncurrent liabilities:																
Long-term deb! (senior and subordinated)	:	5,391,908		(859,444)		8,332		428,111		75,168		41,074		11(,174		55,113
Self-insurance liabilities		513,985		398,361		386		22,241		2,209		1,380		3,103		3,890
Pension and other postretirement liabilities	1	1,298,653		48,223	1	6,095		18,636		15,725		19,060		9,206		26,346
Other		1,241,678		627,183		3,784		7,345		13.394		12,514		64,867		14,070
Total noncurrent liabilities	1	8,446,224		314,323	2	8,597		476,333		106,496		74,028		188,350		99,421
Total liabilities	1	3,840,429		2,751,672	5	2,386		705,700		166,195		118,658		306,641		168,489
Net assets: Unrestricted Controlling interest	10	6,498,086		2,051,136	10	5,313		378,642		393,958		224,683		376,246		492,664
Noncontrolling interests		1,429,444		1,347,889		-		(610)		*		•	_	1.111		-
Unrestricted net assets	1	7,927,530		3,399,025	10	5,313		378,032		393,958		224,683		377,357		492,664
Temporarily restricted		467,994		12,491		1,202		11,659		6,720		9,666		40,387		14,944
Permanently restricted		197,516	_	4,106		6,506		244		458		12,615	_	1,652		12,948
Total net assets	18	8,593,040		3.415,622	11	3,021		389,935		401,136		246,964	_	419,396		\$20,5\$6
Total liabilities and net assets	<u>\$ 3</u> 2	2,433,469	<u>s</u>	6,167,294	<u>\$ 16</u>	5,407	\$	1.095.635	5	567,331	s	365,622	5	726,037	s	689,045

	nsolidated indiana	Consolidat Jacksonvi		Consolldated Kansas	Consolidated Nichigan	C	nsolidated <u>Mobile</u>	-	nsolidated ensacola		onsolidated L'ennessee	0	onsolidated Texas	с	onsolidated Tuka		onsolidated hington D.C.		nsolidated /isconsin
\$	5,934	\$ 3,3	27	\$ 7,373	\$ 18,235	\$	895	S	1,571	2	5,259	s	6,349	\$	9,890	\$	4,750	s	22,069
	217,620	65,3	155	80,573	301,087		16,652		55,413		115,756		199,753		81,192		20,665		326,610
	68,965		157	9,702	155,125		1,343		11,472		26,150		27,197		2,727		11,785		32,333
	9,609	4,0	-	3,958	20,529		1,076		2,565		3,967		4,238		3,598		1,613		4,264
	99,950	25,	5.1	25,535	68,392		14,044		26,276		39,454		39,750		39,546		6,186		54,061
	402,078	98,5		127,141	563,368		34,011		97,297		190,586		277,287		136,953		44,999		439,337
	446,720	250,4	139	413,305	1,286,155		67,424		118,267		390.581		412.672		478,042		71,893		1,596,882
		4,1		6,649	34,642		1,626		2,853		2,844		11,972		8,199		2,233		6,678
	146,631	28,0		-	296,792		3,912		26,121		20,566		79,232		68,979		1,542		372,924
	75,426	11,0		44,932	104,650		9,629		31,804		16,132		67,171		30,216		3,730		103,82\$
	668,777	294,8	22	464,886	1,722,239		82,591		179,045		430,123		571,047	_	585,436		79,398		2,080,312
	1,070,855	393,7	77	592,027	2,285,607		116,602		276,342		620,709		848,334		722,389		124,397		2,519,649
	3 6 3 9 1 6 1	280,5	176	942,373	1,533,428		184,426		471,492		1,000,211		2,108,740		714,376		(43,831)		1,745,142
	3,538,161 56,217	280,5	20	8,068	1,233,428		627		1,673		8,783		2,308,740		/14,370		(15,651)		3,762
	3,594,378	2\$0,9	26	950,441	1,535,352	_	185,053		473,165		1,008,994		2,103,740		714,376		(43,831)	-	1,748,904
	69,412	22,0	071	13,906	63,780		1,916		14,759		26,372		81,507		13,797		6,682		56,723
	17.668	4,	23	5.925	21,693		· · ·	_	37	_	2,922		33,838		10,000	_	-		62,581
	3,681,458	307,1	20	970,272	1,620,825		186,969		487,961		1,038,288		2,224,085	_	738,173		(37,149)		1,868,208
s	4,752.313	<u>\$ 701.0</u>	97_3	S <u>1,562,299</u>	<u>\$ 3,906,432</u>	<u>s</u>	303,571	\$	764,303	5	1,658,997	5	3,072,419	s	1,460,562	<u>s</u>	\$7,248	5	4.387,857

