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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)	OMB No 1545-0047 2008
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009		D Employer identification number 39-0817529	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ST VINCENT HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST FRANCIS	
		Doing Business As	
		Number and street (or P O box if mail is not delivered to street address) 835 S VAN BUREN	Room/suite
		City or town, state or country, and ZIP + 4 GREEN BAY, WI 543013256	
F Name and address of Principal Officer Therese Pandl 835 S Van Buren Green Bay, WI 54126		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions)	
J Web site: WWW.STVINCENTHOSPITAL.ORG		H(c) Group Exemption Number 0928	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		L Year of Formation 1888	M State of legal domicile WI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities ST VINCENT HOSPITAL'S MISSION IS TO CARRY OUT THE HEALING MINISTRY OF THE CATHOLIC CHURCH BY PROVIDING HIGH-QUALITY HOSPITAL SERVICES TO THE PEOPLE OF GREEN BAY,NORTHEAST WISCONSIN,AND NEARBY UPPER MICHIGAN		
	2	Check this box <input type="checkbox"/> 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	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of employees (Part V, line 2a)	5	2,473
	6	Total number of volunteers (estimate if necessary)	6	600
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,318,130
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)		
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
			Prior Year	Current Year
Expenses			1,543,968	2,558,147
			252,945,892	251,415,834
			5,771,291	-10,247,045
			2,715,376	3,492,342
			262,976,527	247,219,278
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	123,012,550	117,787,017
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 ⁰ _____)			
		116,211,204	120,276,430	
		239,223,754	238,063,447	
		23,752,773	9,155,831	
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	448,789,524	448,662,807
	21	Total liabilities (Part X, line 26)	112,545,630	139,158,831
	22	Net assets or fund balances Subtract line 21 from line 20	336,243,894	309,503,976

Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	*****		2010-03-22		
	Signature of officer		Date		
	Therese Pandl Chief Executive Officer Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	KPMG LLP	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 191 West Nationwide Blvd Ste 500 Columbus, OH 432152568			EIN
					Phone no (614) 249-2300

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
ST VINCENT HOSPITAL'S MISSION IS TO CARRY OUT THE HEALING MINISTRY OF THE CATHOLIC CHURCH BY PROVIDING HIGH-QUALITY HOSPITAL SERVICES TO THE PEOPLE OF GREEN BAY,NORTHEAST WISCONSIN,AND NEARBY UPPER MICHIGAN

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

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?

YesNo

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 \$

12,620,470

including grants of \$

0) (Revenue \$

18,915,716)

HEART & VASCULAR CENTER - SEE SCHEDULE O "PROGRAM SERVICE ACCOMPLISHMENTS"

4b

(Code

) (Expenses \$

7,870,938

including grants of \$

0) (Revenue \$

16,534,789)

REGIONAL EMERGENCY CENTER - SEE SCHEDULE O "PROGRAM SERVICE ACCOMPLISHMENTS"

4c

(Code

) (Expenses \$

8,697,554

including grants of \$

0) (Revenue \$

12,362,139)

REGIONAL CANCER CENTER - SEE SCHEDULE O "PROGRAM SERVICE ACCOMPLISHMENTS"

4d

Other program services (Describe in Schedule O)

(Expenses \$

161,055,859

including grants of \$

) (Revenue \$

202,630,835)

4e

Total program service expenses \$

















190,244,821

Must equal Part IX, Line 25, column (B).









Form 990 (2008)

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	No
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	Yes
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	No
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	No
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	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
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)? <i>If "Yes," complete Schedule L, Part IV</i> 		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 		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? <i>If "Yes," complete Schedule L, Part IV</i> 	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i> 		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
36	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		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? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a128		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a2,473		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
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, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	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	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
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	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	<i>Section 501(c)(7) organizations.</i> 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	<i>Section 501(c)(12) organizations.</i> 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	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> 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

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.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	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?		
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	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		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization?	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?	Yes	
16b	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?	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed _____
18	Section 6104 requires an organization to make its 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. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> 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. KELLY GIGOT 835 S VAN BUREN GREEN BAY, WI 54301 (920) 433-8287

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

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

Form 990 (2008)

(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									2,163,528	854,875	835,698

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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
PREVEA CLINICS PO BOX 19070 GREEN BAY, WI 543249070	PHYSICIAN SERVICES	7,751,847
BAYCARE CLINIC PO BOX 28900 GREEN BAY, WI 543248900	NEUROSURGICAL SERVIC	1,095,000
DIVERSIFIED CLINICAL SERVICES PO BOX 850001 ORLANDO, FL 328850248	HYPERBARIC TREATMENT	479,623
PHILIPS MEDICAL SYSTEMS 22100 BOTHELL EVERETT HWY BOTHELLE, WA 303840355	MAINTENANCE SERVICES	596,954
St Mary's Hospital 1726 Shawano Avenue GREEN BAY, WI 54303	Medical Services	791,332

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	
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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	1,872,697				
	e	Government grants (contributions) 1e	685,450				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total (Add lines 1a-1f)	2,558,147				
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	900,099	219,309,850	219,309,850		
	b	REFERENCE LAB	621,500	972,355		972,355	
	c	OTHER OPERATING REVENUE	900,099	1,676,154	1,676,154		
	d	FEES & CONTRACTS FROM GOVERNMENT AGENCIES	900,099	29,457,475	29,457,475		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f \$ 251,415,834					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		731,799		731,799	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	632,252	40,109			
	b	Less rental expenses	492,377	20,021			
	c	Rental income or (loss)	139,875	20,088			
	d	Net rental income or (loss)		159,963		20,088	139,875
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		721,952			
	b	Less cost or other basis and sales expenses	11,257,508	443,288			
	c	Gain or (loss)	-11,257,508	278,664			
	d	Net gain or (loss)		-10,978,844			-10,978,844
	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		0			
	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		0			
	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		0			
			Miscellaneous Revenue	Business Code			
11a	CATERING	722,320	66,287		7,638	58,649	
b	CHILDCARE	624,410	723,423		241,772	481,651	
c	PRINT SHOP	323,100	262,115		76,277	185,838	
d	All other revenue		2,280,554			2,280,554	
e	Total. Add lines 11a-11d \$ 3,332,379						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		247,219,278	250,443,479	1,318,130	-7,100,478	

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	843,377	0	843,377	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	89,223,409	75,123,945		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,797,177	2,333,102	464,075	
9	Other employee benefits	17,922,508	14,949,012	2,973,496	
10	Payroll taxes	7,000,546	5,839,096	1,161,450	
11	Fees for services (non-employees)				
a	Management	9,722,601	9,331,133	391,468	
b	Legal	1,430,149	422,062	1,008,087	
c	Accounting	6,300	6,300		
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	9,274,954	4,544,559	4,730,395	
12	Advertising and promotion	1,204,011	14,447	1,189,564	
13	Office expenses	2,470,967	559,578	1,911,389	
14	Information technology	7,287,193	822,662	6,464,531	
15	Royalties	0			
16	Occupancy	3,940,639	3,373,112	567,527	
17	Travel	250,235	217,035	33,200	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	366,765	189,154	177,611	
20	Interest	1,220,182		1,220,182	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,903,496	13,569,958	2,333,538	
23	Insurance	1,399,555	110,086	1,289,469	
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	44,727,513	44,155,251	572,262	
b	BAD DEBT	9,180,803	9,180,803		
c	MISCELLANEOUS	6,942,507	554,966	6,387,541	
d	EQUIPMENT RENTAL & MAINT	4,948,560	4,948,560		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	238,063,447	190,244,821	47,818,626	0
26	Joint Costs. Check <input type="checkbox"/> 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	1,424,688	1	1,158,659		
	2 Savings and temporary cash investments	4,615,677	2	13,230,542		
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net	44,825,891	4	35,040,667		
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6			
	7 Notes and loans receivable, net	506,966	7	496,517		
	8 Inventories for sale or use	3,685,609	8	4,117,530		
	9 Prepaid expenses and deferred charges	1,825,906	9	3,789,592		
	10a Land, buildings, and equipment—cost basis	<table><tr><td>10a</td><td>254,117,414</td></tr></table>	10a	254,117,414		
	10a	254,117,414				
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	<table><tr><td>10b</td><td>147,653,112</td></tr></table>	10b	147,653,112	111,506,599	10c 106,464,302
	10b	147,653,112				
	11 Investments—publicly traded securities	220,341,860	11	221,990,599		
	12 Investments—other securities <i>See Part IV, line 11. Complete Part VII of Schedule D.</i>		12			
	13 Investments—program-related <i>See Part IV, line 11. Complete Part VIII of Schedule D.</i>	58,694,950	13	59,407,002		
14 Intangible assets		14				
15 Other assets <i>See Part IV, line 11. Complete Part IX of Schedule D.</i>	1,361,378	15	2,967,397			
16 Total assets. <i>Add lines 1 through 15 (must equal line 34).</i>	448,789,524	16	448,662,807			
Liabilities	17 Accounts payable and accrued expenses	21,379,602	17	21,953,705		
	18 Grants payable		18			
	19 Deferred revenue	1,125,775	19	914,822		
	20 Tax-exempt bond liabilities	84,202,913	20	82,387,593		
	21 Escrow account liability <i>Complete Part IV of Schedule D.</i>		21			
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L.</i>		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable		24			
	25 Other liabilities <i>Complete Part X of Schedule D.</i>	5,837,340	25	33,902,711		
	26 Total liabilities. <i>Add lines 17 through 25.</i>	112,545,630	26	139,158,831		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	330,416,496	27	304,322,846		
	28 Temporarily restricted net assets	3,956,329	28	2,583,316		
	29 Permanently restricted net assets	1,871,069	29	2,597,814		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
	33 Total net assets or fund balances	336,243,894	33	309,503,976		
	34 Total liabilities and net assets/fund balances	448,789,524	34	448,662,807		

Part XI **Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> 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 Yes	
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 Yes	
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	

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 OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST FRANCIS	Employer identification number 39-0817529
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	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 <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(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?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(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						<input type="checkbox"/>

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						<input type="checkbox"/>
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						<input type="checkbox"/>
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						<input type="checkbox"/>
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						<input type="checkbox"/>
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						<input type="checkbox"/>

Part IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cTotal of lines 7a and 7b						
8Public Support (Subtract 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First 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

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 OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST FRANCIS	Employer identification number 39-0817529
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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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of certified historic structure <input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><th></th><th>Held at the End of the Year</th></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
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)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ 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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

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		9,433,898		9,433,898
b Buildings		132,034,526	71,219,683	60,814,843
c Leasehold improvements		2,388,809	1,074,382	1,314,427
d Equipment		105,691,646	74,111,913	31,579,733
e Other		4,568,535	1,247,134	3,321,401
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				106,464,302

