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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

C Name of organization
St Vincent's Health System Inc

Doing Business As
St Vincent's Healthcare

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2565 Park Street

City or town, state or country, and ZIP + 4
Jacksonville, FL 32204

D Employer identification number
59-3650609

E Telephone number
(904) 308-7300

G Gross receipts $ 49,990,411

F Name and address of principal officer
Moody L Chisholm
1 Shircliff Way
Jacksonville, FL 32204

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www jaxhealth com

K Type of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2000

M State of legal domicile FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Commitment to accept & serve poor & vunerable patients regardless of their ability to pay

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	314
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	48,199	75,562
9	Program service revenue (Part VIII, line 2g)	40,870,844	49,745,105
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,330,595	-315,398
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,238,028	112,849
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,011,610	49,618,118
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	477,615	407,361
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	17,278,357	15,020,097
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	22,706,580	35,436,802
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	40,462,552	50,864,260
19	Revenue less expenses Subtract line 18 from line 12	-2,450,942	-1,246,142

		Beginning of Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	39,054,081	36,466,247
21	Total liabilities (Part X, line 26)	18,859,056	15,923,004
22	Net assets or fund balances Subtract line 21 from line 20	20,195,025	20,543,243

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2011-07-29

▶ Mark Doyle CFO CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP 250 EAST FIFTH STREET SUITE 1900 CINCINNATI, OH 45202		EIN ▶	
		Phone no ▶ (513) 784-7100	

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

Part III Statement of Program Service Accomplishments (see instructions.)

1 Briefly describe the organization's mission

St Vincent"s Health system directs its activities to spiritually centered holistic care which sustains and improves the health of the individual and community Its mission of service to those that are poor and vunerable is a commitment to accept patients regardless of their ability to pay The Health ministry uses four categories to identify the resources utilized for the care of persons who are poor and community benefit programs Traditional charity care includes the cost of services provided to persons unable to pay for services, unpaid cost of public programs for persons covered under public programs for the poor, costs of other programs for the poor are designed to serve the poor in a myriad of services, community benefit programs are services for all, not just the poor

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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 $ 47,393,973 including grants of $ 407,361) (Revenue $ 49,689,408)

St Vincent's Health System provides administrative and managerial services for St Vincent's Medical center, a 528 bed nonprofit acute care hospital, St Luke's-St Vincent's Healthcare, a 162 bed nonprofit acute care hospital, St Catherine's Laboure Manor, a 240 bed nursing home, St Vincent's Ambulatory Care neurosurgery, neurology, and cardiology speciality practices, and First Coast Primary Care, a physician office network for the provision of quality accessible outpatient care The entities of St Vincent's Health System provide health care services for the residents of Northeast Florida and southeast Georgia St Vincent's Health System seeks to improve the physical, mental, social and spiritual health status of its surrounding community See Schedule O for Community Benefit Report

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

(Code) (Expenses $ including grants of $) (Revenue $ 120,206)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 47,393,973 *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	36		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	314		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	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	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 13		
b	Enter the number of voting members that are independent . .	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

Sean Fitzpatrick
2565 Park Street
Jacksonville, FL 32204
(904) 308-7300

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) ☒ Individual Trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Samuel P Braud III Chairman	3 00	X		X				0	0	0
James Patrick Thorton Chairman/Vice-Chairman	3 00	X		X				0	0	0
Fred D Franklin Jr Secretary/Treasurer	1 00	X		X				0	0	0
Scot Ackerman MD Member	1 00	X						0	0	0
Sr Mary Bader Member	1 00	X						0	0	0
A Leland Burpee Member	1 00	X						0	0	0
Gary R Chartrand Member	1 00	X						0	0	0
Sr Mary Frances Hildenberger - Member	1 00	X						0	0	0
Ricardo Morales Jr Member	1 00	X						0	0	0
Richard Mullaney Member	1 00	X						0	0	0
C Daniel Rice Member	1 00	X						0	0	0
Sidney S Simmons II Member	1 00	X						0	0	0
Scott A Whalen President/CEO (Sch O)	40 00	X		X				560,678	0	52,341
Daniel A Curran CFO (Sch O)	40 00			X				382,501	0	23,832
Ronald J Roberson Interim CFO (Sch O)	40 00			X				81,242	0	6,469
Laurie S Teppert General Counsel (Sch O)	40 00				X			263,347	0	47,102
Janice G Lipsky VP HR (Sch O)	40 00				X			192,111	0	68,100

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) ☒ Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Michael J Tretina VP Finance	40 00					X		233,673	0	37,876
John D Meyer VP Strategic Planning	40 00					X		156,819	0	32,121
Joye A Strickland VP Controller	40 00					X		134,009	0	47,388
William R Mayher VP Corporate Compliance	40 00					X		137,948	0	38,598
Michelle D Hilliard VP Physician/Business De	40 00					X		139,145	0	36,458
John J Maher Former President							X	1,978,586	0	708,463
Warren Chandler former CIO							X	412,716	0	833
James M Corrigan							X	0	0	0
1b Total . . . . . ▶								4,672,775	0	1,099,581

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 21

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Kaufman Hall 5202 Old Orchard Road Ste N700 Skokie, IL 60077	Healthcare Consulting	376,400
IKON Management PO Box 198727 Atlanta, GA 30384	Printshop Management	358,510
Health Grades Inc 500 Golden Ridge Road Ste 100 Golden, CO 80401	Healthcare Consulting	221,500
JA Thomas & Assoc Inc 3715 Northside Parkway Atlanta, GA 30327	Healthcare Consulting	216,740
E H R PO Box 822688 Philadelphia, PA 19182	Healthcare Consulting	127,518

