### \*\* PUBLIC DISCLOSURE COPY \*\*

	0	00	Return of	Organization Exemp	t From I	ncome Tax	OMB No. 1545-0047			
Form <b>9</b>		Do not enter social security numbers on this form as it may be made public.					ons) 2023			
		of the Treasury anue Service	Go to wy	ww.irs.gov/Form990 for instructions a	nd the latest i	nformation.	Inspection			
AF	or th	e 2023 calend	ar year, or tax year beg	inning	and ending					
B c	heck if pplicab	te:	f organization			D Employer identi	fication number			
	Addre chang Name		CENT HEALTH	BALDWIN, INC.	Sec. 18	82-39149	925			
-	chang Initial Ireturn			mail is not delivered to street address)	Room/suite	-				
	Final	777	HEMLOCK STRE		Roomisuite	(478) 4				
	Jreturn termin ated			country, and ZIP or foreign postal code	-	G Gross receipts \$	71,324,500			
	Amen		N, GA 31201			H(a) Is this a group				
	Applic tion pendi	Plica- b F Name and address of principal officer: DELVECCHIO FINLEY				for subordinate	for subordinates? Yes X No			
		empt status:			)(1) or 527	H(b) Are all subordinates				
	Vebsi		X 501(c)(3) 501( NAVICENTHEAL			H(c) Group exempti	a list. See instructions			
				ust Association Other	I Vear	<u> </u>	M State of legal domicile: G			
	rt I	Summary					W State of legal domicile, O			
	1		e the organization's miss	sion or most significant activities: TO	PROVIDE	HIGH QUALT	TY. SAFE.			
Se				ATIENT-FOCUSED HEALT						
Activities & Go verna nce	2	Check this bo		zation discontinued its operations or dis						
Veri			•			3				
3				ers of the governing body (Part VI, line 1						
80 0				in calendar year 2023 (Part V, line 2a)			E4			
#ie			of volunteers (estimate if							
ctiv				Part VIII, column (C), line 12			a 0			
4				e from Form 990-T, Part I, line 11		71	0 0			
		1.			1	Prior Year	Current Year			
61	8	Contributions	and grants (Part VIII, line	9 1h)		2,351,532.	2,328,886			
Revenue	9	Program servi	ce revenue (Part VIII, line		100 C	63,700,793.				
eve	10	Investment inc	come (Part VIII, column (A		1111 COC 11	55,460.				
£	11	Other revenue	(Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e)		314,498.				
	12	Total revenue	- add lines 8 through 11	(must equal Part VIII, column (A), line 12	2)	66,422,283.				
	13	Grants and sir	nilar amounts paid (Part	IX, column (A), lines 1-3)		0.				
			to or for members (Part I)			0.				
ŝ				e benefits (Part IX, column (A), lines 5-1	0)	25,796,340.				
sasua	16a	Professional fu	undraising fees (Part IX, o	column (A), line 11e)		0.	. 0			
Expe			ng expenses (Part IX, co		0.	50 600 000	10 016 016			
ш			es (Part IX, column (A), lin	· · · · · · · · · · · · · · · · · · ·		50,689,398.				
				equal Part IX, column (A), line 25)		76,485,738.				
		Revenue less of	expenses. Subtract line 1	18 from line 12		10,063,455.				
Net Assets or		<b>T</b> + 1			Be	ginning of Current Year 34, 323, 646.				
Rala	20	Total assets (F			1951111-000	25,779,046.				
et A	21		(Part X, line 26) fund balances. Subtract	1 01 ( 1 00		8,544,600.				
		Signature		line 21 from line 20		0,544,000.	2,900,070			
_				ed this return, including accompanying sche	ulos and statom	ants, and to the best of m	w knowledge and belief, it is			
		1		fer than officer) is based on all information of			Iy knowledge and beller, it is			
uue,	COTTEL	i, and douplete.	Declaration of prepare for	er than oncer) is based on an information of	SIGN HEI		12			
Sign		Signature of of		~~~		Date	loc t			
			Y SHREWSBURY	TREASURER						
Here	•	Type or print na		, IREADORER						
-		Print/Type prep		Preparer's signature	1	Date Check	PTIN			
Paid		, into type bich		i i oparor o signaturo	0.11	rf setf-emplo				
Prep	arer	Firm's name				Firm's EIN	27 d.			
Use		Firm's address	80 - 12 P	Second States of States of States	1.1.1.1.1.1	THIN O LIN				
						Phone no.				
May	the IF	RS discuss this	return with the preparer	shown above? See instructions			Yes No			
-					01 12-21-23		Form <b>990</b> (2023			

(Rev. January 2024)

#### Application for Extension of Time To File an Exempt Organization **Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury Internal Revenue Service

#### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

All colporations required to life an income tax return other than rolling solution (including 1120°C life), participations, network, and trusts								
must use	Form 7004 to request an extension of time to file incom	ne tax retur	ns.					
Part I - Id	lentification			I				
Type or	or Name of exempt organization, employer, or other filer, see instructions.				Taxpayer identification number (TIN)			
Print	NAVICENT HEALTH BALDWIN, INC.				82-3914925			
File by the	Number, street, and room or suite no. If a P.O. box, s		ions					
due date for filing your return. See	777 HEMLOCK STREET, MSC 112							
instructions.	City, town or post office, state, and ZIP code. For a f MACON, GA 31201	oreign add	ress, see instructions.					
Enter the	Return Code for the return that this application is for (fil	le a separa	te application for each return)			01		
Applicati		Return	Application Is For			Return		
дрисац		Code	Application is for			Code		
Eorm 000	or Form 990-EZ	01	Form 4720 (other then individual)			09		
			Form 4720 (other than individual)	,				
	0 (individual)	03	Form 5227			10		
Form 990		04	Form 6069					
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12		
	-T (trust other than above)	06	Form 5330 (individual)			13		
	-T (corporation)	07	Form 5330 (other than individual)			14		
Form 104	1-A ou enter your Return Code, complete either Part II or Pa	08						
<ul> <li>time to file Form 5330.</li> <li>If this application is for an extension of time to file Form 5330, you must enter the following information.</li> <li>Plan Name</li> </ul>								
Plan Number								
-	n Year Ending (MM/DD/YYYY)							
	utomatic Extension of Time To File for Exempt Organ		see instructions)					
The bo	boks are in the care of KIMBERLY SHREWSB		(A GONT GA 21201					
	777 HEMLOCK STRE	E.I. – N						
	none No. <u>478-633-1452</u>		Fax No					
	organization does not have an office or place of busines							
<ul> <li>If this i</li> </ul>	s for a Group Return, enter the organization's four-digit							
box								
<b>1</b> Ire	quest an automatic 6-month extension of time until $~~{f N}$	OVEMBI	<u>ER 15</u> , 20 <u>24</u> , to file	e the exem	npt organization r	eturn for		
the	organization named above. The extension is for the org	anization's	return for:					
Х	calendar year 20 23 or							
	] tax year beginning	, 20	, and ending		<u> </u>	20		
2 If th	e tax year entered in line 1 is for less than 12 months, c ] Change in accounting period	check reaso	on: Initial return	Final retur	'n			
3a lfth	nis application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter the	tentative tax, less					
any	any nonrefundable credits. See instructions. 3a \$ 0							
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						0		
	mated tax payments made. Include any prior year overp			3b	\$	0.		
	ance due. Subtract line 3b from line 3a. Include your page EETPS (Electronic Eederal Tax Payment System). Se			3c	\$	0.		
usii	using EFTPS (Electronic Federal Tax Payment System). See instructions.							

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

Form	990 (2023) NAVICENT HEALTH BALDWIN, INC. 82-3914925 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE HIGH QUALITY, SAFE, COMPASSIONATE AND PATIENT-FOCUSED
	HEALTHCARE TO OUR COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$65,894,975. including grants of \$) (Revenue \$68,718,802.
	NAVICENT HEALTH BALDWIN'S MISSION IS TO PROVIDE HIGH QUALITY, SAFE,
	COMPASSIONATE, PATIENT-FOCUSED CARE. THE HOSPITAL OFFERS A WIDE RANGE
	OF MEDICAL SERVICES "FROM SPECIALIZED TREATMENT CENTERS FOR CANCER AND
	WOUND CARE" TO ADVANCED IMAGING TECHNOLOGIES THAT INCLUDE DIGITAL
	MAMMOGRAPHY AND HIGH-SPEED CT SCANNING. IN ADDITION TO ITS 24/7
	EMERGENCY DEPARTMENT, THE HOSPITAL ALSO OFFERS A NUMBER OF OUTPATIENT
	TREATMENT PROGRAMS, SAME-DAY SURGERY, HEALTH EDUCATION PROGRAMS, AND A
	STATE-OF-THE-ART LABORATORY FOR DIAGNOSTIC TESTING. FOR INPATIENT
	TREATMENT, THE HOSPITAL IS LICENSED FOR 140 ACUTE CARE BEDS AND FOR 15
	BEDS IN ITS SKILLED NURSING UNIT, WHICH SERVES PATIENTS REQUIRING
	EXTENDED CARE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses     65,894,975.
	Form <b>990</b> (2023)
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Form	990	(2023)

 Form 990 (2023)
 NAVICENT HEALTH BALDWIN, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		- 23
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.45		х
<b>1</b> E	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		16		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Х	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Х	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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 Form 990 (2023)
 NAVICENT HEALTH BALDWIN, INC.
 82-3914925
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
h	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h		254		- 23
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04		34	х	
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		
U		35b		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
332004	+ 12-21-23	Form	990	(2023)
	5			

#### 14151119 144811 NHBALD

Form	990 (2023) NAVICENT HEALTH BALDWIN, INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	82-3914	925	Pa	<sub>age</sub> 5
Fai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			162	NO
	filed for the calendar year ending with or within the year covered by this return	2a 516			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		0		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the craspization receive a payment in average of $$75$ mode partly as a contribution and partly for goods and early for goods and early the craspication receives a payment in average of $$75$ mode partly as a contribution and partly for goods and early the craspication receives a payment in average of $$75$ mode partly as a contribution of the craspication receives a payment in average of $$75$ mode partly as a contribution of the craspication receives a payment in average of $$75$ mode partly and partly and partly for goods and partly for goods and partly a payment in average of $$75$ mode partly and partly are a contribution of the c	viene provided to the power?	7-		х
a h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s roquirod	7b		
С		siequileu	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		х
f					X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7f 7g		
-					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	<u>11a</u>			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	•		
13 а	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		154		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.			000	
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Form 990 (2023)
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NAVICENT HEALTH BALDWIN, INC.

82-3914925 Page 6

X

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6			
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	. L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		L	5		X
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			Ŀ	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?			Ŀ	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:				
а	The governing body?			L	8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					]	
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	<u></u>			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			1	l0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	e filing the form?		11a	Х	
b	Describe on 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			_ <u>1</u>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	. [1	l2b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," a	escribe				
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official			_ <u> </u> 1	15a		X
b	Other officers or key employees of the organization			1	l5b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?			1	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
0.1	exempt status with respect to such arrangements?			1	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3	3)s o	nly) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explained)		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, a	nd fi	nanc	ial	
	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 boo	ks an	d records				
	KIMBERLY SHREWSBURY - 478-633-1452						
	777 HEMLOCK STREET, MACON, GA 31201				_	000	105 - 1
332000	5 12-21-23 7			I	Form	990	(2023)

NAVICENT HEALTH BALDWIN, INC.