Schedule D (Form 990) 2008

(a) Description of security or category (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) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT - WUPOMS	2,293,132	C
INVESTMENT - UNITY HOSPICE	5,105,393	C
ONCOLOGY JOINT VENTURES	111,380	C
INVESTMENT - IDN (PREVEA)	447,412	C
INVESTMENT - PREVEA REGIONAL	4,800,000	C
INVESTMENT - PREVEA CLINIC	45,000,000	C
INVESTMENT - PREVEA CLINIC	914,822	C
INVESTMENT - PAIN CENTER OF WI	734,863	C
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	59,407,002	

(a) Description	(b) Book value
PR ISSUE COST 2003B	370,652
PR ISSUE COST 2007B-1	451,322
PR ISSUE COST 2007B-2	384,445
PR ISSUE COST 2003D	32,443
PR INVESTMENT-PEDS/HEMOC-GOOD	1,535
MEDICAID ASSESSMENT PROGRAM	1,727,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
WORKERS COMPENSATION	518,031
DUE TO MEDICARE	230,000
RETIREMENT OBLIGATION - ASBESTOS	606,925
SELF - INSURANCE LIABILITY	80,000
ACCRUED BENEFIT LIABILITY	32,094,536
DUE TO MEDICAID	373,219
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	33,902,711

Schedule D (Form 990) 2008

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1247,219,278
2	Total expenses (Form 990, Part IX, column (A), line 25)	2238,063,447
3	Excess or (deficit) for the year Subtract line 2 from line 1	39,155,831
4	Net unrealized gains (losses) on investments	4-7,271,365
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-798,606
9	Total adjustments (net) Add lines 4 - 8	9-8,069,971
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	101,085,860

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1240,508,727
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-7,271,365	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d1,600,240	
e	Add lines 2a through 2d	2e-5,671,125
3	Subtract line 2e from line 1	3246,179,852
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 7b4a	
b	Other (Describe in Part XIV)4b1,039,426	
c	Add lines 4a and 4b	4c1,039,426
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5247,219,278

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1266,602,297
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Losses reported on Form 990, Part IX, line 252c	
d	Other (Describe in Part XIV)2d28,538,850	
e	Add lines 2a through 2d	2e28,538,850
3	Subtract line 2e from line 1	3238,063,447
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 7b4a	
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)	5238,063,447

Part XIVSupplemental 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
ADOPTION OF FIN 48		ON JULY 1, 2007, THE OBLIGATED GROUP ADOPTED FASB INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES-AN INTERPRETATION OF FASB STATEMENT NO 109 THE INTERPRETATION ADDRESSES THE DETERMINATION OF HOW TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS UNDER FIN 48, THE OBLIGATED GROUP MUST RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT FIN 48 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS AND REQUIRES INCREASED DISCLOSURES AT THE DATE OF ADOPTION, AND AS OF JUNE 30,2009, THE OBLIGATED GROUP DOES NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS THE ADOPTION OF FIN 48 HAD NO IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS OF THE OBLIGATED GROUP
Other Adjustments	Schedule D, Part XI, Question 8	Temporarily/Permanently Restricted Contributions (1,872,697) Net Assets Released From Restriction 474,554 Temporarily restricted investment loss 599,537 Total (798,606)
Other Adjustments	Part XII, Line 2d	Net Assets Released From Restriction 1,600,240
Other Adjustments	Part XII, Line 4b	Rental Expenses (512,398) Gain on Sale of Securities 278,664 Temporarily Restricted Investment Loss (599,537) Contributions 1,872,697 Total 1,039,426
Other Adjustments	Part XIII, Line 2d	Change in Pension Funded Status 28,305,116 Rent Expense 512,398 Gain on Sale of Assets (278,664) Total 28,538,850

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

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

Name of the organization
ST VINCENT HOSPITAL OF THE HOSPITAL
SISTERS OF THE THIRD ORDER OF ST FRANCIS

Employer identification number
39-0817529

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	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
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 <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input type="checkbox"/> 200%</div> <div><input checked="" type="checkbox"/> Other 225 %</div>	3a	Yes	
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 <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input checked="" type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other %</div>	3b	Yes	
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	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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 eligible for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
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) . .		2,411	4,641,815		4,641,815	1 95 %
b Unreimbursed Medicaid (from worksheet 3, column a) .		1,500	6,108,185		6,108,185	2 57 %
c Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)	12	1,518	3,382,199	2,180,802	1,201,397	0 5 %
d Total Charity Care and Means-Tested Programs .	12	5,429	14,132,199	2,180,802	11,951,397	5 02 %
Other Benefits						
e Community health improvement services and community benefit operations (from worksheet 4)	58		4,676,844	2,037,163	2,639,681	1 11 %
f Health professions education (from worksheet 5) . .	4	80	640,471		640,471	0 27 %
g Subsidized health services (from worksheet 6) . .						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8) . .	24		50,745		50,745	0 02 %
j Total Other Benefits . . .	86	80	5,368,060	2,037,163	3,330,897	1 4 %
k Total (line 7d and 7j) . . .	98	5,509	19,500,259	4,217,965	15,282,294	6 42 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building			14,801		14,801	0 01 %
7Community health improvement advocacy			205,569		205,569	0 09 %
8Workforce development						
9Other						
10Total			220,370		220,370	0 1 %

Part IIIBad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	3,903,677	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	1,353,405	
4Provide 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

5Enter total revenue received from Medicare (including DSH and IME)	5	76,565,779	
6Enter Medicare allowable costs of care relating to payments on line 5	6	96,643,717	
7Enter line 5 less line 6—surplus or (shortfall)	7	-20,077,938	
8Describe 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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "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	Yes	

Part IVManagement 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 %
1Prevea Health System	Healthcare	25 %		50 %
2Unity Ltd Ptnrshp	Healthcare	45 %		
3NE Wisc Radiation	Healthcare	25 %		50 %
4Therapy Serv LLC				
5Pain Ctr of WI LLC	Healthcare	50 %		50 %
6WI Upper Peninsula	Healthcare	50 %		
7Oncology Management				
8Services Inc				
9PREVEA CLINIC	HEALTHCARE	25 %		50 %
10PREVEA REGIONAL SVCS	HEALTHCARE	25 %		50 %
11PREVEA HEALTH	HEALTHCARE	25 %		50 %
12NETWORK				
13				
14				

[illegible]

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

The hospital strongly believes that its charity care, and the related community benefit obtained from such care, is understated because of those patients that potentially qualify for charity care but do not wish to apply for it. In addition, some care is not classified as charity due to missing documentation on patient resources. Thus, the hospital's bad debt includes a portion that could be classified as charity care if application for such care was sought and/or completed. Currently, the hospital is implementing processes, procedures and systems to more effectively determine charity care that will reduce a patient's documentation requirements and ease the patient's emotional burden in applying for charity care. This will provide a more accurate reporting of charity care services provided by the hospital. The costing methodology we used for bad debt was using our cost to charge ratio. By using that percentage of total costs to total charges, we apply that to our total bad debt expense to come up with the cost for bad debt. To calculate charity-eligible cost of accounts written off as bad debt expense, census data was used to determine the average household size in the county. This average size was then applied to the FPG to determine what the FPL would be for the average household and that number was multiplied by the percentage of FPG that our organization's policy specifies as the upper threshold for 100% charity care. Census data was then used to determine what percentage of the county's households would qualify under our charity care threshold and that percentage was multiplied by the amount written off to bad debt, which produced the amount of charges written off to bad debt that could be assumed to be charity-eligible. The hospital cost-to-charge ratio was then applied to determine the cost that could have been charity (and hence community benefit) had all paperwork been completed.

The hospital continually strives to provide excellent patient care in the most cost effective fashion. Nonetheless, the Medicare program, in many cases, does not provide payment that covers the full cost of the care provided. Since it is the mission of the hospital to respond to community need, hospital management continually advocates for improved Medicare payment so that the cost of quality care to those patients that are not able to afford it is not compromised and is fairly subsidized by all payers. While this shortfall in Medicare payments is not classified as community benefit by the IRS, we nonetheless believe it is an important contribution made by the hospital to the health and well being of the community. Our mission calls us to serve all patients with the highest possible quality and efficiency, even if we are not paid fully for doing so. We also used the cost to charge ratio in determining our costs related to medicare patients. We feel this should be considered a community benefit, as these are real costs our hospital experiences each time we treat a patient. As we absorb the shortfalls from the payments we receive for Medicare patients, this is definitely a benefit for our community members.

In regards to charity care, any patient that does not have the financial means to pay their hospital bill can apply for charity care. Our financial counselors work with the patients to determine eligibility. When a patient qualifies for charity care, then some, or all of the bill is written off. When the entire bill is not written off, the patient will be given the opportunity to work with our H E L P loan program in order to pay off the remaining portion of the bill.

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves. We employ a number of methods to assess health care needs. 1) we have a community advisory committee broadly representative of the community. This committee meets regularly to discuss hospital services and advise us on how well we are meeting community needs. As terms expire, committee members assist in identifying new members who can continue to assist us in this way. We make an effort to include members from the neighboring communities we serve, as well as some potentially underserved groups-such as Hmong or Native American leaders. 2) Hospital leadership meets with each committee member individually to learn more about their opinions about community needs. 3) We examine the reasons that self-pay and Medical Assistance patients come to our emergency department for care. 4) Hospital leadership serve on local social service agency boards, such as the N E W Community Clinic (a "free clinic"), and meet with representatives of the Catholic Diocese to discuss community needs. 5) Our Hispanic Health Educator/Cultural Liaisons assist us in identifying needs of special subgroups of patients.

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.

Our hospital posts our charity care policy and application on our website. In addition, charity care applications are available and prominently displayed in our registration areas. Our financial counselors are available to meet with patients on site before or at the time of service to assist them in identifying whether they are eligible for government aid or financial assistance, and to assist them in applying for programs for which they may be eligible. After patients receive service, our customer service representatives are also trained to assist them to apply for various government programs or for our charity care program. Our collectors are trained to provide this assistance as well. Last but not least, we have contracted with an outside firm to do active outreach with patients who may need additional assistance or advocacy to apply for benefits, appeal denials, or who need transportation to government agencies to apply for benefits.

4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves. St Vincent Hospital is located in Brown County, Wisconsin, an urban county with a population of about 250,000 people. While most patients come from Brown County, we also are a regional referral center, drawing patients from the neighboring rural communities and as far away as the upper peninsula of Michigan. Brown County's population is primarily Caucasian, but there is a notable Native American population, as well as a growing Asian and Hispanic population. Unemployment has been a concern for the area, as it has been for the country as a whole, the unemployment rate for the area is comparable but slightly lower than the state of Wisconsin as a whole. Over 50 languages are spoken in Brown County, and we provide interpretation services for all.

