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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
St Vincent Hospital and Health Care Center Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2001 West 86th Street

City or town, state or country, and ZIP + 4
Indianapolis, IN 462601991

D Employer identification number
35-0869066

E Telephone number
(317) 583-3282

G Gross receipts $ 867,157,431

F Name and address of Principal Officer
Kyle DeFur
2001 West 86th Street
Indianapolis, IN 462601991

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶ 0928

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www stvincent org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1881

M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
We strive to create a just and compassionate health care environment

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of employees (Part V, line 2a)	**5**	7,468
6	Total number of volunteers (estimate if necessary)	**6**	275
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	1,926,313
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-972,978

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	8,312,727	12,749,896
9	Program service revenue (Part VIII, line 2g)	841,299,416	966,248,558
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,539,995	-122,412,733
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,458,066	10,357,731
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	906,610,204	866,943,452
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	563,028	33,108,723
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	397,681,680	414,429,497
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	373,731,670	490,321,941
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	771,976,378	937,860,161
19	Revenue less expenses Subtract line 18 from line 12	134,633,826	-70,916,709
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	1,181,057,947	1,109,716,643
21	Total liabilities (Part X, line 26)	316,982,432	360,949,143
22	Net assets or fund balances Subtract line 21 from line 20	864,075,515	748,767,500

Part II Signature Block

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

Please Sign Here

▶ Signature of officer — Date: 2010-05-13

▶ Kyle DeFur President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Deloitte Tax LLP 111 Monument Circle Suite 2000 Indianapolis, IN 462045108			EIN ▶ Phone no ▶ (317) 464-8600

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 707,572,824 including grants of $ 33,108,723) (Revenue $ 971,565,300)

St Vincent Hospital & Health Care Center (SVHHCC) is a 935-bed hospital serving Marion and contiguous counties SVHHCC also provided services through eight Centers of Excellence St Vincent Oncology Center, Indiana Neuroscience Institute, St Vincent Heart Center of Indiana, St Vincent Orthopedic Center, Peyton Manning Children's Hospital, St Vincent Women's Hospital, St Vincent Spine Center, and St Vincent Bariatric Center of Excellence During fiscal year 2009, SVHHCC treated 34,088 adults and children for a total of 191,120 inpatient days of service The hospital also provided services for 738,666 outpatient visits, including 13,315 outpatient surgeries and 56,862 emergency room and minor care visits See Schedule O for a complete listing of community benefit programs and descriptions

4b (Code) (Expenses $ 64,056,779 including grants of $) (Revenue $)

During the fiscal year ending June 30, 2009, the unreimbursed cost of free or discounted services provided to patients who were deemed indigent under state, county, or hospital guidelines was $64,056,779, which included $16,669,851 of traditional charity care and $47,386,928 in unpaid costs of care for those qualifying for Medicaid or other public programs for the poor (Note that SVHHCC also provides a substantial portion of its services to the elderly, but in keeping with Catholic Healthcare Association guidelines, the total of unreimbursed cost of free or discounted services does NOT include $59,052,004 in unpaid costs of care for elderly covered through Medicare) See Schedule O for a complete listing of community benefit programs and descriptions

4c (Code) (Expenses $ 24,842,025 including grants of $) (Revenue $)

In addition to core medical services, SVHHCC partners with its community to assess community assets and needs and to work together to address issues impacting health and quality of life, with special emphasis on the poor and vulnerable In fiscal year 2009, SVHHCC provided $24,842,025 in unbilled services to the poor and to the broader community (When combined with the costs of free or discounted services for the poor listed in Line 4b, SVHHCC provided a total community benefit of $88,898,804 in fiscal year 2009) SVHHCC serves and supports its community through such programs as diabetes classes, Primary Care Center, Resolve Through Sharing Grief Support Group, health fairs and screenings See Schedule O for a complete listing of community benefit programs and descriptions

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses $ 796,471,628 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	416		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	7,468		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 12		
b	Enter the number of voting members that are independent . .	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed IN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Dawn R Davidson Controller
10330 N Meridian St Ste 430N
Indianapolis, IN 46290
(317) 583-3284

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								7,821,729	0	316,289

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 337

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Naab Road Surgery Center 8260 Naab Road Indianapolis, IN 46260	Surgical services	16,535,100
Chartwell Midwest Indiana LLC 8040 Castleway Drive Indianapolis, IN 46250	Blood products & home infusion services	12,374,803
Mid America Clinical Labs 2560 N Shadeland Avenue Indianapolis, IN 46219	Lab services	12,223,714
Hall Render Killian Heath & Lyman PSC 39778 Treasury Center Chicago, IL 606949700	Legal services	6,379,379
Care Group Cardiovascular Mgmt LLC 8333 Naab Road Ste 200 Indianapolis, IN 46260	Management services	3,846,916

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 62

Part VIII **Statement of Revenue**

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	9,797,944			
	e	Government grants (contributions)	1e	2,016,603			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	935,349			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total (Add lines 1a-1f)**		12,749,896			
Program Service Revenue			Business Code				
	2a	Net patient revenue	621,990	745,114,239	745,114,239		
	b	Net Medicare/Medicaid	621,990	221,134,319	221,134,319		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** ▶ $ 966,248,558					
	3	Investment income (including dividends, interest other similar amounts)		-122,200,954	5,245,020	71,722	-127,517,696
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	2,492,498				
	b	Less rental expenses					
	c	Rental income or (loss)	2,492,498				
	d	Net rental income or (loss)		2,492,498			2,492,498
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		2,200			
	b	Less cost or other basis and sales expenses		213,979			
	c	Gain or (loss)		-211,779			
	d	Net gain or (loss)		-211,779			-211,779
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Pharmacy revenue	621,990	4,073,096			4,073,096
	b	Hotel & Conference rev	721,000	1,854,591		1,854,591	
	c	Gift shop revenue	453,220	1,352,138			1,352,138
	d	All other revenue _____		585,408			585,408
	e	**Total. Add lines 11a-11d**	$ 7,865,233				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		866,943,452	971,493,578	1,926,313	-119,226,335

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	33,025,223	33,025,223		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	83,500	83,500		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,117,556		3,117,556	
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	330,101,331	273,643,440		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,956,478	8,253,602	1,702,876	
9 Other employee benefits	50,716,313	42,042,201	8,674,112	
10 Payroll taxes	20,537,819	17,025,195	3,512,624	
11 Fees for services (non-employees)				
a Management	24,913,057	20,652,127	4,260,930	
b Legal	1,952,631	1,618,669	333,962	
c Accounting				
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	988,868	819,740	169,128	
12 Advertising and promotion				
13 Office expenses				
14 Information technology	50,019,195	41,464,312	8,554,883	
15 Royalties				
16 Occupancy	22,005,811	18,242,113	3,763,698	
17 Travel				
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	3,303,194	2,738,242	564,952	
20 Interest	6,066,142	5,028,638	1,037,504	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,454,471	30,219,590	6,234,881	
23 Insurance	4,284,160	4,284,160		
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Supplies	133,632,504	110,777,070	22,855,434	
b Community benefit	88,898,804	88,898,804		
c Miscellaneous	46,686,329	38,701,471	7,984,858	
d Purchased services	42,201,206	34,983,449	7,217,757	
e Equipment rental/mainte	10,968,447	9,092,492	1,875,955	
f All other expenses	17,947,122	14,877,590	3,069,532	
25 **Total functional expenses.** Add lines 1 through 24f	937,860,161	796,471,628	141,388,533	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		31,970,974	2	29,266,780
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		136,748,786	4	124,629,200
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		5,761,545	7	
	8	Inventories for sale or use		11,450,165	8	12,474,621
	9	Prepaid expenses and deferred charges		5,301,297	9	4,229,228
	10a	Land, buildings, and equipment cost basis	10a 719,370,542			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 446,911,630	287,328,208	10c	272,458,912
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		13,540,183	12	12,766,339
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		688,956,789	15	653,891,563
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		1,181,057,947	16	1,109,716,643
Liabilities	17	Accounts payable and accrued expenses		68,097,383	17	82,281,899
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		248,885,049	25	278,667,244
	26	**Total liabilities.** *Add lines 17 through 25*		316,982,432	26	360,949,143
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		861,033,732	27	746,661,658
	28	Temporarily restricted net assets		3,034,797	28	2,095,842
	29	Permanently restricted net assets		6,986	29	10,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		864,075,515	33	748,767,500
	34	Total liabilities and net assets/fund balances		1,181,057,947	34	1,109,716,643