Details of Consolidated Statement of Operations and Changes in Net Assets (Dollars in Thousands)

Year Ended June 30, 2017

	Consolidated Ascension	Consolidated Ascension less Health Ministries Presented	Consolidated Amsterdam	Consolidated Arlington Heights	Consolidated Ballimore	Consolidated Binghamton	Consolidated Birmingham	Consolidated Bridgeport
Operating revenue:								
Net patient service revenue	\$ 22,023,848							
Less provision for doubtful accounts	1.083,661	11,679	7,112	30,991	993	13,485	47,748	20,004
Net patient service revenue, less provision for doubtful accounts	20,940,187	359,926	155,412	1,004,299	446,167	304,501	744,569	452,533
Other revenue	1,693,038	248,332	9,703	41,370	11,066	32,604	48,203	47,183
Total operating revenue	22,633,225	608,258	165,120	1,045,669	457,233	337,105	792,772	499,716
Operating expenses:					-			
Salaries and wages	9,301,057	953,352	87,171	402,367	215,585	138,288	249,591	205,316
Employee benefits	1,829,642	135,742	19,519	90,136	34,454	30,930	52,025	46,184
Purchased services	1,931,021	(1,513,422)	22,192	103,216	52,237	51,851	162,637	75,978
Professional fees	1,299,517	276,618	6,534	52,222	15,587	15,768	27,044	25,191
Supplies	3,267,278	(7,674)	19,644	1\$2,475	\$6,609	46,483	357,417	59,316
Insurance	177,352	17,826	1,406	14,150	7,549	2,607	6,548	9,331
Interest	223,356	2,166	293	15,710	2,640	1,363	3,948	1,942
Depreciation and amortization	1,083,684	102,140	7,073	46,304	19,651	11,492	34,128	27,027
Other	2,780,838	771,712	8,992	131,191	29,275	32,112	101,982	54,730
Total operating expenses before impairment, restructuring and								
nonvectoring losses, net	21,893,745	738,460	172,824	1,007,771	433,587	330,894	795,320	506,015
Income (loss) from operations before self-insurance (rust fund investment return and impairment, restructuring and								
nonrecurring losses, net	A10 (DA	(120,202)	(2.30.0	27.620	22414	(21)	(5.7.19)	16 0000
	739,430	(130,202)	{7,704}	37,893	23,646	6,211	(2,548)	(6,299)
Self-insurance trust fund investment return	43,621	43,499	-	-			-	-
Impainment, restructuring and nonrecurring losses, net	(230,407)	(107,076)	(10)		(399)	(1,037)		(3,419)
Income (loss) from operations	552,694	(193,779)	(7,714)	18,237	23,241	5,174	(3,867)	(9,718)
Nonoperating gains (losses):								
investment (chim	1,420,160	1,282,813	5,000	25,986	2,144	14,430	5,046	4,618
Gain (loss) on extinguishment of debu	10,907	(581)	-	-	+	•		
Gains on interest rate swaps	45,015	44,778		155	-	-	-	
Income (losses) from unconselidated entitles	2,601	859	-	-	6,911	57		-
Other	(170,194)	(31,162)	(92)	(484)	(1,579)	(1)	(656)	(1,145)
Total nonoperating gains (losses), net	1,308,489	1,296,707	4,908	25.657	7.476	14,486	4,390	3,470
Excess (deficit) of revenues and gains over expenses and losses	1,861,183	1,102,928	(2,806)	43,894	30,723	19,660	523	(6,248)
Less noncontrolling interests	222,266	148,581					831	
Excess (deficit) of revenues and gains over expenses and losses								
attributable to controlling interest	1,638,917	954,347	(2,806)	43,894	30,773	19,660	(308)	(6,248)