Part VII	Co	pensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	d
	Em	loyees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and title         Average hours per fight of the and title and title and the and the and the and the and the and the bar and a function taken builts any hours for metated organization below line         Perotable to monstation below line         Perotable to monstation from the organization (W2/1099.NEC)         Estimated and w2/109.NEC)         Estimated to monstation from the organization and related organization           (1)         DELVECCHIO FINLEY         5.00         X         0.2,063,458.         161,522.           (2)         SERMETH B, BANKE         1.00         X         0.1,300,807.         66,370.           SERMETH B, BANKE         0.00         X         0.1,300,807.         66,370.           SERMETH B, BANKE         0.00         X         0.2529,544.         0.           (3)         DUIS PROMEDRY         1.00         X         0.205,270.         43,509.           (4)         ROBERT C, WILDE         0.00         X         0.153,923.         33,979.           (5)         KIMERLY SREWERDRY         1.00         X         0.161,893.         19,094.           (3)         READER OFFICER         0.00         X         0.161,893.         19,094.           (3)         READER OFFICER         0.00         X         0.161,893.         19,094.           (3)         READER OFFICER <t< th=""><th>(A)</th><th>(B)</th><th></th><th colspan="2">(C)</th><th>(D)</th><th colspan="3">(D) (E)</th></t<>	(A)	(B)		(C)		(D)	(D) (E)				
hours per veck, integration is being mean         compensation is being mean         compensation is other organizations (W2/1099-MISC/ 1099-NEC)         amount of state organizations (W2/1099-MISC/ 1099-NEC)           (1)         DELVECCHTO FINLEY         5.00         X         0         1,300,807.         66,370.           (3)         DITS FONSECA         40.00         X         0         805,474.         54,332.           (4)         NODE         0.00         X         0         805,29,544.         0.           (5)         NUBE PORTICER         0.00         X         0         153,923.         33,979.           (6)         NOBL DOLL         40.00         X         0         155,033.         17,385. <t< td=""><td>Name and title</td><td>Average</td><td>(do</td><td colspan="2">Position</td><td>Reportable</td><td>Reportable</td><td>Estimated</td></t<>	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
Week (bit ary nums for related organizations (W2/1099-MISC)         mom organization (W2/1099-MISC)         mom organization (W2/1099-MISC)         opperation from the organization (W2/1099-MISC)         opperation organization (W2/1099-MISC)         opperation organization (W2/1099-MISC)         opperation from the organization (W2/1099-MISC)         opperation organization (W2/1099-MISC)         opperation organization (W2/1099-MISC)         opperation from the organization organization           (1)         DEUVECCHIO FINLEY         5.00         X         0.         2,063,458.         161,522.           (2)         KENNETE B. BANKS         1.00         X         0.         1,300,807.         66,370.           (3)         LUIS FONSECA         40.00         X         0.         805,474.         54,332.           (4)         ROBER CFFICER         0.00         X         0.         805,474.         54,332.           (5)         KIMBERLY SHRBWSDERY         1.00         X         0.         205,270.         43,509.           (6)         NOEL DOLL         40.00         X         0.         153,923.         33,979.           (8)         PEROFY FLARKARY         0.00         X         0.         161,893.         19,094.           (9)         ELIZABETH FUQUA         40.00         X         0. <t< td=""><td></td><td>1 .</td><td>box</td><td colspan="2">box, unless person is both an</td><td></td><td>•</td><td></td></t<>		1 .	box	box, unless person is both an			•				
(1)         DELVECCHIO FINLEY         5.00         X         0.         2,063,458.         161,522.           PRESIDENT/CEO         39.00         X         0.         1,300,807.         66,370.           (3)         LUIS FONSECA         40.00         X         0.         1,300,807.         66,370.           (3)         LUIS FONSECA         40.00         X         0.         805,474.         54,332.           (4)         ROBERT C. WILDE         0.00         X         0.         805,474.         54,332.           (4)         ROBERT C. WILDE         0.00         X         0.         529,544.         0.           (5)         RIMBERLY SHREWSBURY         1.00         X         0.         205,270.         43,509.           (7)         CAROL E BABB         40.00         X         0.         205,270.         43,509.           (7)         CAROL E BABB         40.00         X         0.         161,893.         19,094.           (8)         PEGOY GIBSON         40.00         X         0.         161,893.         19,094.           (9)         ELIZABETH FUQDA         40.00         X         0.         140,634.         26,980.           (10) SARAH											
(1)         DELVECCHIO FINLEY         5.00         X         0.         2,063,458.         161,522.           PRESIDENT/CEO         39.00         X         0.         1,300,807.         66,370.           (3)         LUIS FONSECA         40.00         X         0.         1,300,807.         66,370.           (3)         LUIS FONSECA         40.00         X         0.         805,474.         54,332.           (4)         ROBERT C. WILDE         0.00         X         0.         805,474.         54,332.           (4)         ROBERT C. WILDE         0.00         X         0.         529,544.         0.           (5)         RIMBERLY SHREWSBURY         1.00         X         0.         205,270.         43,509.           (7)         CAROL E BABB         40.00         X         0.         205,270.         43,509.           (7)         CAROL E BABB         40.00         X         0.         161,893.         19,094.           (8)         PEGOY GIBSON         40.00         X         0.         161,893.         19,094.           (9)         ELIZABETH FUQDA         40.00         X         0.         140,634.         26,980.           (10) SARAH			lirecto								
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(1)         DELVECCHIO FINLEY         5.00         X         0.         2,063,458.         161,522.           PRESIDENT/CEO         39.00         X         0.         1,300,807.         66,370.           (3)         LUIS FONSECA         40.00         X         0.         1,300,807.         66,370.           (3)         LUIS FONSECA         40.00         X         0.         805,474.         54,332.           (4)         ROBERT C. WILDE         0.00         X         0.         805,474.         54,332.           (4)         ROBERT C. WILDE         0.00         X         0.         529,544.         0.           (5)         RIMBERLY SHREWSBURY         1.00         X         0.         205,270.         43,509.           (7)         CAROL E BABB         40.00         X         0.         205,270.         43,509.           (7)         CAROL E BABB         40.00         X         0.         161,893.         19,094.           (8)         PEGOY GIBSON         40.00         X         0.         161,893.         19,094.           (9)         ELIZABETH FUQDA         40.00         X         0.         140,634.         26,980.           (10) SARAH			truste	al trus		iyee	mper		-	1000 1120)	, and a second s
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(2)         KENNETH B. BANKS         1.00         X         0.1,300,807.         66,370.           (3)         LUIS FONSECA         40.00         X         0.805,474.         54,332.           (4)         ROBERT C. WIDE         0.00         X         0.805,474.         54,332.           (4)         ROBERT C. WIDE         0.00         X         0.529,544.         0.           (5)         KIMBERLY SHREWSBURY         1.00         X         0.466,428.         58,673.           (6)         NOEL DOLL         40.00         X         0.205,270.         43,509.           (7)         CAROL E BABB         40.00         X         0.153,923.         33,979.           (7)         CAROL E BABB         40.00         X         0.161,893.         19,094.           (9)         ELIZABETH FUQUA         40.00         X         0.161,893.         19,094.           (9)         SARAH HUMPHREY         40.00         X         0.140,634.         26,980.           (11)         SARAH HUMPHREY         40.00         X         0.140,634.         26,980.           (11)         SICHARDON         40.00         X         0.140,634.         26,980.           (12)         JANET HARR	(1) DELVECCHIO FINLEY										
SECRETARY         39.00         X         0.1,300,807.         66,370.           (3) LUIS FONSECA         40.00         X         0.805,474.         54,332.           (4) ROBERT C. WILDE         0.00         X         0.529,544.         0.           (5) KIMBERLY SHEWNBURY         1.00         X         0.466,428.         58,673.           (6) NOEL DOLL         40.00         X         0.205,270.         43,509.           (7) CARDIC E BABB         40.00         X         0.161,893.         19,094.           (7) CARDIC E BABB         40.00         X         0.161,893.         19,094.           (9) ELIZABETH FUQUA         40.00         X         0.161,893.         19,094.           (9) ELIZABETH FUQUA         40.00         X         0.161,893.         19,094.           (1) LOIS RICHARDSON         40.00         X         0.161,893.         19,094.           (1) SARAH HUMPHREY         40.00         X         0.164,222.         15,951.           (11) LOIS RICHARDSON         1.00         X         0.64,222.         15,951.           (12) JARE HARLSON         1.00         X         0.0.0.0.         0.0.0.           (11) LOIS RICHARDSON         1.00         0.0.0.0.         0.0.0.<	PRESIDENT/CEO				Х				0.	2,063,458.	161,522.
(3)         LUIS FONSECA         40.00         X         0.         805,474.         54,332.           (4)         ROBERT C. WILDE         0.00         X         0.         805,474.         54,332.           FORMER OFFICER         0.00         X         0.         529,544.         0.           FORMER OFFICER         0.00         X         0.         466,428.         58,673.           (6)         NOEL DOLL         40.00         X         0.         205,270.         43,509.           (7)         CAROL E BABB         40.00         X         0.         153,923.         33,979.           (8)         PEGOR GIBSON         40.00         X         0.         161,893.         19,094.           (9)         ELIZABETH FUQUA         40.00         X         0.         155,033.         17,385.           (10)         SARAH HUMPHREY         40.00         X         0.         64,222.         15,951.           (11)         LOS RICHARDSON         40.00         X         0.         64,222.         15,951.           (12)         JANET HARTISON         0.00         X         0.         0.         0.           (11)         LOS RICHARDSON         40.0	(2) KENNETH B. BANKS										
PRE HOSP/CLINICS         0.00         X         0.         805,474.         54,332.           (4) ROBERT C. WILDE         0.00         X         0.         529,544.         0.           FORMER OFFICER         0.00         X         0.         466,428.         58,673.           (5) KIMBERLY SHREWSBURY         1.00         X         0.         466,428.         58,673.           (6) NOEL DOLL         40.00         X         0.         205,270.         43,509.           (7) CAROL E BABB         40.00         X         0.         153,923.         33,979.           (8) PEGGY GIBSON         40.00         X         0.         161,893.         19,094.           (9) ELIZABETH FUQUA         40.00         X         0.         155,033.         17,385.           (10) SARAH HUMPHREY         40.00         X         0.         140,634.         26,980.           NURSE DIRECTOR SNU         0.00         X         0.         64,222.         15,951.           (11) JASH HUMPHREY         40.00         X         0.         64,222.         15,951.           NURSE DIRECTOR SNU         0.00         X         0.         0.         0.           NURSE DIRECTOR SNU         0.	SECRETARY				Х				0.	1,300,807.	66,370.
(4) ROBERT C. WILDE       0.00       X       0.529,544.       0.         (5) KIMBERLY SHRWSBURY       1.00       X       0.529,544.       0.         (6) NOEL DOLL       40.00       X       0.466,428.       58,673.         (6) NOEL DOLL       40.00       X       0.205,270.       43,509.         (7) CAROL E BABB       40.00       X       0.153,923.       33,979.         (8) PEGGY GIBSON       40.00       X       0.161,893.       19,094.         (9) ELIZABETH FUQUA       40.00       X       0.161,893.       19,094.         (9) ELIZABETH FUQUA       40.00       X       0.161,893.       19,094.         (11) LOIS RICHARDSON       40.00       X       0.161,893.       19,094.         (11) LOIS RICHARDSON       40.00       X       0.140,634.       26,980.         (11) LOIS RICHARDSON       40.00       X       0.64,222.       15,951.         (12) JANET HARRISON       1.00       X       0.00.       0.0.       0.         BOARD MEMBER (TO 12/31/23)       0.00       X       0.0.       0.       0.         (13) LISA SHINHOLSTER       1.00       X       0.0.       0.       0.       0.         BOARD MEMBER (TO 1	(3) LUIS FONSECA										
FORMER OFFICER         0.00         X         0.         529,544.         0.           (5)         KIMBERLY SHREWSBURY         1.00         X         0.         466,428.         58,673.           (6)         NOL DOL         40.00         X         0.         205,270.         43,509.           DIRECTOR PHARMACY         0.00         X         0.         205,270.         43,509.           (7)         CAROL E BABB         40.00         X         0.         153,923.         33,979.           (8)         PEGGY GIBSON         40.00         X         0.         161,893.         19,094.           (9)         ELIZABETH FUQUA         40.00         X         0.         155,033.         17,385.           (10)         SARAH HUMPHREY         40.00         X         0.         140,634.         26,980.           (11)         LOIS RICHARDSON         40.00         X         0.         64,222.         15,951.           (12)         JANEE DIRECTOR SNU         0.000         X         0.         64,222.         15,951.           (13)         LISA SHINHOLSTER         1.00         DEADE MEMBER (TO 12/31/23)         0.000         X         0.         0.	PRE HOSP/CLINICS				Х				0.	805,474.	54,332.
(5)       KIMBERLY SHREWSBURY       1.00       X       0.466,428.58,673.         (6)       NOEL DOLL       40.00       X       0.205,270.43,509.         (7)       CAROL E BABB       40.00       X       0.153,923.33,979.         (7)       CAROL E BABB       40.00       X       0.161,893.19,094.         (8)       PEGGY GIBSON       40.00       X       0.161,893.19,094.         (9)       ELIZABETH FUQUA       40.00       X       0.161,893.19,094.         (10)       SARAH HUMPHREY       40.00       X       0.155,033.17,385.         (10)       SARAH HUMPHREY       40.00       X       0.140,634.26,980.         (11)       LIST RICHARDSON       40.00       X       0.64,222.15,951.         (12)       JANET HARISON       1.00       X       0.64,222.15,951.         (13)       LIST SHITHOLSTER       1.00       X       0.0.0.0.         BOARD MEMBER (TO 12/31/23)       0.00       X       0.0.0.0.       0.0.0.         OKALD MEMBER (TO 12/31/23)       0.00       X       0.0.0.0.       0.0.0.         BOARD MEMBER (TO 12/31/23)       0.00       X       0.0.0.0.       0.0.0.         UTE CHAIR       0.000       X       0.0	(4) ROBERT C. WILDE										
TREASURER         39.00         X         0.         466,428.         58,673.           (6) NOEL DOLL         40.00         X         0.205,270.         43,509.           (7) CAROL E BABB         40.00         X         0.153,923.         33,979.           (7) CAROL E BABB         40.00         X         0.153,923.         33,979.           (8) PEGGY GIBSON         40.00         X         0.161,893.         19,094.           (9) ELIZABETH FUQUA         40.00         X         0.155,033.         17,385.           (10) SARAH HUMPHREY         40.00         X         0.1440,634.         26,980.           (11) LOTS RICHARDSON         40.00         X         0.1440,634.         26,980.           (11) LOTS RICHARDSON         40.00         X         0.64,222.         15,951.           (12) JANET HARRISON         1.00         X         0.64,222.         15,951.           (12) JANET HARRISON         1.00         X         0.0.0.0.         0.0.0.           (13) LISA SHINHOLSTER         1.00         X         0.0.0.0.         0.0.0.           (14) LUCRETIA COLEMAN, MD         1.00         X         0.0.0.0.         0.0.           (15) MOLLIE THOMAS         1.00         X	FORMER OFFICER							Х	0.	529,544.	0.
(6) NOEL DOLL       40.00       X       0.205,270.43,509.         (7) CAROL E BABB       40.00       X       0.153,923.33,979.         (8) PEGGY GIBSON       40.00       X       0.161,893.19,094.         (9) ELIZABETH FUQUA       40.00       X       0.161,893.19,094.         (10) SARAH HUMPHREY       40.00       X       0.155,033.17,385.         (11) LOIS RICHARDSON       40.00       X       0.140,634.26,980.         (11) LOIS RICHARDSON       40.00       X       0.64,222.15,951.         (12) JANET HARRISON       1.00       0.00       X       0.0.0.0.0.         (11) LOIS RICHARDSON       1.00       0.00       0.0.0.0.0.0.0.0.       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(5) KIMBERLY SHREWSBURY										
DIRECTOR PHARMACY         0.00         X         0.205,270.         43,509.           (7) CAROL E BABB         40.00         X         0.153,923.         33,979.           (8) PEGGY GIBSON         40.00         X         0.161,893.         19,094.           (9) ELIZABETH FUQUA         40.00         X         0.161,893.         19,094.           (9) ELIZABETH FUQUA         40.00         X         0.155,033.         17,385.           (10) SARAH HUPHREY         40.00         X         0.140,634.         26,980.           (11) LOIS RICHARDSON         40.00         X         0.64,222.         15,951.           (12) JANET HARRISON         1.00         X         0.64,222.         15,951.           (12) JANET HARRISON         1.00         X         0.00.         0.0.           BOARD MEMBER (TO 12/31/23)         0.00         X         0.00.         0.           (14) LUCRETIA COLEMAN, MD         1.00         X         0.0.         0.         0.           (15) MOLLIE THOMAS         1.00         X         0.00.         0.         0.         0.           (14) LUCRETIA COLEMAN, MD         1.00         X         0.0.         0.         0.         0.             (15) MO	TREASURER				Х				0.	466,428.	58,673.
(7) CAROL E BABB       40.00       X       0.153,923.33,979.         (8) PEGGY GIBSON       40.00       X       0.153,923.33,979.         (8) PEGGY GIBSON       40.00       X       0.161,893.19,094.         (9) ELIZABETH FUQUA       40.00       X       0.161,893.19,094.         (10) SARAH HUMPHREY       40.00       X       0.155,033.17,385.         (11) LOIS RICHARDSON       40.00       X       0.140,634.26,980.         (11) LOIS RICHARDSON       40.00       X       0.64,222.15,951.         (12) JANET HARRISON       1.00       X       0.00       0.00.0.         BOARD MEMBER (TO 12/31/23)       0.00 X       0.00       0.00.0.       0.00.0.         (14) LUCRETIA COLEMAN, MD       1.00       0.00 X       0.00.0.       0.00.0.         (15) MOLLIE THOMAS       1.00       X       0.00.0.       0.0.       0.0.         (16) PATRICE BODDIE, MD       1.00       X       0.0.0.       0.0.       0.0.       0.0.         (16) PATRICE HOMAS       0.000 X       0.000 X       0.0.       0.0.       0.0.       0.0.         (16) PATRICE BODDIE, MD       1.00       0.000 X       0.0.       0.0.       0.0.       0.0.         BOARD MEMBER <td< td=""><td>(6) NOEL DOLL</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(6) NOEL DOLL										
PHARMACIST         0.00         X         0.153,923.         33,979.           (8) PEGGY GIBSON         40.00         X         0.161,893.         19,094.           (9) ELIZABETH FUQUA         40.00         X         0.161,893.         19,094.           (9) ELIZABETH FUQUA         40.00         X         0.155,033.         17,385.           (10) SARAH HUMPHREY         0.00         X         0.140,634.         26,980.           (11) LOIS RICHARDSON         40.00         X         0.64,222.         15,951.           (12) JANET HARRISON         1.00         X         0.64,222.         15,951.           (13) LISA SHINHOLSTER         1.00         X         0.0.0.0.         0.0.0.           BOARD MEMBER (TO 12/31/23)         0.000 X         0.0.0.0.0.         0.0.0.0.           (14) LUCRETIA COLEMAN, MD         1.00         X         0.0.0.0.0.         0.0.0.0.           (14) LUCRETIA COLEMAN, MD         1.00         X         0.0.0.0.0.0.0.         0.0.0.0.0.0.           (15) MOLLIE THOMAS         1.00         X         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	DIRECTOR PHARMACY						X		0.	205,270.	43,509.
(8)         PEGGY GIBSON         40.00         X         0.161,893.         19,094.           (9)         ELIZABETH FUQUA         40.00         X         0.161,893.         19,094.           (9)         ELIZABETH FUQUA         40.00         X         0.155,033.         17,385.           (10)         SARAH HUMPHREY         40.00         X         0.140,634.         26,980.           (11)         LOIS RICHARDSON         40.00         X         0.140,634.         26,980.           (11)         LOIS RICHARDSON         40.00         X         0.64,222.         15,951.           (12)         JANET HARRISON         1.00         X         0.00.0.         0.00           BOARD MEMBER (TO 12/31/23)         0.000         X         0.00.0.         0.00           (13)         LISA SHINHOLSTER         1.00         0.00         0.00.0.         0.00.0.           BOARD MEMBER (TO 12/31/23)         0.000         X         0.00.0.0.         0.00.0.         0.00.0.           (14)         LUCRETIA COLEMAN, MD         1.000         X         0.0.0.0.         0.0.0.           (15)         MOLLIE THOMAS         1.000         X         0.0.0.0.         0.0.0.         0.0.0.	(7) CAROL E BABB										
OVERHOUSE SPRVSR         0.00         X         0.161,893.         19,094.           (9) ELIZABETH FUQUA         40.00         X         0.155,033.         17,385.           (10) SARAH HUMPHREY         40.00         X         0.140,634.         26,980.           (11) LOIS RICHARDSON         40.00         X         0.64,222.         15,951.           (11) LOIS RICHARDSON         40.00         X         0.64,222.         15,951.           (12) JANET HARRISON         1.00         X         0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	PHARMACIST						X		0.	153,923.	33,979.
(9)       ELIZABETH FUQUA       40.00       X       0.       155,033.       17,385.         (10)       SARAH HUMPHREY       40.00       X       0.       140,634.       26,980.         (11)       LOIS RICHARDSON       40.00       X       0.       140,634.       26,980.         (11)       LOIS RICHARDSON       40.00       X       0.       0.       64,222.       15,951.         (12)       JANET HARRISON       1.00       X       0.       0.       0.       0.         BOARD MEMBER (TO 12/31/23)       0.00       X       0.       0.       0.       0.       0.         BOARD MEMBER (TO 12/31/23)       0.00       X       0.       0.       0.       0.       0.       0.       0.         (14)       LUCRETIA COLEMAN, MD       1.00       X       X       0.	(8) PEGGY GIBSON										
CH NURSE OFF         0.00         X         0.         155,033.         17,385.           (10) SARAH HUMPHREY         40.00         X         0.         140,634.         26,980.           NURSE DIRECTOR SNU         0.00         X         0.         140,634.         26,980.           (11) LOIS RICHARDSON         40.00         X         0.         64,222.         15,951.           (12) JANET HARRISON         1.00         X         0.         0.         0.           BOARD MEMBER (TO 12/31/23)         0.00 X         X         0.         0.         0.           BOARD MEMBER (TO 12/31/23)         0.00 X         X         0.         0.         0.           BOARD MEMBER (TO 12/31/23)         0.00 X         X         0.         0.         0.           (14) LUCRETIA COLEMAN, MD         1.00         X         0.         0.         0.           (15) MOLLIE THOMAS         1.00         X         0.         0.         0.         0.           VICE CHAIR         0.000 X         X         0.         0.         0.         0.         0.           BOARD MEMBER         0.000 X         X         0.         0.         0.         0.         0.	OVERHOUSE SPRVSR						X		0.	161,893.	19,094.
(10) SARAH HUMPHREY       40.00       X       0.140,634.       26,980.         NURSE DIRECTOR SNU       0.00       X       0.140,634.       26,980.         (11) LOIS RICHARDSON       40.00       X       0.64,222.       15,951.         ASST SECRETARY       0.00       X       0.64,222.       15,951.         (12) JANET HARRISON       1.00       0.00       X       0.00.0.         BOARD MEMBER (TO 12/31/23)       0.000       X       0.00.0.       0.00.0.         (13) LISA SHINHOLSTER       1.00       0.00       0.00.0.       0.00.0.         BOARD MEMBER (TO 12/31/23)       0.000       X       0.00.0.       0.00.0.         (14) LUCRETIA COLEMAN, MD       1.00       0.00.0.       0.00.0.       0.00.0.         (15) MOLLIE THOMAS       1.00       0.00.0.       0.00.0.       0.00.0.         VICE CHAIR       0.000       X       0.00.0.       0.0.0.         (16) PATRICE BODDIE, MD       1.00       0.00.0.       0.00.0.       0.0.         BOARD MEMBER       0.000       X       0.0.0.       0.0.       0.0.         BOARD MEMBER       0.000       X       0.0.0.       0.0.       0.0.	(9) ELIZABETH FUQUA										
NURSE DIRECTOR SNU         0.00         X         0.140,634.         26,980.           (11) LOIS RICHARDSON         40.00         X         0.64,222.         15,951.           ASST SECRETARY         0.00         X         0.64,222.         15,951.           (12) JANET HARRISON         1.00          0.00         X         0.00.0.           BOARD MEMBER (TO 12/31/23)         0.000 X         0.00         0.00.0.         0.00.0.           (14) LUCRETIA COLEMAN, MD         1.00          0.00.0.         0.00.0.           (14) LUCRETIA COLEMAN, MD         1.00          0.00.0.         0.00.0.           (15) MOLLIE THOMAS         1.00          0.00.0.         0.0.0.           VICE CHAIR         0.000 X         X         0.0.0.0.         0.0.           BOARD MEMBER         1.00          0.00.0.         0.0.           VICE CHAIR         0.000 X         X         0.0.0.         0.0.           BOARD MEMBER         0.000 X         0.0.0.         0.0.         0.0.           (16) PATRICE BODDIE, MD         1.00          0.0.0.         0.0.         0.0.           BOARD MEMBER         0.000 X         0.0.0.         0.0.0. </td <td>CH NURSE OFF</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>0.</td> <td>155,033.</td> <td>17,385.</td>	CH NURSE OFF						X		0.	155,033.	17,385.
(11) LOIS RICHARDSON       40.00       x       0.64,222.       15,951.         ASST SECRETARY       0.00       x       0.64,222.       15,951.         (12) JANET HARRISON       1.00       x       0.00.0.       0.0.0.         BOARD MEMBER (TO 12/31/23)       0.00       x       0.00.0.       0.0.         (14) LUCRETIA COLEMAN, MD       1.00       0.00.0.       0.0.       0.0.         CHAIR       0.000       x       x       0.0.       0.0.         VICE CHAIR       0.000       x       x       0.0.       0.0.         BOARD MEMBER       0.000       x       0.0.       0.0.       0.         BOARD MEMBER       0.000       x       0.0.       0.0.       0.         (16) PATRICE BODDIE, MD       1.00       0.0.       0.       0.       0.         BOARD MEMBER       0.000       X       0.0.       0.       0.         BOARD MEMBER       0.000	(10) SARAH HUMPHREY										
ASST SECRETARY       0.00       X       0.64,222.       15,951.         (12) JANET HARRISON       1.00       0.00 X       0.0.0.0.       0.0.0.         BOARD MEMBER (TO 12/31/23)       0.00 X       0.00.0.       0.0.0.       0.0.0.         (13) LISA SHINHOLSTER       1.00       0.00 X       0.00.0.       0.0.0.         BOARD MEMBER (TO 12/31/23)       0.00 X       0.00.0.       0.0.0.       0.0.         (14) LUCRETIA COLEMAN, MD       1.00       0.00.0.       0.0.0.       0.0.       0.0.         CHAIR       0.000 X       X       0.0.0.0.       0.0.       0.       0.         (15) MOLLIE THOMAS       1.00       0.000 X       X       0.0.00.       0.       0.         VICE CHAIR       0.000 X       X       0.0.0.0.       0.       0.       0.       0.         BOARD MEMBER       0.000 X       X       0.0.0.       0.       0.       0.       0.         (16) PATRICE BODDIE, MD       1.00       0.000 X       0.0.00.       0.       0.       0.       0.         BOARD MEMBER       0.000 X       0.000 X       0.000.       0.       0.       0.       0.							X		0.	140,634.	26,980.
(12) JANET HARRISON       1.00         BOARD MEMBER (TO 12/31/23)       0.00 X       0.00 C         (13) LISA SHINHOLSTER       1.00         BOARD MEMBER (TO 12/31/23)       0.00 X       0.00 C         BOARD MEMBER (TO 12/31/23)       0.00 X       0.00 C         (14) LUCRETIA COLEMAN, MD       1.00       0.00 X         CHAIR       0.00 X       0.00 C         (15) MOLLIE THOMAS       1.00       0.00 C         VICE CHAIR       0.00 X       0.00 C         (16) PATRICE BODDIE, MD       1.00       0.00 C         BOARD MEMBER       0.00 X       0.00 C         (17) TORRENCE THOMAS       1.00       0.00 C         BOARD MEMBER       0.000 X       0.00 C	(11) LOIS RICHARDSON										
BOARD MEMBER (TO 12/31/23)         O.OO         X         O.         O. <t< td=""><td>ASST SECRETARY</td><td></td><td></td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>64,222.</td><td>15,951.</td></t<>	ASST SECRETARY				Х				0.	64,222.	15,951.
(13) LISA SHINHOLSTER       1.00       0.00 X       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(12) JANET HARRISON										
BOARD MEMBER (TO 12/31/23)       0.00 X       0.00 X       0.00       0.00       0.00         (14) LUCRETIA COLEMAN, MD       1.00       1.00       0.00       0.00       0.00       0.00         CHAIR       0.000 X       X       0.00       0.00       0.00       0.00         (15) MOLLIE THOMAS       1.00       0.000 X       X       0.00       0.00       0.00         VICE CHAIR       0.000 X       X       0.00       0.00       0.00       0.00         (16) PATRICE BODDIE, MD       1.00       0.000       0.00       0.00       0.00       0.00         BOARD MEMBER       0.000 X       0.00       0.00       0.00       0.00       0.00         BOARD MEMBER       0.000 X       0.000       0.00       0.00       0.00       0.00			Х						0.	0.	0.
(14) LUCRETIA COLEMAN, MD       1.00       0.00	(13) LISA SHINHOLSTER										
CHAIR         0.00         X         X         0.			Х						0.	0.	0.
(15) MOLLIE THOMAS       1.00       X       X       0.00       0.00         VICE CHAIR       0.000       X       X       0.00       0.00       0.00         (16) PATRICE BODDIE, MD       1.00       0.000       X       0.00       0.00       0.00         BOARD MEMBER       0.000       X       0.00       0.00       0.00       0.00         BOARD MEMBER       0.000       X       0.00       0.00       0.00       0.00											
VICE CHAIR         0.00         X         X         0.	CHAIR		Х		Х				0.	0.	0.
(16) PATRICE BODDIE, MD       1.00         BOARD MEMBER       0.000 X         (17) TORRENCE THOMAS       1.00         BOARD MEMBER       0.000 X	(15) MOLLIE THOMAS										
BOARD MEMBER         0.00 X         0. 0. 0.         0.<			Х		Х				0.	0.	0.
(17) TORRENCE THOMAS         1.00         0.00<	·										
BOARD MEMBER 0.00 X 0. 0. 0.			Х						0.	0.	0.
	BOARD MEMBER	0.00	Х						0.	0.	