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St Vincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

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

Name of the organization	Employer identification number
St Vincent Hospital and Health Care Center Inc	35-0869066

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	$
3	Volunteer hours	

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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 in a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		1,041
j	Total lines 1c through 1i			1,041
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St Vincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	1,760,121	17,193,513		18,953,634
b Buildings		420,270,912	245,644,120	174,626,792
c Leasehold improvements		10,655,430	8,482,081	2,173,349
d Equipment		263,382,737	192,785,429	70,597,308
e Other		6,107,829		6,107,829
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				272,458,912

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Health System Depository Account	641,097,673
Donor restricted funds	2,105,842
AH Deferred compensation	1,855,828
Other Assets	924,185
Intercompany receivables	7,908,035
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	653,891,563

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Intercompany debt to Ascension Health	185,940,382
Pension liability	68,340,670
Deferred Gain on MOB Sale - Indpls	1,906,245
Deferred compensation	1,855,828
Guarantee liability	233,011
Estimated amount due 3rd party payors	10,622,011
Other	5,848,887
Self insurance liability	2,538,952
Savings plan liability	987,404
Intercompany liability	393,854
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	278,667,244

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
		In June 2006, the FASB issued Interpretation No 48, Accounting for Uncertainty in Income Taxes (FIN 48), which clarifies the accounting for uncertainty in income tax positions recognized in financial statements in accordance with FASB Statement No 109, Accounting for Income Taxes FIN 48 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return Effective June 30, 2007, St Vincent Hospital & Health Care Center, Inc adopted FIN 48 The adoption of FIN 48 did not have a material impact on the organization's financial position or results of operations

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St Vincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
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**						

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
St Vincent Hospital & Health Care Center 2001 West 86th Street Indianapolis, IN 46260	X	X	X		X		X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 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 communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St Vincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Archdiocese of Indianapolis - Holy Family Shelter30 East Palmer Street Indianapolis,IN 46225	35-1018460	501(c)(3)	50,000				General support
Covering Kids & Families of Indiana Inc2951 East 38th Street Indianapolis,IN 46205	61-1520892	501(c)(3)	50,250				General support
Gennesaret Free Clinic Inc 615 N Alabama Street Indianapolis,IN 462041414	35-1776518	501(c)(3)	20,000				General support
The Julian Center Inc2011 N Meridian Street Indianapolis,IN 46202	35-1346514	501(c)(3)	15,000				General support
Neighborhood Christian Legal Clinic3333 N Meridian Street Suite 201 Indianapolis,IN 46208	35-1916572	501(c)(3)	10,000				General support
Fay Biccard Glick Neighborhood Center at Crooked Creek2990 W 71st Street Indianapolis,IN 46268	35-1738809	501(c)(3)	50,000				General support
St Elizabeth's Home2500 Churchman Avenue Indianapolis,IN 462034699	35-0868151	501(c)(3)	5,000				General support
Marian College3200 Cold Spring Road Indianapolis,IN 46222	35-0868175	501(c)(3)	100,000				General support for nursing program
Ascension HealthPO Box 45998 St Louis,MO 63145	31-1662309	501(c)(3)	19,977,250				NA share
St Vincent Hospital Foundation Inc10330 N Meridian St Suite 430N Indianapolis,IN 46290	35-6088862	501(c)(3)	1,522,756				Operating grant
St Vincent Health Inc10330 N Meridian St Suite 430N Indianapolis,IN 46290	35-2052591	501(c)(3)	11,180,000				General support for Physician Network group and CAH HIT grant

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 11

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships for nursing students	17	46,000			
Scholarships for Sons & Daughters of associates attending college	25	37,500			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The finance committee ensures that funds are distributed appropriately according to Ascension Health's strategic business plan and consistent with corporate policies and procedures

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St Vincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☑ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Vincent C Caponi	(i)	849,615	352,450		5,750	14,552	1,222,367	
	(ii)							
Kyle DeFur	(i)	401,329	119,264		5,750	28,997	555,340	
	(ii)							
Jeffrey P Williams	(i)	153,701			3,670	8,564	165,935	
	(ii)							
Darcy K Burthay	(i)	303,712	118,531		5,571	1,781	429,595	
	(ii)							
Anne F Coleman	(i)	229,516	43,571		5,041	19,437	297,565	
	(ii)							
Martha L Durall	(i)	174,529	35,320		4,526	16,516	230,891	
	(ii)							
Gary A Fammartino	(i)	183,125	36,160		4,715	18,016	242,016	
	(ii)							
Joanne M Hilden	(i)	350,803	69,205		4,429	16,904	441,341	
	(ii)							
Daniel R LeGrand	(i)	244,589	35,294			8,589	288,472	
	(ii)							
Robert M Lubitz	(i)	284,977	52,529		5,750	16,478	359,734	
	(ii)							
Joseph F Bellflower	(i)	868,167			5,750	18,202	892,119	
	(ii)							
William P Didelot	(i)	695,870	171,420		5,750	16,806	889,846	
	(ii)							
Kambiz T Karimi	(i)	650,299	43,810		5,750	20,862	720,721	
	(ii)							
Ronald I Reisman	(i)	571,323	2,250		5,750	16,694	596,017	
	(ii)							
James E Sumners	(i)	599,703	74,000		5,750	19,939	699,392	
	(ii)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	St Vincent Hospital & Health Care Center, Inc paid for cell phone usage, companion travel and gifts for fourteen (14) of the listed officers in Part VII St Vincent Hospital & Health Care Center, Inc will only reimburse a business expense when all three (3) of the following IRS requirements are met 1 The expense must have a business connection (i e , the expenses must be incurred while performing services on behalf of a SVH Entity), 2 The expense must be adequately substantiated by the Associate within a reasonable period of time, and 3 The Associate must return any excess reimbursement or allowance within a reasonable period of time St Vincent Hosptial & Health Care Center, Inc "grossed up" the above applicable non-business expenses and included in the employees' W-2 as additional taxable compensation
	Part I, Line 4a	The following individualS participated in, or received payment from a supplemental non-qualified retirement plan Joseph Bellflower - $15,500 William P Didelot - $14,976 Martha L DuRall - $15,496 Robert M Lubitz - $14,904 Ronald I Reisman - $14,308 James E Sumners - $15,500