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с 	Indiana	Consolidated	Consolidated Kansas	Consolidated Niichigan		nsolidaled Mobile		nsolidated ensacola	_	onsolldated Fennessee	c	onsolidated Texas	c	onsolidated T <u>ulsa</u>	Consolidated Washington D.C.	Consoll Wisco	
\$	3,114,528 61,076	\$ 868,453 46,419	\$ 1,052,470 65,131	\$ 3,690,827 156,164	\$	275,718	\$	879,605 17,249	\$	1,562,148 80,422	s	2,367,781	\$	1,094,232 90,432	\$ 243,913 8,817		74,754 05,161
-	3,053,452	822,034	987,339	3,\$34,663		264,144		862,356		1,481,726		2,058,577		1,003,800	235,096		69,593
	115,201	27,929	53,753	225,945		10,392		30,407	_	110,867	_	204,879	_	95.343	11,931		6 <u>7,9</u> 27_
_	3,168,653	8-19,963	1,041,092	3,760,608		274,536		892,763		1,592,593		2,263,456		1,099,141	247,027	3,5	37,520
	1,086,400	307,598	389,242	1,429,010		105,207		343,015		516,446		866,628		485,407	114,214	1,4	07,220
	258,622	65,559	84,527	257,448		17,737		65,289		109,526		186,678		84,902	14,472	2	75,892
	484,850	158,082	182,192	665,953		50,678		136,185		251,404		356,912		170,938	62,049		57,089
	109,144	32,955	46,061	254,558		3,938		29,916		75,175		146,414		30,026	12,053		40,263
	414,305	170,995	181,729	575,499		\$7,724		169,504		272,527		300,964		187,338	25,313		27,110
	16,230	9,6-10	5,977	26,059		3,492		8,377		9,387		12,872		7,383	7,578		10,990
	15,547	8,825	[4,37]	43,574		2,368		5,576		13,165		11,779		19,633	4,669		55,787
	108,436	33,464	69,207	152,744		10,726		30,229		71,693		88,106		61,060	11,046		99,108
_	270,763	56,654		270,645		24,816	_	65,384		1\$4,165	_	260,391	_	132,961	19,434	3	15,825
_	2,764,347	843,772	1.053,112	3,675,490		276,736	_	851,475	_	1,473,488		2,230,694		1,179,648	270,328	3,2	89,284
	404,306	6,191	(12,020)	85,118		(2,200)		41,283		129,105		32,762		(80,507)	(23,801)	2	48,236
	-	-		122		-		-		-		-		-	-		-
	(6.169)	(4,612)	(4.836)		_	(286)	_	(1,830)	_	(3.682)		(29,611)	_	(12,161)			369
	398,137	1,579	(16,856)	70,779		(2,486)		39,458		115,423		3,151		(92,668)	(44,008)	2	43,605
	22,125	3,857	9,867	16,595		611		2,396		4,202		2,392		11,985	281		5,812
	-		-	-		-		-		-		-		11,488	-		-
	-	-	-			-		•		-		-		82	-		-
	(7,812)		-	(90)						-		2,436		-	2.40		
_	(6.347)	(1,927)	19	(19,117)		-		(276)	_	(1,221)		(15,847)		(13,794)			71,660)
	7.966	1,930	9,856	(2,612)		611		2,120	_	2,981		(11,019)		4,761	619		65,848)
	406,103	3,509	(6,970)			(1,875)		41,578		118,404		(7,868)		(87,907)	(43,389)	1	82,757
	47,909		5,424	(16)				1,359		18,605			_	-	-		(427)
	358,194	3,509	(12,394)	68,183		(1,875)		40,219		9 9,799		(7,868)	ł	(87,907)	(43,389)	I	83,184