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. St Vincent Hospital has been a leader in cancer care for over 50 years. As part of this leadership, we have actively supported the efforts of the American Cancer Society (ACS) projects to eliminate cancer, save lives and diminish suffering. A portion of the community building dollars are dedicated to supporting various ACS efforts. Another significant portion of the community building dollars is dedicated to workforce support through the support of the Green Bay Area Chamber of Commerce Youth Apprenticeship Program (on-the-job training) and Partners in Education, (a local program which recognizes exceptional teachers and provides students with a variety of career exploration and experience programs). The remainder of the dollars supports staff time spent on a variety of community organizations who requested our expertise at various meetings and events.

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.). Our hospital has an open medical staff and a board comprised of community members. Funds over and above what is needed for operations are reinvested in the facility and program services, using generally accepted accounting principles and market assessment to ensure that the funds are being used wisely. Our hospital was founded over 100 years ago by a group of Catholic sisters whose purpose was to extend Christ's healing love throughout our area. Because of that, we comply with the Ethical and Religious Directives for Health Care issued by the US Council of Catholic Bishops. We actively contribute to the Hospital Sisters Mission Outreach program, whereby surplus or otherwise unused hospital supplies are collected and distributed to missions in the US and many other countries. We also actively offer a variety of no-charge community and health education programs locally to assist community members in learning more about their health condition or possible health issues. St Vincent Hospital devotes significant resources to access for patients who cannot afford care, along with other community benefits. In fiscal year 2009, St Vincent provided nearly \$15.3 million in community benefit services, including charity care at cost, unpaid costs of Medicaid and other public programs, and a range of diverse programs designed to enhance access and improve community health. Additionally, during this period, St Vincent provided \$3.9 million (at cost) in uncompensated care to patients that did not qualify for charity care or public assistance and over \$20 million (at cost) in excess of Medicare payment for health care services. An example of our community benefit initiatives is the support we provide to patients that pass each year through the doors of the NEW Community Clinic, a 38-year-old free health center for the uninsured and underinsured. St Vincent covers the cost of a school nurse employed by the NEW Community Clinic to serve high risk children. We also supply the clinic with free and discounted laboratory and radiology services. More than 70% of patients say the clinic's care prevented a trip to the Emergency Department. See schedule O for more detail on schedule H, part VI, line 7.

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 communities served.

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

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 OF THE HOSPITAL
SISTERS OF THE THIRD ORDER OF ST FRANCIS

Employer identification number

39-0817529

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<input checked="" type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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			
	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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		No
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 accrued 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				
ANN CARR	(i)		0	0	0	0	0	0
	(ii)	93,573	0	22,750	34,815	12,086	163,224	0
JAMES COLLER	(i)		0	0	0	0	0	0
	(ii)	343,030	30,000	365,522	165,855	15,117	919,524	0
THOMAS R BAYER	(i)	179,261	0	14,040	45,768	17,781	256,850	0
	(ii)	0	0	0	0	0	0	0
KELLY GIGOT	(i)	137,742	0	11,250	47,108	17,348	213,448	0
	(ii)	0	0	0	0	0	0	0
KARL APPLETON	(i)	233,146	0	18,000	110,819	11,161	373,126	0
	(ii)	0	0	0	0	0	0	0
PAULA HAFEMAN	(i)	141,556	0	17,600	53,918	430	213,504	0
	(ii)	0	0	0	0	0	0	0
CURTIS WATSON	(i)	240,867	0	0	65,636	19,836	326,339	0
	(ii)	0	0	0	0	0	0	0
JASON THIBERT	(i)	205,963	0	15,500	8,345	19,920	249,728	0
	(ii)	0	0	0	0	0	0	0
TIFFANY SCHAVE	(i)	200,955	0	15,496	7,583	11,515	235,549	0
	(ii)	0	0	0	0	0	0	0
JOHN T NOLDIN	(i)	197,655	0	15,500	33,973	17,205	264,333	0
	(ii)	0	0	0	0	0	0	0
STEPHEN L McCOURT	(i)	193,617	0	0	13,837	17,889	225,343	0
	(ii)	0	0	0	0	0	0	0
LARRY C MATHEWS	(i)	152,532	0	2,600	30,953	1,724	187,809	0
	(ii)	0	0	0	0	0	0	0
ROBERT F BARTINGALE	(i)	149,748	0	20,500	54,934	8,249	233,431	0
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(i)							
	(ii)							

Software ID:

Software Version:

EIN: 39-0817529

Name: ST VINCENT HOSPITAL OF THE HOSPITAL
SISTERS OF THE THIRD ORDER OF ST FRANCIS

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				
ANN CARR	(i)		0	0	0	0	0	0
	(ii)	93,573	0	22,750	34,815	12,086	163,224	0
JAMES COLLER	(i)		0	0	0	0	0	0
	(ii)	343,030	30,000	365,522	165,855	15,117	919,524	0
THOMAS R BAYER	(i)	179,261	0	14,040	45,768	17,781	256,850	0
	(ii)	0	0	0	0	0	0	0
KELLY GIGOT	(i)	137,742	0	11,250	47,108	17,348	213,448	0
	(ii)	0	0	0	0	0	0	0
KARL APPLETON	(i)	233,146	0	18,000	110,819	11,161	373,126	0
	(ii)	0	0	0	0	0	0	0
PAULA HAFEMAN	(i)	141,556	0	17,600	53,918	430	213,504	0
	(ii)	0	0	0	0	0	0	0
CURTIS WATSON	(i)	240,867	0	0	65,636	19,836	326,339	0
	(ii)	0	0	0	0	0	0	0
JASON THIBERT	(i)	205,963	0	15,500	8,345	19,920	249,728	0
	(ii)	0	0	0	0	0	0	0
TIFFANY SCHAVE	(i)	200,955	0	15,496	7,583	11,515	235,549	0
	(ii)	0	0	0	0	0	0	0
JOHN T NOLDIN	(i)	197,655	0	15,500	33,973	17,205	264,333	0
	(ii)	0	0	0	0	0	0	0
STEPHEN L McCOURT	(i)	193,617	0	0	13,837	17,889	225,343	0
	(ii)	0	0	0	0	0	0	0
LARRY C MATHEWS	(i)	152,532	0	2,600	30,953	1,724	187,809	0
	(ii)	0	0	0	0	0	0	0
ROBERT F BARTINGALE	(i)	149,748	0	20,500	54,934	8,249	233,431	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds	OMB No 1545-0047
		2008
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization ST VINCENT HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST FRANCIS	Employer identification number 39-0817529
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Part I

Bond Issues (Required for 2008)

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	WISCONSIN HEALTH & EDUCATION FACILITIES AUTHORITY	39-1337855	97710VRF7	06-17-2008	69,850,000	SEE SCHEDULE O		X		X
B	WISCONSIN HEALTH & EDUCATION FACILITIES AUTHORITY	39-1337855	97710V2Q0	06-17-2008	76,750,000	SEE SCHEDULE O		X		X
C	WISCONSIN HEALTH & EDUCATION FACILITIES AUTHORITY	39-1337855	97710BB74	06-17-2008	61,750,000	SEE SCHEDULE O		X		X
D	WISCONSIN HEALTH & EDUCATION FACILITIES AUTHORITY	39-1337855	97710VRH3	12-18-2003	88,930,000	SEE SCHEDULE O		X		X

Part II

Proceeds (Optional for 2008)

		A		B		C		D		E	
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
9	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

		A		B		C		D		E	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV

Arbitrage (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization

ST VINCENT HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST FRANCIS

Employer identification number

39-0817529

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
WI UPPER PENINSULA ONCOLOGY MANAGEMENT SERVICE INC	OFFICER	1,744,572	LEASED FACILITIES		No
prevea clinics	officer	7,751,847	physician services		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST VINCENT HOSPITAL OF THE HOSPITAL
SISTERS OF THE THIRD ORDER OF ST FRANCIS