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 35-0869066
Name: St Vincent Hospital and Health Care Center Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Vincent C Caponi	(I) (II)	849,615	352,450		5,750	14,552	1,222,367	
Kyle DeFur	(I) (II)	401,329	119,264		5,750	28,997	555,340	
Jeffrey P Williams	(I) (II)	153,701			3,670	8,564	165,935	
Darcy K Burthay	(I) (II)	303,712	118,531		5,571	1,781	429,595	
Anne F Coleman	(I) (II)	229,516	43,571		5,041	19,437	297,565	
Martha L Durall	(I) (II)	174,529	35,320		4,526	16,516	230,891	
Gary A Fammartino	(I) (II)	183,125	36,160		4,715	18,016	242,016	
Joanne M Hilden	(I) (II)	350,803	69,205		4,429	16,904	441,341	
Daniel R LeGrand	(I) (II)	244,589	35,294			8,589	288,472	
Robert M Lubitz	(I) (II)	284,977	52,529		5,750	16,478	359,734	
Joseph F Bellflower	(I) (II)	868,167			5,750	18,202	892,119	
William P Didelot	(I) (II)	695,870	171,420		5,750	16,806	889,846	
Kambiz T Karimi	(I) (II)	650,299	43,810		5,750	20,862	720,721	
Ronald I Reisman	(I) (II)	571,323	2,250		5,750	16,694	596,017	
James E Sumners	(I) (II)	599,703	74,000		5,750	19,939	699,392	

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St Vincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		St Vincent Hospital & Health Care Center, Inc has a single corporate member, St Vincent Health, Inc

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		St Vincent Hospital & Health Care Center, Inc has a single corporate member, St Vincent Health, Inc who has the ability to elect members to the governing body of St Vincent Hospital & Health Care Center, Inc

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		All decisions that have a material impact to St Vincent Hospital & Health Care Center, Inc 's financial information or corporation as a whole are subject to approval by its sole corporate member, St Vincent Health, Inc

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner Management presents the Form 990 to a designated committee of the Board to review and answer any questions Prior to filing the returns, all Board members are provided the Form 990 and management team members are available to answer any Board member questions

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		In determining compensation of the organization's CEO, executive director, or top management official, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The board, in executive session, reviewed and approved the compensation In review of the compensation, the CEO, executive director, and top management were compared to other hospitals in the area that hold the same position During the review and approval of the compensation, documentation of the decision was recorded in the board minutes Individuals were not present when their compensation was decided In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The board, in executive session, reviewed and approved the compensation In the review of the compensation, the other officers or key employees of the organization were compared to other hospitals' employees in the area that hold the same position During the review and approval of the compensation, documentation of the decision was recorded in the board minutes

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization will provide any documents open to public inspection upon request

Identifier	Return Reference	Explanation
Part XI, Line 2A and 2B	Audited Financial Statements	The financial statements of the hospital were audited on a consolidated basis An audit committee has been delegated the responsibility to oversee the audited financial statements and the selection of the independent accountants that audited the financial statements

Identifier	Return Reference	Explanation
Part I, Line 6	Total Number of Volunteers	The total number of volunteers for the organization is 275 This consists of volunteers participating in multiple areas throughout the hospital such as hospitality services Some volunteers also participate in the various community service programs that the hospital performs within the community

Identifier	Return Reference	Explanation
Part IV, Line 24A	Tax Exempt Bond Issuance	St Vincent Hospital & Health Care Center, Inc is a health facility that is part of Ascension Health System Ascension Health is the borrower for tax exempt hospital revenue bonds St Vincent Hospital & Health Care Center, Inc holds an intercompany note payable with Ascension Health, and this information is reported on the balance sheet

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4c	Community Benefit Report	St Vincent Hospital & Health Care Center (SVHHCC) is located in Indianapolis, Indiana and serves Marion and contiguous counties, in Central Indiana Marion County is the largest county in the state with a population of 880,380 Marion County has shown growth in the Hispanic and Russian population recently Marion County's median household income is below national average The county has followed suit with the United States as a whole with job cuts and the unemployment rate increasing Food pantries and homeless shelters are being utilized more because of the rough economy As part of the St Vincent Health System, SVHHCC is dedicated to improving the health status and quality of life for the communities it serves While designated associates at SVHHCC devote all or a significant portion of their time to leading/administering local community-based programs and partnerships, associates throughout the organization are active participants in community outreach They are assisted and supported by designated St Vincent Health community development and service staff who work with each healthcare facility to advocate for and provide technical assistance for community outreach, needs assessments and partnerships as well as to support regional and state-wide programs community programs sponsored by St Vincent Health in which SVHHCC participates Other key services include Digestive Health, Diabetes Care, Center for Healthy Aging, Center for Joint Replacement, Breast Care Services, Mental Health Services , Surgery Services, Sports Medicine, Emergency Departments (Adult and Pediatric), and Primary Health Care Some of these services operate at a loss in order to ensure that comprehensive services are available to the community SVHHCC and its related St Vincent Health affiliates file a community benefit report in the state of Indiana A copy of the full report (including the SVHHCC section) is available at http //www stvincent org/ourlocations/hospitals/Indianapolis/default ht http //peytonmanning stvincent org/ http //www stvincent org/ourlocations/hospitals/womenshospital/default http //www stvincent org/ourservices/mentalhealth/locations/indy/Defaul The hospital uses a percentage of federal poverty level (FPL) to determine free and discounted care At a minimum, patients with income less than or equal to 200% of the FPL, which may be adjusted for cost of living utilizing the local wage index compared to the national wage index, will be eligible for 100% charity care write off of charges for services that have been provided to them Also, at a minimum, patients with incomes above 200% of the FPL but not exceeding 300% of the FPL, subject to adjustments for cost of living utilizing the local wage index compared to national wage index, will receive a discount on the services provided to them SVHHCC, as part of St Vincent Health and its sponsor Ascension Health, follows the Catholic Health Association (CHA) guidelines for determining community benefit CHA community benefit reporting guidelines suggest that bad debt expense, contractual allowances, and quick pay discounts are not treated as community benefit CHA community benefit reporting guidelines also suggest that Medicare shortfall is not treated as community benefit Per SVHHCC's written debt collection policy, patients who are known to qualify for charity care or other financial assistance are exempted from collection efforts and charges for services provided are captured as charity care Communities are dynamic systems in which multiple factors interact to impact quality of life and health status As part of the St Vincent Health system, the goal of SVHHCC is to work with its community to conduct an assessment at least every five years Assessments may include primary survey data, secondary data, focus group input, community leaders survey and other data Results are made available to organizations and individuals throughout the community These needs assessments are also utilized in creating the hospital's Integrated Strategic Financial and Operational Plan To that in, SVHHCC brought together a community roundtable with the purpose of determining the assets and needs, prioritize action and work in partnership to address identified challenges within a designated area surrounding the hospital This effort ultimately developed into the 2008 Crooked Creek Quality of Life Plan, that today is driving the work of many community organizations toward improving the lives of residents of Marion County SVHHCC communicates with patients in multiple ways to ensure that those who are billed for services are aware of the hospital's charity care program as well as their potential eligibility for local, state or federal programs Signs are prominently posted in each service area, and bills contain a formal notice explaining the hospital's charity care program In addition, the hospital employs financial counselors, health access workers, and enrollment specialists who consult with patients about their eligibility for financial assistance programs and help patients in applying for any public programs for which they may qualify While most of SVHHCC's community benefit activities directly impact the health of its communities as reported in Part I, SVHHCC also invests in community building activities that indirectly improve health by improving quality of life within the community Research has established that factors such as economic status, employment, housing, education level, and built environment can all be powerful social determinants of health Additionally, helping to create greater capacity within the community to address a broad range of quality of life issues also positively impacts health In fiscal year 2009, SVHHCC's community-building activities included Positive Coaching for Kids Workshop, Reach Out and Read Early Literacy Program and Safe Sitter To provide the highest quality healthcare to all persons in the community, and in keeping with its not-for-profit status, SVHHCC - delivers patient services, including emergency department services, to all individuals requiring healthcare, without regard to the patient's race, ethnicity, economic status, insurance status or ability to pay - maintains an open medical staff that allows credentialed physicians to practice at its facilities - participates in medical and scientific research - trains and educates health care professionals - participates in government-sponsored programs such as Medicaid and Medicare to provide healthcare to the poor and elderly - is governed by a board in which independent persons who are representative of the community comprise a majority