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

Year Ended June 30, 2017

	Consolidated <u>Ascension</u>	Consolidated Ascension less Health Mindstries <u>Presented</u>	Consolidated <u>Amsterdam</u>	Consolidated Arlington Helghts	Consolidated Baliimore	Consolidated Binghamton	Consolidated Birmlogham	Consolidated Bridgeport
Unrestricted net assets, controlling interest:	E 1/10/01/1	6 641317	C (0.60/)	\$ 43,894	\$ 30,723	\$ 19,660	\$ (308)	\$ (6,248)
Excess (deficit) of revenues and gains over expenses and losses Transfer (to) from sponsors and other affiliates, not	\$ 1,638,917 (5,062		\$ (2,806) (3,267)	\$ 45,894 (28,643)	\$ 50,725 (256,039)	5 19,000 (6,304)	s (149,033)	(327,254)
Net assets released from restrictions for property acquisitions	92,104	41	(3,207) 97	120,0431	(200,003)	1.083	43,808	(327,234)
Pension and other postretirement liability adjustments	(301,182)		(3,103)	(5,227)	(9,173)	(5,430)	(5,726)	(7,164)
Change in unconsolidated entities' net assets	8,039	2,962	(2,103)	(0,227)	1270127	(0,100)	10,120,	
Other	2,795	(2,535)	(12)	1	673	-	478	(34)
increase (decrease) in unrestricted nel assets, controlling interest,								
before gain from discontinued operations	1,435,611	11,977,510	(9,091)	10,106	(233,816)	9,009	(110,781)	(340,590)
Gain from discontinued operations	226	226			-	-		
Increase (decrease) in unrestricted net assets, controlling interest	1,435,837	\$1,977,736	(9,091)	10,106	{233,816}	9,009	(310,731)	(340,550)
The contract of the state of the second se								
Unrestricted net assets, noncontrolling interest: Excess (deficit) of revenues and gains over expenses and tosses	227,266	48,581					831	
Distributions of revenues and gains over expension and ensits	(139,477)		-		-	-	(832)	-
Contributions of capital	285,894	284,054	-				(0.2)	-
Membership interest changes, net	210	210						
Other	24	(127)			-		(5)	-
Increase (decrease) in unrestricted net assets, noncontrolling interest	368,917	364,030				•	(6)	-
Temperarily restricted net assets, controlling interest:								
Contributions and grants	123,594	1,567	424	4,162	971	2,269	15,603	4,087
Investment return	29,410	83		21	301		358	1,807
Not assets released from restrictions	(153,648)	(906)	(97)	(3,899)	(1,417)	(1,170)	(45,096)	(1,857)
Contributions from business combinations					-	-		
Other	1,588	181	931	-	1	1,390	(295)	(1.377)
Increase (decrease) in temporarily restricted net assets, controlling interest	944	931	1,258	284	(144)	2,489	(29,430)	2,660
Permanently restricted net assets, controlling interest:								
Contributions	8,046	-		-	-		426	4,883
Investment return	7,263	(1)	-	-	3		64	
Contributions from business combinations		-		-		-	-	
Olier		(252)					(150)	-
Increase (decrease) in permanently restricted net assets, controlling interest	15,386	(253)		-	3			4,853
facrease (decrease) in net assots	1,821,084	12,342,444	(7,833)	10,390	(233,957)	11,498	(139,877)	(333,047)
Net assets, beginning of year	13,593,010	3,415,622	113,021	389,935	401,136	245,964	419,396	520,556
Net assets, end of year	\$ 20,414,124	\$ 15,758,066	\$ 105,188	\$ 400.325	\$ 167,179	\$ 258,462	\$ 279,519	\$ 187,509