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 11

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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 75,562				
	e	Government grants (contributions) 1e				
	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 . . . . . ▶	75,562			
Program Service Revenue		Business Code				
	2a	Management Fees	621,990	49,689,408	49,689,408	
	b	Exempt Affiliates Rent	621,990	103,476	103,476	
	c	Health Education Fees	621,990	16,730	16,730	
	d	Loss on Joint Venture	621,990	-64,509	-64,509	
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		49,745,105		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		-315,398		-315,398
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents 440,254				
	b	Less rental expenses 372,293				
	c	Rental income or (loss) 67,961				
	d	Net rental income or (loss) . . . . . ▶		67,961		67,961
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	Wellness Fitness Fees 621,990	32,550			32,550
	b	Miscellaneous Revenue 621,990	12,338			12,338
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	44,888			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶	49,618,118	49,745,105	0	-202,549

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	407,361	407,361		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,658,174	1,409,500	248,674	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,364,566	9,431,755	932,811	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	480,378	433,150	47,228	
9	Other employee benefits	1,623,199	1,477,110	146,089	
10	Payroll taxes	893,780	772,760	121,020	
11	Fees for services (non-employees)				
a	Management				
b	Legal	187,245	187,245		
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	3,269,755	3,008,175	261,580	
12	Advertising and promotion	1,140,817	1,140,817		
13	Office expenses	1,078,536	992,251	86,285	
14	Information technology	25,151,462	23,893,887	1,257,575	
15	Royalties				
16	Occupancy	2,570,776	2,365,111	205,665	
17	Travel	59,195	35,520	23,675	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	101,176	60,706	40,470	
20	Interest	27,469	25,269	2,200	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	477,195	439,020	38,175	
23	Insurance	56,092	51,602	4,490	
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	Bad Debt	695,816	695,816	0	0
b	Recruiting	464,418	422,618	41,800	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f	All other expenses	156,850	144,300	12,550	
25	**Total functional expenses.** Add lines 1 through 24f	50,864,260	47,393,973	3,470,287	0
26	**Joint Costs.** Check here ▶ ☐ 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		1,370,727	1	1,880,495
	2	Savings and temporary cash investments		11,020,790	2	12,599,588
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		602,897	7	490,861
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		335,715	9	10,144
	10a	Land, buildings, and equipment cost basis	10a 16,677,914			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 2,912,463	14,495,730	10c	13,765,451
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		11,228,222	15	7,719,708
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		39,054,081	16	36,466,247
Liabilities	17	Accounts payable and accrued expenses		13,498,722	17	10,869,279
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		5,360,334	25	5,053,725
	26	**Total liabilities.** Add lines 17 through 25		18,859,056	26	15,923,004
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		20,195,025	27	20,543,243
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		20,195,025	33	20,543,243
	34	Total liabilities and net assets/fund balances		39,054,081	34	36,466,247

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St Vincent's Health System Inc

Employer identification number
59-3650609

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

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

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**
2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)
3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)
4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)
6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)
10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)
11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
St Vincent's Medical Center	590624449	3 - Hospital	Yes			No		No	35252980
St Catherine's Laboure Manor	591878316	3 - Hospital	Yes			No		No	500855
St Vincent's Ambulatory Care	592292041	3 - Hospital	Yes			No		No	791152
St Luke's-St Vincent's Healthcare	260479484	3 - Hospital	Yes			No		No	12684746
Total									49,229,733

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

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

Total Support

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

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

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

Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Total Support

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

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

Computation of Public Support Percentage

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

Computation of Investment Income Percentage

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

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

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

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

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

Facts and Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
St Vincent's Health System Inc	59-3650609

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

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	$
3	If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		163
e	Publications, or published or broadcast statements?	Yes		249
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		10,867
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		2,637
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			13,916
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St Vincent's Health System Inc

Employer identification number
59-3650609

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	6,969,852	1,755,284		8,725,136
b Buildings		4,877,230	1,062,940	3,814,290
c Leasehold improvements				
d Equipment		2,093,974	1,552,957	541,017
e Other		981,574	296,566	685,008
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				13,765,451

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

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

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

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

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

(a) Description	(b) Book value
Due from affiliates	6,659,456
Other receivables	150,685
Deposits	304,655
CSV Officers' Life Insurance	600,133
Other	4,779
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	7,719,708

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to affiliates	358,673
Pension payable	1,550,997
Deferred compensation	1,779,893
Intercompany Debt to Ascension Health	1,364,162
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	5,053,725

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	49,618,118
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	50,864,260
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,246,142
4	Net unrealized gains (losses) on investments	4	-60,283
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,654,643
9	Total adjustments (net) Add lines 4 - 8	9	1,594,360
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	348,218

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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
Part X	Description of Uncertain Tax Positions Under FIN 48	Effective June 30, 2008, the System adopted FIN 48 The adoption of FIN 48 did not have a material impact on System's financial position or results of operations
Part XI, Line 8 - Other Adjustments		Deferred Pension Costs -965466 Equity adjustment in taxable affilate -1814911 Transfer from affiliates 9656676 Transfer to Ascension Health -5221656

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St Vincent's Health System Inc

Employer identification number
59-3650609

Part I General Information on Grants and Assistance

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

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

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

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

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 St Vincent's Health System, Inc provides only direct charitable contributions Therefore, no monitoring of charitable contributions is performed