Identifier	Return Reference	Explanation
	Charity Care and Certain Other Community Benefits at Cost	B A B E Store (Bed And Britches, Etc) is a community-based program that offers incentives in the form of coupons to parents who seek medical, education and nutritional services for themselves and their children Families earn coupons for seeking prenatal care, well baby care, immunizations, parenting and childbirth education classes, WIC nutrition education, care coordination and other services Families then redeem the coupons at B A B E stores for new or gently used infant and maternity clothing, cribs, car seats and other baby supplies Bereavement Services Bereavement Services provide Pre-death bereavement interventions as needed, weekly Bereavement Team Conferences to review individual care plans, support calls and/or visits, monthly mailings, monthly bereavement newsletter, music Therapy Pilot Program with St Vincent Stress Center and Oncology department, provide consultation to staff-at-large regarding bereavement & crisis issues, provide staff support for personal and job related grief issues, "Journeys Through Grief" adult grief support group series (various days and times of day, ongoing), "A Daughter's Grief" support group (quarterly), "Safe Haven" support group for grieving parents (ongoing), "Widow /Widower" support group for those grieving the death of a spouse(ongoing), "Grief and the Holidays" annual seminar (November), "Lunch Bunch" socialization group, local host for annual HFA teleconference and quarterly hospice memorial services Car Seat Safety Inspections St Vincent Women's Hospital offers car seat inspections at the Indianapolis campus Inspections are done by appointment only and are free of charge unless it is determined that a replacement seat is needed Replacement seats are available at cost and can be provided at no cost with proof of financial need, In addition to the funding provided by SVHHCC, a grant from the Automotive Safety Program supports this program Center for Healthy Aging Education and Advocacy Outreach The Center for Healthy Aging is a premier patient and family-focused center of interdisciplinary geriatric and gerontological clinical practice, applied research and education that disseminates research findings and best practice information from local to international levels The Center for Healthy Aging serves as an authentic voice in public discourse on aging, while supporting successful aging through the provision of exceptional clinical services, advocacy, research and education Annually, SVHHCC's Center for Healthy Aging sponsors a geriatric conference for health, human and social service professionals, senior policy advocates and families dealing with senior care issues In FY 09, over 400 people attended this educational conference Center of Hope The St Vincent Center of Hope provides expert treatment, advocacy, legal services coordination and evidence collection and preservation for child and adult victims of sexual assault A SANE (Sexual Assault Nurse Educator)-trained nurse is on-call at all times, a dedicated and private examination room is provided for these vulnerable patients and specialized equipment has been purchased to collect and preserve evidence to assist in the successful prosecution of perpetrators The Center of Hope coordinator works closely with law enforcement, the judicial system as well as mental health and social service agencies to help victims access the services they need and to provide expert testimony that assists in securing convictions In addition to funds from SVHHCC, the Center of Hope, in conjunction with the Peyton Manning Child Abuse Center, is working closely with the Riley Hospital for Children abuse team Center of Hope has doubled its nurse examiners, and is now operating centers at St Vincent Carmel and at St Vincent Medical Center Northeast St Vincent participated in the second Center of Hope refresher course in July of this year and more than 20 nurses, advocates and various team members attended and gave a great evaluation of the class The Center has presented at various community events including Washington Township School System, RAINN day at Ivy tech and RAD Systems at Marian and Butler Universities, Hamilton County police departments and staff at St Vincent Hospitals The Center of Hope has also extended their services to include medical/forensic exams to Domestic Violence patients Community Assessment In 2005, a group of organizations working in the Crooked Creek community embarked on a community assessment to build a commitment to strategically creating a quality of life plan that could be embraced by the entire community St Vincent Hospital took the lead to facilitate the process and provide primary funding The Indiana University School of Nursing supplied much of the student-led footwork to complete windshield observations, secondary data compilation, community leader interviews, and focus groups Bachelor- and masters-level nursing students, working with professional and faculty oversight, completed much of the work prior to the actual survey Throughout 2006 and 2007, key stakeholders unraveled the complex information that was collected and participated in the analysis of information and issues identification From this vast effort, a community plan prescribed work to be done in the areas of health care, social services, affordable housing and economic development The primary health related issues in addition to those which have received much publicity throughout the state (childhood obesity, teen smoking, drug and alcohol abuse, child abuse) included - lack of healthy lifestyles - cost of healthcare - knowledge of services by diverse populations Information gleaned through the assessment positioned Crooked Creek to undertake a year-long planning process as part of the City's "Great Indy Neighborhoods Initiative " Ultimately more than 400 residents, business and community leaders participated Together they developed a vision that all could embrace and a plan that will guide economic and neighborhood revitalization, improvements to public infrastructure and future collaboration among health, education and social service providers With sustained committed leadership from St Vincent, the Crooked Creek community is now implementing many exciting projects as part of its Quality of Life Plan Some of these projects include - Working with the city to make the most dangerous major intersection safer for pedestrians and the disabled (71st and Michigan Road) - Rehabbing vacant foreclosed homes using "green" building practices - Educating St Vincent associates and assisting them to become responsible first-time homeowners - Attracting neighborhood-scale retail and office development and new jobs - Expanding health care services for children and youth and - Planning ways to address other health care issues from the updated Marion County Health Needs Assessment Cover the Uninsured Week SVHHCC is an active participant in the annual Cover the Uninsured week sponsored by the Robert Wood Johnson Foundation and hundreds of other participating organizations across the country that sponsor activities during this week to highlight the plight of the uninsured and advocate for finding solutions to this significant health issue Although SVHHCC is involved year-round in meeting the needs of the uninsured, during the 2009 Cover the Uninsured Week, SVHHCC partnered with the Indiana Family and Social Services Administration (FSSA) and the Indiana Department of Workforce Development to hold enrollment fairs at St Vincent Health ministries throughout the state At the enrollment fairs, an FSSA mobile application station was available to help Hoosier families register for state health insurance programs, food stamps and for temporary assistance due to a recent loss of employment The Department of Workforce Development also helped community members fill out unemployment claims and vouchers, and provided onsite resume development assistance Diabetes Classes The SVHHCC Diabetes Center's team of specialists includes Certified Diabetes Educators who help individuals balance their diabetes care with their lifestyle needs Understanding as much as possible about diabetes and its management is the key to gaining control and feeling better Both group and individualized instruction on the self-management of diabetes help those with diabetes learn to live an active, healthy lifestyle, despite the challenges of their condition In FY 2009, the educators met with approximately 800 people with diabetes in the outpatient setting