332007 12-21-23

Form 990 (2023)

8

Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghest	C		,	
(A) Name and title	Name and title Average hours per week			heck i ss per	ition more f rson is	than or s both r/truste	an	Reportable Reportable compensation		(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest com pensated employee	Former	organization (W-2/10	99-MISC/ 9-NEC) c	ompensation from the organization and related rganizations
		-								
		-								
1b Subtotal								0.6,04	<u>6,686.</u> 4 0.	<u>97,795.</u> 0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)									-	97,795.
2 Total number of individuals (including but r							o re	ceived more than \$100,000 of rep		
compensation from the organization										42 Yes No
<b>3</b> Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>			-	•					3	
4 For any individual listed on line 1a, is the s	um of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from the organiz	ation	
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>	,									
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedule	e J fo	or su	ich r	oerso	on			5	X
1 Complete this table for your five highest co	mpensated ind	leper	nder	nt co	ontra	actors	s th	nat received more than \$100,000 c	of compensation	from
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg w	ith o	or wit	hin T			
(A) Name and business	address							(B) Description of services	Com	(C) pensation
GREENLAND ANESTHESIA MGMT LLC, 1765 E NINE MILE RD, STE 1-229, PENSACOLA, FL 32514 ANESTHESIA SERVICES								ES 2,3	55,682.	
QUANTUM HC		~ 1	2	1 0	0.1					20.202
777 HEMLOCK ST MSC #104, HEALTHCARE WORKFORCE LOG				12	01		_	RECRUITING SERVIC		30,383.
PO BOX 860573, MINNEAPOL								HEALTHCARE		37,588.
AYA HEALTHCARE INC								CONTRACT SERVICES	-	
PO BOX 123519, DALLAS, TX MORRISON MANAGEMENT SPEC		TN	C				_	HEALTHCARE SERVIC		<u>65,330.</u>
PO BOX 102289, ATLANTA,			~					- FOOD SERVICES		93,016.
2 Total number of independent contractors (	-	ot lin	nited	to			ed	above) who received more than		
\$100,000 of compensation from the organi	zation				19	,				

332008 12-21-23

Form 990 (2023)

Form	n 990	0 (2	2023) NAVICENT HEAL	TH BALDW	IN, INC.		82-3914	925 Page <b>9</b>
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII	(B)	(-)	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue		<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Åmc Amc		с	Fundraising events 1c					
ar /		d	Related organizations 1d					
s, C		е	Government grants (contributions) 1e	1,450,000.				
tion Si		f	All other contributions, gifts, grants, and					
ibut			similar amounts not included above 1f	878,886.				
ntr d O		g	Noncash contributions included in lines 1a-1f					
a C		h	Total. Add lines 1a-1f		2,328,886.			
				Business Code				
e	2		PATIENT REVENUE	621990	68,660,095.			
ervi		b	DIETARY REVENUE	621990	8,287.	8,287.		
n Sí		С						
Program Service Revenue		d						
rog		e						
с.			All other program service revenue					
		g	Total. Add lines 2a-2f		68,668,382.			
	3		Investment income (including dividends, inter- other similar amounts)		28,110.			28,110.
	4		other similar amounts) Income from investment of tax-exempt bond p		20,110.			
	- 5		Royalties					
	3		(i) Real	(ii) Personal				
	6	а	Gross rents					
	Ŭ		Less: rental expenses 6b 0.					
			Rental income or (loss) 6c 248,702					
			Net rental income or (loss)		248,702.			248,702.
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
evenue		С	Gain or (loss) 7c					
Other Re			Net gain or (loss)					
Oth	•	-	including \$ of					
			contributions reported on line 1c). See					
		h	Part IV, line 18 8a Less: direct expenses 8t					
			Net income or (loss) from fundraising events	<b>,</b>				
			Gross income from gaming activities. See					
	5	-	Part IV, line 19					
		b	Less: direct expenses 9t					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances <u>10</u>	a				
		b	Less: cost of goods sold					
			Net income or (loss) from sales of inventory					
<i>(</i> )				Business Code				
sno	11	а	OPERATING OTHER	900099	50,420.	50,420.		
Miscellaneous Revenue		b						
Sella		с						
Misc B		d	All other revenue					
~		е	Total. Add lines 11a-11d		50,420.			
	12		Total revenue. See instructions		71,324,500.	68718802.	0.	276,812.
33200	9 12-	21-	23					Form <b>990</b> (2023

NAVICENT HEALTH BALDWIN, INC.

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82-3914925 Page 9

NAVICENT HEALTH BALDWIN, Part IX Statement of Functional Expenses

Do i	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,165,506.	1,921,297.	244,209.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,489,550.	17,291,671.	2,197,879.	
8	Pension plan accruals and contributions (include		/		
	section 401(k) and 403(b) employer contributions)	558,299.	495,338.	62,961.	
9	Other employee benefits	3,407,170.	3,022,936.	384,234.	
10	Payroll taxes	1,500,883.	1,331,625.	169,258.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,824.	2,824.		
С	Accounting	94,649.		25,988.	
	Lobbying	3,066.	3,066.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)		15,704,685.	5,944,098.	
12	Advertising and promotion	859.	623.	236.	
13	Office expenses	191,200.		27,355.	
14	Information technology	2,034,380.	1,743,325.	291,055.	
15	Royalties	2 (22 1 ( (	2 1 2 4 2 2 5	<b>E10 000</b>	
16	Occupancy	3,623,166.	3,104,806.	518,360.	
17	Travel	14,062.	12,050.	2,012.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$			1	
19	Conferences, conventions, and meetings	9,727.	8,335.	1,392.	
20	Interest	972,665.	633,205.	339,460.	
21	Payments to affiliates	0 004 455		000 100	
22	Depreciation, depletion, and amortization	2,384,475.	1,552,293.	832,182.	
23	Insurance	13,709.	11,748.	1,961.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MEDICAL SUPPLIES	9,639,827.	9,639,827.		
h	BAD DEBT EXPENSE	8,251,097.	8,251,097.		
0	PROVIDER TAX	748,188.	748,188.		
d	OTHER SUPPLIES	200,325.	171,665.	28,660.	
	All other expenses	13,814.	11,865.	1,949.	
е 25	Total functional expenses. Add lines 1 through 24e	76,968,224.	65,894,975.	11,073,249.	0
. <u>5</u> 26	<b>Joint costs.</b> Complete this line only if the organization			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

11

INC.

14151119 144811 NHBALD

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

Form 990 (2023)

			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	250,397.	1	201,425.
	2	Savings and temporary cash investments	23073374	2	201/1230
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	13,545,436.	4	14,111,126.
	5	Loans and other receivables from any current or former officer, director,	10/010/1000		
	ľ	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,947,351.	8	1,995,093.
As	9	Prepaid expenses and deferred charges	56,439.	9	153,202.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 31,625,058.			
	b	Less: accumulated depreciation 10b 12,954,990.	18,171,523.	10c	18,670,068.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	352,500.	15	251,273.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	34,323,646.	16	35,382,187.
	17	Accounts payable and accrued expenses	3,273,534.	17	2,634,474.
	18	Grants payable		18	
	19	Deferred revenue	545,426.	19	960,274.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	1 - 000 000	23	
	24	Unsecured notes and loans payable to unrelated third parties	15,000,000.	24	15,000,000.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			12 006 562
		of Schedule D	25,779,046.	25	<u>13,886,563.</u> 32,481,311.
	26	Total liabilities. Add lines 17 through 25         Organizations that follow FASB ASC 958, check here       X	25,779,040.	26	52,401,511.
S		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
nce	07		8,544,600.	27	2,900,876.
ala	27 28	Net assets without donor restrictions Net assets with donor restrictions	0,544,000:	28	2,500,0701
Б	20	Organizations that do not follow FASB ASC 958, check here		20	
ЦЦ		and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	8,544,600.	32	2,900,876.
Z	33	Total liabilities and net assets/fund balances	34,323,646.	33	35,382,187.