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 59-3650609
Name: St Vincent's Health System Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Heart and Stroke Assn1101 N Chase Parkway Marietta, GA 30067			50,000				donations or contributions in support of programs
Asian Relief Fund6411 Ivy Lane Greenbelt, MD 20770	52-1440944	501(c)(3)	66,000				donations or contributions in support of programs
Catholic Charities134 E Church Street Jacksonville, FL 32202	59-1830079	501(c)(3)	7,500				donations or contributions in support of programs
Clay County Chamber of Commerce1734 Kingsley Ave Orange Park, FL 32073	59-0549602	501(c)(4)	16,111				donations or contributions in support of programs
Community ConnectionPO Box 41086 Jacksonville, FL 32203			5,500				donations or contributions in support of programs
Diocese of St Augustine 11625 Old St Augustine Rd Jacksonville, FL 32258	59-3271754	501(c)(3)	11,750				donations or contributions in support of programs
Emergency Pregnancy Services1367 King Street Jacksonville, FL 32204	59-1728078	501(c)(3)	27,260				donations or contributions in support of programs
Florida Catholic Conference 201 W Park Ave Tallahassee, FL 32301			12,078				donations or contributions in support of programs
Florida BioethicsPO Box 16960 Miami, FL 33101			10,000				donations or contributions in support of programs
Guardian Catholic School 4950 Brentwood Ave Jacksonville, FL 32206			6,000				donations or contributions in support of programs

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
I Care2650 Park Street Jacksonville, FL 32204			5,000				donations or contributions in support of programs
Jacksonville Symphony 300 West Water Street Suite 200 Jacksonville, FL 32202	59-6002520	501(c)(3)	10,000				donations or contributions in support of programs
JCCI2434 Atlantic Blvd Jacksonville, FL 32207	59-1163905	501(c)(3)	5,000				donations or contributions in support of programs
Midtown Center Foundation3927 Boulevard Center Dr Jacksonville, FL 32207	26-3104944	501(c)(3)	5,000				donations or contributions in support of programs
NE Fl Healthy Start Coalition6850 Belfort Oaks Place Jacksonville, FL 32216	59-3139801	501(c)(3)	10,000				donations or contributions in support of programs
NEFRHO6484 Fort Caroline Rd Jacksonville, FL 32277			12,500				donations or contributions in support of programs
One-Jax1022 Park Street Jacksonville, FL 32204			5,000				donations or contributions in support of programs
Partners Worldwide2850 Kalamazoo Ave Grand Rapids, MI 49560	38-3293173	501(c)(3)	5,090				donations or contributions in support of programs
Riverside Fine Art1100 Stockton Street Jacksonville, FL 32204			6,250				donations or contributions in support of programs
Sulzbacher Center611 E Adams Street Jacksonville, FL 32202	59-3229898	501(c)(3)	40,500				donations or contributions in support of programs

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Tom Coughlin Jay FoundationPO Box 50798 Jacksonville, FL 32250	59-3426937	501(c)(3)	25,000				donations or contributions in support of programs
United WayPO Box 41428 Jacksonville, FL 32203	59-0637825	501(c)(3)	5,020				donations or contributions in support of programs
University of Fla Foundation1 UNF Drive Jacksonville, FL 32224	23-7167701	501(c)(3)	10,000				donations or contributions in support of programs

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St Vincent's Health System Inc

Employer identification number
59-3650609

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Scott A Whalen	(i) (ii)	393,764	28,531	138,383	36,252	16,089	613,019	
Daniel A Curran	(i) (ii)	290,733		91,768	6,250	17,582	406,333	
Laurie S Teppert	(i) (ii)	252,071		11,276	28,250	18,852	310,449	
Janice G Lipsky	(i) (ii)	175,971		16,140	47,701	20,399	260,211	
Michael J Tretina	(i) (ii)	199,534		34,139	21,024	16,852	271,549	
John D Meyer	(i) (ii)	140,579		16,240	25,435	6,686	188,940	
Joye A Strickland	(i) (ii)	112,134		21,875	39,561	7,827	181,397	
William R Mayher	(i) (ii)	123,215		14,733	22,799	15,799	176,546	
Michelle D Hilliard	(i) (ii)	134,388		4,757	19,265	17,193	175,603	
John J Maher	(i) (ii)	189,301		1,789,285	707,379	1,084	2,687,049	
Warren Chandler	(i) (ii)			412,716		833	413,549	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Employed officers and key employees are provided a discretionary taxable spending account included as taxable income
	Part I, Line 4a	Severance Payments Daniel A Curran - $28,208, John J Maher - $371,968, and Warren Chandler - $413,006 Part I, Line 4b Eligible executives participate in a program that provides for supplemental retirement benefits The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization Benefits under the program are unfunded and non-vested Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid Payments from supplemental nonqualified retirement plan John J Maher - $1,298,534
Supplemental Information	Part III	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 59-3650609
Name: St Vincent's Health System Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Scott A Whalen	(I) (II)	393,764	28,531	138,383	36,252	16,089	613,019	
Daniel A Curran	(I) (II)	290,733		91,768	6,250	17,582	406,333	
Laurie S Teppert	(I) (II)	252,071		11,276	28,250	18,852	310,449	
Janice G Lipsky	(I) (II)	175,971		16,140	47,701	20,399	260,211	
Michael J Tretina	(I) (II)	199,534		34,139	21,024	16,852	271,549	
John D Meyer	(I) (II)	140,579		16,240	25,435	6,686	188,940	
Joye A Strickland	(I) (II)	112,134		21,875	39,561	7,827	181,397	
William R Mayher	(I) (II)	123,215		14,733	22,799	15,799	176,546	
Michelle D Hilliard	(I) (II)	134,388		4,757	19,265	17,193	175,603	
John J Maher	(I) (II)	189,301		1,789,285	707,379	1,084	2,687,049	
Warren Chandler	(I) (II)			412,716		833	413,549	