Identifier	Return Reference	Explanation
		Fresh Start Parenting Program The Fresh Start to Life Prenatal Education Program provides health education, counseling and support for under-insured and uninsured women throughout Central Indiana, serving 800 women in FY 2009 The program evaluates the most at-risk women based on household income, language barriers, health knowledge and access to transportation Those at the greatest risk based on these criteria were chosen for the Prenatal Education Program Go Red for Women The Go Red for Women's luncheon is an educational event that deals with many aspects of women's health, primarily focusing on heart disease awareness and recovery options An integral part of healing and dealing with this devastating disease is treating emotional grief, anger and depression that naturally accompany the diagnosis Often women are unaware of the influence of stress on heart health The American Heart Association partnered with St Vincent Stress Center to determine strategies to screen individuals for stress and to educate them about heart disease, mental health and coping skills Health Education Publications SVHCC publishes and distributes a wide variety of health and safety-related materials to promote community awareness of key health and wellness issues Health Fairs and Screenings SVHHCC participated in, facilitated, sponsored and promoted approximately 100 health screenings and health fairs during fiscal year 2009 Fairs and screenings were held in conjunction with schools, community, state and national organizations, local and state government agencies, and were held at a variety of conferences and community events These events provided invaluable health education, prevention and screenings for thousands of Hoosiers across the state free of charges Health/Healing/Wellness Support Groups and Camps SVHHCC sponsors a wide variety of support groups to help both patients and families cope with significant health challenges, family issues, bereavement or grief issues and other mental health concerns Groups often target particular age brackets to ensure that the unique challenges facing children, teens, adults and seniors are addressed SVHHCC provides expert facilitation, meeting coordination, materials and meeting space for each In addition, SVHHCC partners with other community organizations to sponsor and participate in camps for youth who are dealing with specific health and wellness-related challenges These include CHAMP Camp, a summer camping experience for children who are developmentally disabled and Camp Healing Tree, a retreat designed for youth who are grieving the loss of a loved one such as a parent or sibling HIV Care Coordination HIV Care coordination services provide access to health coverage, patient assistance programs, and other basic needs The program is coordinated by a licensed clinical social worker who offers individual, group and family counseling and facilitates a weekly support group for HIV-diagnosed patients and their families International Pediatric Heart Surgery Project The International Pediatric Heart Surgery Project was founded as part of The Children's Heart Center and SVI's commitment to fulfilling the mission of advocacy and care of the poor Through this effort, SVI provided $500,000 in fiscal year 2009 for life-saving heart surgery for children from impoverished areas, such as Bosnia, Kosovo, Mongolia, Honduras, Kenya, and Haiti These countries have minimal health care available for the treatment of congenital heart disease and without surgery these children would not survive There is no charge to the child's family Our Cardiothoracic Surgeon and physicians of the Children's Heart Center, as well as pediatric anesthesiologists, intensivists, and other members of Peyton Manning Children's Hospital at St Vincent donate their skills and time in caring for these children Since the first patient arrived in February 2000, the program has provided life saving care for 89 children This program works with individual volunteers, local church congregations, and organizations such as Samaritan's Purse in order to coordinate and provide transportation, visas, host families, and interpreter services The lives of those who have had the opportunity to assist in caring for these children have been touched forever Junior Achievement Camps The Junior Achievement programs help prepare young people for the real world by showing them how to generate wealth and effectively manage it, how to create jobs which make their communities more robust, and how to apply entrepreneurial thinking to the workplace Students put these lessons into action and learn the value of contributing to their communities Counselors from the Stress Center were asked to give presentations at all of the summer camps to the attending students on stress management, coping skills, and healthy lifestyles Medical Education SVHHCC provides a broad range of graduate, undergraduate and continuing education opportunities to physicians, residents and medical students through categorical training programs in Internal Medicine, Family Medicine, Obstetrics/Gynecology, Pediatrics and Transitional Medicine and through continuing medical education offerings Over 100 interns and residents participate in these programs each year St Vincent is affiliated with the Indiana University School of Medicine Each year over 300 IU medical students came to St Vincent for patient focused education The mission of St Vincent to serve the poor is carried out by residents and interns who travel to developing countries to provide medical care to those most in need Each year, a number of residents participate in an international medicine rotation and develop professionally and spiritually in the context of caring for those less fortunate Medical Research SVHCC contributes funds and personnel to advance medical care The Research & Regulatory Affairs Department assists physicians and healthcare providers in developing new medical procedures, finding innovative uses for existing technologies and participating in clinical trial programs in order to provide patients and their families with cutting edge technologies and pharmaceuticals Research is being conducted in cardiovascular, cancer, neurological, gastrointestinal and orthopedic treatments as well as in additional specialty areas Medical Social Services The Medical Social Services Department of SVI provides psychosocial services to patients and their families to maximize social functioning and to empower patients and their families The medical social workers are all licensed social workers with master's degrees The social workers connect patients and their families to services and in many cases can provide direct assistance for temporary food, clothing, shelter and transportation needs Through the work of the department, in 2009, over 304 community agencies were utilized to assist 13,000 patients and their families with achieving their optimal level of health Midwest Healthy Choices Conferences for Youth St Vincent professionals spoke at the Midwest Healthy Choices Conference This conference focused on assisting the counselors in technical skills and gaining additional knowledge of best practice treatments for a host of diagnoses Training was provided to increase the recognition of symptoms of bipolar disorders, suicidal ideation and self injurious behavior issues St Vincent Stress Center was consulted to provide the necessary skills to counseling personnel and educators in an effort to increase awareness and knowledge about mental health issues in youth In this instance, the St Vincent Stress Center was "teaching the teachers" instead of the general population, solidifying its role as a leader in behavioral health knowledge and practice Mobile Screening Van The St Vincent Mobile Screening Van made its debut in April of 2008 After the original Mobile Mammography van was in an accident in 2007, it was decided to build a new van that not only met the needs of women for digital mammography services, but also allowed St Vincent to screen for other cancers This greatly enhanced the staff's ability to reach both urban and rural communities An additional exam room was added to the plans so that staff would be able to provide skin, prostate and colon cancer screenings in addition to mammograms In 2009, approximately 3,000 women were provided mammogram screenings Approximately 800 of these women were uninsured/underinsured and were served at no charge through funds from the Susan G Komen for the Cure Foundation Diagnostic testing and care for women requiring follow up was provide at no charge through charitable funds from St Vincent In addition, the mobile mammography unit traveled to 75 workplaces in Central Indiana, partnering with employers to increase access to screening and education for approximately 2,500 women