Form 990 (2023)

Form	1990 (2023) NAVICENT HEALTH BALDWIN, INC.	82-	3914925	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	71,324		
2	Total expenses (must equal Part IX, column (A), line 25)	2	76,968		
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,643		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,544	1,6	00.
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,900	),8'	76.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х	
				000	

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

#### Name of the organization

Nan	ame of the organization Employer identification nur								
_				H BALDWIN, I					2-3914925
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)				
3	X	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Illy receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	oort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section &	509(a)(3). (	Check the box on
		lines 12a through 12d that	describes the type or	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	-	-	•	-			
		the supported organization	on(s) the power to req	gularly appoint or elect a	i majority c	of the direc	tors or trustee	es of the su	Ipporting
		organization. You must o	-						
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organization	n(s), by hav	ving
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	-						
С		Type III functionally inte						ly integrate	d with,
	_	its supported organization		-					
d		Type III non-functionally						-	
		that is not functionally int	•	• •	•		•	an attentiv	/eness
	_	requirement (see instructi	,	•					
е		Check this box if the orga					Туре I, Туре	II, Type III	
_		functionally integrated, or		hally integrated supporti	ng organiz	ation.			[
f		er the number of supported o	•						
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	``	organization	(,	(described on lines 1-10	in your governi	ng document?	support (see ir	3	support (see instructions)
				above (see instructions))	Yes	No		· ·	
Tota	al								

Schedule	A (Form 990)	) 2023
Part II	Suppor	t Sc

NAVICENT HEALTH BALDWIN, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support	1	1	1	-	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	ohere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	<b>ere.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or <sup>-</sup>	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and <b>s</b>	<b>stop here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a publicly	y supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2023

332022 12-21-23

(Form 990)	or Organization		

NAVICENT HEALTH BALDWIN, INC.

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		-	-	-	-	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	6 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses	\$					
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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.)						
<b>14 First 5 years.</b> If the Form 990 is for	the organization's f	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
check this box and stop here		-				
Section C. Computation of Pub	lic Support Per	rcentage				
<b>15</b> Public support percentage for 2023	(line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2						%
<b>18</b> Investment income percentage from						%
19a 33 1/3% support tests - 2023. If th						ine 17 is not
more than 33 1/3%, check this box a	-	-				
b 33 1/3% support tests - 2022. If th	-					
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in		
332023 12-21-23		16			Sched	lule A (Form 990) 2023
		10	,			

NAVICENT HEALTH BALDWIN, INC.

1

Yes No

#### Part IV | Supporting Organizations

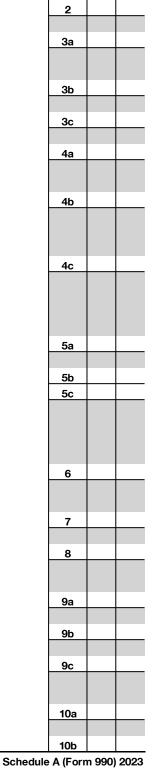
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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#### NAVICENT HEALTH BALDWIN, INC.

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Yes No

Yes No

Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	1	
b	A family member of a person described on line 11a above? 11	1	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 110	:	
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (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 officers, directors, or trustees were allocated among the
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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

Supervis	seu. or control	lieu lite suppor	ung organization.	
Section C.	Type II Su	pporting O	rganizations	

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

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 on line 2, above, 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

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- 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. h

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

Schedule A (Form 990) 2023

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All other Type III non-functionally integrated supporting organizations must complete Sections A through E.       (B) Current Year         Section A - Adjusted Net Income       (A) Prior Year       (B) Current Year         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 ogross income for management, conservation, or maintenance of prosent, conservation, or maintenance of prosent, conservation, or maintenance of prosent, conservation, or (cptional)       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 (cptional)         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         a Average monthly value of sourtlese       1a       b         b Average monthly cash balances       1b       cptional         c Total (add lines 1, 1, 0, and 1c)       1d       cetter and the for exempt-use assets         c Acquisition indebtediness applicable to non-exempt-use assets       2       cash deemed held for exempt use. Enter 0.01	1					
Section A - Aquisted Net Income       (A) Prior Year       (optional)         1       Net short term capital gain       1       (optional)         2       Recoveries of prior-year distributions       2       (optional)         3       Other gross income (see instructions)       3       4         4       Add lines 1 through 3.       4       (optional)         5       Depreciation and depletion       5       (optional)         6       Portion of operating expenses paid or incurred for production or collection of gross income of for management, conservation, or maintenance of property held for production or income (see instructions)       6         7       Other expenses (see instructions)       7       8         8       Adjusted Net Income (subtract lines 5, e, and 7 from line 4)       8       (e) 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       (at additional table of the part of year):         a       Average monthly value of securities       1a       (b       (cptional)         6       Pair market value of other non-exempt use assets       1c       (ct)       (cptional)         a       Average monthly cash balances       1b       (ct)       (cptional)         6 <th></th> <th>All other Type III non-functionally integrated supporting organizations m</th> <th>ust complete</th> <th>Sections A through E.</th> <th></th>		All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.		
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 of tor management, conservation, or maintenance of property held for production of lincome (see instructions)       6         7       Other expenses (see instructions)       7       8         8       Adjusted Net Income of the management, conservation, or collection so is short tax year or assets held for part of year):       7       8         a       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8       (fi) Current Year (optional)         1       Aggregate fair market value of all non-exemptuse assets (see instructions for short tax year or assets held for part of year):       1a       b         a       Average monthly cash balances       1b       c       c         b       Average monthly cash balances       1b       c       c         c       Add lines 1a, 1b, and 10)       1d       d       d         0       Discount claimed for blockage or other factors (explain in delail in Part VI):       2       2       2         2       Acquisition indebtachees applicable to no	Sect	ion A - Adjusted Net Income		(A) Prior Year		
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 properly held for production of income (see instructions)       6         7       Other expenses (see instructions) for Other expenses (see instructions) for Other expenses (see instructions) for the expenses (see instructions) for other expenses (see instructions) for the expenses (see instructions for short kay sear or assets held for part of year):       7         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         9       Section B - Minimum Asset Amount       (A) Prior Year         1       Aggregate fair market value of all non-exempt use assets (see instructions for short kay sear or assets held for part of year):       1         a Average monthly value of securities       1a       1a       1a         b Average monthly cash balances       1b       1c       1d         c Fair market value of other non-exempt use assets       1c       1d       1d         e Discourt claimed for blockage or other factors       2       3       3         2       Acquisition indebtedness applicable to non-exempt use assets       2       3       3	1	Net short-term capital gain	1			
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)       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):       1a         a       Average monthy value of securities       1a         b       Average monthy cash balances       1b         c       Fair market value of other non-exempt-use assets       1c         d       Total (add lines 1a, 1b, and 1c)       1d         e       Discourcial in detail in Part VI):       2         2       Acquisition indetbedness applicable to non-exempt-use assets       2         3       Subtract line 2 from line 1d.       3         4       Cash deerned held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       5	2	Recoveries of prior-year distributions	2			
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 productions)       6         7       Other expenses (see instructions)       6         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Section B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1       Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1         a Average monthly value of securities       1a       (A) Prior Year       (B) Current Year (optional)         1       Aggregate fair market value of other non-exempt-use assets       1a       (A) Prior Year       (B) Current Year (optional)         2       Average monthly cash balances       1b       (C) Prior Year       (D) Current Year (optional)         2       Average monthly value of securities       1a       (A) Prior Year       (D) Current Year (optional)         4       D Average monthly value of securities       1a       (A) Prior Year       (D) Current Year (optional)         4       D Average monthly value of securities       1a       (A) Prior Year       (D) Current Year         2       Acquisition indebtedness applic	3	Other gross income (see instructions)	3			
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):       1a         a       Average monthly value of securities       1a         b       Average monthly value of securities       1b         c       Fair market value of other non-exempt-use assets       1c         d       Total (add lines 1a, 1b, and 1c)       1d         explain in detail in Part VI):       2       2         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 assets (subtract line 4 from line 3)       5         6       Multiply line 5 by 0.035.       6         7       Recoveries of prior-year distributions       7         8       Minimum Asset Amount       Current Year	4	Add lines 1 through 3.	4			
collection of gross income or for management, conservation, or       6         7       Other expenses (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):       1a         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 Discourt 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       Section C - Distributable Amount (add line 7 to line 6)       8           5       Net value of non-exempt use section A, line 8, column A)       1           6       Multiply line 5 by 0.035.       6	5	Depreciation and depletion	5			
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):       1a         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       2         (add lines 1a, 1b, and 1c)       1d       2         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 0.015 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 0.035.       6         7       Reacveries of prior-year distributions	6	Portion of operating expenses paid or incurred for production or				
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):       1a         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         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 0.015 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 0.035.       6         7       Recoverises of prioryear distributions       7         8       Multiply line 5 by 0.035.       7         7       Recoverises of prioryear distributions <td></td> <td>collection of gross income or for management, conservation, or</td> <td></td> <td></td> <td></td>		collection of gross income or for management, conservation, or				
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):       1a         a       Average monthly value of securities       1a         b       Average monthly value of securities       1a         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         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 0.015 of line 3 (for greater amount, see instructions).       5         5       Net value of non-exempt use assets (subtract line 4 from line 3)       5         6       Multipy line 5 by 0.035.       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         1       Adjusted		maintenance of property held for production of income (see instructions)	6			
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):       1a       (A) Prior Year         a       Average monthly value of securities       1a       (A) Prior Year       (B) Current Year (optional)         a       Average monthly value of securities       1a       (A) Prior Year       (B) Current Year (optional)         a       Average monthly value of securities       1a       (A) Prior Year       (B) Current Year (optional)         a       Average monthly value of securities       1a       (A) Prior Year       (B) Current Year (optional)         a       Average monthly value of securities       1a       (A) Prior Year       (B) Current Year (optional)         a       Average monthly value of securities       1a       (A) Prior Year       (B) Current Year (B)         d       Total (add lines 1a, 1b, and 1c)       1d       (A) Prior Year       (A) Prior Year       (A) Prior Year         2       Acquisition indetation Part VI):       (A) Cash demed held for blockage or other factors       (A) Prior Year       (A) Prior Year       (A) Prior Year         3       Subtract line 2 from line 1d.       3       3       (A) Prior Year       (A) Prior Year	7	Other expenses (see instructions)	7			
Section B - Minimum Asset Amount       (A) Prior 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):       1a         a       Average monthly cash balances       1a         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       1d         (explain in detail in Part VI):       2       2         2       Acquisition indetbetdness applicable to non-exempt-use assets       2         3       Subtract line 2 from line 1d.       3         4       Cash deemed held for exempt use. Enter 0.015 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 0.035.       6         7       Recoveries of prior-year distributions       7         8       Minimum Asset Amount       Current Year         1       Adjusted net income for prior year (from Section A, line 8, column A)       1         2       Enter 0.85 of line 1.       2         3       Minimum asset amount for prior year (from Section B, line 8, column A)       3 <td>8</td> <td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td> <td>8</td> <td></td> <td></td>	8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
instructions for short tax year or assets held for part of year):       1a         a Average monthly value of securities       1a         b Average monthly cash balances       1b         c Fair market value of other non-exemptuse assets       1c         d Total (add lines 1a, 1b, and 1c)       1d         e Discount claimed for blockage or other factors       1d         (explain in detail in Part VI):       1d         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 0.015 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 0.035.       6         7 Recoveries of prior-year distributions       7         8 Minimum Asset Amount (add line 7 to line 6)       8         Section C - Distributable Amount       2         1 Adjusted net income for prior year (from Section A, line 8, column A)       1         2 Enter 0.85 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	Sect	ion B - Minimum Asset Amount		(A) Prior 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):       1d         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 0.015 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 0.035.       6         7 Recoveries of prior-year distributions       7         8 Minimum Asset Amount (add line 7 to line 6)       8         Section C - Distributable Amount       2         1 Adjusted net income for prior year (from Section A, line 8, column A)       1         2 Enter 0.85 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       4	1	Aggregate fair market value of all non-exempt-use assets (see				
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):       1d         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 0.015 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 0.035.       6         7 Recoveries of prior-year distributions       7         8 Minimum Asset Amount (add line 7 to line 6)       8         Section C - Distributable Amount       2         1 Adjusted net income for prior year (from Section A, line 8, column A)       1         2 Enter 0.85 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       4		instructions for short tax year or assets held for part of year):				
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 <ul> <li>(explain in detail in Part VI):</li> <li>2</li> <li>Acquisition indebtedness applicable to non-exempt-use assets</li> <li>2</li> <li>4</li> <li>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</li> <li>4</li> <li>Cash deemed held for exempt use assets (subtract line 4 from line 3)</li> <li>5</li> <li>Net value of non-exempt-use assets (subtract line 4 from line 3)</li> <li>6</li> <li>Multiply line 5 by 0.035.</li> <li>7</li> <li>8</li> <li>Minimum Asset Amount (add line 7 to line 6)</li> <li>8</li> </ul> <ul> <li>Section C - Distributable Amount</li> <li>Current Year</li> <li>1</li> <li>Adjusted net income for prior year (from Section A, line 8, column A)</li> <li>1</li> <li>Enter 0.85 of line 1.</li> <li>2</li> <li>3</li> <li>Minimum asset amount for prior year (from Section B, line 8, column A)</li> <li>4</li> <li>Enter of line 2 or line 3.</li> <li>4</li> <li>4</li> <li>5</li> <li>income tax imposed in prior year</li> </ul>	а		1a			
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 <ul> <li>(explain in detail in Part VI):</li> <li>2</li> <li>Acquisition indebtedness applicable to non-exempt-use assets</li> <li>2</li> <li>3</li> <li>Subtract line 2 from line 1d.</li> <li>3</li> <li>4</li> <li>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</li> <li>4</li> <li>5</li> <li>Net value of non-exempt-use assets (subtract line 4 from line 3)</li> <li>5</li> <li>6</li> <li>Multiply line 5 by 0.035.</li> <li>6</li> <li>Minimum Asset Amount (add line 7 to line 6)</li> <li>8</li> <li>Minimum asset amount for prior year (from Section A, line 8, column A)</li> <li>1</li> <li>2</li> <li>Enter 0.85 of line 1.</li> <li>2</li> <li>3</li> <li>4</li> <li>Adjusted net income for prior year (from Section B, line 8, column A)</li> <li>4</li> <li>Enter greater of line 2 or line 3.</li> <li>4</li> <li>5</li> <li>1</li> <li>2</li> <li>3</li> <li>4</li> <li>4</li> </ul>			1b			
d Total (add lines 1a, 1b, and 1c)       1d         e Discount claimed for blockage or other factors (explain in detail in Part VI):       2         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 0.015 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 0.035.       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 0.85 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       4			1c			
e Discount claimed for blockage or other factors (explain in detail in Part VI):       2         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 0.015 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 0.035.       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 0.85 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       5		•	1d			
(explain in detail in Part VI):       2         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 0.015 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 0.035.       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 0.85 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						
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see instructions).     4       5     Net value of non-exempt-use assets (subtract line 4 from line 3)     5       6     Multiply line 5 by 0.035.     6       7     Recoveries of prior-year distributions     7       8     Minimum Asset Amount (add line 7 to line 6)     8       Current Year       1     Adjusted net income for prior year (from Section A, line 8, column A)     1       2     Enter 0.85 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						
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6       Multiply line 5 by 0.035.       6         7       Recoveries of prior-year distributions       7         8       Minimum Asset Amount (add line 7 to line 6)       8         Section C - Distributable Amount         1       Adjusted net income for prior year (from Section A, line 8, column A)       1         2       Enter 0.85 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	5	k				
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 0.85 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       1						
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 0.85 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       1						
Section C - Distributable Amount       Current Year         1       Adjusted net income for prior year (from Section A, line 8, column A)       1         2       Enter 0.85 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       1						
2Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount. Subtract line 5 from line 4, unless subject to4	Sect				Current Year	
2Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount. Subtract line 5 from line 4, unless subject to4	1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
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     6	2		2			
4Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount. Subtract line 5 from line 4, unless subject to5	3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
5     Income tax imposed in prior year     5       6     Distributable Amount. Subtract line 5 from line 4, unless subject to     5	4		4			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	5		5			
			6			
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7		nally integrate	ed Type III supporting orga	nization (see	

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

Schedule A (Form 990) 2023

NAVICENT HEALTH BALDWIN, INC.