$\begin{array}{cccccccccccccccccccccccccccccccccccc$		Consolidated Indiana	Consolidated Jacksonville	Consolidated Karuas	Consolidated Ailchigan	Consolidated Mobile	Consolidated Pensacola	Consolidated Tennessee	Consolidated Texas	Consolidated Tuiss	Consolidated Washington D.C.	Consolidated Wisconsin
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	s	(3,294,691) 11,265 (36,156)	(222,916) 9,781	(491,589) 680 (6,850)	(1,825,642) 5,776 (77,7\$1)	(153,601) 206	(267,533) 423	(840,097) 2,870	(1,448,125) 11,352	(21,974)	4,845 942	(1,722,947) 3,589
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	_		1,041			(3)	11	244	-			1.132
$\begin{array}{cccccccccccccccccccccccccccccccccccc$		(2,961,896)	(215,437)	(505,080)	(1,828,119)		(233,484)	(752,024)	(1,462,406)	(114,769)	(41,281)	(1,592,017)
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	_	(2,961,896)	(215,437)	(505,080)	(1,828,119)	(160,223)	(233,484)	(752,024)	(1,462,406)	(114,769)	(41,281)	(1,592,017)
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			-		(16)						-	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			-		-			(18,632)		-	-	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						•			-	<u>.</u>	-	1,231
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						(1)	-	-		-		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		4,047		852	(16)	(32)	(615)	(27)		-		684
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							9,230				2,368	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$											-	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$,				(1,232)	(25,044)	,	(2,039)	(6,310)
(82) (6,905) 1,644 7,613 224 8,614 976 7,394 360 (263) 3,324 383 32 - 1,245 - - 503 454 - - 107 229 - - 102 - - - - 6,866 - 1 - 609 - - - - - 6,866 - 1 - 609 - - - - - - 6,866 - 1,959 - - 508 453 - - 6,843 (2,957,314) (222,309) (502,584) (1,818,558) (160,031) (225,485) (750,567) (1,454,559) (114,409) (41,549) (1,518,169) 3,841,458 307,320 970,272 1,629,572 186,969 487,961 1,032,288 2,224,085 738,173 (37,149) 1,862,708								3	-	-	-	2,440
229 102 6,866 1 609 (1) (130) 617 33 1,959 508 453 6,843 (2,957,314) (222,309) (502,584) (1,818,558) (160,031) (225,485) (130,567) (1,454,559) (114,409) (41,549) (1,581,169) 3,631,658 307,320 970,272 1,629,872 186,969 487,961 1,038,288 2,224,085 738,173 (37,149) 1.868,208			(6,905)	1,644	7,613	224		976	7,394	.160	(263)	3,321
i 609 (1) (130) 617 33 1,959 508 453 6843 (2,957,314) (222,309) (502,584) (1,818,558) (160,031) (225,485) (150,567) (1,454,559) (114,409) (41,549) (1,549) <t< td=""><td></td><td>388</td><td>32</td><td>-</td><td>1,248</td><td>-</td><td>-</td><td>503</td><td>454</td><td></td><td></td><td>107</td></t<>		388	32	-	1,248	-	-	503	454			107
i 609 (1) (130) 617 33 1,939 508 453 6843 (2,957,314) (222,309) (502,584) (1,818,558) (160,031) (225,485) (150,567) (1,454,559) (114,409) (41,549) (1,581,169) 3,631,658 307,370 970,272 1,629,825 186,969 487,961 1,038,288 2,224,085 738,173 (37,149) 1,868,208			•	-			-	-	-	-	-	
617 33 1,959 508 453 6843 (2,957,314) (222,309) (502,584) (1,818,558) (160,031) (225,485) (150,567) (1,454,559) (114,409) (41,549) (1,581,169) 3,681,458 307,320 970,272 1,629,825 186,969 487,961 1,038,288 2,224,085 738,173 (37,149) 1,868,208		-	ĩ	-					-	-	-	
(2,957,314) (222,309) (502,584) (1,818,558) (160,031) (225,485) (150,567) (1,454,559) (114,409) (41,549) (1,581,169) 3,681,458 307,320 970,272 1,629,525 186,969 487,961 1,038,288 2,224,085 738,173 (37,149) 1,868,208	-	617						508				
3,631,458 307,320 970,272 1,620,325 186,969 487,961 1,038,288 2,224,085 738,173 (37,149) 1,868,208									105			
	5							\$ 281 721				

Details of Consolidated Statement of Operations and Changes in Net Assets (Dollars in Thousands)