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St Vincent's Health System Inc

Employer identification number
59-3650609

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? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? 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
Tatum Consulting	Consulting	119,120	Fees		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St Vincent's Health System Inc

Employer identification number
59-3650609

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		St Vincent's Health System, Inc has a single corporate member, Ascension Health

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		St Vincent's Health System, Inc has a single corporate member, Ascension Health, who has the ability to elect members to the governing body of St Vincent's Health System, Inc

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Ascension Health has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system Specific areas that are identified in the authority matrix are new organizations & major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, system policies & procedures These areas are subject to certain levels of approval by Ascension per the system authority matrix

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Officers, directors or trustees, and key employees are required to complete a Conflict of Interest Attestation Statement at the time of hiring or when their service begins Annually, the Corporate Responsibility Officer sends the Conflict of Interest Policy and Attestation Statement to all officers, directors or trustees, and key employees for completion and return within two weeks Three separate mailings are sent out with two week deadlines to receive a maximum response The responses from the returned Attestation Statement are organized in a spreadsheet and are carefully reviewed by the Corporate Responsibility Officer, the Chief Legal Officer, and the Chief Executive Officer A full report is presented to the Audit Committee and any potential conflicts of interest are handled by the committee in an appropriate manner

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

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

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a		COMMUNITY BENEFIT REPORT This report illustrates the significant degree to which St Vincent's Health System contributes to the positive health status of the residents of Jacksonville, Florida and surrounding communities As a member of Ascension Health, the nation's largest Catholic healthcare system, St Vincent's Health System continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families, and society as a whole The goal of St Vincent's Health System is to perpetuate the healing mission of the church St Vincent's Health System furthers this goal through delivery of patient services, care to the elderly and indigent, patient education and health awareness programs for the community, and medical research Our concern for all human life and dignity of each person leads the organization to provide medical services to all people in the community without regard to the patient's race, creed, national origin, economic status, or ability to pay In order to portray the full breadth of our contribution, our community benefit information is described below Organizational Commitment to Providing Community Benefit St Vincent's Health System provides administrative and managerial services for St Vincent's Medical Center, a 528 bed nonprofit acute care hospital, St Luke's - St Vincent's Healthcare, a 162 bed nonprofit acute care hospital, St Catherine's Laboure Manor, a 240 bed nursing home, St Vincent's Ambulatory Care's neurosurgery, neurology, and cardiology specialty practices, and First coast Primary Care, a physician office network for the provision of quality, accessible outpatient care The entities of St Vincent's Health System provide health care services for the residents of Northeast Florida and Southeast Georgia St Vincent's Health System seeks to improve the physical, mental, social and spiritual health status of its surrounding community In addition to providing health care services to all individuals who require medical attention, St Vincent's Health System has developed the following programs to help achieve its mission Expanding Awareness, Education, and Health Promotion St Vincent's Health System believes that it is essential to educate people regarding the types of behavior that improve their chances of living a healthy life St Vincent's has invested significantly in unique, top quality health education and materials that the Ministry has provided to the community In its outreach efforts, the Community Health Outreach Ministry attempts to address these quality-of-life and quality-of-health issues at both levels And while there are a variety of programs that offer medical care to the indigent or to the working poor, there are often obstacles - most often, lack of transportation or inability to take time away from work - to overcome in order to secure such care Through a variety of creative delivery mechanisms, such as harnessing the resources of local churches and parishes, and delivering medical care through four state of the art clinics-on-wheels, the Community Health Outreach Ministry work to eliminate barriers to care Mobile Health Outreach Ministry The St Vincent's HealthCare Mobile Health Outreach Ministry is a doctor's office on wheels that travels throughout the Northeast Florida region ministering to adults and children Each year, thousands of people receive free care During the 2008 fiscal year over 34,000 contacts were made, providing basic healthcare, screenings, treatment and medicines for diabetes, high cholesterol and other health problems The program works collaboratively with the county health departments, the schools and others to increase access to healthcare From farm workers in Putnam and St Johns Counties to inner city children, the Mobile Health vans reach the isolated and underserved with immunizations, health screenings and physicals, laboratory and diagnostic testing This includes over 3500 adolescents served in the at-risk Jacksonville high and middle schools Necessary medications are dispensed without charge to patients Most commonly they are for elevated blood pressure, muscle contractions and inflammations, acid reduction and pain Follow up is usually provided during later MHOM visits If necessary, arrangements are made for secondary treatment through St Vincent's HealthCare, which routinely donates surgical services, hospitalization and recovery St Vincent's HealthCare's MHOM operates the only vehicles of this kind in Northeast Florida Through St Vincent's Foundation, many charities and grants support this ministry and the care it provides to indigent and medically underserved populations of Clay, Duval, Nassau, Putnam, St Johns and Volusia counties St Vincent's Medical Center provides funding for the full-time staff, with St Vincent's Foundation providing funding for the specialty staffing services These positions include part-time physicians, a full-time Advanced Registered Nurse Practitioner (ARNP), a social worker, nurse case manager, and outreach workers St Vincent's Foundation also provides the funding for medications prescribed and dispensed by MHOM physicians as well as maintaining the ongoing operations of the vehicles The vehicles are staffed with physicians, advanced registered nurse practitioners, registered nurses, drivers and medical assistants The ministry acts as an agent of the Health Departments of the various counties served St Vincents reimburses the counties for the costs of their staff and administrative fees Currently the ministry operates three vans, each is equipped with, at least, one exam room, small laboratory, and a waiting registration room St Vincent's Ronald McDonald Care Mobile treats more than 3,500 students each year, providing everything from screenings to sports physicals The mobile doctor's office gives complete, compassionate healthcare in a state-of-the-art, 40-foot trailer Its custom design includes two patient rooms, a lab, reception and medical records area The Care Mobile stops once a month at 24 Duval County schools between August and May Last summer over 1,700 physicals were done and over 400 immunizations were given When the staff isn't seeing students, they are working to connect families with permanent medical providers The unit is staffed by a physician, nurse, medical assistant and rotating pediatricians from residency programs at St Vincent's Family Medicine and the University of Florida Pediatrics Additional workers are volunteer nurses and students from the University of North Florida Nursing School The Care Mobile is a joint effort between St Vincent's HealthCare, Duval County Public Schools, Ronald McDonald House Charities, The University of Florida, and the Florida Department of Health through the Duval County Health Department Seton Center for Women The Seton Center was established to ensure that as many expectant mothers as possible get proper prenatal care, regardless of ability to pay The Center teaches expectant parents about the experience of childbirth, breast-feeding and caring for their new infant Seton center offers comprehensive, individualized education and nursing care for moms and newborns and continues with family support during the baby's first year of life Seton Center provides prenatal and childbirth education classes, books, pamphlets and audiotapes on a variety of topics including prenatal care, childbirth, parenting and women's health, postpartum examinations and infant health screening, and instructions on newborn care and parenting issues The Parish Nurse and School Nurse Ministries St Vincent's Center for Parish Nurse Ministry serves as a bridge between St Vincents, community resource, and local church congregations to promote health care well-being in the community Parish nurses are persons of all faith denominations who are experienced registered nurses and who have received special education in holistic healthcare, with skills in teaching and health counseling, as well as knowledge of community resources The parish nurse and the congregation identify the services needed for their particular members Services continue to evolve in response to identified concerns of the congregation members St Vincent's provides education, consultation, and peer support to the volunteer parish nurses who tithe their time and talents within their own church