82-3914925 Page 6

Schedule A (Form 990) 2023

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instructions).

# Schedule A (Form 990) 2023 NAVICENT HEALTH BALDWIN, INC. 82-3914925 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

			001101101		
Sect	Current Year				
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	S	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	NAVICENT	HEALTH	BALDWIN,	INC.	82-3914925 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	l, 2, 3D, 3C, 4D, 4C, lines 2 and 3; Par	5a, 6, 9a, 9b, IV, Section E,	lines 1c, 2a, 2b, 3	a, and 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V, ny additional information.
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332028 12-21-2				21		Juneaule A (FUIII 330) 202

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\*\* PUBLIC DISCLOSURE COPY \*\*

## **Schedule of Contributors**

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

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

NAVICENT HEALTH BALDWIN, INC.	NAVICENT	HEALTH	BALDWIN,	INC.
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82-3914925

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

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

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

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

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

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

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions			
1		\$950,000.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions			
2		\$500,001.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions			
3		\$150,000.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions			
4		\$77,167.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions			
5					

#### Schedule B (Form 990) (2023)

NAVICENT HEALTH BALDWIN, INC.

Name of organization

(a) No.

6

Employer identification number

Person Payroll

Person

Payroll

Noncash (Complete Part II for noncash contributions.)

X

(d)

Type of contribution

X

82-3914925

#### 0. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution X Person Payroll 1. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution

(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$ <u>77,167.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$ <u>53,880.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$32,596.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)	)
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NAVICENT HEALTH BALDWIN, INC.

Name of organization

Employer identification number

Page **2** 

82-3914925

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$28,740.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>28,577.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$24,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26	-23	1	Schedule B (Form 990) (2023)

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#### 21,253. (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 18,975. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll Noncash 17,613. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 17,250. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 18 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023) 25

Schedule B (Form 990) (2023)

NAVICENT HEALTH BALDWIN, INC.

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

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

No.

13

(a)

No.

14

82-3914925

Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash

(c)

**Total contributions** 

(c)

**Total contributions** 

22,729.

2023.05000 NAVICENT HEALTH BALDWIN,

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Employer identification number

Page 2

(d)

Type of contribution

(d)

Type of contribution

X

X

Part I

(a)

No.

<u>   19</u>		\$14,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ <u>13,592.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>12,665.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ 12,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$11,622.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$11,398.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

NAVICENT HEALTH BALDWIN, INC.

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

(b)

Name, address, and ZIP + 4

Name of organization

Employer identification number

(d)

Type of contribution

82-3914925

(c)

**Total contributions** 

323452 12-26-23

14151119 144811 NHBALD

2023.05000 NAVICENT HEALTH BALDWIN, NHBALD\_1

26

## NAVICENT HEALTH BALDWIN, INC.

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

(a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 26 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 28 X Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 30 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

Name of organization

Part I

Employer identification number

14151119 144811 NHBALD

noncash contributions.)

Schedule B (Form 990) (2023)

		02	5714725
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 32	Name, address, and ZIP + 4	\$ <u>10,000.</u>	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$10,000.	Person X Payroll Noncash (Complete Part II for

NAVICENT HEALTH BALDWIN

INC.

Schedule B (Form 990) (2023) Name of organization

Employer identification number

14151119 144811 NHBALD

Employer identification number
00 0014005

Name of organization

#### NAVICENT HEALTH BALDWIN, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 X Person Payroll 9,662. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 38 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 40 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 42 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

323452 12-26-23

14151119 144811 NHBALD

30 2023.05000 NAVICENT HEALTH BALDWIN, NHBALD\_1

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

NAVICENT HEALTH BALDWIN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 43 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 44 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

Name of organization	
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Schedule B (Form 990) (2023)

Page 3

Employer identification number

82-3914925

NAVICENT HEALTH BALDWIN, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	<b>NONCASH Property</b> (see instructions). Use duplicate copies of Pa		1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
_			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
-			
-		\$	

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#### 14151119 144811 NHBALD

Schedule	B (Form 990) (2023)				Page <b>4</b>
Name of o	organization				Employer identification number
NAVIC	ENT HEALTH BALDWIN, INC				82-3914925
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of \$1,0	DO or less for the	e year. (Enter this info. o	once.) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.	T		
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Dese	cription of how gift is held
		(e) Transfer	of gift		
			_		
	Transferee's name, address, a	nd ZIP + 4	K6	elationship of tra	insferor to transferee
		[			
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Dese	cription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	insferor to transferee
		_			
		-			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held
Part I					
		(e) Transfer	 of aift		
		(0) 11010101	5. 3		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	insferor to transferee
(a) No.			<u> </u>		
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Dese	cription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd <b>ZIP</b> + 4	Re	lationship of tra	insferor to transferee
		_			
		-			
323454 12-26	6-23				Schedule B (Form 990) (2023)

Part I	-B Complete if the org	ganization is exempt unde	er section 501(c)	(3).	
1 Ent	er the amount of any excise tax	incurred by the organization und	er section 4955	\$	
2 Ent	er the amount of any excise tax	incurred by organization manage	rs under section 4955	5 \$	i
3 lftl	ne organization incurred a sectio	n 4955 tax, did it file Form 4720 t	for this year?		Yes No
4a Wa	s a correction made?				Yes 🗌 No
<b>b</b>	Yes," describe in Part IV.				
Part I	-C Complete if the org	ganization is exempt unde	er section 501(c),	, except section 501(c	)(3).
1 Ent	er the amount directly expended	d by the filing organization for sec	tion 527 exempt fund	tion activities \$	
2 Ent	er the amount of the filing organ	nization's funds contributed to oth	ner organizations for s	ection 527	
exe	empt function activities			\$	i
		s. Add lines 1 and 2. Enter here ar			
		<b>1120-POL</b> for this year?			Yes 🗌 No
cor	ntributions received that were pr	tion listed, enter the amount paic omptly and directly delivered to a additional space is needed, provi	separate political org	anization, such as a separat	
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy T	ax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Pro
ax) (see separate instructions), then:	
<ul> <li>Section 501(c)(4), (5), or (6) organizations: Complete Part III.</li> </ul>	

Tax)	) (see separate instructions), then:				
• ;	Section 501(c)(4), (5), or (6) organizations: Complete Part III.				
Nam	ne of organization	Employe	r identification	n numbe	r
	NAVICENT HEALTH BALDWIN, INC.	3	32-39149	25	
Pa	Int I-A Complete if the organization is exempt under section 501(c) or is a section	527 orgar	nization.		
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.				
2	Political campaign activity expenditures	\$			
3	Volunteer hours for political campaign activities				
Pa	Int I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	\$			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes	No.	D
4a	Was a correction made?		Yes		0

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

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

#### lf i оху

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

OMB No. 1545-0047

2023 Open to Public Inspection

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule C (Form 990) 2023	NAVICENT HE	ALTH BALDWI	N, INC.	82-3	<b>914925</b> Page <b>2</b>
Part II-A Complete if the orga	anization is exer	npt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).					
A Check if the filing organization	ion belongs to an affi	liated group (and list in	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	e of excess lobbying o	expenditures).			
B Check if the filing organizat	ion checked box A a	nd "limited control" pro	ovisions apply.	I	1
	s on Lobbying Expe itures" means amou	nditures ınts paid or incurred.)	)	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influe					
c Total lobbying expenditures (add lin					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter	the amount from the				
If the amount on line 1e, column (a) or		bying nontaxable am			
not over \$500,000,		the amount on line 1e.			
over \$500,000 but not over \$1,000,	000, \$100,00	00 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,50	0,000, \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,0	00,000, \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000,	\$1,000,	000.			
g Grassroots nontaxable amount (ente	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	or less, enter -0-				
i Subtract line 1f from line 1c. If zero	or less, enter -0				
j If there is an amount other than zero	o on either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this y	ear?				Yes No
		eraging Period Under			
(Some organizations the		01(h) election do not ate instructions for lir		of the five columns b	elow.
	•	nditures During 4-Yea			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	( <b>d)</b> 2023	(e) Total
2a Lobbying nontaxable amount					
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					
c 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) 2023

332042 11-06-23

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

 For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(k	) )
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? $\dots$		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		<u>X</u>		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	-	
i	Other activities?	X			3,066.
j	Total. Add lines 1c through 1i		37		3,066.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? <b>t III-A</b> Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	b), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
l' di	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
-	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
c	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions				
Par	t IV Supplemental Information				
Prov	ide 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 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:				
THI	E ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL	ASSOCI	ATION	, THE	
GEC	ORGIA HEALTH CARE ASSOCIATION AND THE AMERICAN ACA			<u>6</u> F	
MEI	DICINE. A PORTION OF THE MEMBERSHIP DUES PAID ARE A	LLOCAT	ED TO		
LOI	BEYING EFFORTS BY THOSE ORGANIZATIONS ON BEHALF OF T	HEIR M	EMBER	SHIP	
BOI	DIES.				

332043 11-06-23

SC	HEDULE D	Supplementa	I Financial Statements	S		ON	MB No. 15	45-0047
	n 990)	Complete if the organ	ization answered "Yes" on Form 990,				202	2
• •	, ,		11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 tach to Form 990.	2b.			Open to	Public
	ment of the Treasury I Revenue Service		) for instructions and the latest informa	ation.			Inspecti	
Nam	e of the organizati				Empl	oyer iden		
De		NAVICENT HEALTH BAL					39149	
Pa		ntions Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, line		OF AC	count	S. Comp	plete if th	е
	organization		(a) Donor advised funds	(ł	) Fund	s and othe	er accou	nts
4	Total number at or	hd of year		, (v	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1.5
1 2		nd of year f contributions to (during year)						
2		f grants from (during year)						
3 4		t end of year						
5		on inform all donors and donor advisors in w	I witing that the assets held in donor advis	ed fund	-			
5	-	n's property, subject to the organization's e	-				Yes	
6		on inform all grantees, donors, and donor ad					165	
0		oses and not for the benefit of the donor or						
	for chantable purp	uses and not for the benefit of the donor of	donor advisor, or for any other purpose	comerni	ig			
	importation in the prive	sta hanafit?					Vaa	
Pa 1	Purpose(s) of cons	ate benefit? ation Easements. Complete if the organization ervation easements held by the organization of land for public use (for example, recreati	n (check all that apply).	Part IV, I	line 7.		Yes	
	rt II Conserv Purpose(s) of cons Preservation Protection o Preservation	ation Easements. Complete if the organization easements held by the organization	anization answered "Yes" on Form 990, n (check all that apply). ion or education) Preservation of Preservation of	Part IV, I f a histor f a certifi	ine 7. rically in ied hist	nportant la oric struct	and area ture	
1	rt II Conserv Purpose(s) of cons Preservation Protection o Preservation	ation Easements. Complete if the organization ervation easements held by the organization of land for public use (for example, recreating f natural habitat of open space through 2d if the organization held a qualifier	anization answered "Yes" on Form 990, n (check all that apply). ion or education) Preservation of Preservation of	Part IV, I f a histor f a certifi	rically in rically in ied hist	nportant la oric struct	and area ture ent on th	e last
1	Conserv.       Purpose(s) of cons       Preservation       Protection o       Preservation       Complete lines 2a       day of the tax year	ation Easements. Complete if the organization ervation easements held by the organization of land for public use (for example, recreating f natural habitat of open space through 2d if the organization held a qualifier	anization answered "Yes" on Form 990, n (check all that apply). ion or education) Preservation of Preservation of ed conservation contribution in the form	Part IV, I f a histor f a certifi of a con	rically in rically in ied hist	nportant l oric struct	and area ture ent on th	e last
1	II         Conserv.           Purpose(s) of cons         Preservation           Protection o         Protection o           Preservation         Complete lines 2a           day of the tax year         Total number of complete lines	ation Easements. Complete if the organization ervation easements held by the organization of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualified conservation easements	anization answered "Yes" on Form 990, n (check all that apply). ion or education) Preservation of Preservation of ed conservation contribution in the form	Part IV, I f a histor f a certifi of a con	rically in rically in ied hist servatio	nportant l oric struct	and area ture ent on th	e last
1	II         Conserv.           Purpose(s) of cons         Preservation           Protection o         Protection o           Protection o         Complete lines 2a           day of the tax year         Total number of co           Total acreage rest         Contact acreage rest	ation Easements. Complete if the organization ervation easements held by the organization of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualified conservation easements	anization answered "Yes" on Form 990, n (check all that apply). ion or education) Preservation of Preservation of ed conservation contribution in the form	Part IV,   f a histor f a certifi of a con	rically ir red hist servati	nportant l oric struct	and area ture ent on th	e last
1	til         Conserv.           Purpose(s) of cons         Preservation           Preservation         Protection o           Protection o         Preservation           Complete lines 2a         day of the tax year           Total number of cor         Total acreage restr           Number of conservation         Number of conservation	ation Easements. Complete if the organization ervation easements held by the organization of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifier conservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included on line 2c acquire	anization answered "Yes" on Form 990, n (check all that apply). ion or education) Preservation of Preservation of ed conservation contribution in the form cture included on line 2a red after July 25, 2006, and not	Part IV, 1 f a histor f a certifi of a con	rically ir rically ir servati 2a 2b	nportant l oric struct	and area ture ent on th	e last
1 2 a b c	til         Conserv.           Purpose(s) of cons         Preservation           Preservation         Protection o           Protection o         Preservation           Complete lines 2a         day of the tax year           Total number of cor         Total acreage restr           Number of conservation         Number of conservation	ation Easements. Complete if the organization ervation easements held by the organization of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualified conservation easements ricted by conservation easements vation easements on a certified historic struct	anization answered "Yes" on Form 990, n (check all that apply). ion or education) Preservation of Preservation of ed conservation contribution in the form cture included on line 2a red after July 25, 2006, and not	Part IV, 1 f a histor f a certifi of a con	rically ir rically ir servati 2a 2b	nportant l oric struct	and area ture ent on th	e last
1 2 a b c	til         Conserv.           Purpose(s) of cons         Preservation           Protection o         Protection o           Protection o         Preservation           Complete lines 2a         day of the tax year           Total number of conservation         Total acreage restr           Number of conservation         Number of conservation	ation Easements. Complete if the organization ervation easements held by the organization of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifier conservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included on line 2c acquire	anization answered "Yes" on Form 990, n (check all that apply). ion or education) Preservation of Preservation of ed conservation contribution in the form cture included on line 2a red after July 25, 2006, and not	Part IV, f a histor f a certifi of a con	rically ir ied hist servati 2a 2b 2c 2d	nportant la oric struct on easeme Held at the	and area ture ent on th End of th	e last
1 2 b c d	til         Conserv.           Purpose(s) of cons         Preservation           Protection o         Protection o           Protection o         Preservation           Complete lines 2a         day of the tax year           Total number of cor         Total acreage restr           Number of conservation         Number of conservation	ation Easements. Complete if the organization ervation easements held by the organization of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifier conservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included on line 2c acquire cure listed in the National Register	anization answered "Yes" on Form 990, n (check all that apply). ion or education) Preservation of Preservation of ed conservation contribution in the form cture included on line 2a red after July 25, 2006, and not eased, extinguished, or terminated by the	Part IV, f a histor f a certifi of a con	rically ir ied hist servati 2a 2b 2c 2d	nportant la oric struct on easeme Held at the	and area ture ent on th End of th	e last
1 2 a b c d 3	til         Conserv.           Purpose(s) of cons         Preservation           Protection o         Protection o           Protection o         Preservation           Complete lines 2a         day of the tax year           Total number of co         Total acreage restr           Number of conservation         Number of conservation	ation Easements. Complete if the organization ervation easements held by the organization of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifier onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included on line 2c acquir cure listed in the National Register vation easements modified, transferred, releated where property subject to conservation easements	anization answered "Yes" on Form 990, n (check all that apply). ion or education) Preservation of Preservation of ed conservation contribution in the form cture included on line 2a red after July 25, 2006, and not eased, extinguished, or terminated by the ement is located	Part IV, f a histor f a certifi of a con	rically ir ied hist servati 2a 2b 2c 2d	nportant la oric struct on easeme Held at the	and area ture ent on th End of th	e last
1 2 a b c d 3 4	til         Conserv.           Purpose(s) of cons         Preservation           Preservation         Protection o           Protection o         Preservation           Complete lines 2a         day of the tax year           Total number of co         Total acreage restr           Number of conservation         Number of conservation           Number of conservation         Number of conservation	ation Easements. Complete if the organization ervation easements held by the organization of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifier onservation easements ricted by conservation easements vation easements on a certified historic strue vation easements included on line 2c acquir cure listed in the National Register vation easements modified, transferred, releat where property subject to conservation ease tion have a written policy regarding the period	anization answered "Yes" on Form 990, n (check all that apply). ion or education) Preservation of Preservation of ed conservation contribution in the form cture included on line 2a red after July 25, 2006, and not eased, extinguished, or terminated by the ement is located odic monitoring, inspection, handling of	Part IV,   f a histor f a certifi of a con	rically ir ied hist servati 2a 2b 2c 2d ation d	mportant l oric struct on easeme Held at the	and area ture ent on th End of the tax	e last
1 2 a b c d 3 4	til         Conserv.           Purpose(s) of cons         Preservation           Preservation         Protection o           Protection o         Preservation           Complete lines 2a         day of the tax year           Total number of cor         Total acreage restr           Number of conservation         Number of conservation           Number of conservation         Number of conservation           Number of conservation         Number of conservation           Number of states of conservation         Number of states of conservation           Number of states of conservation         Number of states of conservation	ation Easements. Complete if the organization ervation easements held by the organization of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifier onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included on line 2c acquir cure listed in the National Register vation easements modified, transferred, releated where property subject to conservation easements	anization answered "Yes" on Form 990, n (check all that apply). ion or education) Preservation of Preservation of ed conservation contribution in the form cture included on line 2a red after July 25, 2006, and not eased, extinguished, or terminated by the ement is located odic monitoring, inspection, handling of holds?	Part IV,   f a histor f a certifi of a con	rically ir ied hist 2a 2b 2c 2d ation d	mportant la oric struct on easeme Held at the uring the t	and area ture ent on th End of the tax	e last e Tax Yea