Identifier	Return Reference	Explanation
		Patient Services for Poor and Vulnerable Hospital and outpatient care is provided to patients that cannot pay for services, including hospitalizations, surgeries, prescription drugs, medical equipment and medical supplies Patients with income less than 200% of the Federal Poverty level (FPL) are eligible for 100% charity care for services Patients with incomes at or above 200% of the FPL, but not exceeding 400% of the FPL, receive discounted services based on an income-dependent sliding scale Hospital financial counselors assist patients in determining eligibility and in completing necessary documentation Primary Care Center The St Vincent Primary Care Center provides full-service care for the entire family on a sliding fee scale, based on need More than 63,000 patient visits were made in FY 2009 and over 100,000 visits were recorded including nurse visits, pharmacy and financial counseling visits 90% of these patients are uninsured/underinsured or are eligible for public programs, such as Medicaid Primary and preventative care is provided through family medicine, internal medicine, women's health and pediatric clinics Specialty care, such as general surgery, dermatology, sports medicine and orthopedics, pharmacy, financial counseling, legal counseling and full-time interpretation are also available Public Program Participation and Enrollment Outreach SVHHCC participates in government programs including Medicaid, SCHIP (Hoosier Healthwise), Healthy Indiana Plan (HIP) and Medicare and assists patients and families in enrolling for programs for which they are eligible Specific eligibility outreach programs sponsored by SVHHCC include - Hoosier Healthwise Enrollment and Outreach - Partners with community organizations to help enroll citizens in public programs like Hoosier Healthwise, Healthy Indiana Plan (HIP), Medicaid Disability, Presumptive Eligibility, St Vincent Advantage In fiscal year 2009, the Outreach team touched the lives of about 8,100 families and is on target to complete 1,736 enrollment applications for eligible individuals and families SVHHCC provides office space, equipment and supplies as well as full-time coordination and supervision of this important outreach Health and Hospital Corporation's Covering Kids program provides enrollment staff SVHHCC funds 50% of the salary costs for the 3 enrollment outreach workers through an annual grant award to Covering Kids - Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB)- St Vincent's QMB/SLMB team in FY 09 assisted more than 50 individuals with over 1400 contacts who struggled with the financial strain of Medicare deductibles and co-payments last year The seniors were Medicare beneficiaries of modest means who paid all or some of Medicare's cost sharing amounts (i e premiums, deductibles and co-payments) To qualify, the individual had to be eligible for Medicare and meet certain income guidelines which change annually - Senior Health Insurance Information Program (SHIIP)- SHIIP is a partnership between St Vincent and the Indiana Department of Insurance and five trained volunteer counselors The program has been in existence for seven years In fiscal year 2009, the counselors provided free and unbiased information to approximately 725 seniors with questions regarding Medicare, Medicare Supplements, HMO's, Managed Care Plans, Medicaid and long-term care programs Resolve through Sharing Our Center for Perinatal Loss helps families deal with the pain and trauma experienced through the death of their baby The Resolve Through Sharing program assists families with their grief journey by providing ongoing emotional and spiritual support through telephone contact, literature, counseling and support group meetings The Perinatal Hospice program offers support to families during, at and following the birth and death of their baby with fatal anomalies The Perinatal Loss Program provides an investigative means to hopefully discover the cause of a family's stillbirth or neonatal death along with providing these families with supportive care during their grief journey School And Community Asthma Program Asthma can be a frightening, debilitating, even life-threatening condition, especially for children and their families Peyton Manning Children's Hospital (PMCH) believes that providing quality information about asthma and its treatment can empower children and families to better manage the condition, enabling them to participate more fully in a wide range of activities The PMCH School and Community Asthma Program offers free asthma classes for parents, students and teachers in conjunction with St Vincent Children's Hospital and the Asthma Alliance of Indianapolis In fiscal year 2009, the program coordinator served over 5,000 children and families at over 100 school and community School Health During school year 2008-2009, St Vincent provided and managed full-time health care assistants to maintain health clinics in 12 Washington Township Schools, six Archdiocesan inner-city schools and two charter schools School year 2009-2010 St Vincent will provide in-school health services to the above schools (minus the charter schools) plus the Zionsville Community Schools and Beech Grove Community School system Since the health clinics were established, the school absenteeism rate has dropped significantly St Vincent also worked with schools throughout Marion and Hamilton counties in responding to the federal law that requires schools receiving federal funds to initiate wellness committees and enhance programming to include healthier school settings for children Peyton Manning Children's Hospital led the way by expanding its school health program to include wellness-focused activities in over 90 schools by providing health education, physical-fitness testing, wellness committee membership, speakers for a variety of healthcare topics, etc School wellness outreach spanned the diverse school systems of Catholic, public, and private school wellness councils A full-time School Wellness Coordinator has expanded outreach and provided leadership on the wellness-front for schools School Wellness The School Wellness Program exists in order to assist schools in meeting their health and wellness goals and in implementing their School Wellness Policy, as required by the federal government in some instances Resources include classroom presentations to students or presentations to school staff and/or parents on a variety of issues Some of the more commonly requested presentations include bullying, stress management, nutrition and physical activity In addition, the Peyton Manning Children's Hospital at St Vincent has many hands-on activities that are available to schools Examples of these are Glitterbug, which teaches students the proper way to wash their hands (especially popular during flu season!), and the Heart Adventure Challenge Course, an obstacle course that teaches students how blood flows through the heart and about heart disease The School Wellness Program also assists schools in organizing health fairs or safety fairs There are approximately 150 schools who partner with the School Wellness Program through Peyton Manning Children's Hospital at St Vincent Sports Performance Outreach SVHHCC provides sports medicine services at 18 high schools, 16 middle schools and several youth sports organizations Over 22,000 youth are served with Outreach athletic training services, sports physicals and injury management advice Speakers Bureau To accommodate the numerous requests for professionals to present health promotion education throughout the community, SVHHCC organized a Speakers Bureau and coordinates presentations to a multitude of organizations and agencies St Vincent 338-CARE Line, 338-KIDS Line The SVHHCC CARE Line provides information about health/wellness/preventative care classes available to the public, support groups sponsored by SVHHCC as well as health screenings in which SVHHCC is participating The KIDS line is a direct link to the St Vincent Children's Hospital and its exclusive 24-hour emergency nurse advice line

Identifier	Return Reference	Explanation
		St Vincent Stress Center Education/Support Mental disorders are common in the United States and internationally An estimated 26 2 percent of Americans ages 18 and older - about one in four adults - suffer from a diagnosable mental disorder in a given year Recent statistics suggest roughly seven of every one hundred people suffer depression after age 18 at some point in their lives Depression results in more absenteeism than almost any other physical disorder and costs employers more than US$51 billion per year in absenteeism and lost productivity, not including high medical and pharmaceutical bills We believe that long-term recovery from depression ultimately requires addressing the underlying relationship causes of depression, not simply symptoms such as chemical imbalance and depressive thoughts This is why healing both the relationship environment and the whole person is vital in preventing relapse During fiscal year 2009, the St Vincent Stress Center of Indiana visited schools for presentations or health fairs offering valuable information on depression and a number of other mental health issues Clinicians visited Pike Township Schools, Zionsville Schools, Carmel High School, Franklin Township Schools, Holy Angels, St Simon, Webster, Little Treehouse Academy, Woodbrook, St Pious X, Prairie Creek, Eastbrook, St Philip Neri, St Anthony, Omnument Charter, St Mark's, Prairie Trace, Hamilton Heights, St Louis de Montfort, and Creekside Elementary In addition, the team presented several sessions of Junior Achievement Camps, spoke at the Juvenile Correctional Facility, the Midwest Healthy Choices Conference, the Cartoon Network Get Animated Tour, Indy Parks and Recreation, Women Veterans Retreat, the Indiana State Museum, the Monon Center, Child Mental Health Conference, and a continuing education conference Over 4,000 people were in attendance at these various events Summer Camps Fair at the Indiana State Museum As part of the Summer Camps Fair, St Vincent Stress Center had licensed counselors on sight to provide information on our services Of special note, we relayed how important stress management and coping skills can be, and how our professionals could provide seminars or sessions to camp attendees, or to camp counselors in preparation for the camps Some popular topics for sessions have included bullying, coping with cliques, youth violence, drug use, and body image Super Shots Immunizations are offered for free at a monthly Super Shots Clinic Over 100 immunizations were provided in 2009 The Child Protection Center and Child Protection Team The Child Protection Center at Peyton Manning Children's Hospital at St Vincent is a growing program committed to the prevention of child maltreatment and the treatment of children when abuse or neglect is a concern The Child Protection team works closely with other medical professionals and community agencies to expedite the diagnosis and investigation of child maltreatment The team devotes a large amount of time to educating professionals and community members about identifying, treating and preventing child abuse Also, the Child Protection team presents the Stewards of Children program to adults, an evidence-based prevention program teaches adults to prevent and respond appropriately to child abuse The Safe Child Program is presented to elementary school children with the intent of reducing the possibility of child victimization Weight Management Weight Management -- Lifetime Individual Fitness Eating (L I F E) Program - Obesity among children has become a national epidemic, particularly in Indiana where estimates of childhood obesity are between 20-40% Life-threatening conditions such as heart disease and type 2 diabetes are also increasing among this population L I F E for Kids is a year long weight management program especially designed for children and adolescents This program was introduced in 2007 to promote healthy eating and physical activity/exercise through integrated education and counseling from a multi-disciplinary team that includes a physician, dietitian, behavior therapist, exercise physiologist and registered nurse The program works closely with the Primary Care Center to ensure that low-income families whose children are at risk for obesity are able to access the program Community Building Activities Positive Coaching for Kids Workshop One Positive Coaching for Kids workshop seminar was held in fiscal year 2009 at the St Vincent Sports Performance Center The program highlighted the skills needed for those who wanted to become a coach or enhance their current coaching practices Interested parents were also invited to participate, as they often help with coaching Topics covered in the workshop included promoting teamwork, building team spirit, developing good attitudes, teaching age-appropriate coaching strategies, and having compassion for teammates and opponents The workshop helped participants formulate overall positive approaches that helped motivate and nurture kids to get the most out of their participation in sports Reach Out and Read Early Literacy Program Reach Out and Read is a national early literacy program designed to take advantage of the access pediatricians have to children who are in their critical early years (6 months to 5 years) of cognitive and language development Across Indiana, physician-based sites distribute more than 100,000 new books a year reaching thousands of Hoosier children and their families In the state of Indiana, physicians and nurses have been trained in the program, including the healthcare professionals at the St Vincent Primary Care Center Safe Sitter Program The goal of Safe Sitter is to reduce the number of avoidable and unintentional deaths among children being cared for by babysitters To successfully complete the Safe Sitter program, the students attend a six-hour class and pass a practical and written test During fiscal year 2009, St Vincent EMS Education's Safe Sitter program offered approximately 43 classes that taught 11 to 13-year-olds how to handle emergencies when caring for younger children Courses were offered at multiple locations throughout Indianapolis and surrounding communities With a total of 25 instructors, approximately 364 students completed the St Vincent EMS Education Safe Sitter course St Vincent Unity Development Center and After School Program The Unity Development Center (UDC) offers Kids with a Mission (KWAM), an after-school program that provides a fun, safe, learning atmosphere During 2009, KWAM served approximately 60 students in K-6th grades who attended a school in the service community As part of KWAM, youth were offered homework assistance, character education, field trips, Project SEED, Arts With A Heart, Indianapolis Children's Choir/Sounds Sensation class and more Snacks and free transportation were provided UDC also provided a Brother2Brother and Sister2Sister mentoring program that focused on instilling morals and values for approximately 20 students (middle to high school age) UDC also partners with 100 Black Men of Indianapolis, Inc to provide a Summer Academy to children in K-8th grades who reside in Marion County for a minimal charge The Academy prides itself on offering participants educational, cultural and leisure activities to which they may not otherwise be exposed Some activities included reading and math enhancement, field trips, community service projects and cultural activities In FY09, approximately 140 children attended the seven week program Community Building Cash and In-kind Donations and Board Service The hospital makes cash and in-kind donations to a variety of community organizations focused on building the community These take the form of cash donations to outside organizations, the donation of employee time/services to outside organizations and the representation of the hospital on community boards and committees working to improve infrastructure for the community