Identifier	Return Reference	Explanation
		The Parish Nurse Program serves more than 75 congregations in Northeast Florida The Center for Parish Nursing works with congregations to establish the program and provides the required on-going training for the parish nurses As a member of the church staff, the parish nurse promotes wellness within the congregation, enhances the church's outreach ministry, and strengthens the awareness of the connection between faith and health The parish nurse, with the assistance of volunteers, visits members at home, in nursing homes or during hospitalizations and provides a prayerful presence and comfort in times of need The parish nurses also organize and staff health fairs and health programs for their congregations In the fiscal year 2009, 70 churches served more than 5,000 people HealthLink HealthLink is the region's only free community nurse advice, physician referral and health information service The HealthLink team combines the expertise of registered nurses specialized in the area of telephone triage and customer service professionals to assist callers with medical information and assistance in finding a physician Each year, more than 25,000 callers rely on HealthLink for medical advice and assistance, all at no charge Good Samaritan Fund The St Vincent's Auxiliary began the Good Samaritan Fund in 1959 to help those less fortunate by providing support beyond the excellent medical care provided at St Vincent's Many St Vincent's patients need help with things like prescription medications, funeral expenses and other critical needs The Good Samaritan Fund pays for these items for patients at St Vincent's who have no other assistance available to them Program Excellence St Vincent's Health System is proud that again St Vincent's Medical Center has been named one of the nation's 100 Top Hospitals for cardiovascular care by the Healthcare business of Thomson Reuters St Vincent's Medical Center is home to a cardiovascular care program long recognized for its clinical excellence As the largest heart program between Atlanta and Orlando, St Vincent's has previously been recognized by U S News & World Report and by HealthGrades, organizations that also analyze and recognize healthcare providers for superior performance in heart and vascular care Heart disease is still the nations number one killer St Vincent's is proud to be among those that have set the new national standard for cardiovascular disease outcomes, process of care, efficiency and lower costs St Vincent's has traditionally been the top provider in this area for cardiovascular care St Vincent's performs approximately 20,000 cardiovascular procedures each year -- including diagnostic and non-invasive testing services, outpatient treatments, interventional procedures and surgeries The 100 Top Hospitals study focused on short-term, acute care, non-federal U S hospitals that treat a broad spectrum of cardiology patients Thomson Reuters researchers analyzed 2006 and 2007 Medicare Provider Analysis and Reviewed (MedPAR) data, 2007 Medicare cost reports and data from other sources They scored hospitals in key performance areas risk-adjusted medical mortality, risk-adjusted surgical mortality, risk-adjusted complications, core measures score, percentage of coronary bypass patients with internal mammary artery use, procedure volume, severity-adjusted average length of stay and wage- and severity-adjusted average cost St Luke's Hospital is among the first nationally to offer the Realize Adjustable Gastric Band-C, the newest generation of the device that is surgically implanted around the stomach to help people with morbid obesity lose weight and improve or resolve obesity-related health conditions including type 2 diabetes, sleep apnea and high cholesterol In the clinical trial that led to its FDA approval, REALIZE Band patients lost an average of 40 percent of their excess body weight within the first year of surgery and maintained that weight loss over three years More than one-third of patients lost 50 percent or more and about 10 percent lost 75 percent or more of their excess weight REALIZE Band-C is now being used at only 20 hospitals nationwide, including St Luke's Hospital St Lukes is committed to improving healthcare services for the women the Northeast Florida community The Family Birth Place at St Luke's Hospital is undergoing renovations to enrich the birthing experience for women and their loved ones "The expert care that has made St Luke's Family Birth Place the birth place of choice for thousands of expectant mothers and their families will be delivered in an updated facility Under the Mayo Foundation ownership, St Luke's Hospital introduced the labor, delivery, recovery and postpartum room (LDRP) concept to Jacksonville mothers in early 1997 The popular concept, which allows an expectant mom to experience her entire, normal birthing experience in the same room, was quickly adopted by other local hospitals St Luke's - St Vincent's Healthcare continues this important service St Catherine's has a specialized Alzheimer/Dementia unit designed to meet the needs of these residents Combining thoughtful design of the interior with specialized training of the staff, St Catherine's provides a responsive and secure living area for up to 60 residents with memory impairments This separate unit offers its own enclosed garden to provide patients access to safe outdoor activities, as well as specialized activity programs and a family support group Additionally, St Vincent's Health System's webpage, located at www jaxhealth com provides health information in "answers you need" which includes health encyclopedic information for conditions, drug information, and wellness information Hot topic health news is available on the web page, as well as information specific to the Health Ministry St Vincent's Health System provides charitable contributions to community organizations The detail of charitable contributions made by St Vincents Health System is included as an attachment to the 990 report