Employer identification number
39-0817529

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990 PART III, LINE 4	<p>This section relates to the community benefit contribution of St Vincent Hospital includes programs and activities that improve access to health care and improve health within our communities. In order to portray the full breadth of our contribution, our community benefit information is described below.</p> <p>* Part 1 Qualitative Description of Community Benefit - describes the hospital's community benefit mission, how the mission is translated into a proactive approach designed to meet community health needs, how the hospital meets tax-exempt requirements, and a description of community benefit programs and services that highlight the hospital's impact on community health.</p> <p>* Part 2 Description of Community Benefit - describes the hospital's community benefit contribution in terms of a sampling of programs and activities that promote wellness, illness prevention and healthy living.</p> <p>Part 1 - QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT</p> <p>1 Organizational Commitment to Providing Community Benefit</p> <p>A Our Mission and Primary Exempt Purpose - St Vincent Hospital's mission is to carry out the healing ministry of the Catholic Church by providing high quality general, acute, and tertiary health care services. The staff of St Vincent Hospital provides the highest quality of care possible to everyone in need regardless of their immigrant status, language, culture or ability to pay. The American College of Surgeons has certified St Vincent Hospital as a Level II Trauma Center. We are also certified as a Primary Stroke Center, Comprehensive Community Hospital Cancer Program and a Chest Pain Center.</p> <p>B Our Approach to Providing Community Benefits - The geographic area St Vincent Hospital provides service to is Green Bay Wisconsin, Northeast Wisconsin and Nearby Upper Michigan. St Vincent Hospital reaches out to serve minorities, frail elderly, indigent, medical unserved and the broader community. A major problem in the community is the growing number of uninsured people as well as underinsured. The Green Bay area has an ever increasing diverse immigrant population. St Vincent Hospital participates in a variety of programs and activities that provide treatment and/or promote health at a free or reduced charge. To accomplish this, we work in conjunction with local business, social service agencies, food pantries, schools etc.</p> <p>C Our Financial Assistance Policies and Programs - St Vincent Hospital employs Patient Account Specialists who serve as financial liaisons between the patient and hospital. They review the patients' financial, social and medical situation. During this assessment, potential eligibility for government, community and charitable programs are discussed. Referrals are made as appropriate. Eligibility for St Vincent Hospital's charity care program, Community Care, is based on sliding scale comparing income guidelines vs household size. We take into consideration wages, cash on hand, savings and investments. Discounts range from 25% to 100%. We also offer an automatic 20% discount to those who are uninsured. Pamphlets regarding financial assistance are available in the Emergency Room, Patient Registration as well as the Cashier's Office.</p> <p>2 Organizational Description for Tax Exemption</p> <p>St Vincent Hospital's Emergency Center has 24 hour availability of ER/Trauma services as a Level II trauma center. Patients are transported here via ground or our helicopter from all around the region. Services are available to all in need regardless of immigrant status, language, culture or ability to pay. For those who qualify, we do accept Medicare, Medicaid, CHAMPUS, Tricare as well as other miscellaneous government sponsored health care programs. Any physician with proper up-to-date State of Wisconsin credentials may obtain privileges to attend patients at St Vincent Hospital. As a participant of the Comprehensive Community Hospital Cancer Program we do cancer research.</p> <p>3 Description of Community Benefit Programs</p> <p>A) Sexual Assault Nurse Examiner (SANE) St Vincent Hospital has developed the Sexual Assault Nurse Examiner program to provide care and assistance for anyone who has been sexually assaulted. A dozen nurses comprise the Sexual Assault Nurse Examiner (SANE) Program at St Vincent Hospital, all doing a job that not one of them enjoys but one each is committed to providing to the community. SANE operates in a specially designed room in the Emergency Center, one that is available around the clock to the victims of sexual assault, male or female, infant to elderly. The SANE staff greets them all with gentle words and compassionate medical care. The program, which began in 1992, is the regional site for such care, one where all the hospitals in Green Bay and the surrounding communities send sexual assault victims because only our SANE nurses have been properly trained to conduct the detailed medical examination, collect evidence, repair injury and later provide courtroom testimony that will be a key factor in getting convictions of the perpetrators of these crimes. SANE reaches nearly 200 people at a most vulnerable and devastating time of their lives and truly demonstrates the compassion and mission that is St Vincent Hospital. SANE works closely with the police force and investigators in the area.</p> <p>B) Education/Nursing and Other Health Professionals In Fiscal Year 2008/09, St Vincent spent over \$620,000 in services by providing onsite training and education of nursing and allied health professionals within its facilities. The students included RNs, CNAs, LPNs, OTAs, and DPT students, those studying Human Development and Radiology, among other programs. We also provided training/education programs at schools such as the University of Wisconsin-Green Bay, Bellin College of Nursing, Northeast Wisconsin Technical College and others around the state.</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	FORM 990 PART III, LINE 4	<p>C) Family Support ST VINCENT HOSPITAL PROVIDED \$531,041 IN FAMILY SUPPORT SERVICES PROFESSIONALS AT THE HOSPITAL ASSISTED IN EXCESS OF 8,464 PEOPLE IN APPLYING FOR THE APPROPRIATE ASSISTANCE SUCH AS SOCIAL SECURITY OR MEDICAL ASSISTANCE WHEN THEY CAME TO THE HOSPITAL IN A TIME OF MEDICAL NEED THE COST INCLUDED THE SALARY OF A CANCER CARE COORDINATOR AS WELL AS GUIDANCE, REFERRALS, AND AID IN ENROLLING IN PUBLIC ASSISTANCE AND HRS ERASE, A DEBT REDUCTION PROGRAM D) Transportation Service When patients can't get to St Vincent Hospital, or get to their doctor appointments from the hospital, St Vincent finds a way to help In the past year, we paid for nearly \$54,615 in uncompensated ambulance and other vehicle rides for patients, either to or from the hospital or to help them get to their doctor appointments elsewhere E) NEW Community Clinic St Vincent Hospital has been a longtime supporter of the free health clinic located in downtown Green Bay, subsidizing the salary of a registered nurse there and taking turns with two other hospitals in town to provide laboratory services for clinic clients and give discounted hospital services to them, a subsidy totaling about \$76,000 When a second location was opened at the NWTC campus a year ago, St Vincent contributed an additional \$100,000 in startup funds These are just a few of the larger programs we participate in For a more complete listing, see Section 2 Part 2 -</p> <p>QUANTIFIABLE COMMUNITY BENEFIT The financial information in this report was prepared in accordance with the Catholic Health Association's (CHA) community benefit reporting guidelines These guidelines recommend the following - Report charity care at cost, not charges - Do not include bad debt, contractual allowances, and quick pay discounts as part of charity care expense - Do not count Medicare shortfall as a community benefit - Report the net expense for community benefit services, i.e., the total community benefit expense minus any associated revenue from patients, payers, and other external sources The CHA reporting guidelines reflect a conservative approach to reporting quantifiable community benefits The goal of the reporting guidelines is to produce community benefit financial reports that reflect true costs and describe community benefit activities that increase access to health care and improve community health The following is a listing of specific examples of some of the services St Vincent Hospital provided in FY 09 Donated food and cash to a local food pantry, Donated the overhead costs related to operating a Back to School Store Employees bring in school supplies and clothing for children that cannot afford these items The items are donated to area schools for distribution to the children in need, Donated cash, used equipment, furnishings and printing services to local churches, organizations and schools, Provided educational classes including Lamaze, Teen Lamaze, cesarean birth, breast feeding, infant bath, diabetes education, cardiac rehabilitation, and PMS, Provided support programs including nutrition, lupus, spinal cord, parents of children with cancer, cancer survivor, grief care, parents' anonymous, taking time, "I Can Cope", Alzheimer, Acoustic Neuroma, and brain tumor, We sponsored employee blood drives for the Red Cross, Eagle III - Provides transportation for critically ill and injured patients We provided over 4 FTE's and served over 300 patients, EnCare program - Emergency room nurses go to area schools and organizations to give presentations and provide training on the dangers of drinking and driving, The "Every 15 Minutes" program is a more in-depth program against drinking and driving, Sexual Assault Nurse Examining (SANE) program RN's are specially trained in handling sexual assault cases We always have someone on call and we provide the appropriate level of care to victims at a reduced cost, Provided First Aid Booth at various Community Events including Brown County Fair, Co-sponsored a day long Asthma Camp for children with asthma We provided the RN and respiratory care workers, Provided free transportation to individuals without means of getting to or from medical treatments, Five times a year we publish a health review magazine that is distributed to 121,000 homes and businesses (per issue) throughout Northeastern Wisconsin, Provided Pastoral Care and/Social Services to assist patient and family needs, Provided employees as speakers at health fairs, schools, technical colleges, and a wide variety of organizations as well as providing logo items for prizes for the various functions, Provided training to county health nurses, local paramedics and home health agencies, Provided free blood pressure checks through our ER dept, Home Health Care dept and at health fairs, Operated a Prenatal Care Center for the broad community at a subsidized cost, Provided a loaned employee to the United Way campaign, Eye enucleation, donor eye transplant center, A variety of student intern programs set up with local colleges and universities We also have a residency program, Have numerous employees that sit on local health organization boards They donate their time and expertise during and after business hours, We are a "sharps" drop off site, Provided free translator service to those patients that do not speak English, Financial support to the NEW Community Clinic to pay for their registered nurses, Provided pediatric advanced life support (PALS) training to approximately 200 area health care professionals, Provided free parking to family members of intensive care patients We also provide the family members with a pager service for their convenience, Provided laundry service for the local Altrusa House free of charge Provided free housing for OB-GYN resident Provided free housing for OB-GYN resident</p>

Identifier	Return Reference	Explanation
HEART & VASCULAR CENTER	FORM 990 PART III, LINE 4A	St Vincent Heart and Vascular Center The Cath Lab offers a complete array of catheterization laboratory procedures and noninvasive cardiovascular diagnostic procedures doing 1,554 cardiac catheterizations in FY2009 Just steps away, the state-of the-art Cardiovascular operating center (CVOR) is available for cutting-edge open heart procedures by our highly-skilled cardiothoracic surgeon where 243 open heart surgeries were performed this year In the same complex, CVICU suites are outfitted with up-to-the-minute monitoring devices that allow staff and physicians to keep careful watch over their patients while delivering hands-on care immediately after procedures Those patients with Peripheral Vascular Disease (PVD) are offered the option of our PVD Rehabilitation Program

Identifier	Return Reference	Explanation
REGIONAL EMERGENCY CENTER	FORM 990 PART III, LINE 4B	The Regional Emergency Center, the first hospital in Green Bay to receive the Level II trauma designation, the top designation given a hospital that is not a transplant facility, is often the entry point for patients coming to St Vincent The Emergency Center treated 42,374 patients this past fiscal year While many of them were walk-in patients, a large volume of those patients arrived by emergency medical transport, some by air ambulance such as EAGLE III (126) and some by ground ambulance (123) We have trauma surgeons standing by to treat those patients in the ER and triage systems in place to direct them to the appropriate Intensive Care Units or surgeries A portion of the Emergency Center is devoted to Sexual Assault Nurse Examiner (SANE) program through which specially trained Registered Nurses collect medical evidence and perform the necessary examination in a sensitive, non-threatening manner from women, men, children and infants who have been sexually assaulted (156 this year) They also serve as information sources for the victim and the family regarding questions of disease and/or pregnancy and SANE nurses are credible as expert witnesses if need be to help in prosecuting the abuser Victims from all Green Bay hospitals and those in the region are referred to our center

Identifier	Return Reference	Explanation
REGIONAL CANCER CENTER	FORM 990 PART III, LINE 4C	At St Vincents Regional Cancer Center , the patients who came for radiation oncology only in FY2009 numbered 11,789 St Vincent has been recognized as the regional leader in cancer care since it was first certified to deliver that care by the American College of Surgeons in 1958 As part of the Regional Cancer Collaborative, a large construction project is underway at St Marys Hospital Medical Center on Green Bays west side that will secure the reputation of St Vincent and the Regional Cancer Collaborative as the premier cancer care providers in northeast Wisconsin well into the 21st century The Regional Cancer Center and its partners, Green Bay Oncology, Ltd , and Radiation Oncology Specialists, S C , serves Manitowoc, Oconto, Marinette, Menominee and Door Counties to deliver cancer care to patients near their home, rather than the patients having to come to Green Bay for treatments In Green Bay, they see patients at both St Vincent and St Marys The Gynecology/Oncology Clinic (4,206 visits) inside the Cancer Center at St Vincent, the only one of its kind in the region, and the Pediatric Hematology/Oncology Clinic (6182 visits), are dedicated to the specialized needs of their patients at St Vincent

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990 PART III, LINE 4D	We take care of the sickest patients at our 10-story tertiary care facility St Vincents tertiary care status means that our staff cares for a wide range of patients For infants and pediatric cases, St Vincent has both New born (240) and Pediatric (156) Intensive Care Units Hip and knee replacement surgery are just two of the various procedures we provide on our Orthopedic Surgery floor followed by inpatient and outpatient physical therapy St Vincent has both an inpatient and outpatient Dialysis Unit (12,833 treatments), Home Health Service (31,539 visits), and a NeuroScience Unit

Identifier	Return Reference	Explanation
CONSOLIDATED AUDIT REPORT	FORM 990 PART IV , LINE 12 AND PART XI, LINE 2B	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS AND NO SEPARATE COMPANY AUDIT REPORT IS AVAILABLE

Identifier	Return Reference	Explanation
FORM 8899 FILING	FORM 990 PART V , LINE 7G	THERE WERE NO CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY , THEREFORE, FORM 8899 IS NOT REQUIRED

Identifier	Return Reference	Explanation
FORM 1098-C FILING	FORM 990 PART V , LINE 7H	THERE WERE NO CONTRIBUTIONS OF CARS, BOATS, AIRPLANES, AND OTHER VEHICLES, THEREFORE, FORM 1098-C IS NOT REQUIRED