Year Ended June 30, 2016

	Consolidated Ascension	Consolidated Ascension less Health Ministrics Presented	Consolidated Amsterdam	Consolidated Arlington Heights	Consolidated Baltimore		Consolidated Birmingham	
Operating revenue:	\$ 21,301,133	\$ 402,336	\$ 164,282	\$ 1,015,333	\$ 447,440	5 308,852	\$ 743,263	P 480.101
Net patient service revenue Less provision for doubtful accounts	1,142,289	5 402,536 7,138	\$ 104,282	3 1,010,000 39,473	5 447,440 9,476	3 308,852	\$ 143,203 44,781	\$ 480,151 29,268
Net patient service revenue, less provision for doubtful accounts	20,158,844	395,198	155,509	975,860	437,964	291,736	698,482	450,883
Other revenue	1,739,490	592,469	6,205	42,692	11,112	18,225	35,561	48,391
Total operating revenue	21,898,334	987,667	161,714	1,018,552	449,076	309,962	734,043	499,274
				, ,				
Operating expenses:								
Selaries and wages	9,043,625	960,865	83,597	393,6-19	215,654	130,688	238,808	222,253
Employee benefits	1,748,110	121,438	18,719	72,027	30,502	29,189	47,661	54,347
Purchased services	1,500,887	(1,158,847)		1 16,927	47,425	45,937	124,976	68,939
Professional fees	1,369,103	239,589	4,865	54,574	15,258	13,864	20,381	25,915
Supplies	3,114,261	8,107	19,305	140,394	65,431	44,930	149,970	58,714
Losurance	160,232	11,683	1,268	1,613	5,732	2,295	4,996	10,351
Interest	194,962	3,106	265	15,313	2,388	1,171	7,296	1,751
Depreciation and amortization	1,032,541	84,219	6,481	44,728	19,124	11,195	32,783	27,073
Other	2,737,244	762,056	9,955	110,603	30,089	28,552	102,952	60,458
Total operating expenses before impairment, restructuring and nonrecurring losses, net	20,900,965	1,032.222	162,623	949.828	431,603	307,821	729.873	529,801
Income (loss) from operations before self-insurance trast fund investment return and impairment, restructuring and								
nonzecurring losses, net	997,369	(44,555)	(909)	68,724	17,473	2,141	4,220	(30,527)
Self-insurance trust fund investment return	(16,334)	(16,612)	-	-	-		-	-
Impairment, restructuring and nonrecurring losses, net	(227,832)	(114,940)	-	(6,137)	(2,590)	-	(2,482)	(1,469)
lacome (loss) from operations	753,203	(176,107)	(909)	62,587	14,883	2,141	1,738	(31,996)
Nonoperating gains (losses):								
Investment return	(358,297)	(92,635)	(1,883)	(8,090)	(5,689)	(5,623)	(7,095)	(9,434)
Loss on extinguishment of debt	(13,594)			(3,670)	-	-	-	
Losses on interest rate swaps	(86,536)	(76,099)	-	(45)		-	-	-
(Losses) income from unconsolidated entities	(40,649)	410	-	539	(159)	176	-	
Contributions from business combinations, net	304,961	(275,824)		-		-		-
Other	(\$1,339)	(16,177)	(153)	(113)	(1,356)	12	(605)	(1,210)
Total nonoperating (losses) gains, net	(275,454)	(453,684)	(2,041)	(11,379)	(7,204)	(5,435)	(7,701)	(10,644)
Excess (deficit) of revenues and gains over expenses and losses	477,749	(629,791)	(2,950)	51,208	7,579	(3,294)	(5,963)	(42,640)
Less noncontrolling interests	16,365	(40,755)	(2,730)	01,200			794	(12,030)
Excess (deficit) of revenues and gains over expenses and losses								
attributable to controlling interest	461,384	(589,036)	(2,950)	51,208	7,679	(3,294)	(6,757)	(42,640)