Identifier	Return Reference	Explanation
		Medical Education and Research St Vincent's Health System believes that, in order to provide the best health care to the community, its clinical personnel must receive ongoing medical education St Vincent's Medical Center believes that, in order to provide the best health care to the community, its clinical personnel must receive ongoing medical education The Medical Center provides a quality environment for the education and training requirements for physician residents in the Family Medicine Program St Vincent's Family Medicine Residency Program provides primary and obstetrical care through the Family Medicine Center Approximately 3,000 patient visits per month are provided by 30 Family Practice Residents who are supervised by Board Certified Family Practice, Pediatric and OB/GYN physicians In addition, residents receive supervision and support from licensed faculty in Behavioral Science and Clinical Pharmacology The oversight assures that all patients, especially the poor and vulnerable, are provided with holistic heath care with respect and compassion The Family Medicine Center that houses the Family Medicine Residency Program is located across from St Vincent's Medical Center It is a large, state of the art facility that serves as a family practice physician office The Family Medicine Center successfully implemented a full service electronic medical record in October 2007 to ensure improved quality care and patient safety The Family Medicine Center is one of the main vehicles by which St Vincent's fulfills its mission of compassionate, available medical care for all patients in Jacksonville Each year, more than 36,000 patients are served at the center, which operates a primary care office and an obstetrical clinic, and participates in the Vaccines for the Children Program, a nationwide program to ensure that 90 percent of all children receive immunizations by the age of 2 St Vincent's Family Medicine Residency program provides physician support for the Mobile Health Unit, Employee Health, as well as performing physicals for Special Olympics The Family Medicine Residency Program sponsors the Reach Out and Read program through grants provided from The Jim Moran Foundation and The Comcast Foundation Children and parents are provided instructions, as well as books, at appropriate visits to improve childhood literacy The program provides support to physician offices located in Duval, Clay and Nassau counties in an effort to expand the program throughout the community St Vincent's Health System supports medical research by providing resources for medical research, notably research to enhance the Centers of Excellence of Cardiology, Orthopedics, and Neuroscience Unreimbursed Services Provided to the Elderly and the Poor St Vincent's Health System provides a substantial portion of its services to the elderly and poor During the fiscal year ending June 30, 2009, the Health System provided 114,000 days of hospital or residential care to Medicare patients, and 58,000 days of care to Medicaid patients Approximately 40% of patient service revenues were for elderly patients under the Medicare program, and approximately 5% of the services were provided to patients under the Medicaid program In the spirit of principles adopted by Ascension Health, St Vincent's Health System has taken proactive steps to address those issues that will affect accessibility, the financing, and the delivery of healthcare to all persons, especially the uninsured, underinsured, and the underserved During the fiscal year ending June 30, 2009, the estimated unreimbursed cost of services provided to the elderly, uninsured, and underinsured totaled $33,596,000