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

Part	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works

Ia	In the organization elected, as permitted under FASE ASC 956, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

# b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Bevenue included on Form 990, Part VIII, line 1

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LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	(ii) Assets included in Form 990, Part X	\$
	(I) Revenue included on Form 990, Part VIII, line 1	Ф

20

3	ь					
2		^	Ξ.	^	^	1

Sche	dule D (Form 990) 2023 NAVICEN	T HEALTH I	BALDWIN	I, IN	c.			82-39			age <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Histor	ical Tre	easures, o	r Othe	r Similaı	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other recor	rds, check ar	ny of the	following that	t make s	ignificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition		d 🗌 Lo	an or exc	change progra	am					
b	Scholarly research		e 🗌 Ot	her							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	ain how they	further t	he organizatio	on's exe	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	s of art, histo	rical trea	sures, or othe	ər similaı	r assets		_		_
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		lete if the or	ganizatio	n answered "	Yes" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								<b>-</b>		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing tab	le:					A		
									Amount		
с	Beginning balance										
a	Additions during the year										
e 4	Distributions during the year										
1	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.		-					∟			]
Par											1
		(a) Current year			(c) Two yea		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance			,						<u> </u>	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1g, c	olumn (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organi	zation that a	re held a	nd administer	red for th	ne		r		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		lowment fun	ds.							
Fai	t VI Land, Buildings, and Equipm Complete if the organization answere			no 110 G	Soo Earm 000	Dort V	line 10				
								.	( ) > -		
	Description of property	(a) Cost or		• •	t or other		Accumulate	d	(d) Bool	< value	÷
	Land	basis (inves			(other)	de	preciation		E 2 (	2 70	32
	Land				38,292. 01,498.	Q	191,04	13	<u> </u>	3,29	55
b	Buildings			±/,/(	/_,470.	<u>, o</u>	191,04	±J•	9, 91(	, 43	
	Leasehold improvements			12 01	L8,843.	1	763,94	17	7,254	1 20	36
	Equipment		·		56,425.	<del>4</del> ,	103,94		<u>7,254</u> 1,366		
	Other								<u>1,300</u> 8,670		
Total	. Add lines 1a through 1e. (Column (d) must e	equal ⊢orm 990, Pal	<u>т X, Iine 10с,</u>	column	<u>1 (В))</u>			<b>L</b>	0,070	,	

Schedule D (Form 990) 2023

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of voar market value
	(b) BOOK Value		u-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
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)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	( <i>(</i> B))		
Part X Other Liabilities			•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			0.
(2) DUE TO AFFILIATES			13,411,649.
(3) OPERATING LEASES			244,942.
			229,972.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co			13,886,563.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements t	hat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... X

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Sche	dule D (Form 990) 2023 NAVICENT HEALTH BALDWIN,	INC.	82-3914925 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue po	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.	
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	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State		per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:		
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:	1 1	
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )		5
Pa	t XIII Supplemental Information		

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

PART X, LINE 2:

THE ORGANIZATION HAS EVALUATED UNCERTAIN TAX POSITIONS FOR ITS CALENDAR
YEARS ENDED DECEMBER 31, 2023 AND 2022, INCLUDING A QUANTIFICATION OF TAX
RISK IN AREAS SUCH AS UNRELATED BUSINESS TAXABLE INCOME AND THE TAXATION
OF ITS JOINT VENTURES. THIS EVALUATION DID NOT HAVE A MATERIAL EFFECT ON
THE ORGANIZATION'S FINANCIAL STATEMENTS FOR CALENDAR YEARS ENDED DECEMBER
31, 2023 AND 2022.

Schedule D (Form 990) 2023

	HEDULE H rm 990)			Hosp				ив No. <sup>-</sup> <b>20</b>	1545-00 <b>23</b>	)47		
Departi	nent of the Treasury	Complete	e if the organizati	on answered "Y Attach to F	es" on Form 990, F orm 990.	Part IV, question 20		Open to Public				
Internal												
Name	Name of the organization Employer identifica											
NAVICENT HEALTH BALDWIN, INC. 82-3914925 Part I Financial Assistance and Certain Other Community Benefits at Cost												
Fai		I ASSISTANCE A		ner Commu	illy Defiells at	COSL			Vee	Ne		
4 -	Did the survey in the			-1 - 1					Yes X	No		
					ar? If "No," skip to			1a 1b	X	<u> </u>		
2	If the organization ha	d multiple hospital fa	cilities, indicate whic	h of the following b	est describes applicati	ion of the financial ass	istance policy					
-	to its various hospita	I facilities during the ormly to all hospita			lied uniformly to mo	st bospital facilitios						
		ilored to individual				st nospital lacilities						
3			•	at applied to the large	st number of the organizati	on's patients during the ta	Y VADE					
	-				n determining eligibil							
u	0		, ,	,	t for eligibility for fre	, , , , , , , , , , , , , , , , , , , ,		3a	x			
	100%		X 200%	7	%							
b					widing <i>discounted</i>	care? If "Yes." indic	cate which					
					care:			3b	х			
	200%	250%	300%		- <u> </u>	ther %						
с					, describe in Part VI							
	U U				the organization us		•					
		,			free or discounted of							
4					s during the tax year provid			4	Х			
5a	, ,				its financial assistance			5a	Х			
b	If "Yes," did the or	ganization's financ	cial assistance exp	enses exceed th	e budgeted amount	?		5b		X		
					zation unable to pro							
	care to a patient w	ho was eligible for	r free or discounte	d care?				5c				
6a					year?			6a	Х			
								6b	Х			
					ot submit these worksheet							
7	Financial Assistan	ce and Certain Oth	· · · · · ·			,						
	Financial Assist		(a) Number of activities or	(b) Persons served	(C) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	· ·	f) Percer of total			
Mea	ins-Tested Govern	ment Programs	programs (optional)	(optional)	_			<u> </u>	expense			
а	Financial Assistan	<b>`</b>			200000	10400017	0		0.0	0.		
	Worksheet 1)				2606603.	10428217.	0.	──	.00	<u> </u>		
b	Medicaid (from Wo	orksheet 3,			11054507	F000010	666674		ΓO	0.		
					11854587.	5298913.	6555674.		.52	8		
С	Costs of other me											
	government progra											
لم	Worksheet 3, colu											
a	Total. Financial Assist Means-Tested Governme				14461190.	15727130	6555674.	8	.52	۶.		
	Other Ben							<del>ا</del> ا		<u> </u>		
۵	Community health											
Ŭ	improvement servi											
	community benefit											
	(from Worksheet 4	•										
f	Health professions											
	(from Worksheet 5											
g	Subsidized health							1				
-	(from Worksheet 6											
h	Research (from We											
	Cash and in-kind o											
	for community ber	nefit (from										
	Worksheet 8)							<u> </u>				
	Total. Other Bene											
	Total. Add lines 70				14461190.	15727130.	6555674.	8	.52	8		
LHA	For Paperwork R	eduction Act Noti	ice, see the Instru	ctions for Form	<b>990.</b> 332091 1	2-26-23	Schedule I	l (Forr	n 990)	2023		

LHA  $\,$  For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $\,4\,0\,$ 

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Schedule H (Form 990) 20
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(Form 990) 2023 NAVICENT HEALTH BALDWIN, INC. 82-3914925 Page Community Building Activities. Complete this table if the organization conducted any community building activities during the Part II

	tax year, and describe in Par	t VI how its commu	inity building activ	rities promoted	the health	of the c	communiti	es it serves.			
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(C) Total community building expense	offset	<b>d)</b> Direct ting reven		(e) Net community ding expense	1 .	Percent tal exper	
1	Physical improvements and housing										
2	Economic development										
3	Community support			51,58	5.		5	<u>1,585.</u>		.07	8
_4	Environmental improvements										
5	Leadership development and training for community members										
6	Coalition building										
7	Community health improvement										
-	advocacy										
8	Workforce development										
9	Other										
10	Total			51,58	5.		5	51,585.		.07	४
Pa	rt III Bad Debt, Medicare, &	Collection Pr	actices	•							
Sect	ion A. Bad Debt Expense									Yes	No
1	Did the organization report bad deb	t expense in accord	dance with Health	care Financial N	<i>l</i> anageme	nt Asso	ciation				
	Statement No. 15?								1	Х	
2	Enter the amount of the organization										
	methodology used by the organizati	on to estimate this	amount			2	1,68	9,486.			
3	Enter the estimated amount of the o	rganization's bad o	lebt expense attrik	butable to							
	patients eligible under the organizat	ion's financial assis	tance policy. Expl	lain in Part VI th	ne						
	methodology used by the organizati	on to estimate this	amount and the r	ationale, if any,							
	for including this portion of bad deb	t as community be	nefit			3		0.			
4	Provide in Part VI the text of the foo	tnote to the organi	zation's financial s	statements that	describes	bad de	bt				
	expense or the page number on whi	ch this footnote is	contained in the a	attached financi	al stateme	nts.					
Sect	ion B. Medicare										
5	Enter total revenue received from M	edicare (including [	DSH and IME)					<u>4,327.</u>			
6	Enter Medicare allowable costs of ca	are relating to payn	nents on line 5					9,157.			
7	Subtract line 6 from line 5. This is th	e surplus (or shortf	all)			7	<u>-9,31</u>	4,830.			
8	Describe in Part VI the extent to whi	ch any shortfall rep	orted on line 7 sh	ould be treated	l as commi	unity be	enefit.				
	Also describe in Part VI the costing	methodology or so	urce used to deter	rmine the amou	int reported	d on lin	e 6.				
	Check the box that describes the m	ethod used:		_							
	Cost accounting system	X Cost to cha	rge ratio	Other							
Sect	ion C. Collection Practices										
9a	Did the organization have a written of	debt collection poli	cy during the tax y	year?					9a	X	
b	If "Yes," did the organization's collection						tain provisi	ons on the			
Dee	collection practices to be followed for pa	tients who are known	to qualify for financ	ial assistance? D	escribe in Pa	art VI			9b	Х	
Pa	rt IV   Management Compar	lies and Joint	ventures (owner	d 10% or more by of	ficers, directors	s, trustees	s, key employ	ees, and physicia	ans - see	instructi	ons)
	(a) Name of entity		scription of primar		<b>c)</b> Organiza			ers, direct-	• •	hysicia	
		a	ctivity of entity		profit % or ownershi			stees, or ployees'		ofit % d stock	r
					Ownersni	μ 70	profit %	or stock		ership	%
							ownei	rship %			
		-									
		-									
		+									
		+									
		+									
				1							

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Schedule H (Form 990) 2023

Schedule H (Form 990) 2023 NAVICENT HEALTH BALDWIN,	I	NC	•						82-3914925	Page <b>3</b>
Part V Facility Information										
Section A. Hospital Facilities		_			ital					
(list in order of size, from largest to smallest - see instructions)	_	Gen. medical & surgical	a	_	Critical access hospital					
How many hospital facilities did the organization operate	oita	sur	spit	pita	s hc	lity				
during the tax year? <u>1</u>	lsor	al &	şöq	SOL	ces	faci	ร			
Name, address, primary website address, and state license number	icensed hospital	edica	Children's hospital	eaching hospital	aci	Research facility	ER-24 hours	e		Facility
(and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	sus	Ĕ.	ldre	chi	ical	sear	24	ER-other		reporting group
	ĽĊ	Gen	Chi	Тег	Crit	Res	Ë	Ë	Other (describe)	group
1 NAVICENT HEALTH BALDWIN										
821 N COBB STREET										
MILLEDGEVILLE, GA 31061										
005-727										
	Х	Х					Х			<b> </b>
										<u> </u>
	$\square$									<b> </b>

ame of hospital facility or letter of facility reporting group: NAVICENT HEALTH BALDWIN			
ne number of hospital facility, or line numbers of hospital			
cilities in a facility reporting group (from Part V, Section A): $1$		V.	
ommunity Hoalth Needa Accessment		Yes	N
ommunity Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the			x
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	2		x
the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C			
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a	3	х	
community health needs assessment (CHNA)? If "No," skip to line 12	3	- 23	
If "Yes," indicate what the CHNA report describes (check all that apply): <b>a</b> X A definition of the community served by the hospital facility			
of the community <b>d</b> X How data was obtained			
groups g X The process for identifying and prioritizing community health needs and services to meet the community health needs			
h X The process for consulting with persons representing the community's interests			
i X The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 20			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad			
interests of the community served by the hospital facility, including those with special knowledge of or expertise in public			
health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the		v	
community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other			
hospital facilities in Section C	<u>6a</u>		X
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"			
list the other organizations in Section C	6b	37	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	Х	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a X Hospital facility's website (list url): HTTPS://NAVICENTHEALTH.ORG/OUR-ANNUAL-REP			
b Other website (list url):			
c X Made a paper copy available for public inspection without charge at the hospital facility			
d Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs			
identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 21			
0 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Х	
a If "Yes," (list url): HTTPS://NAVICENTHEALTH.ORG/OUR-ANNUAL-REPORTS			
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
1 Describe in Section C how the hospital facility is addressing the significant needs identified in its most			
recently conducted CHNA and any such needs that are not being addressed together with the reasons why			
recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.	1 1		
such needs are not being addressed.	12a		Х
such needs are not being addressed. <b>2a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a	12a 12b		X

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Schedule H (Form 990) 2023 NAVICENT HEALTH BALDWIN, INC.
Part V Facility Information (continued)

Schedule H (Form 990) 2023 NAVICENT HEALTH BALDWIN, IN	Schedule H (Form 990) 2023	NAVICENT	HEALTH	BALDWIN,	INC
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		11111 2 0 211 2	
Part V	Facility Informa	tion (continued)	
Financial A	ssistance Policy (FA	P)	

## Name of hospital facility or letter of facility reporting group: <u>NAVICENT HEALTH BALDWIN</u>

				Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explain	ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
	lf "Yes,	" indicate the eligibility criteria explained in the FAP:			
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of %			
		and FPG family income limit for eligibility for discounted care of $\_$ 400 $\%$			
b		Income level other than FPG (describe in Section C)			
с		Asset level			
d	X	Medical indigency			
е	X	Insurance status			
f	X	Underinsurance status			
g		Residency			
h		Other (describe in Section C)			
14	Explain	ed the basis for calculating amounts charged to patients?	14	Х	
15	Explain	ed the method for applying for financial assistance?	15	Х	
	If "Yes,	" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
	explain	ed the method for applying for financial assistance (check all that apply):			
а	X	Described the information the hospital facility may require an individual to provide as part of their application			
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of their application			
С	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
d		Provided the contact information of nonprofit organizations or government agencies that may be sources			
		of assistance with FAP applications			
е		Other (describe in Section C)			
16	Was wi	dely publicized within the community served by the hospital facility?	16	X	
		" indicate how the hospital facility publicized the policy (check all that apply):			
а		The FAP was widely available on a website (list url): SEE PART V, PAGE 8			
b	X	The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8			
С	X	A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
d		The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital			
		facility and by mail)			
f	X	A plain language summary of the FAP was available upon request and without charge (in public locations in			
		the hospital facility and by mail)			
g	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
		displays or other measures reasonably calculated to attract patients' attention			
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
		spoken by Limited English Proficiency (LEP) populations			
j		Other (describe in Section C)			

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	(Form 990) 2023	NAVICENT	HEALTH	BALDWIN,	INC.
Dort V	Eacility Information	tion			

Гс				
Billi	ng and Collections			
Nar	ne of hospital facility or letter of facility reporting group: <u>NAVICENT HEALTH BALDWIN</u>			
	,		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon			
	nonpayment?	17	Х	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the			
	tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
6	Reporting to credit agency(ies)			
k	Selling an individual's debt to another party			
C	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
	previous bill for care covered under the hospital facility's FAP			
C	Actions that require a legal or judicial process			
e				
f	X None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making			
	reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
â	Reporting to credit agency(ies)			
k	Selling an individual's debt to another party			
C	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
	previous bill for care covered under the hospital facility's FAP			
C	Actions that require a legal or judicial process			
e	Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
	not checked) in line 19 (check all that apply):			
a	X Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
	FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
k		ר C)		
C				
C				
e	Other (describe in Section C)			
f	None of these efforts were made			
Poli	cy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care			
	that required the hospital facility to provide, without discrimination, care for emergency medical conditions to			
	individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Х	
	If "No," indicate why:			
â				
k	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) Other (describe in Section C)

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С

d

Part V Facility Information (continued)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Name of hospital facility or letter of facility reporting group: <u>NAVICENT HEALTH BALDWIN</u>			
		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:			
a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
<b>b</b> X The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c 🗌 The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination			
with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided			
emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	. 23		x
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	. 24		x
If "Yes," explain in Section C.			