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St Vincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
CIHS Newco LLC 8425 Harcourt Road Indianapolis, IN 46260 35-2174403	Land holding company	IN	870,826	6,257,324	Central Indiana Health System Cardiac Services Inc
Endoscopy Center LLC 3755 E 82nd St Ste 270 Indianapolis, IN 46240 32-0029881	Endoscopy center	IN	652,864	2,828	St Vincent Carmel Hospital Inc
Med One of St John's LLC 4925 Scatterfield Road Anderson, IN 46013 35-1959875	Medical services	IN	-283,610	-1,324,764	St Vincent Madison County Health System Inc
St Joseph Primary Care LLC 1907 W Sycamore Street Kokomo, IN 46901 74-2979291	Physician practices	IN	-3,752,021	448,640	St Joseph Hospital & Health Center Inc
St Joseph Surgical Management Co LLC 1907 W Sycamore Street Kokomo, IN 46901 02-0137212	Management company	IN	14,892	448,680	St Joseph Hospital & Health Center Inc

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No
See Additional Data Table											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 35-0869066
Name: St Vincent Hospital and Health Care Center Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Ascension Health Po Box 45998 St Louis, MO63145 31-1662309	National health system	MO	501(C)(3)	11a - Type I	N/A
Central Indiana Health System Cardiac Services Inc 2001 W 86th Street Indianapolis, IN46260 35-1869951	Freestanding outpatient center	IN	501(C)(3)	11c - Type III-FI	St Vincent Hospital & Health Care Center Inc
Jubilee Partnerships Inc 2301 N Park Avenue Indianapolis, IN46205 35-2060765	Outreach activities	IN	501(C)(3)	1-170(b)(1)(A)(i)	St Vincent Hospital & Health Care Center Inc
Rehabiliation Hospital of Indiana Inc 4141 Shore Drive Indianapolis, IN46254 35-1786005	Rehabiliation hospital	IN	501(C)(3)	3-170(b)(1)(A)(iii)	St Vincent Health Inc
St Johns Foundation Inc 2015 Jackson Street Anderson, IN46016 35-2053693	Supporting organization	IN	501(C)(3)	11a - Type I	St Vincent Madison County Health System Inc
St Joseph Hospital & Health Center Inc 1907 W Sycamore Street Kokomo, IN46901 35-0992717	Hospital	IN	501(C)(3)	3-170(b)(1)(A)(iii)	St Vincent Health Inc
St Joseph Foundation of Kokomo Indiana Inc 1907 W Sycamore Street Kokomo, IN46901 23-7313206	Supporting organization	IN	501(C)(3)	11a - Type I	St Joseph Hospital & Health Center Inc
St Vincent Carmel Hospital Inc 13500 N Meridian Street Carmel, IN46032 74-3107055	Hospital	IN	501(C)(3)	3-170(b)(1)(A)(iii)	St Vincent Health Inc
St Vincent Clay Hospital Inc 1206 E National Avenue Brazil, IN47834 35-2112529	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A)(iii)	St Vincent Health Inc
St Vincent Frankfort Hospital Inc 1300 S Jackson Frankfort, IN46041 35-2099320	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A)(iii)	St Vincent Health Inc
St Vincent Frankfort Hospital Foundation Inc 1300 S Jackson Frankfort, IN46041 35-1531734	Supporting organization	IN	501(C)(3)	11a - Type I	St Vincent Frankfort Hospital Inc
St Vincent Health Inc 8425 Harcourt Road Indianapolis, IN46260 35-2052591	Parent company	IN	501(C)(3)	11c - Type III-FI	Ascension Health
St Vincent Hospital Foundation Inc 10330 N Meridian Street Ste 430N Indianapolis, IN46290 35-6088862	Supporting organization	IN	501(C)(3)	11a - Type I	St Vincent Hospital & Health Care Center Inc
St Vincent Jennings Hospital Inc 301 Henry Street North Vernon, IN47265 35-1841606	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A)(iii)	St Vincent Health Inc
St Vincent Madison County Health System Inc 1331 South A Street Elwood, IN46036 35-0876389	Hospital	IN	501(C)(3)	3-170(b)(1)(A)(iii)	St Vincent Health Inc
St Vincent Mercy Hospital Foundation Inc 1331 South A Street Elwood, IN46036 31-1066871	Supporting organization	IN	501(C)(3)	11a - Type I	St Vincent Madison County Health System Inc
St Vincent New Hope Inc 8450 N Payne Road Indianapolis, IN46260 35-1733591	Intermediate care facility	IN	501(C)(3)	9-509(A)(2)	St Vincent Health Inc
St Vincent Pediatric Rehab Center Inc 1707 W 86th Street Indianapolis, IN46260 35-2048898	Specialty hospital	IN	501(C)(3)	3-170(b)(1)(A)(iii)	St Vincent Hospital & Health Care Center Inc
St Vincent Randolph Hospital Inc 473 Greenville Avenue Winchester, IN47394 35-2103153	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A)(iii)	St Vincent Health Inc
St Vincent Randolph Hospital Foundation Inc 473 Greenville Avenue Winchester, IN47394 35-2133006	Supporting organization	IN	501(C)(3)	11a - Type I	St Vincent Randolph Hospital Inc
St Vincent Seton Specialty Hosptial Inc 8050 Township Line Road Indianapolis, IN46260 35-1712001	Long term care hospital	IN	501(C)(3)	3-170(b)(1)(A)(iii)	St Vincent Health Inc
St Vincent Williamsport Hospital Inc 412 N Monroe Street Williamsport, IN47993 35-0784551	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A)(iii)	St Vincent Health Inc
St Vincent Williamsport Hospital Foundation Inc 412 N Monroe Street Williamsport, IN47993 74-3130159	Supporting organization	IN	501(C)(3)	11a - Type I	St Vincent Williamsport Hospital Inc
SVSM Inc 2001 W 86th Street Indianapolis, IN46260 81-0607827	Holding company	IN	501(C)(3)	11a - Type I	St Vincent Health Inc