Identifier	Return Reference	Explanation
		Patient Services St Vincent's Health System provides the following in-patient and out-patient medical services to the residents of Jacksonville, Florida and the surrounding communities St Vincent's Medical Center provided 130,000 days of acute inpatient care and 4,300 days of newborn care 62,000 patients received emergency room treatments, and 36,000 patients were treated by the family medicine program There were 600 heart surgeries and 4,000 catheterizations/interventions provided by the Cardiac program of the facility Some services provided at the Medical Center operate at a loss in order to ensure that all services are available to meet community health care needs These include labor and delivery, family medicine, and emergency medicine St Lukes Hospital provided 35,000 days of acute inpatient care and 3,000 days of newborn care 24,000 patients received emergency room treatments There were 600 catheterizations/interventions provided by the Cardiac program of the Hospital Some services provided at the Hospital operate at a loss in order to ensure that all services are available to meet community health care needs These include labor and delivery and emergency medicine St Catherine's Laboure Manor provides quality inpatient resident care services to the elderly and/or infirm residents of Jacksonville, Florida and the surrounding communities Services include a 60 bed Special Care Unit for Alzheimer's and Dementia residents With a mission of healing through dignity, compassion and respect, St Catherine's Laboure Manor is uniquely suited to caring for those in need of short-term respite care, long-term care, 24 hour care, or Hospice care The caring staff is prepared to meet the physical, emotional, and spiritual needs of residents St Catherines has been awarded recognition as a top nursing home care facility in the state of Florida During the fiscal year ended June 30, 2009, St Catherine's provided 81,000 days of residential care, including 42,000 (52%) under the Medicaid program and 19,000 (24%) under the Medicare program The Spine and Brain Institute of St Vincent,s Ambulatory Care provides top quality care in the specialties of Neurosurgery and Neurology for the Jacksonville and Northeast Florida communities The most technologically advanced and highest quality of care is available to patients afflicted with neurological disorders Neurosurgeons at the Institute deliver the entire spectrum of adult neurosurgical care, focusing principally on degenerative spinal disorders, brain tumors, and intracranial vascular disease Neurologists at the Institute guide patient care for disorders of the nervous system such as Cerebral Vascular disease/Stroke, Neuromuscular Disorders, Epilepsy, Neuroimmunological disorders/Multiple Sclerosis and Movement Disorders Dedicated to its mission to provided healthcare services to surrounding communities, St Vincents Health System has opened Cardiology practices in Waycross, Georgia and Fernandina, Florida These practices integrate top quality cardiology services at the facilities with the cardiology services at St Vincent's Medical Center Community Outreach Activities St Vincent's Health System seeks to improve the physical, mental, social and spiritual health status of its surrounding community In addition to providing health care services to all individuals who require medical attention, St Vincent's Health System has developed the following programs to help achieve its mission Expanding Awareness, Education, and Health Promotion St Vincent's Health System believes that it is essential to educate people regarding the types of behavior that improve their chances of living a healthy life St Vincent's Health System has invested significantly in unique, top quality health education and materials to accomplish its goals Club 55 Provides geriatric education and programs for the elderly Wellness Programs Various programs throughout the year that focus on nutrition, disease management, and lifestyle commitments to health and well being Disease management classes Various classes provided to the community throughout the year on various disease management topics Health forums Sponsorship of news segments on specific disease topics, coordinated efforts with physicians to bring up to date medical information to the community Heath fairs Participation in several community activities through sponsorship of booths that provide health screenings and information for attendees Additionally, St Vincent's Health System's webpage, located at www jaxhealth com provides health information in "answers you need" which includes health encyclopedic information for conditions, drug information, and wellness information Hot topic health news is available on the web page, as well as information specific to the Health Ministry Medical Research St Vincent's Health System furthers its mission by contributing funds and personnel to support research that has helped advance medical care Research projects include the following Medical devices, implants, and procedures, especially in the specialty of Cardiology Drug research All research projects are strictly guided by policy Any project must adhere to the guidelines established by the Investigational Review Board St Vincent's Health System has a fundraising subsidiary, St Vincent's Foundation The Foundation raises funds to support the capital and operating expenses of the Health System Additionally, the Foundation raises funds to support indigent care programs Notably, the Health Ministry has a mobile health program that provides basic medical care and screenings to immigrant farm workers and other indigent people in the surrounding community This program would not be possible without the funds raised by the Foundation The Foundation provides nursing scholarships to promote this worthwhile career

Identifier	Return Reference	Explanation
		Financial Information The financial information presented below was prepared in accordance with the Catholic Health association's (CHA) community reporting guidelines These guidelines recommend the following - Report care of the poor at cost, not charges - Do not include bad debt, contractual allowances, and quick pay discounts as part of care of the poor expense - Do not count Medicare shortfall as a community benefit - Report the net expense for community benefit service, 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 benefit The goal of the reporting guidelines is to produce community benefit financial reports that reflect true costs and that describe community benefit activities that increase access to health care and improve community health 1 Care of the poor, at cost - $14,525,000 2 Unpaid cost of public programs for the poor - $19,071,000 3 Other programs for the poor - $5,328,000 4 Community benefit programs - $7,348,000 Summary St Vincent's Health System furthers its charitable purposes by providing a broad array of services to meet the healthcare needs of patients and organizations in the community We provide essential medical services to the community, train and recruit healthcare professionals to serve the needs of the broader community, provide appropriate charity services to those patients who are not able to pay for their own healthcare needs, provide services to other organizations that allow them to provide quality services to their patients or constituents, and present education information classes and activities to the community in order to improve its overall health status St Vincent's Health System supports the community through its participation in various programs that serve the poor, the homeless, the handicapped, the afflicted, and others in need of special care Many employees of the Health System give of their time, talent, and treasure to support these programs St Vincent's is recognized as a community leader for its support of activities that align with its mission to serve the sick and poor The work of the Daughters of Charity begun a century ago in Jacksonville, Florida continues today by the ministries of St Vincent's Health System

Identifier	Return Reference	Explanation
Form 990, Part IV, Line 12		St Vincent's Health System, Inc receives a consolidated Audited Financial Statement

Identifier	Return Reference	Explanation
Form 990, Page 1, Item B	Description of Amendments to Return	The following forms and schedules have been amended to change other reportable compensation reported for persons listed on Form 990, Part VII, Section A and Schedule J, Part II

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2		The Financial Statements of St Vincent's Health System, Inc were audited on a consolidated basis An Audit Committee has been delegated the responsibility to oversee the Audited Financial Statements and the selection of the independent Accountants that audited the Financial Statements

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A		Officers and key employees of St Vincent's Health System, Inc provide services to St Vincent's Health System, Inc and its subsidiaries Hours worked are not tracked on an entity by entity basis Therefore, all officer and key employee hours (as noted with reference to Schedule O) reported on Form 990, Part VII, compensation of officers, directors, trustees, key employees, highest compensated employees, and independent contractors represent aggregate hours worked per week for all entities

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St Vincent's Health System Inc