Consolidated Indiana	Consolidated Jacksonville	Consolidated Kansas	Consolidated Allchigen	Consolidated Niobile	Consolidated Pensacola	Consolidated Tennessee	Consolidated Tesas	Consolidated Tuisa	Consolidated Washington D.C.	Consolidate Wisconstr
\$ 3,022,330	\$ 877,525	\$ 1,045,475	\$ 3,634,378	\$ 277,234	\$ 820,737	\$ 1,466,994	\$ 2,582,761	\$ 1,206,208	\$ 234,750	\$ 2,571,084
123,411	75.868	38.697	164,494	9,4-18	11,789	77.523	282,418	109,962	8,721	83,933
2,898,919	801,657	1,005,778	3,469,884	267,786	808,948	1,389,471	2,300,343	1.096.246	226,029	2,487,151
125,391	26,225	66,490	204,527	11,284	27,301	100,804	218,705	78,371	13,574	112,162
3,024,310	827,882	1,073,268	3,674,411	279,070	836,249	1,490,275	2,519,048	1,174,617	239,603	2,599,313
1,054,703	308,590	424,353	1,447,227	105,781	319,111	489,333	936,245	477,799	119,290	1,115,678
240,278	61,876	94,457	255,902	16,934	61,400	89,903	193,919	83,038	12,382	264,138
427,130	115,183	136,434	486,835	46,073	99,643	184,574	270,929	124,430	54,402	291,425
121,183	47,488	48,541	291,483	4,305	31,208	89,863	180,694	41,493	16,650	121,74
401,028	163,618	177,686	\$58,175	\$9,242	151,418	268,651	300,212	191,426	26,641	329,31
15,249	10,089	6,402	34,674	3,397	7,540	6,663	12,776	7,698	6,780	11,02
14,194	7,233	13,180	36,480	2,142	5,033	11,395	14,572	20,235	2,711	36,49
108,695	33,446	76,339	158,589	13,765	32,460	72,249	83,934	63,740	9,844	153,87
291.552	61,692	80,683	275,418	25.302	74,519	154,474	306,914	124,776	14,838	222,41
2.674,012	\$09,215	1,058,075	3,544.783	276,941	782.332	1,367,410	2,300,195	1,134,635	263,538	2,546,10
350,298	18,667	15,193	129,628	2,129	\$3,917	122,865	218,853	39,982	(23,935)	53,20
										20
(1.000)	(3,710)	(11,872)	76 (6,505)	(50)	(903)	(1,287)	(20,628)	(21,517)	(947)	
(1,095) 349,203	14,957	3,321	123,199	2.079	53,014	121,578	(20,628)	18,465	(24,882)	(31,70
343,243	F.4 ^F 5.5 5	5,5×1	14.3177	2,077	33,014	144,710	110,000	10,105	12410001	1110
(77,502)	(4,796)	(15,988)	(41,325)	(5,196)	(5,133)	(21,596)	(34,037)	(13,590)	(39)	(8,64
•	-	-	-	-			-			(16,56
-	-	-	(5)	-	-	-	-	(607)	-	(9,78
(44,118)	-	-	•	-	(407)	-	2,622	-	288	
-	-	-	137,912	137,912	137,912	-	-	-	-	167,04
(8,990)	(1,934)	(1,005)	(16.756)	(60)	(463)	(2,188)	(18.375)	(10,802)	235	(1,39
(130,610)	(6,730)	(16,993)	79,826	132,656	131,909	(23,784)	(49,790)	(24,999)	484	130,66
218,593	8,227	(13,672)	203.025	134,735	184,923	97,794	148,435	(6,534)	(24,398)	152,37
41,352	0,241	(4,949)	(67)		1,816	18,762		(0,0,0) •	(24,576)	(58
177,241	\$,227	(\$,723)	203,092	134,735	183,107	79.032	148,435	(6,534)	(24,398)	152,96

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

Year Ended June 30, 2016

	Consolidated Ascension	Consolidated Asceasion less Health Ministries Presented	Consolidated Austerdam	Consolidated Arlington Heights	Consolidated Baltimore	Consolidated Biogbainton	Consolidated Birmisgham	Consolidated Bridgeport
Unrestricted net assets, controlling interest:								
Excess (deficit) of revenues and gains over expenses and losses	\$ 461,384							
Transfer (to) from sponsors and other affiliates, net	(8,654)		(3,521)	(28,819)	(8,959)		(14,404)	(12,017)
Net assets released from restrictions for property acquisitions	45,058	636	7,211	369	•	3,263	3,017	639
Pension and other postretirement liability adjustments	(729,197)		(7,184)	(5,231)	(23,323)	(11,931)	(11,863)	(23,648)
Change in unconsolidated entities' net assets	(6,976)		-			•	-	•
Other	3,344	275,283	(14)	131			(46)	*
(Decrease) increase in unrestricted net assets, controlling interest,	(235,041)	21,217	16 4891	17,658	(24.602)	(10.04.6)	(10.05.2)	(77) ((()
before loss from discontinued operations Loss from discontinued operations	(16,230)		(6,458)	17,038	(24,602)	(18,955)	(30,053)	(77,666)
LOSS from algorithmed operations	(10,250)	(10,230)						
(Decrease) increase in unrestricted net assets, controlling interest	(251,271)	4,987	(6,458)	17,658	(24,602)	(18,955)	(30,053)	(77,666)
Unrestricted net assets, noncontrolling interest;								
Excess of revenues and gains over expenses and losses	16,365	(40,755)			-	-	794	
Distributions of capital	(254,788)	(194,688)	-	-		-	(613)	-
Contributions of capital	96,150	94,123	-		-		263	
Other	(891)						(436)	
(Decrease) increase in unrestricted net assets, noncontrolling interest	(143,154)	(141,324)		-	-	*	(27)	
Temporarily restricted net assets, controlling interest;								
Contributions and grants	140,210	565	8,711	10,197	1,134	3,185	32,899	2,835
Investment return	(4,643)	(47)		37	(18)		(47)	(772)
Net assets released from restrictions	(97, 392)	(1,238)	(7,211)	(4,305)	(1,483)	(3,266)	(4,100)	(1,122)
Contributions from business combinations	16,091	*			-	*	-	•
Other	(4,18)		(7,536)			(3.192)		(2,729)
Increase (decrease) in temporarily restricted net assets, controlling interest	50,085	1,343	(6,036)	5,928	(367)	(3,273)	29,191	(1,788)
Permanently restricted net assets, controlling interest:								
Contributions	5,298	•	-		•	-	148	79
Investment return	(1,706)	(1)	-	-	(3)	-	-	*
Contributions	2,363	•		•	-	-	-	-
Other	(1,227)		5		()			*
Increase (decrease) in permanently restricted net assets, controlling interest	4,728	(108)	5		(4)		148	79
(Decrease) increase in net assets	(339,622)		(12,489)	23,566	(24,973)	(22,228)	(741)	(79,375)
Net assets, beginning of year	18,932,662	3,550,724	125,510	366,349	426,109	269,192	420,137	599,931
Net assets, end of year	5 18.593,040	\$ 3,415,622	\$ 113.021	5 389,935	\$ 401,136	5 246,964	\$ 419,396	\$ 520,556