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

#### NAVICENT HEALTH BALDWIN:

Part V

PART V, SECTION B, LINE 5: DURING THE CONDUCTION OF ITS MOST RECENT CHNA, THE HOSPITAL FACILITY SOUGHT COMMUNITY INPUT THROUGH THE PROFESSIONAL RESEARCH CONSULTANTS (PRC) COMMUNITY HEALTH SURVEY AND PRC ONLINE KEY INFORMANT SURVEY. THE SURVEY INSTRUMENTS USED ARE BASED LARGELY ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS); AS WELL AS, VARIOUS OTHER PUBLIC HEALTH SURVEYS AND CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER RECOGNIZED HEALTH ISSUES. THE FINAL SURVEY INSTRUMENT WAS DEVELOPED BY THE ORGANIZATION AND PRC AND IS SIMILAR TO THE PREVIOUS SURVEYS USED IN THE REGION, ALLOWING FOR DATA TRENDING. THE STUDY AREA FOR THE SURVEY EFFORT IS DEFINED AS EACH OF THE RESIDENTIAL ZIP CODES IN THE PRIMARY AND SECONDARY SERVICE AREAS. A PRECISE AND CAREFUL EXECUTED METHODOLOGY IS CRITICAL IN ASSERTING THE VALIDITY OF THE RESULTS GATHERED IN THE PRC COMMUNITY HEALTH SURVEY. THUS, TO ENSURE THE BEST REPRESENTATION OF THE POPULATION SURVEYED A MIXED-MODE METHODOLOGY WAS IMPLEMENTED. THIS INCLUDED SURVEYS CONDUCTED VIA TELEPHONE AND ONLINE QUESTIONNAIRES. RESULTS WERE WEIGHTED IN PROPORTION TO THE ACTUAL POPULATION DISTRIBUTION SO AS TO APPROPRIATELY REPRESENT THE TOTAL AREA AS A WHOLE.

ADDITIONALLY, THE HOSPITAL FACILITY USED SECONDARY DATA SOURCES INCLUDING NATIONAL AND STATE SOURCES PROVIDING TARGET VIEWS OF THE PROGRAM SERVICE AREA; AS WELL AS, HOSPITAL-SPECIFIC DATA.

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Part V Facility Information (continued)

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

NAVICENT HEALTH BALDWIN:

PART V, SECTION B, LINE 11: THE HOSPITAL FACILITY'S MOST RECENT COMMUNITY

HEALTH NEEDS ASSESSMENT ("CHNA") IDENTIFIED NUMEROUS COMMUNITY HEALTH

NEEDS AND CONCERNS. EACH IDENTIFIED HEALTH NEED WAS REVIEWED AND

PRIORITIZED BASED ON THE ALIGNMENT WITH THE HOSPITAL'S MISSION, GOALS, AND

STRATEGIC PRIORITIES.

THE HOSPITAL FACILITY IMPLEMENTATION STRATEGY OUTLINES THE PROGRAMS AND

RESOURCES THE HOSPITAL FACILITY WILL USE TO ADDRESS THE PRIORITIZED HEALTH

NEEDS.

THE HOSPITAL FACILITY ACKNOWLEDGES THE IMPORTANCE OF ALL COMMUNITY HEALTH NEEDS THAT WERE IDENTIFIED IN THE CHNA; HOWEVER, THE HOSPITAL FACILITY'S RESOURCES AND ASSETS WERE BEST ALIGNED TO FOCUS ON THE PRIORITIZED NEEDS. ALTHOUGH NOT PRIORITIZED, THE HOSPITAL FACILITY WILL CONTINUE TO PARTNER WITH COMMUNITY AND NON-PROFIT ORGANIZATIONS TO HELP ADDRESS THESE NEEDS.

NAVICENT HEALTH BALDWIN

PART V, LINE 16A, FAP WEBSITE:

HTTPS://ATRIUMHEALTH.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE#HELPFUL

NAVICENT HEALTH BALDWIN

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://ATRIUMHEALTH.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE#HELPFUL

NAVICENT HEALTH BALDWIN

# Part V Facility Information (continued)

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

## PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

### HTTPS://ATRIUMHEALTH.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE#HELPFUL

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	l (Form 990) 2023		BALDWIN,	INC.
Part V	Facility Informat	tion (continued)		

(list in order of size, from largest to smallest)

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

Name and address	Type of facility (describe)

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Provide the following information.

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

PART I, LINE 3C:

THE FINANCIAL ASSISTANCE PROGRAMS ARE DESIGNED TO ENSURE ASSISTANCE IS

PROVIDED TO PATIENTS DEMONSTRATING A FINANCIAL NEED AND TO ENSURE THE

ORGANIZATION COMPLIES WITH ANY REQUIRED FEDERAL OR STATE REGULATIONS

RELATED TO FINANCIAL ASSISTANCE. THOSE ELIGIBLE FOR FINANCIAL ASSISTANCE

WILL NEVER BE BILLED MORE THAN THE AMOUNTS GENERALLY BILLED (AGB) TO AN

INSURED PATIENT. THE ORGANIZATION USES THE LOOK-BACK METHOD TO CALCULATE

AGB.

PART I, LINE 7:

THE ORGANIZATION USED THE WORKSHEETS PROVIDED IN THE INSTRUCTIONS TO FORM

990, SCHEDULE H TO COMPUTE ITS COST TO CHARGE RATIO.

PART I, LN 7 COL(F):

THE ORGANIZATION'S PATIENT BAD DEBT EXPENSE PER THE AUDITED FINANCIAL

STATEMENTS WAS \$5,594,308 FOR THE YEAR ENDED DECEMBER 31, 2023. THIS

AMOUNT IS NOT INCLUDED IN THE CALCULATION OF CHARITY CARE FOR PART I, LINE

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**7**.

### PART III, LINE 2:

THE ORGANIZATION USED WORKSHEET 2 OF THE FORM 990, SCHEDULE H INSTRUCTIONS

TO COMPUTE A COST TO CHARGE RATIO, WHICH IS USED TO CALCULATE BAD DEBT AT

COST. BAD DEBT HAS NOT BEEN INCLUDED IN THE COMPUTATION OF COMMUNITY

BENEFIT ON PART I, LINE 7.

PART III, LINE 4:

FOOTNOTE 2 (PATIENT SERVICE REVENUE) ON PAGE 20 OF THE AUDITED FINANCIAL

STATEMENTS DESCRIBES THE TREATMENT OF BAD DEBT.

PART III, LINE 8:

THE COSTING METHODOLOGY USES THE COSTS INCLUDED IN THE COST REPORT, WHICH ARE CALCULATED USING A DEPARTMENTAL SPECIFIC COST TO CHARGE RATIO AS COMPARED TO ACTUAL MEDICARE PAYMENTS. THE MEDICARE COST REPORT DOES NOT FULLY CAPTURE ALL MEDICARE REVENUE AND COSTS, INCLUDING BUT NOT LIMITED TO PHYSICIAN SERVICES AND MEDICARE PART C.

PART III, LINE 9B:

THE HOSPITAL MAKES A REASONABLE EFFORT TO DETERMINE AN INDIVIDUAL'S

ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE ENGAGING IN ANY COLLECTION

ACTIONS.

ALL COLLECTION ACTIONS WILL BE SUSPENDED IF THE INDIVIDUAL SUBMITS A COMPLETED FAP APPLICATION DURING THE APPLICATION PERIOD, OR IF THE INDIVIDUAL SUBMITS AN INCOMPLETE APPLICATION DURING THE APPLICATION PERIOD THAT IS SUBSEQUENTLY COMPLETED WITHIN A REASONABLE TIME AFTER THE HOSPITAL REQUESTS FURTHER INFORMATION. IF THE INDIVIDUAL IS DETERMINED NOT TO BE

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 Part VI
 Supplemental Information (Continuation)
 ELIGIBLE FOR A FULL DISCOUNT UNDER THE FAP, ANY COLLECTION ACTIVITIES WILL

 BE RESUMED AS TO THE OUTSTANDING BALANCE OWED. IF THE INDIVIDUAL IS
 DETERMINED TO BE ELIGIBLE FOR ASSISTANCE UNDER THE FAP, APPROPRIATE

 MEASURES ARE TAKEN TO REFUND ANY AMOUNTS OWED TO THE INDIVIDUAL AND
 REVERSE OR MODIFY COLLECTION ACTIONS CONSISTENT WITH THE NEW BALANCE OWED

 AFTER APPLYING THE APPLICABLE FAP DISCOUNTS.
 Execution of the applicable for a sector of the fap factor of the fap factor of the fap factor of the fap factor of the fac

PART VI, LINE 2:

THE HOSPITAL FACILITY'S MOST RECENT CHNA WAS BASED ON A SET OF BEST PRACTICES FOR COMMUNITY HEALTH ASSESSMENTS WITH THE PURPOSE OF IDENTIFYING REGIONAL PRIORITY AREAS TO FOCUS ON FOR CY2021 TO CY2023. THE PROCESS WAS DESIGNED TO RELY ON EXISTING PUBLIC DATA, DIRECTLY ENGAGING COMMUNITY STAKEHOLDERS, AND COLLABORATE WITH LOCAL PUBLIC HEALTH AND OTHER HEALTH CARE PROVIDERS. COMMUNITY FEEDBACK WAS RECEIVED IN THE FORM OF A COMMUNITY HEALTH SURVEY CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS ON BEHALF OF THE ORGANIZATION.

THE HOSPITAL FACILITY DEVELOPED AN IMPLEMENTATION STRATEGY TO IDENTIFY THE MEANS THROUGH WHICH IT PLANS TO ADDRESS THOSE PRIORITIZED. BEYOND PROGRAMS ADDRESSED IN THE IMPLEMENTATION STRATEGY, THE HOSPITAL FACILITY WILL CONTINUE TO ADDRESS MANY OF THE PRIORITIES BY PROVIDING CARE TO ALL, REGARDLESS OF ABILITY TO PAY.

PART VI, LINE 3:

THE ORGANIZATION USES A VARIETY OF MEANS TO EDUCATE AND INFORM PATIENTS OF THEIR FINANCIAL ASSISTANCE OPTIONS. INFORMATION REGARDING FINANCIAL ASSISTANCE CAN BE FOUND ON THE HOSPITAL FACILITY'S WEBSITE, CONSPICUOUSLY DISPLAYED SIGNAGE THROUGHOUT THE HOSPITAL FACILITY, PATIENT BILLING

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STATEMENTS, AND FROM TEAMMATES DURING CONVERSATIONS CONCERNING A PATIENT'S

LIABILITY FOR SERVICES DURING PREADMISSION, DISCHARGE, AND THE

"COLLECTION" PERIOD.

PART VI, LINE 4:

THE FILING ORGANIZATION'S PRIMARY SERVICE AREA IS BALDWIN COUNTY,

GEORGIA. BALDWIN COUNTY, GA, HAS A POPULATION OF APPROXIMATELY 45,300

### INDIVIDUALS AND ENCOMPASSES APPROXIMATELY 259 SQUARE MILES.

#### AGE:

19.2% - 0 - 17

65.8% - 18 - 64

15% - 65+

RACE:

53.8% - WHITE

42.1% - BLACK

2.2% - HISPANIC

1.9% - OTHER

PART VI, LINE 5:

THE ORGANIZATION IS COMMITTED TO BEING RESPONSIVE TO THE HEALTH NEEDS OF

THE COMMUNITIES IT SERVES THROUGH A NUMBER OF PROGRAM ACTIVITIES AND

COMMUNITY HEALTH IMPROVEMENT INITIATIVES. THE ORGANIZATION HAS ADOPTED AND

MAINTAINED A FINANCIAL ASSISTANCE POLICY, PROVIDES SUBSIDIZED HEALTH

SERVICES TO PATIENTS IN NEED, AND ACCEPT ALL PATIENTS REGARDLESS OF THEIR

ABILITY TO PAY. THE HOSPITAL OPERATES AN EMERGENCY ROOM THAT IS OPEN 24/7.

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THE GOVERNING BOARD IS COMPRISED OF LEADERS WITHIN THE COMMUNITY THE

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HOSPITAL SERVES. FUNDS ARE REINVESTED IN HEALTH IMPROVEMENT INITIATIVES TO

BETTER SERVE THE COMMUNITY HEALTH NEEDS.

PART VI, LINE 6:

THE FILING ORGANIZATION IS PART OF ADVOCATE HEALTH, WHICH IS HEADQUARTERED IN CHARLOTTE, NORTH CAROLINA, AND IS THE THIRD-LARGEST NONPROFIT HEALTH SYSTEM IN THE UNITED STATES, CREATED FROM THE COMBINATION OF ATRIUM HEALTH AND ADVOCATE AURORA HEALTH. TOGETHER WITH AN INTEGRATED GROUP OF 501(C)(3) HOSPITALS, PHYSICIAN NETWORKS, OTHER HEALTHCARE PROVIDERS, THE ORGANIZATION IS COMMITTED TO PROVIDING SIGNIFICANT BENEFITS TO THE COMMUNITIES IT SERVES ACROSS. EACH HOSPITAL ORGANIZATION IN THE ADVOCATE HEALTH SYSTEM REPORTS ITS OWN COMMUNITY BENEFIT ON FORM 990, SCHEDULE H.