Employer identification number
59-3650609

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
Ascension Health Po box 45998 st louis, MO63145 31-1662309	national health system	MO	section 501(c)(3)	schedule a, line 11a	N/A
St Vincent's Medical Center Inc 1 Shircliff Way Jacksonville, FL32204 59-0624449	Hospital	FL	section 501(c)(3)	schedule a, line 3	St Vincent's Health System Inc
St Luke's-St Vincent's Healthcare 2565 Park Street jacksonville, FL32204 26-0479484	Hospital	FL	section 501(c)(3)		St Vincent's Health System Inc
St vincent's Ambulatory Care Inc 2565 Park Street jacksonville, FL32204 59-2292041	Physician Practice	FL	section 501(c)(3)	schedule a, line 3	st Vincent's Health System Inc
St Vincent's Foundation Inc 1 Shircliff Way Jacksonville, FL32204 59-2219923	Fund Raising	FL	section 501(c)(3)	schedule a, line 7	St Vincent's Health System Inc
St Catherine's Laboure Manor 2565 Park Street jacksonville, FL32204 59-1878316	Nursing Home	FL	section 501(c)(3)	schedule a, line 3	st Vincent's Health System Inc

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
Park Avenue Heart and Vascular Center LLC 2562 Park Street Jacksonville, FL32204 20-3071260	Cardiovascular Services	FL	St Vincent's Health System Inc	Related				No		Yes	

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
Consolidated Pharmacy Services Inc 2565 Park Street Jacksonville, FL32204 59-3398033	Retail Pharmacy & Patient Transport	FL	St Vincent's Health System Inc	C	-7,637,135	3,733,362	100 000 %
First Coast Primary Care 2565 Park Street Jacksonville, FL32204 20-5746243	Primary Care	FL	St Vincent's Health System Inc	C	-3,939,070	5,494,289	100 000 %
Family Medicine Condominium Association Inc 1 Shircliff Way Jacksonville, FL32204	Condominium Association	FL	N/A	C			

Part V Transactions with Related Organizations

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

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

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

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

Part VI Unrelated Organizations Taxable as a Partnership

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

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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 59-3650609
Name: St Vincent's Health System Inc

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Ascension Health Po box 45998 st louis, MO 63145 31-1662309	national health system	MO	section 501(c)(3)	schedule a, line 11a	N/A
St Vincent's Medical Center Inc 1 Shircliff Way Jacksonville, FL32204 59-0624449	Hospital	FL	section 501(c)(3)	schedule a, line 3	St Vincent's Health System Inc
St Luke's-St Vincent's Healthcare 2565 Park Street jacksonville, FL32204 26-0479484	Hospital	FL	section 501(c)(3)		St Vincent's Health System Inc
St vincent's Ambulatory Care Inc 2565 Park Street jacksonville, FL32204 59-2292041	Physician Practice	FL	section 501(c)(3)	schedule a, line 3	st Vincent's Health System Inc
St Vincent's Foundation Inc 1 Shircliff Way Jacksonville, FL32204 59-2219923	Fund Raising	FL	section 501(c)(3)	schedule a, line 7	St Vincent's Health System Inc
St Catherine's Laboure Manor 2565 Park Street jacksonville, FL32204 59-1878316	Nursing Home	FL	section 501(c)(3)	schedule a, line 3	st Vincent's Health System Inc

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	St vincent's Ambulatory Care Inc	I	74,183
(2)	St Vincent's Medical Center Inc	J	1,932,036
(3)	St Luke's-St Vincent's Healthcare	J	128,977
(4)	St vincent's Ambulatory Care Inc	K	194,773
(5)	St Vincent's Medical Center Inc	K	10,925,530
(6)	St Luke's-St Vincent's Healthcare	K	3,411,565
(7)	St Catherine's Laboure Manor	K	356,069
(8)	St Vincent's Foundation Inc	K	92,821
(9)	Consolidated Pharmacy Services Inc	K	167,383
(10)	First Coast Primary Care	K	69,974
(11)	St Vincent's Medical Center Inc	O	52,730
(12)	Consolidated Pharmacy Services Inc	O	51,872
(13)	St vincent's Ambulatory Care Inc	P	596,379
(14)	St Vincent's Medical Center Inc	P	24,327,450
(15)	St Catherine's Laboure Manor	P	144,786
(16)	St Luke's-St Vincent's Healthcare	P	9,273,181
(17)	Consolidated Pharmacy Services Inc	P	92,146
(18)	St vincent's Ambulatory Care Inc	Q	6,500,000
(19)	St Vincent's Medical Center Inc	Q	145,715,052
(20)	St Catherine's Laboure Manor	Q	11,790,394
(21)	St Luke's-St Vincent's Healthcare	Q	43,521,397
(22)	St Vincent's Foundation Inc	Q	800,000
(23)	First Coast Primary Care	Q	5,000,000
(24)	Ascension Health	Q	5,348,113
(25)	St Vincent's Ambulatory Care Inc	R	2,300,000
(26)	St Vincent's Medical Center Inc	R	195,584,000
(27)	St Catherine's Laboure Manor	R	13,204,916
(28)	St luke's-St Vincent's Healthcare	R	11,640,217
(29)	St vincent's foundation Inc	R	300,000
(30)	ascension Health	R	80,844

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(31)	St Vincent's foundation Inc	C	75,562

Additional Data

Software ID:
Software Version:
EIN: 59-3650609
Name: St Vincent's Health System Inc

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
St Vincent's Medical Center	590624449	3 - Hospital	Yes			No		No	35252980
St Catherine's Laboure Manor	591878316	3 - Hospital	Yes			No		No	500855
St Vincent's Ambulatory Care	592292041	3 - Hospital	Yes			No		No	791152
St Luke's-St Vincent's Healthcare	260479484	3 - Hospital	Yes			No		No	12684746

Additional Data

Software ID:
Software Version:
EIN: 59-3650609
Name: St Vincent's Health System Inc

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Bad Debt	695,816	695,816	0	0
Recruiting	464,418	422,618	41,800	0
	0	0	0	0
	0	0	0	0
	0	0	0	0