Identifier	Return Reference	Explanation
RIGHTS OF MEMBERS TO ELECT GOVERNING BODY	FORM 990 PART VI, LINES 6 & 7A	THE SENIOR GOVERNING BODY OF ST VINCENT'S HOSPITAL (THE "CORPORATION") IS THE MEMBER OF THE CORPORATION, WHICH IS HOSPITAL SISTERS HEALTH SERVICES, INC ("HSSI"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE PURSUANT TO SECTION 2 3 OF THE CORPORATION'S BYLAWS, HSSI HAS THE RIGHT TO APPOINT AND REMOVE THE CORPORATION'S BOARD OF DIRECTORS, CHAIRPERSON OF THE BOARD AND PRESIDENT

Identifier	Return Reference	Explanation
MEMBER RESERVED POWERS	FORM 990 PART VI, LINE 7B	Responsibility for the policy and operations of St Vincent's Hospital (the "Corporation") is vested in its Board of Directors, except with respect to specific powers reserved in the Corporation's Bylaws to the Corporation's Member, Hospital Sisters Health Services, Inc ("HSSI") , an Illinois not for profit corporation exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code The member of HSSI is Hospital Sisters Health System ("HSHS"), an Illinois not for profit corporation exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code The members of HSHS are the individual sisters who from time to time are the duly elected Provincial Superior and Provincial Councilors, respectively of the American Province of the Hospital Sisters of St Francis ("American Province") The American Province is the United States organization of the Congregation of the Hospital Sisters of the Third Order Regular of St Francis, a religious institute of the Roman Catholic Church The governance and operations of the Corporation are subject to HSSI's right to exercise these reserved powers with respect to the Corporation and organizations of which the Corporation is either, directly or indirectly, a controlling member or a controlling shareholder ("Affiliates") HSSI's right to exercise certain of these reserved powers is, in turn, subject to the approval of HSHS and HSHS' members The reserved powers include all rights granted to HSSI by law and the right to (a) Adopt, approve amendments to, or amend any statement of philosophy, mission, mission integration or values or any name, logo, or mark of the Corporation or of any Affiliate, (b) Adopt, approve amendments to, or amend the Articles of Incorporation of the Corporation or of any Affiliate, (c) Adopt, approve amendments to, or amend the Bylaws of the Corporation or of any Affiliate, (d) Appoint and remove the Board of Directors, any one or more of the Directors of the Corporation or of any Affiliate, and the Chairperson and President of the Corporation or of any Affiliate, (e) Approve the recommendation of the Board of Directors to appoint or remove the Board of Directors, any one or more Directors of the Corporation or of any Affiliate, or the Chairperson and President of the Corporation or of any Affiliate (f) With respect to the Corporation or any Affiliate, approve the purchase, sale, alienation, exchange, lease or encumbrance of any real property of the Corporation or of any Affiliate, which property has a value in excess of limits set from time to time by HSSI, (g) Approve the operating and capital budgets of the Corporation or of any Affiliate, and any deviations by the Corporation or of any Affiliate from such budgets in an amount or percentage specified by HSSI from time to time, (h) Approve the strategic plan and goals of the Corporation or of any Affiliate, (i) Approve the sale of substantially all of the assets of the Corporation or of any Affiliate, (j) Approve the merger or dissolution of the Corporation or of any Affiliate, (k) Adopt or amend the plan for ministry education and governance for the Corporation and its Affiliates, (l) Approve the Corporation's Mission Accountability Reports and those of any Affiliate, (m) Approve the financial policies and procedures of the Corporation or of any Affiliate and approve any deviations from such policies and procedures by the Corporation or any Affiliate, and (n) Adopt policies to implement the Reserved Powers of HSSI

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990 PART VI, LINE 10	The hospital employs KPMG to assist in the overall review and electronic submission of its Form 990 KPMG provides guidance in identifying critical errors in the return submission and feedback on quantitative and qualitative responses Additionally, the hospital CFO performs a thorough review of the return and reviews it with the hospital CEO and/or senior leaders before presenting it in its entirety to the hospital Board for questioning and review prior to the return's signing and submission to the IRS

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990 PART VI, LINE 12C	A revised Corporate Compliance Program and Conflict of Interest Policy has been used since January, 2009 to establish the practice of managing conflicts of interest using a system-wide protocol for disclosure statements In accordance with our Conflict of Interest Policy all Covered Persons have a duty to comply with the Conflict of Interest Policy for any contract, transaction, relationship or activity contemplated, entered into or conducted at HSHS The policy defines covered persons as Board members, Board committee members, Officers, Board designees, senior management, members of any committee that oversees the approval of pharmaceuticals and medical devices, any other individual who holds a position of trust On a annual basis HSHS discloses a copy of the Conflict of Interest Policy (and all corresponding procedures, guidelines, forms and tools), to all Covered Persons and advises all Covered Persons in writing of any substantive changes to this Policy and such related materials The Covered Persons are required to review and complete the corresponding Conflict of Interest Statement The System Office Vice President, System Responsibility Vice President, Risk & Compliance or members of the Audit and Integrity Committee (Committee) are available to answers any questions a Covered Person may have In addition, if, at any time after submitting an annual Conflict of Interest Statement, a Covered Person becomes aware of an Interest that he or she would have had to disclose at the annual interval, the Covered Person shall promptly disclose the Interest to the Committee using the HSHS Conflict of Interest Disclosure Statement Completed Conflict of Interest statements are submitted to the Committee of HSHS which is responsible for identifying, assessing, and managing Conflicts of Interest that arise in the course of conducting the affairs of HSHS If the Committee determines that a Conflict of Interest exists, HSHS shall not engage in or enter into a proposed contract, transaction, relationship, arrangement or activity unless the Committee or, where necessary, the Board of Directors (acting through its disinterested members), has investigated alternatives to the proposed contract, transaction, relationship, arrangement or activity and, in the absence of alternatives that are in the best interests of HSHS, has determined 1 that, regardless of whether the Covered Person participates in the implementation of the proposed contract, transaction, relationship, arrangement, or activity, 2 the contract, transaction, arrangement or activity is in the best interests of HSHS, 3 the contract, transaction, arrangement or activity is fair and reasonable from the perspective of HSHS, and 4 HSHS cannot obtain a more advantageous contract, transaction, arrangement or activity with reasonable efforts under the circumstances In determining whether a contract, transaction or arrangement is fair and reasonable to HSHS, the Committee shall consider, where applicable 1 appraisals or other independent valuations of the Fair Market Value of the contract, transaction or arrangement, 2 information regarding comparable contracts, transactions or arrangements between unrelated parties, 3 offers from comparable competing entities, and/or 4 studies of comparable compensation arrangements In any case in which the Committee finds, after taking the steps described above, that HSHS should participate in a proposed transaction or arrangement despite the existence of a conflict of interest, the Committee shall develop, implement, monitor, and enforce compliance with, a Conflict Management Plan for managing the Conflict of Interest as it considers necessary for such findings to remain valid throughout the life of the contract, transaction, relationship, arrangement or activity All Conflict Management Plans shall 1 state that the Committee will oversee, monitor and enforce compliance with the plan throughout the course of the study and specify means for doing so, including, without limitation, that the appropriate individuals must provide the Committee with written reports pertaining to compliance with the Conflict Management Plan, that the Committee shall have the right to audit the study for such compliance and the right to impose sanctions for non-compliance, 2 state that the Plan must be shared with Covered Person whose interests it was developed to manage, 3 state that the Plan must be shared with, and periodic reports on compliance with the Plan must be provided to, the Board, senior management and/or government agencies, and 4 provide for such other management steps and mechanisms the Committee considers necessary and appropriate In addition to the Committee, the System Office Vice Presidents of System Responsibility and Risk & Compliance may retain such independent advisors or experts as deemed necessary to assist in making its determinations and decisions If the Committee determines that the contemplated transaction, relationship arrangement or activity cannot proceed due to a Conflict of Interest, the Committee shall inform the applicable Covered Person or decision-making body of such determination within one week of the Committee meeting at which the contemplated transaction was discussed The Committee shall document its rejection of the contemplated transaction in the Committee's meeting minutes

Identifier	Return Reference	Explanation
WHISTLEBLOWER POLICY	FORM 990 PART VI, LINE 13	Provisions within the Corporate Compliance Program and Conflict of Interest Policy provide protections for whistleblower type activities

Identifier	Return Reference	Explanation
RECORD RETENTION AND DESTRUCTION POLICY	FORM 990 PART VI, LINE 14	The hospital is currently following a separate record retention and destruction policy, however, a new system-wide Record Retention and Destruction Policy has been developed and an early 2010 adoption date is expected

Identifier	Return Reference	Explanation
POLICIES COMPENSATION PROCESS	FORM 990 PART VI, LINE 15	<p>The Compensation Committee (Committee) is comprised of independent members of the Board of Directors. The Committee develops a compensation philosophy for the System and all affiliates. The Committee selects and hires the independent compensation consultant to develop comparability data and advise the Committee during its deliberations regarding all elements of total compensation for all disqualified individuals. Integrated Healthcare Strategies (IHS), the consultants utilized by the Committee, use data from multiple tax-exempt peer group sources to determine salary ranges, incentive opportunity ranges and benefits for the disqualified individuals. IHS then assists the Committee in preparing contemporaneous documentation of all actions. Each Committee meeting is conducted with the intent to create a rebuttable presumption of reasonableness for all elements of executive total compensation for the disqualified individuals. The Chairman makes this declaration and also inquires if there are any conflicts of interest by any attendees. Any conflicts are disclosed and the Committee then acts in a manner to avoid any conflicted individual participating in any manner where a conflict might exist. At the end of the meeting, the Committee prepares contemporaneous minutes that record all actions taken during the meeting. The following descriptions present St. Vincent's process for determination of compensation for various individuals.</p> <p>Officer Process is done at the HSHS system office with input from the President and CEO of the Eastern Wisconsin Division.</p> <p>Key Employee If the position is for a senior leadership member, the process is done at the HSHS system office with input from the President and CEO of the Eastern Wisconsin Division. This process applies to Robert Bartingale and Larry Matthews. If the position is a director position at St. Vincent Hospital, on an annual basis an outside organization, currently Integrated HealthCare Strategies (IHS), compiles market data for each position and provides recommendations for the salary range for these positions. The manager of People Services provides a recommendation for adjustment based upon the recommended range information from IHS. The Wage and Salary Committee at St. Vincent Hospital, which consists of the senior leadership team and manager of People Services, reviews the salary range and adjustment recommendations; documentation is kept regarding any deviations from the recommendations. This process applies to Mary Ann Sallenbach, Director. None of these individuals are on St. Vincent Hospital payroll.</p> <p>Highest Paid On an annual basis salary range recommendations are made utilizing market data that is extracted from salary surveys and aged to align with the compensation program philosophy. The recommendations for salary range and individual pay adjustments by position are then reviewed and discussed during a meeting of the Wage and Salary Committee, which consists of the senior leadership team and manager of People Services. Documentation is kept regarding approval and/or deviations from the recommendations.</p>

Identifier	Return Reference	Explanation
DISCLOSURE DOCUMENTS AVAILABLE TO PUBLIC	FORM 990 PART VI, LINE 19	Board-approved financial statements are made available to the public upon request. The governing documents and conflict of interest policy are not made available to the general public at this time.