THE CONSOLIDATED COMMUNITY BENEFIT TOTAL OF THE HEALTH SYSTEM IS REPORTED AT HTTPS://NAVICENTHEALTH.ORG/OUR-ANNUAL-REPORTS

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

<u>GA</u>

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SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00	
•	-	Compensated Employees		20	ZJ	)
Deres		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	1	Employer	identificatio	on nui	mber
		NAVICENT HEALTH BALDWIN, INC.	82-3	391492	5	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments	s			
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•			1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
_						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the 250 (5 country of the co	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
		ompensation consultant				
		ther organizations Approval by the board or compensation of	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a	х	
b		eive payment from a supplemental nonqualified retirement plan?			X	
	-	eive payment from an equity-based compensation arrangement?				x
•	-	les 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.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	-					X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		9		
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n <b>990</b> )	) 2023

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

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

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

		( <b>B)</b> Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DELVECCHIO FINLEY	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/CEO	(ii)	1,039,782.	932,850.	90,826.	125,981.	35,541.	2,224,980.	63,583.
(2) KENNETH B. BANKS	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	359,039.	164,916.	776,852.	36,012.	30,358.	1,367,177.	73,656.
(3) LUIS FONSECA	(i)	0.	0.	0.	0.	0.	0.	0.
PRE HOSP/CLINICS	(ii)	598,938.	201,111.	5,425.	31,274.	23,058.	859,806.	0.
(4) ROBERT C. WILDE	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	56,050.	118,513.	354,981.	0.	0.	529,544.	0.
(5) KIMBERLY SHREWSBURY	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	372,088.	0.	94,340.	27,693.	30,980.	525,101.	0.
(6) NOEL DOLL	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR PHARMACY	(ii)	181,577.	22,488.	1,205.	7,416.	36,093.	248,779.	0.
(7) CAROL E BABB	(i)	0.	0.	0.	0.	0.	0.	0.
PHARMACIST	(ii)	153,114.	0.	809.	6,283.	27,696.	187,902.	0.
(8) PEGGY GIBSON	(i)	0.	0.	0.	0.	0.	0.	0.
OVERHOUSE SPRVSR	(ii)	159,430.	1,885.	578.	5,705.	13,389.	180,987.	0.
(9) ELIZABETH FUQUA	(i)	0.	0.	0.	0.	0.	0.	0.
CH NURSE OFF	(ii)	133,999.	12,541.	8,493.	5,062.	12,323.	172,418.	0.
(10) SARAH HUMPHREY	(i)	0.	0.	0.	0.	0.	0.	0.
NURSE DIRECTOR SNU	(ii)	124,018.	16,541.	75.	5,032.	21,948.	167,614.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

#### Part III Supplemental Information

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

### PART I, LINES 4A-B:

CERTAIN DIRECTORS, OFFICERS, AND KEY EMPLOYEES OF THE FILING ORGANIZATION

PARTICIPATED IN AND/OR RECEIVED PAYMENTS FROM A NON-QUALIFIED DEFERRED

COMPENSATION PLAN (RESTORATION OR SERP) AND/OR RECEIVED PAYMENTS FOR

SEVERANCE. THE DETERMINATION OF THE PAYMENT AMOUNT FROM NON-QUALIFIED

DEFERRED COMPENSATION PLANS FOLLOWED THE EMPLOYMENT ORGANIZATION'S

COMPENSATION PROCEDURES. THE FOLLOWING DIRECTORS, OFFICERS, AND KEY

EMPLOYEES RECEIVED PAYMENTS FOR SEVERANCE AND/OR PAYMENTS FROM

NON-QUALIFIED DEFERRED COMPENSATION PLANS DURING THE CURRENT TAX YEAR:

SEVERANCE PAYMENTS:

KENNETH B. BANKS 96,981

ROBERT C. WILDE 354,981

### NON-QUALIFIED DEFERRED COMPENSATION PAYMENTS:

DELVECCHIO S FINLEY 63,583

KENNETH B. BANKS 73,656

SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



Employer identification number 82 - 3914925

FORM 990, PART VI, SECTION A, LINE 6:

NAVICENT HEALTH, INC. IS THE SOLE MEMBER OF THE ORGANIZATION.

NAVICENT HEALTH BALDWIN,

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS OF NAVICENT HEALTH, INC. APPOINTS THE MEMBERS OF THE

BOARD OF DIRECTORS OF NAVICENT HEALTH BALDWIN. NAVICENT HEALTH, INC., AS

THE SOLE MEMBER OF THE ORGANIZATION, MAY ALSO REMOVE THE MEMBERS OF THE

BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

NAVICENT HEALTH BALDWIN MAY NOT TAKE CERTAIN ACTIONS WITHOUT THE PRIOR

APPROVAL OF NAVICENT HEALTH, INC., THE ORGANIZATION'S SOLE MEMBER. THESE

ACTIONS ARE:

1) AMEND OR RESTATE THE ARTICLES OF INCORPORATION OR BYLAWS OF THE

ORGANIZATION,

2) APPOINT OR REMOVE THE PRESIDENT OR CEO OF THE ORGANIZATION,

3) APPOINT OR REMOVE A MEMBER OF THE ORGANIZATION,

4) ORGANIZE ANY SUBSIDIARY OF THE ORGANIZATION OR ENTER INTO ANY JOINT

VENTURE,

5) ADOPT A PLAN OF LIQUIDATION OR DISSOLUTION,

6) ENTER INTO ANY SALE, MORTGAGE OR OTHER DISPOSITION OF ALL OR

SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS,

7) ADOPT A PLAN OF MERGER OR CONSOLIDATION WITH ANOTHER ENTITY,

8) ADOPT OR AMEND AN ANNUAL OR CAPITAL BUDGET OR MAKE ANY EXPENDITURE

EXCEPT PURSUANT TO POLICIES ESTABLISHED BY NAVICENT HEALTH, OR

9) AMEND, TERMINATE OR ENTER INTO ANY LEASE OF A HOSPITAL TO WHICH THE

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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 332211 11-14-23

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FORM 990, PART VI, SECTION B, LINE 11B:

THE FILING ORGANIZATION'S BOARD OF DIRECTORS RECEIVES COPIES OF THE FORM 990 WITH SUFFICIENT TIME TO PERMIT REVIEW, COMMENT, AND QUESTIONS PRIOR TO ITS FILING. IF MODIFICATIONS ARE REQUIRED FOLLOWING SUCH REVIEW AND COMMENT, THE REVISED FORM 990 IS REDISTRIBUTED TO ALL DIRECTORS PRIOR TO ITS FILING WITH THE IRS, ALONG WITH A REPORT NOTING THE MODIFICATIONS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES ITS OFFICERS, DIRECTORS AND KEY EMPLOYEES TO ANNUALLY REVIEW THE CONFLICT OF INTEREST POLICY AND DETERMINE ANY POTENTIAL CONFLICTS OF INTEREST. ANY POTENTIAL CONFLICTS NOTED IN THE QUESTIONNAIRE ARE REVIEWED BY A STANDING COMMITTEE FOR APPROPRIATE RESOLUTION. ALL MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO DETERMINE AND REPORT ANNUALLY, AND AS THEY ARISE, ANY POTENTIAL CONFLICTS OF INTEREST TO THE SECRETARY OF THE BOARD OF DIRECTORS. THE RESOLUTION OF POTENTIAL AND ACTUAL CONFLICTS IS SUBJECT TO THE APPROVAL OF THE CHAIR OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION, BENEFITS, AND EQUITY COMMITTEE (THE "COMMITTEE") OF THE ADVOCATE HEALTH, INC. BOARD OF DIRECTORS HAS AUTHORITY AS THE NAVICENT HEALTH BOARD DELEGATES TO IT, FOR THE REVIEW AND APPROVAL OF SENIOR EXECUTIVE COMPENSATION, INCLUDING SENIOR EXECUTIVE INCENTIVE PLANS. NO MEMBER OF THE COMMITTEE IS AN EMPLOYEE OF NAVICENT HEALTH, INC. OR THE FILING ORGANIZATION. THE COMMITTEE RELIES UPON AN EXTERNAL, INDEPENDENT COMPENSATION CONSULTANT EXPERIENCED IN HEALTHCARE TO PROVIDE THE COMMITTEE WITH COMPENSATION COMPARABILITY DATA FOR NEW EXECUTIVE POSITION Schedule O (Form 990) 2023 332212 11-14-23

14151119 144811 NHBALD

60 2023.05000 NAVICENT HEALTH BALDWIN,

NHBALD 1

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization NAVICENT HEALTH BALDWIN, INC.	Employer identification number 82-3914925
	02 3914923
APPOINTMENTS AND FOR COMPENSATION REVIEWS FOR EXISTING EXE	CUTIVES. THE
CONSULTANT, WHICH IS RETAINED DIRECTLY BY THE COMMITTEE, P	ROVIDES
THIRD-PARTY INFORMATION AND EVALUATES THE COMPETITIVENESS	AND
REASONABLENESS OF EXECUTIVE COMPENSATION AND BENEFITS PROG	RAMS IN RELATION
TO MARKET PRACTICES FOR SIMILARLY SITUATED HEALTHCARE ORGA	NIZATIONS. THE
COMMITTEE MAKES ITS DECISIONS WITH RESPECT TO EXECUTIVE CC	MPENSATION IN
ACCORDANCE WITH NAVICENT HEALTH, INC. AND THE FILING ORGAN	IZATION'S
POLICIES, IRS REGULATIONS, AND STANDARD CORPORATE GOVERNAN	ICE PRACTICES.
SUCH POLICIES INCLUDE ADHERENCE TO EXECUTIVE COMPENSATION	PHILOSOPHY AND
REVIEW PROCESSES; PROCESSES ENSURING COMMITTEE MEMBER AND	COMPENSATION
CONSULTANT INDEPENDENT; USE OF VALID MARKET COMPARISONS OF	DATA FROM
HEALTHCARE ORGANIZATIONS OF SIMILAR SIZE, STRUCTURE, AND C	COMPLEXITY, AND
ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLEN	ESS, PER IRS
GUIDELINES. MINUTES OF THE DELIBERATIONS OF THE COMMITTEE	ARE MAINTAINED IN
THE ADVOCATE HEALTH, INC. LEGAL DEPARTMENT.	

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC ON REQUEST. THE ORGANIZATION'S BYLAWS ARE NOT PUBLISHED, BUT PROVISIONS FROM THE BYLAWS ARE INCLUDED AS NECESSARY IN THE ORGANIZATION'S POLICIES AND ARE ATTACHED TO THE FORM 1023 FILED FOR THE ORGANIZATION WITH THE IRS, WHICH IS PUBLICLY AVAILABLE. THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON REQUEST.

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FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT AND CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

15,704,685.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization NAVICENT HEALTH BALDWIN, INC.	Page 2 Employer identification number 82-3914925
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21,648,783.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	21,648,783.
332212 11-14-23 62	Schedule O (Form 990) 2023
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#### SCHEDULE R (Form 990)

(Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 82 - 3914925

Department of the Treasury Internal Revenue Service

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

Name of the organization

### NAVICENT HEALTH BALDWIN, INC.

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

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

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
NAVICENT HEALTH, INC 58-2149127							
777 HEMLOCK STREET, MSC 111				LINE 12D,	AHNH GEORGIA,		
MACON, GA 31201	HEALTHCARE	GEORGIA	501(C)(3)	III-0	INC.		х
MEDICAL CENTER OF CENTRAL GEORGIA, INC							
58-2149128, 777 HEMLOCK STREET, MSC 111,					NAVICENT HEALTH,		
MACON, GA 31201	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	INC.		х
THE MEDICAL CENTER OF PEACH COUNTY, INC							
45-3765471, 777 HEMLOCK STREET, MSC 111,					NAVICENT HEALTH,		
MACON, GA 31201	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	INC.		х
HEALTH SERVICES OF CENTRAL GEORGIA, INC -							
58-2307485, 777 HEMLOCK STREET, MSC 111,					NAVICENT HEALTH,		
MACON, GA 31201	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	INC.		х

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

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
CENTRAL GEORGIA SENIOR HEALTH, INC	_						
58-2345439, 777 HEMLOCK STREET, MSC 111,	CONTINUING CARE RETIREMENT				NAVICENT HEALTH,		
MACON, GA 31201	COMMUNITY	GEORGIA	501(C)(3)	LINE 12B, II	INC.		Х
AH GEORGIA, INC 83-1707383	_				THE		
PO BOX 32861	_				CHARLOTTE-MECKLENB		
CHARLOTTE, NC 28232-2861	HOLDING CO.	GEORGIA	501(C)(3)	LINE 7	URG HOSPITAL		Х
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY							
- 56-0529945, 1000 BLYTHE BLVD., CHARLOTTE,			NC POLITICAL				
NC 28203	HEALTHCARE	NORTH CAROLINA	SUBDIVISION		N/A		Х
FLOYD HEALTHCARE MANAGEMENT, INC							
58-1973570, 304 TURNER MCCALL BLVD., ROME,							
GA 30162-0233	HOSPITAL	GEORGIA	501(C)(3)	LINE 3	AH GEORGIA, INC.		Х
ADVOCATE HEALTH, INC 88-4157429							
1000 BLYTHE BLVD.	-						
CHARLOTTE, NC 28203	- HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 12B, II			х
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## Schedule R (Form 990) 2023 NAVICENT HEALTH BALDWIN, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	General of managing partner?	<sup>r</sup> Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
SECURE HEALTH PLANS OF											
GEORGIA, LLC - 58-2306549,											
577 MULBERRY STREET, MACON,											
GA 31201	MANAGED CARE	GA	N/A	N/A	N/A	N/A		x	N/A	X	N/A
CENTRAL GEORGIA PET, LLC -											
37-1464470, 1650 HARDEMAN	MEDICAL IMAGING										
AVENUE, MACON, GA 31201	CENTER	GA	N/A	N/A	N/A	N/A		x	N/A	X	N/A
COWLES CLINIC REALTY, LLC -											
81-0636590, 1000 COWLES											
CLINIC WAY, #C100,	HEALTHCARE REAL										
GREENSBORO, GA 30642	ESTATE	GA	N/A	N/A	N/A	N/A		x	N/A	x	N/A
MACON OUTPATIENT SURGERY, LLC	1										
- 20-3027560, 3708 NORTHSIDE	PHYSICIAN										
DRIVE, MACON, GA 31210	SERVICES	GA	N/A	N/A	N/A	N/A		x	N/A	x	N/A

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(i contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
CENTRAL GEORGIA HEALTH VENTURES, INC - 58-2164989, 777 HEMLOCK STREET, MSC 111,,	HOME CARE MANAGEMENT		27.42		<b>DT</b> / D	NT ( 2			
MACON, GA 31201	SERVICE	GA	N/A	C CORP	N/A	N/A	N/A		X
NAVICENT HEALTHPLAN, INC 20-2467391 777 HEMLOCK STREET, MSC 111,	_								
MACON, GA 31201	INSURANCE	GA	N/A	C CORP	N/A	N/A	N/A		Х
CENTRA PROFESSIONAL INDEMNITY, LTD.									
P.O. BOX 1363,	7	CAYMAN							
GRAND CAYMAN, CAYMAN ISLANDS	SELF-INSURANCE	ISLANDS	N/A	C CORP	N/A	N/A	N/A		x
	-								
	-								

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	<b>(b)</b> Primary activity	(C) Legal	(d)	(e) Predominant income	(f) Sharo of total	<b>(g)</b> Share of		h)	(i) Code V URI	(j)	(k)
Name, address, and EIN of related organization	Fillinary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	end-of-year assets	ate allo	-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managi partnei	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
NAVICENT HOLDING, LLC -	-										
84-4982377, 777 HEMLOCK ST.,	-										
MSC 111, MACON, GA 31201	HOLDING CO.	GA	N/A	N/A	N/A	N/A		x	N/A	X	N/A
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## Schedule R (Form 990) 2023 NAVICENT HEALTH BALDWIN, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
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?		Yes	No				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х				
	Gift, grant, or capital contribution to related organization(s)	1b		Х				
	Gift, grant, or capital contribution from related organization(s)	1c		Х				
	Loans or loan guarantees to or for related organization(s)	1d		Х				
	Loans or loan guarantees by related organization(s)	1e	X					
f	Dividends from related organization(s)	1f		Х				
g	Sale of assets to related organization(s)	1g		Х				
	Purchase of assets from related organization(s)	1h		Х				
i	Exchange of assets with related organization(s)	1i		Х				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х				
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х				
	Sharing of paid employees with related organization(s)	10	X					
р	Reimbursement paid to related organization(s) for expenses	1p	X					
	Reimbursement paid by related organization(s) for expenses	1q	X					
r	Other transfer of cash or property to related organization(s)	1r		X				
s	Other transfer of cash or property from related organization(s)	1s	X					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

## Schedule R (Form 990) 2023 NAVICENT HEALTH BALDWIN, INC.

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

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

5	5 5	<b>–</b>	· · · · · · · · · · · · · · · · · · ·											
(a)	(b)	(c)	(d)	(€ Are	∋)_	(f)	(g)	(ł	ו)	(i)	(j)		(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are	e all rs sec	Share of	Share of	Dispr	opor-	Code V-UBI	Genera		ercentage	
of entity	· · · · · · · · · · · · · · · · · · ·	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501( org	c)(3)	total	end-of-year	Dispr tior allocat	iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ing	wnershin	
or onary		country)	excluded from tax under	org		income			10115 ?	of Schedule K-1	partne	er?	moromp	
		country)	sections 512-514)	Yes	No	liicoine	455615	Yes	No	(Form 1065)	Yes	10		
												_		
		1	1	1										

Schedule R (Form 990) 2023

## NAVICENT HEALTH BALDWIN, INC. 82-3914925 Page 5

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

332165 09-28-23