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
Breast MRI Leasing Company LLC 10330 N Meridian St Ste 430N Indianapolis, IN46290 42-6662493	Sale and rental services	IN	St Vincent Hospital & Health Care Center Inc	Related	86,204	385,741		No			No
Care Group Cardiovascular Management LLC 8333 Naab Road Ste 200 Indianapolis, IN46960 22-3937477	Management of cardiovascular service lines	IN	Central Indiana Health System Cardiac Services Inc	Related	406,087	11,904		No			No
Carmel Ambulatory Surgery Center LLC 13421 Old Meridian St Ste 150 Carmel, IN46032 32-0014795	Ambulatory surgery center	IN	St Vincent Carmel Inc	Related	7,451,061	1,126,911		No			No
Chartwell Midwest Indiana LLC 8040 Castleway Drive Indianapolis, IN46250 35-1985233	Home care IV/infusion services	IN	St Vincent Hospital & Health Care Center Inc	Related	-31,142	-224,860		No			No
Cooperative Managed Care Services LLC 6602 E 75th Street Suite 300 Indianapolis, IN46250 35-1999227	Case management	IN	St Vincent Hospital & Health Care Center Inc	Unrelated	-1,210	1,057,875		No			No
Endoscopy Center LLC 13421 Old Meridian St Ste 150 Carmel, IN46032 32-0029881	Endoscopy center	IN	St Vincent Carmel Inc	Related	652,864	2,828		No			No
Fishers Ambulatory Surgery Center LLC 136914 E State Road 238 Fishers, IN46037 26-2001288	Ambulatory surgery center	IN	St Vincent Hospital & Health Care Center Inc	Related	-393,426	264,784		No			No
Hancock Physician Network LLC 801 N State Street Greenfield, IN46140 35-2051598	Primary care physician practices	IN	St Vincent Hospital & Health Care Center Inc	Related	-1,425,906	1,161,509		No			No
Lafayette Heart Program Holding LLC 11515 W Dragoon Trail Mishawaka, IN46544 38-3750811	Cardiac care services	IN	Central Indiana Health System Cardiac Services Inc	Related	-28,073	14,397,410		No			No
Meridian Heights Associates LLC 6100 W 96th Street Ste 250 Indianapolis, IN46278 26-4020296	Real estate holding	IN	St Vincent Carmel Inc	Related				No			No
Neuro Oncology Equipment LLC 10330 N Meridian St Ste 430N Indianapolis, IN46290 74-3103803	Sale and rental services	IN	St Vincent Hospital & Health Care Center Inc	Related	764,005	364,226		No			No
Northside Cardiac Cath Lab Partnership 2001 W 86th Street Indianapolis, IN46260 35-1854388	Outpatient cath lab	IN	Central Indiana Health System Cardiac Services Inc	Related	131,397	8,887		No			No
Saint John's Ambulatory Surgery Center LLC 2015 Jackson Street Anderson, IN46016 01-0822977	Surgery center	IN	St Vincent Madison County Health System Inc	Related	2,723,912	1,818,751		No			No
St Vincent HealthUSP LLC 15305 Dallas Parkway Ste 1600 Addison, TX75001 20-3749962	Holding company	IN	St Vincent Hospital & Health Care Center Inc	Related	-258,674	-651,858		No			No
St Vincent Heart Center of Indiana LLC 10580 N Meridian Street Indianapolis, IN46290 36-4492612	Heart hospital	IN	Central Indiana Health System Cardiac Services Inc	Related	12,260,976	-31,447,008		No			No
St Vincent Northwest Radiology LLC 5756 W 71st Street Indianapolis, IN46278 35-2047427	MRI facilities	IN	St Vincent Hospital & Health Care Center Inc	Related	74,467	160,268		No			No
The Care Labs LLC 2001 W 86th Street Indianapolis, IN46260 35-1854352	Outpatient vascular lab	IN	Central Indiana Health System Cardiac Services Inc	Related	301,501	67,282		No			No

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	Ascension Health	Q	19,977,250
(2)	St Vincent Carmel Hospital Inc	R	5,000,000
(3)	St Joseph Hospital & Health Center Inc	R	1,100,000
(4)	St Vincent Madison County Health System Inc	R	500,000
(5)	St Vincent Hospital Foundation Inc	C	9,757,944
(6)	St Vincent Hospital Foundation Inc	B	1,522,756
(7)	St Vincent Carmel Hospital Inc	C	40,000
(8)	St Vincent Health Inc	B	11,180,000
(9)	St Vincent Health Inc	P	11,249,085

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Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
St Vincent Hospital and Health Care Center Inc	Form 990 Page 10	35-0869066

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

(a) Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6		

7 Listed property Enter the amount from line 29	**7**	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	**10**	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	**13**	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	**22**	36,454,471
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Additional Data

Software ID:
Software Version:
EIN: 35-0869066
Name: St Vincent Hospital and Health Care Center Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
J Albert Smith Jr , Chair	50	X		X				0	0	0
Sister Mary Elizabeth Cu , Vice Chair	50	X		X				0	0	0
Gilbert F Viets , Secretary	50	X		X				0	0	0
Sister Virginia Delaney , Director	50	X						0	0	0
Charles J Garcia , Director	50	X						0	0	0
Malcolm Bell Herring MD , Director	50	X						0	0	0
Needham Richard Hurst , Director	50	X						0	0	0
Robert J Robison MD , Director	50	X						0	0	0
James G Sinclair , Director	50	X						0	0	0
Ronald L Young II MD , Director - Physician	40 00	X						106,667	0	0
Vincent C Caponi , Ex Officio - CEO St Vinc	40 00	X		X				1,202,065	0	20,302
Kyle DeFur , Director - President SVH	40 00	X		X				520,593	0	34,747
Jeffrey P Williams , CFO	40 00			X				153,701	0	12,234
Darcy K Burthay , CNO/COO	40 00				X			422,243	0	7,352
Anne F Coleman , Administrator	40 00				X			273,087	0	24,478
Martha L Durall , Executive Director	40 00				X			209,849	0	21,042
Gary A Fammartino , System Executive	40 00				X			219,285	0	22,731
Joanne M Hilden , VP Medical Affairs	40 00				X			420,008	0	21,333
Daniel R LeGrand , CMO	40 00				X			279,883	0	8,589
Robert M Lubitz , VP Research Academic Aff	40 00				X			337,506	0	22,228
Joseph F Bellflower , Physician	40 00					X		868,167	0	23,952
William P Didelot , Physician	40 00					X		867,290	0	22,556
Kambiz T Karimi , Physician	40 00					X		694,109	0	26,612
Ronald I Reisman , Physician	40 00					X		573,573	0	22,444
James E Sumners , Physician	40 00					X		673,703	0	25,689

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

St. Vincent Hospital & Health Care Center is dedicated to providing spiritually-centered, holistic healthcare that sustains and improves the health of those served, with special attention to the poor and vulnerable. Both inpatient and outpatient health services are provided without regard to a patient's race, creed, national origin, economic status, insurance status or ability to pay. This mission extends well beyond the provision of core medical services to encompass medical and scientific research programs, the training and educating of health care professionals and active support of community-based partnerships and programs to improve health and quality of life.