Identifier	Return Reference	Explanation
PUBLICLY TRADED SECURITIES	FORM 990 PART X, LINE 11	INVESTMENTS IN SECURITIES AND RELATED INVESTMENT INCOME THE HOSPITAL'S CASH RESERVES ARE INVESTED IN A POOLED INVESTMENT ACCOUNT PARTICIPATION IN THE POOLED FUND IS LIMITED TO THE 501 (C)(3) HOSPITALS AND RELATED HEALTH SERVICES ORGANIZATIONS SPONSORED BY HOSPITAL SISTERS HEALTH SYSTEM THE POOLED ACCOUNT CONSISTS OF CASH, EQUITY AND DEBT SECURITIES THAT ARE PUBLICLY TRADED IN ACCORDANCE WITH THE PROVISIONS OF SFAS NO 124 "ACCOUNTING FOR CERTAIN INVESTMENTS HELD BY NOT-FOR-PROFIT ORGANIZATIONS" INVESTMENTS IN EQUITY SECURITIES WITH READILY DETERMINABLE VALUES AND ALL INVESTMENTS IN DEBT SECURITIES ARE REPORTED AT FAIR VALUE ON THE BALANCE SHEET INCOME, REALIZED AND UNREALIZED GAINS AND LOSSES ARE POOLED AND ALLOCATED TO THE PARTICIPANTS' INDIVIDUAL COMPONENTS OF ASSETS AND REVENUE ARE NOT IDENTIFIED TO THE INDIVIDUAL HOSPITAL PARTICIPANTS

Identifier	Return Reference	Explanation
DESCRIPTION OF PURPOSE OF TAX EXEMPT BONDS	FORM 990 SCHEDULE K, PART I	Hospital Sisters Services, Inc (HSSI) and its 13 Hospital affiliates are included in the HSSI - Obligated Group Under the terms of the Obligated Group Master Trust Indenture, each member of the Obligated Group is jointly and severally liable for all obligations issued thereunder The tax exempt bonds are issued to HSSI and then allocated to the 13 Hospitals for reporting on the balance sheet The bonds reported on Schedule K are only the bonds that have been allocated to the Hospital and reported on Part X line 20 The following detail describes the purpose of each tax exempt bond as used for the entire obligated group Wisconsin Health and Educational Facilities Authority - CUSIP 97710VR7, 97710V2Q0, 97710BB74, 97710V2R8 - The proceeds of the Prior Bonds and the Reissued Bonds were loaned to one or more of the Borrowers and were used to finance or refinance health care facilities of the Borrowers including (1) the construction of a 24,000 square foot outpatient center at 2661 County Highway I, Chippewa Falls, Wisconsin and the renovation of the front entrance, the first floor and the third floor of the main hospital, the expansion of the surgery department and the radiology department and the relocation of the intensive care unit and the obstetrics/maternity department at St Joseph's, a 217 bed hospital located in Chippewa Falls, Wisconsin, (2) the completion of the 16,000 square foot renovation of the radiology department, the 15,000 square foot renovation and expansion of the emergency medical and trauma center, the 20,000 square foot renovation and expansion of surgical services, the renovation and upgrade of multiple floors of a patient bed tower, the renovation and upgrade to the mechanical and electrical infrastructure, including a stormwater system upgrade and the replacement of the roof at Sacred Heart, a 344 bed hospital located in Eau Claire, Wisconsin, (3) the 11,000 square foot expansion of the cardiac catheterization laboratory, the construction of a 7,000 square foot operating room, the 79,000 square foot expansion of the west side of the main hospital and the renovation of the outpatient nursing center and pharmacy at St Mary's, a 158 bed hospital located in Green Bay, Wisconsin, (4) the 77,500 square foot addition and renovation of the surgery department, the 15,000 square foot expansion of the heart center, and renovation of the pharmacy, the second floor rehabilitation department and the fifth floor and intensive care unit, the replacement of windows on the second through tenth floors of a patient bed tower, the construction of a parking ramp and the renovation of related areas at St Vincent, a 547 bed hospital located in Green Bay, Wisconsin, and (5) the renovation of the radiology department and intensive care unit at St Nicholas, a 185 bed hospital located in Sheboygan, Wisconsin Wisconsin Health and Educational Facilities Authority - CUSIP # 97710VRH3, 97710VRE0 - Pay or reimburse the Borrowers for the costs of improvements and additions to the hospital, healthcare and related facilities of the Borrowers located at the addresses listed below, including, without limitation (1) various construction and renovation projects, including the renovation of the main entrance and first floor radiology, laboratory, emergency and urgent care departments and an approximately 30,150 square foot addition to house hospital facilities and operations, including expanded meeting rooms, at St Joseph's, a 217 bed hospital located in Chippewa Falls, Wisconsin, (2) various construction, renovation and equipping projects, including the addition of an approximately 33,000 square foot community education center, the renovation of the medical/surgical nursing stations and patient rooms, the renovation of the radiology department, the upgrading of the HVAC system and an approximately 20,000 square foot expansion of the medical oncology department at Sacred Heart, a 344 bed hospital located in Eau Claire, Wisconsin, (3) the renovation and expansion of the approximately 46,000 square foot emergency department and surgery department at St Mary's, a 158 bed hospital located in Green Bay, Wisconsin, (4) various construction and renovation projects, including the addition of an approximately 900-space parking ramp, the addition of a catheterization lab, the expansion of the gastrointestinal lab and the renovation of the medical/surgical nursing stations and patient rooms at St Vincent, a 547 bed hospital located in Green Bay, Wisconsin, and (5) the renovation and expansion of a 23,000 square foot operating suite, the renovation of the intensive care unit and the replacement of air handling units at St Nicholas, a 185 bed hospital located in Sheboygan, Wisconsin

Identifier	Return Reference	Explanation
AFFILIATED HEALTH SYSTEM	FORM 990 SCHEDULE H, PART VI LINE 7	St Vincent's Hospital is an affiliate of Hospital Sisters Health System (HSHS) Sponsored by the Hospital Sisters of St Francis, HSHS is composed of 13 hospitals and multiple physician groups in Wisconsin and Illinois The mission and services of St Vincent's flow from the larger purpose and broader reach of HSHS Because of this relationship, HSHS supports the local work of St Vincent's by ensuring a focus on mission, reinforcing local efforts to improve community health, and facilitating the exchange of "best practices" among all HSHS hospitals and physician groups This response to question 7 focuses on the broader efforts of HSHS to promote community health Like St Vincent's, HSHS is founded in a set of mission principles including a commitment to Catholic identity, Franciscan healing ministry, commitment to local and regional communities, and careful fiscal stewardship Since the incorporation of HSHS in 1978, these principles have made possible a bright light of hope in the midst of darkness for many people As St Francis of Assisi noted, "All the darkness in the world cannot extinguish the light of a single candle " In fact, 13 HSHS Local Systems in Illinois and Wisconsin created 13 bright candles providing more than \$124 million in Community Benefit (including Charity Care at cost and the unpaid cost of Medicaid and other public programs) in the Fiscal Year ending June 30, 2009 These program benefits were as unique and diverse as the rural, urban, and inner city communities they serve Additionally, during this period, HSHS ministries provided over \$91 million in uncompensated care to patients that did not qualify for charity or public assistance and over \$157 million in excess of Medicare and managed care payments for healthcare services Bringing Light Where There is Darkness A national recession and rising unemployment during this Fiscal Year have created unimaginable hardships for many families and individuals, impacting livelihoods and health In the last six months of 2008, the U.S. stock market experienced its worst year since 1931 As state budgets dipped into the red and philanthropies lost millions of dollars in their endowments, safety nets that protected the poor and vulnerable populations were weakened During the worst of the crisis, however, large portions of the Catholic health care sector, including HSHS, stepped up their Community Benefit to provide care for the sick and support to those in need A Community Benefit sampling of the 13 HSHS Local Systems is shared below A Healthy Start in Life Local Systems often carry out the Hospital Sisters' mission far beyond their walls, even providing care to former patients in their homes St Anthony's Memorial Hospital in Effingham, Illinois, provides a unique home care program for new moms and their babies This free home visit, an extension of the maternity hospital stay, helps ease concerns of new mothers and ensure families are fully equipped to provide children with the best nurturing care Over the past year, St Anthony's nurses visited 1,390 mothers and their babies in their homes within a nine-county area Visiting nurses examine both mother and baby and assist with questions new parents may have about care With the help of a portable diagnostic instrument, a visiting nurse painlessly checks the baby for jaundice, eliminating the need for the more traditional bilirubin blood test at the hospital (If needed, treatments for jaundice can begin immediately at home) This healthy start program is part of St Anthony's continuum of care that begins with prenatal and childbirth classes Sometimes a vital outreach into the community is brought within the hospital's walls St John's Hospital in Springfield, Illinois, provides space for a Pregnancy Care Center facility The Center provides early prenatal care for pregnant women, prepared childbirth classes, newborn care and parenting education, and physician referrals Because services are free of charge, access is guaranteed for young women with limited financial means or challenging family dynamics Not only does St John's support the Care Center with office space, it provides funding and health professionals as needed As a result of this collaboration, the Care Center served more than 400 new clients in 2009 from six different counties