nsolidated			Consolidated Michigan		asolidated Mobile		nsolidated ensacola		nsolidated	С	onsolidated Texas	C	onsolidated Tuisa		Consolidated ashington D.C.		nsolidated Isconsin
\$ 177,241 (65,314) 3,910 (56,480) 2,982	\$ 8,227 (16,046) 2,120 (15,243)	(37,839) 320 (17,222) (5,749)	(75,939) 8,142 (209,983) 25	\$	134,735 (5,385) 284 (12,850)	S	183,107 (15,193) 1,352 (15,413)	\$	79,032 (27,158) 1,299 (30,381) 37	\$	148,435 (71,942) 11,376 (35,126)		(6,534) (31,028) (17,797)		(24,398) (4,918) (15,052)	s	152,960 (43,279) 1,120 (95,956)
 2,982	1	(1,414)	333		(138,584)	_	(132,973)	-	51	-	(30)		3,016	-		-	(5,599)
 62,339	(20,941)	(70,627)	(74,110)		(21,800)	_	20,880		22,829		52,713	_	(52,343)		(44,368)	_	9,246
62,339	(20,941)	(70,627)	(74,110)		(21,800)		20,880		22,829		52,713		(52,343)		(44,368)		9,246
41,352 (34,889)	:	(4,949) (4,360)			(22)		1,816 (1,698)		18,762 (18,449)		-						(588)
-	-		-				-		*		-						1,764
 1.185					649		(2,426)		1						-	_	43
7,648		(9,212)	(67)		627		(2,308)		314						-		1,185
12,076	2,802	2,681	16,306 527		562		4,023		2,703		20,296		11,829 547		3,824		3,582
(7,121)	(3,512)				(491)		(1,514)		(3,698)		(19,562)		(13,732)		(4,151)		(22)
(1,121)	(5,512)	(2,190)	3,389		(431)		(1,314)		(3,030)				(13,132)				(5,107)
(460)	(630)	264	3,367		(1)		(3,192)		188		27						10.571
5,191	(1,710)		6,641		60		(683)		(2,057)	-	(2,644)		(1,356)		(327)		21,726
79	25		3,023						5		1,687						252
(81)	-	-	(37)								-				-		(1,584
	-	•							-						-		2,363
 56			(1)					_	1		1	_					(1,181)
 54	25		2,985		-		-		6		1.688						(150
75,232	(22,626) 329,946	(79,593) 1,049,865	(64,551) 1.685,376		(21,113) 208,082		17,889 470,072		21,092		51,757 2,172,328		(53,699) 791,872		(44,695) 7,546		32,007
\$ 3,681.458	\$ 307,320	\$ 970,272	\$ 1,620,825	S	186,969	\$	487,961	S	1,038,288	\$	2,224,085	\$	738,173	\$	(37,149)	5	1,868,208