Identifier	Return Reference	Explanation
AFFILIATED HEALTH SYSTEM CONTINUED	FORM 990 SCHEDULE H, PART VI LINE 7	Charity Care is when a hospital organization provides free or discounted care to patients who cannot pay (and are ineligible for public programs and meet certain financial criteria) Local Systems are each committed to serving the healthcare needs of every person in their communities, regardless of ability to pay Because of this, HSHS hospitals are the healthcare safety net for the uninsured and vulnerable populations - the poor, the disabled, the young, and elderly Today, a growing number of the middle class members are included in this group Daniel was someone in need from the time he was 18 years old when he was diagnosed with Crohn's disease, a lifelong inflammation of the intestines Because the disease can cause great discomfort, including episodes of abdominal pain, vomiting and weight loss, regular preventive care and frequent monitoring are vital in order to avoid internal scarring and life-threatening intestinal blockages "It's a tough disease to manage but I've done it for 32 years," Daniel commented "In order to stay healthy, I need a colonoscopy every year to keep ahead of problems Unfortunately, over the years the costs for care have risen incredibly and the drugs I take to manage this condition are very expensive " In January 2009, Daniel was laid off from his job as a plumber "I've not had health insurance now or in the past because I work for a small employer and they are unable to offer employee health insurance," he said "I've tried to get insurance on my own, but no one will insure someone with Crohn's disease It's tough, really tough " St Mary's Hospital in Green Bay, Wisconsin, covers Daniel's procedures through its Charity Care program Full of gratitude, Daniel noted, "St Mary's provided life-saving colonoscopies for me for the past few years My doctor says it's a necessity so that he can monitor what's going on and try to prevent having surgery It's unbelievable what St Mary's has done for me I don't know what I'd do otherwise They're a godsend " Tools for Healthy Living Education is a powerful tool that can save lives, prevent disability and enhance safety Knowledge also empowers, and many people appreciate the opportunity to take charge of their own health and wellness with the help of a professional navigator to show them the way, - St Joseph's Hospital in Highland, Illinois, started an innovative project to help diabetics gain a better understanding of diabetes to live a healthier life Using a new interactive device called Conversation Maps (developed by the American Diabetes Association), the hospital launched a four-part education series Led by a registered nurse, pharmacist, and registered dietician, the free courses encourage discussion and engage participants in interactive myth-busting activities that clarify facts about diabetes By uncovering information on key topics related to their diabetes, participants develop personal action plans to make better decisions and change behaviors in dealing with their diabetes - Located along the Sangamon River in Central Illinois, Decatur's inner city residents struggle with high rates of unemployment, poverty, drug use and violent crime To help address the health needs of this vulnerable inner city population, St Mary's Hospital hosted several health fairs at neighborhood festivals in vacant lots and parks to provide free health assessments, testing and education Colleagues, including the hospital's stroke coordinator and nurse educator, collaborated with "Stop the Violence" Project festival staff, a series of summer events sponsored by the local Ambassadors for Christ Ministries Thanks to awareness education and prevention, lives may have been saved and at least one stroke averted one festival attendee was diagnosed with extremely high blood pressure that was unknown and untreated After visiting his physician and being placed on medication, and losing a considerable amount of weight, his blood pressure remained under control The contact with St Mary's colleagues was so positive, in fact, that he later applied for a job opening and today is himself a hospital colleague Care for the Poor Free Clinics In an economy where many companies are seeing a decline in customers, business is booming at Wisconsin's free clinics Patient rolls skyrocket as more low income and uninsured people seek care as a result of the downturn and job layoffs St Francis described his mission as a journey "Start by doing what's necessary, then do what's possible, and suddenly you are doing the impossible " The impossible is a daily miracle in several free clinics in Wisconsin, thanks to four Local Systems - In Green Bay, Wisconsin, more than 6,000 patients each year pass through the doors of the NEW Community Clinic, a 38-year-old free clinic with major support provided by St Vincent's Hospital In order to keep its doors open five days each week, St Vincent's covers costs for nurses In addition, St Vincent's and St Mary's Hospitals both provide laboratory services to free clinic patients at no cost and discounted radiology services More than 70% of patients say the clinic's care prevented a trip to the Emergency Department - St Joseph's Hospital in Chippewa Falls, Wisconsin, donates laboratory services to its local free clinic, the Open Door Clinic Support of the Chippewa Valley Free Clinic (A Vital Resource for uninsured and underinsured patients) with Sacred Heart volunteers on the Board, nursing and social work staff, assistance with grant writing, and \$25,000 in laboratory and radiology services, free clinic patient volumes broke records each month this year due to the economic downturn and growing unemployment Thanks to the hospitals and other local support, the free clinic's exams, medication and lab tests are provided at no cost to patients "Sometimes, as in the case of diabetes, a maintenance drug or treatment is critical to help prevent an even more debilitating condition like kidney failure or losing one's eyesight," said Free Clinic volunteer and Sacred Heart Hospital social worker Maria "For someone that is recently unemployed and supporting a family, or working part-time jobs just to make ends meet, a medical need without health insurance is a major roadblock on the path back to self-sufficiency " A Global Reach of Compassion The 13 Local Systems that comprise Hospital Sisters Health System support health care around the globe by donating equipment and supplies to Hospital Sisters Mission Outreach, a nationally recognized not-for-profit organization focusing on the recovery and responsible redistribution of healthcare equipment and supplies to developing countries The equipment ranging from commercial laundry machines to hospital beds and IV poles and syringes and diagnostic equipment is refurbished, cleaned and shipped internationally to needy medical clinics and hospitals worldwide This "global community benefit" effort resulted in more than 90 tons of medical equipment donated to Mission Outreach Of these donations, more than 75 tons have been distributed to disadvantaged hospitals and clinics to save and improve lives Destination countries include Afghanistan, Bangladesh, Belize, Cambodia, Ecuador, , Ghana, Guatemala, Haiti, Honduras, Jamaica, Kenya, Mali, Mexico, the Philippines, Somalia, Tanzania and Uganda The US Navy Project Hand Clasp assisted with transatlantic freighting for some materials Not only does donated equipment help struggling hospitals, Local Systems see an added program benefit of practicing responsible environmental stewardship by reducing waste streams to landfills St Francis, the patron saint of ecology, would be proud of a ministry that both improves the health and well-being of the poor around the globe and is also "green " An Instrument of Peace The prayer of St Francis begins, "Lord, make me an instrument of thy peace, where there is hatred, let me sow love, where there is injury, pardon" For 36 years, St Nicholas Hospital in Sheboygan, Wisconsin, has daily lived that prayer through its generous support of a domestic abuse shelter that was first established in its basement By providing emergency housing for women and children impacted by violence, the hospital helped meet a chronic community need Today known as Safe Harbor Shelter from the Storm, the organization is a round-the-clock 16-bed facility that occupies two homes purchased by the hospital (rent- and utility-free) Safe Harbor provides residential living, counseling, an office for support services and a children's indoor play space It is the county's only domestic violence shelter and provides services at no cost to victims of domestic violence or sexual assault Because of the hospital's in-kind support and supply of volunteers, Safe Harbor concentrates its resources on serving domestic abuse victims and families

Identifier	Return Reference	Explanation
AFFILIATED HEALTH SYSTEM CONTINUED	FORM 990 SCHEDULE H, PART VI LINE 7	<p>Feeding the Hungry The Franciscan charism of feeding the hungry is part of the ministry of St Francis Hospital, in Litchfield, Illinois Thanks to \$13,000 in financial support from colleagues' payroll deductions, food drives, and \$38,000 in support from the Friends of St Francis Hospital, the St Clare Food Pantry annually serves more than 250 local famlies To mark the Pantry's first Christmas, hospital staff baked cookies and donated candy to supply gift bags for children of food pantry patrons Supporting Family Farms and Local Economies At Sacred Heart Hospital in Eau Claire, Wisconsin, the entrance doors have the words of Mother Teresa of Calcutta "There is Hope Here " Recently, the hospital has given new hope to many struggling family farms In the 1990s, Wisconsin lost almost 40 percent of its farms Ironically, in the very heart of America's Dairyland, local farms, processors, and their products remain largely shut out of institutional markets even though those institutional buyers may be located only a few dozen mles away Large institutions such as hospitals, nursing homes, universities and school systems have long-established supply chains that ensure the safety, availability, variety and quantity of food products, but they seldom source local products In July 2008 Sacred Heart Hospital, in Eau Claire, Wisconsin, launched an effort to support local farms and the local economy by pledging 10 percent of its \$2 million food budget to sourcing local products In addition to opening up a new market, the hospital helped create the Producers & Buyers Co-op to link local farms with institutions to source food and ensure food safety In the first year, Sacred Heart Hospital spent more than \$200,000 on food from more than a dozen rural communities, including 11,000 lbs of beef, 2,400 lbs of pork and 12,000 lbs of chicken (all grown, processed and transported locally) The hospital's commtment provides farmers a guaranteed market to sell products at a fair price and sources local food to benefit patients, cafeteria visitors and colleagues, and Meals on Wheels patrons The project has already created new jobs in rural communities and allowed farmers and processors to expand their businesses "Following the Hospital Sisters Mission and our Franciscan tradition, Sacred Heart Hospital is proud to invest in its community by purchasing local food to support local agriculture," commented Steve, HSHS Divisional President and CEO (Western Wisconsin) "Local food is good medicine for everyone It is nutritious, fresh and flavorful for our patients It also benefits our local economy by preserving and expanding family farm operations, providing jobs in production and processing, and keeping money in our community " Mentoring Disadvantaged Students Schools that serve inner city students struggle with overcoming barriers to graduation Disadvantaged students often live in single parent homes, face poverty, a lack of opportunities in higher education and jobs, and other life challenges - St Elizabeth's Hospital in Belleville, Illinois, confronted these life limiting obstacles by initiating a local after-school tutoring and mentoring program Twenty-nine manager and administrator volunteers spent an hour each month assisting students with math homework and reading skills (a total of more than 260 hours) Students and mentors developed long-term relationships and by the end of the school year the students were invited for a tour of St Elizabeth's and received a certificate of recognition for their achievements - St Elizabeth's also participates in the Assisted Learning Vocational Program with the Belleville Township High School, a program that provides on-the-job training, job coaches and work experience for special education students The initiative helps students learn life skills to be self-sufficient and self-supporting In many cases, employers hire participants after they graduate This past year, St Elizabeth's Hospital hired David, a former student in the program David was born prematurely and was later was diagnosed with autism This disability does not prevent him from being a star employee in the hospital's laundry department, operating giant ironing machines to fold and iron sheets, gowns, towels and other linens In his 32-hour-a-week job, David also helps with quality control, sorting out torn or stained linens He proudly commented for a newspaper interview, "When I saw a bath blanket was stuck, I stopped (the machine) and a co-worker got it out " His grandmother, Lorraine, added, "There's never a time when he doesn't want to go to work He's always on time " Teaching Sexual Abstinence to Teens In Clinton County, Illinois, annual Department of Health statistical data recorded more than 10% of births to teens and increasing rates of sexually transmitted disease To help reverse these trends, colleagues at St Joseph's Hospital in Breese, Illinois, launched "Game Plan," a new sexual abstinence program offered to eighth grade students in Clinton County schools A total of 320 students participated in the free classroom program presented by hospital physicians, nursing and laboratory colleagues The program began with a parents' overview night (Parents are instrumental to the program's success, and parental permission is required prior to student enrollment) "Game Plan" builds knowledge about abstinence until marriage, helps students recognize the potential benefits to health and well-being, and equips students to decide for themselves that abstinence is the healthy choice Six one-hour sessions totaled 3,510 contact hours (an average of 585 hours per instructor) Providing Transportation to Those in Need Sometimes health and wellness are neglected simply because of a lack of transportation to a medical appointment In Streator, Illinois, transportation options are limited because there is no public transit system or taxi service Many people, especially the elderly or disabled, have no transportation options St Mary's Hospital recognized this need and responded by launching a free medical transportation program to serve patients with disabilities and others with no other way of getting to and from medical appointments The program provides rides to seniors, children, expectant mothers and individuals with special needs Sara, a single mom, commented, "If it weren't for St Mary's van, my son wouldn't be able to go to his physical therapy, and I wouldn't be able to make my doctor appointments It is the best help " Care for Body, Mind and Spirit HSHS hospitals provide pastoral care, organize support groups, comfort the bereaved, and provide free cardiac risk assessments Through these and other Community Benefit programs, the 13 Local Systems daily live out the Hospital Sisters' mission by meeting the needs of the human person physical, emotional, and spiritual The Hospital Sisters have always lived and taught that this Franciscan mission gives special consideration to the poor, sick and aged regardless of race or creed Today, whether engaged in nursing, education, palliative care or advocacy, HSHS colleagues follow in the footsteps of St Francis and the Hospital Sisters, bringing hope where there is despair, light where there is darkness, and joy where there is sadness</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ 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.

Name of the organization
ST VINCENT HOSPITAL OF THE HOSPITAL
SISTERS OF THE THIRD ORDER OF ST FRANCIS

Employer identification number

39-0817529

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

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) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	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
See Additional Data Table							

Part V

Transactions with Related Organizations

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

No

1p

Yes

1q

No

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)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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

[illegible]

Software ID:

Software Version:

EIN: 39-0817529

Name: ST VINCENT HOSPITAL OF THE HOSPITAL
SISTERS OF THE THIRD ORDER OF ST FRANCIS

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
HOSPITAL SISTERS HEALTH SYSTEM 4936 LAVERNA ROAD SPRINGFIELD, IL62707 37-1058692	HEALTHCARE	IL	501(C)(3)	11A	NA
HOSPITAL SISTERS SERVICES INC 4936 LAVERNA ROAD SPRINGFIELD, IL62707 37-1163402	HEALTHCARE	IL	501(C)(3)	11A	NA
HOSPITAL SISTERS OF ST FRANCIS FDTN 4936 LAVERNA ROAD SPRINGFIELD, IL62707 37-1186514	HEALTHCARE	IL	501(c)(3)	11A	NA
HSBS HEALTH CARE TRUST FUND 4936 LAVERNA ROAD SPRINGFIELD, IL62707 37-1137724	HEALTHCARE	IL	501(C)(9)	11A	NA
ST ANTHONY 'S HOSPITAL 503 N MAPLE STREET EFFINGHAM, IL624012099 37-0661233	HEALTHCARE	IL	501(C)(3)	3	NA
ST ELIZABETH'S HOSPITAL 211 SOUTH THIRD STREET BELLEVILLE, IL622201998 37-0663567	HEALTHCARE	IL	501(C)(3)	3	NA
ST FRANCIS HOSPITAL 1215 FRANCISCAN DRIVE LITCHFIELD, IL62056 37-0661236	HEALTHCARE	IL	501(C)(3)	3	NA
ST JOHN'S HOSPITAL 500 EAST CARPENTER STREET SPRINGFIELD, IL62769 37-0661238	HEALTHCARE	IL	501(C)(3)	3	NA
ST JOSEPH'S HOSPITAL 9515 HOLY CROSS LANE BREESE, IL622300099 37-1208459	HEALTHCARE	IL	501(C)(3)	3	NA
ST JOSEPH'S HOSPITAL 1515 MAIN STREET HIGHLAND, IL622491646 37-0663568	HEALTHCARE	IL	501(C)(3)	3	NA
ST JOSEPH'S HOSPITAL 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI54729 39-0810545	HEALTHCARE	WI	501(C)(3)	3	NA
ST MARY 'S HOSPITAL 1800 E LAKE SHORE DRIVE DECATUR, IL62521 37-0661244	HEALTHCARE	IL	501(C)(3)	3	NA
ST MARY 'S HOSPITAL 111 SPRING STREET STREATOR, IL613643332 37-2169181	HEALTHCARE	IL	501(C)(3)	3	NA
ST MARY 'S MEDICAL CENTER 1726 SHAWANO AVENUE GREEN BAY, WI54303 39-0818682	HEALTHCARE	WI	501(C)(3)	3	NA
ST NICHOLAS HOSPITAL 3100 SUPERIOR AVENUE SHEBOYGAN, WI530811948 39-0808480	HEALTHCARE	WI	501(C)(3)	3	NA
SACRED HEAT HOSPITAL 900 WEST CLAIREMONT AVE EAU CLAIRE, WI54701 39-0807060	HEALTHCARE	WI	501(C)(3)	3	NA
HOSPITAL SISTERS HEALTHCARE WEST INC 2661 COUNTY HIGHWAY I CHIPPEWA FALLS, WI54729 51-0157933	HEALTHCARE	WI	501(C)(3)	11A	NA
HSBS SELF INSURANCE FUND 4936 LAVERNA ROAD SPRINGFIELD, IL62707 37-1120626	INSURANCE	IL	501(C)(3)	11A	NA
HSBS MEDICAL GROUP INC 4936 LAVERNA ROAD SPRINGFIELD, IL62707 26-3956318	HEALTHCARE	IL	501(C)(3)	11A	NA
HSBS WISCONSIN MEDICAL GROUP INC 8040 EXCELSIOR DRIVE STE 200 MADISON, WI53717 26-4515959	HEALTHCARE	WI	501(C)(3)	11A	NA
ORANGE CROSS AMBULANCE INC 919 ASHLAND AVENUE SHEBOYGAN, WI53081 39-1860942	HEALTHCARE	WI	501(c)(3)	9	ST NICHOLAS
WISCONSIN UPPER PENINSULA ONCOLOGY MGMT 835 S VAN BUREN GREEN BAY, WI543013256 39-1677100	HEALTHCARE	WI	501(c)(3)	3	N/A
UNITY LIMITED PARTNERSHIP 2366 OAK RIDGE CIRCLE DE PERE, WI54115 39-1750729	HEALTHCARE	WI	501(c)(3)	9	HSSI

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) Disproportionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K- 1 (Form 1065) (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No
Memorial and St Elizabeth's Healthcare 4000 North Illinois Street Swansea, IL62226 37-1312961	HealthCare	IL	St Elizabeth's	Related				No			No
Health Ventures Of So Illinois LLC 2810 Frank Scott PKWY W STE 700 Belleville, IL62223 37-1334060	HealthCare	IL	St Elizabeth's	Related				No			No
Prairie Heart Insutute - Carbondale LLC 800 East Carpenter Street Springfield, IL62769 37-1321197	HealthCare	IL	St John's	Related				No			No
Northeast Wisconsin Radiation Therapy Se 1821 S Webster Avenue Suite 300 Green Bay, WI543079047 26-3749065	HealthCare	WI	hssi	Related				No			No
Pain Center of Wisconsin 4131 W Loomis Road Suite 300 Greenfield, WI53221 26-3155343	HealthCare	WI	hssi	Related				No			No
Surgery Center of Sheboygan LLC 3141 Saemann AveNUE Sheboygan, WI53081 26-0822209	HealthCare	WI	St Nicholas	Related				No			No
Prevea Ventures LLC 2710 EXECUTIVE DRIVE Green Bay, WI54304 20-3775127	HealthCare	WI	HSSI	Related				No			No
Clinical Integration Network LLC 4936 Laverna ROAd Springfield, IL62707 26-1417684	HealthCare	IL	Kiara Inc	Related				No			No

Form 990, Schedule R, 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
Kiara Inc 4936 Laverna ROAd Springfield, IL62707 37-1163401	HealthCare	IL	HSHS	C Corp			
LaSante Wisconsin Inc 4936 Laverna ROAd Springfield, IL62707 39-1572196	HealthCare	IL	Kiara Inc	C Corp			
LaSante Inc 4936 Laverna ROAd Springfield, IL62707 37-1163400	HealthCare	IL	Kiara Inc	C Corp			
Prairie Cardiovascular 619 East Mason Suite 4P57 Springfield, IL62701 37-1071858	HealthCare	IL	Kiara Inc	C Corp			
Prevea Health Services 2710 EXECUTIVE DRIVE Green Bay, WI54304 39-1839351	HealthCare	WI	HSSI	C Corp			
Prevea Clinic Inc 2710 EXECUTIVE DRIVE Green Bay, WI54304 39-1839349	HealthCare	WI	HSSI	C Corp			
Prevea Health Network 2710 EXECUTIVE DRIVE Green Bay, WI54304 39-2000537	HealthCare	WI	HSSI	C Corp			
Prevea Regional Services 2710 EXECUTIVE DRIVE Green Bay, WI54304 39-1909993	HealthCare	WI	HSSI	C Corp			

Additional Data

Software ID:

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EIN: 39-0817529

Name: ST VINCENT HOSPITAL OF THE HOSPITAL
SISTERS OF THE THIRD ORDER OF ST FRANCIS

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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SR MARYBETH CULNAN , director	1 0	X						0	0	0
SR BERNADINE GUTOWSKI , DIRECTOR	1 0	X						0	0	0
DJ LONG , CHAIRPERSON	1 0	X		X				0	0	0
KEN JOHNSON MD , SECRETARY	1 0	X		X				0	0	0
JOHN HAGER , VICE CHAIR	1 0	X		X				0	0	0
ROLF LULLOFF MD , DIRECTOR	1 0	X						0	0	0
WAYNE MICKSCH , DIRECTOR	1 0	X						0	0	0
JUDY NAGEL , DIRECTOR	1 0	X						0	0	0
RICHARD ROLSTON MD , DIRECTOR	1 0	X						0	0	0
ROBERT BURNS , DIRECTOR	1 0	X						0	0	0
THERESE PANDL , CEO	40 0	X		X				0	0	0
JAMES COLLER , CEO	40 0	X		X				0	738,552	177,860
ANN CARR , TREASURER	1 0			X				0	116,323	46,672
THOMAS R BAYER , COO	40 0			X				193,301	0	63,084
KELLY GIGOT , CFO	40 0			X				148,992	0	64,038
KARL APPLETON , VICE PRESIDENT-FISCAL AFFAIRS	40 0			X				251,146	0	121,457
PAULA HAFEMAN , CNO	40 0			X				159,156	0	53,918
LARRY C MATHEWS , ASSISTANT ADMINISTRATOR	40 0				X			155,132	0	32,264
ROBERT F BARTINGALE , ASSISTANT ADMINISTRATOR	40 0				X			170,248	0	62,729
CURTIS WATSON , ANESTHESIA MANAGER	40 0					X		240,867	0	85,032
JASON THIBERT , CERTIFIED NURSE	40 0					X		221,463	0	27,866
TIFFANY SCHAVE , CRNA	40 0					X		216,451	0	18,741
JOHN T NOLDIN , CRNA	40 0					X		213,155	0	50,769
STEPHEN L McCOURT , CRNA	40 0					X		193,617	0	31,268