See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137052230

Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

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

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

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

**C** Name of organization
ST VINCENT HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 2107

City or town, state or country, and ZIP + 4
Santa Fe, NM 87504

**D Employer identification number**
85-0106941

**E Telephone number**
(505) 913-5217

**G Gross receipts** $ 295,930,190

**F** Name and address of Principal Officer
Alex Valdez
PO Box 2107
Santa Fe, NM 87504

**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 ▶

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

**J Web site:** ▶ www stvin org

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

**L** Year of Formation 1967

**M** State of legal domicile NM

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities

ST VINCENT'S MISSION IS TO PROVIDE A HEALING MINISTRY TO IMPROVE LIVES THROUGH EXCELLENT, COMPASSIONATE HEALTH CARE TO THE CORPOR- ATION'S COMMUNITY AND SUPPORTING MEDICAL INSTRUCTIONS AND RESEARCH

**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** | 17 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 14 |
| **5** | Total number of employees (Part V, line 2a) | **5** | 2,358 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 230 |
| **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 |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 4,232,123 | 9,860,385 |
| **9** | Program service revenue (Part VIII, line 2g) | 259,902,769 | 277,184,561 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 5,031,598 | -197,311 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 3,175,763 | 1,835,129 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 272,342,253 | 288,682,764 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 10,301,834 | 11,863,562 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 115,180,995 | 136,418,985 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | (Total fundraising expenses, Part IX, column (D), line 25 572,256 ) | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 149,656,811 | 121,730,192 |
| **18** | Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A)) | 275,139,640 | 270,012,739 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | -2,797,387 | 18,670,025 |

| | | Beginning of Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 145,766,039 | 165,933,012 |
| **21** | Total liabilities (Part X, line 26) | 50,607,181 | 48,691,225 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 95,158,858 | 117,241,787 |

## Part II Signature Block

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

**Please Sign Here**

Signature of officer — Date: 2010-05-10

Paul Generale CFO
Type or print name and title

**Paid Preparer's Use Only**

| Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst ) |
|---|---|---|---|
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP<br>1401 MCKINNEY SUITE 1200<br>HOUSTON, TX 77010 | | | EIN ▶<br>Phone no ▶ (713) 750-1500 |

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

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

**1** Briefly describe the organization's mission

ST VINCENT HOSPITAL IS ORGANIZED TO PROVIDE COMPREHENSIVE HEALTH SERVICES, PROVIDE MEDICAL, NURSING OR HEALTH EDUCATIONAL PROGRAMS, ENCOURAGE RESEARCH AND WAYS TO SAVE HUMAN LIFE, MINIMIZE HUMAN SUFFERING OR IMPROVE HEALTH SERVICES, AND MOBILIZE ALL COMMUNITY SUPPORT AND RESOURCES TO SERVE THE COMPREHENSIVE NEEDS OF THE CORPORATION'S COMMUNITY AND THE STATE OF NEW MEXICO

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses $ 119,200,172 including grants of $ ) (Revenue $ 170,852,307 )

COMMITMENT TO BENEFITING OUR COMMUNITIES - PATIENT CARE SERVICES CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER, LOCATED IN SANTA FE, NEW MEXICO, IS A COMMUNITY-BASED, PRIVATE, NOT-FOR-PROFIT HOSPITAL SERVING MORE THAN 300,000 PEOPLE IN SEVEN COUNTIES IN A 19,000-SQUARE-MILE AREA, ENCOMPASSING NORTH CENTRAL AND NORTHEASTERN NEW MEXICO AND SOUTHERN COLORADO CHRISTUS ST VINCENT WAS FOUNDED IN 1865 BY THE SISTERS OF CHARITY AND IS NEW MEXICO'S FIRST HOSPITAL AND THE LARGEST PRIVATE EMPLOYER IN SANTA FE CHRISTUS ST VINCENT'S MISSION IS AS FOLLOWS OUR HEALING MINISTRY IS TO IMPROVE LIVES BY PROVIDING EXCELLENT, COMPASSIONATE HEALTHCARE TO THE PATIENTS AND FAMILIES WE SERVE WE CARE FOR ALL THE PEOPLE OF SANTA FE, NORTHERN NEW MEXICO AND SOUTHERN COLORADO, REGARDLESS OF THEIR ABILITY TO PAY OUR VISION IS EXCEPTIONAL MEDICINE, EXTRAORDINARY CARE, EVERY PERSON, EVERY DAY IN APRIL 2008, CHRISTUS HEALTH AND ST VINCENT REGIONAL MEDICAL CENTER FINALIZED THE FORMATION OF A PARTNERSHIP THAT ALLOWED ST VINCENT TO BENEFIT FROM THE RESOURCES OF CHRISTUS HEALTH'S INTERNATIONAL 40-HOSPITAL SYSTEM CHRISTUS ST VINCENT IS DESIGNATED AS A "SOLE COMMUNITY PROVIDER" BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) AND IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) CHRISTUS ST VINCENT IS THE ONLY TRAUMA CENTER (LEVEL III) IN NORTH CENTRAL/NORTHEASTERN NEW MEXICO AS THE LARGEST HOSPITAL FACILITY NORTH OF ALBUQUERQUE, NEW MEXICO AND SOUTH OF PUEBLO, COLORADO, CHRISTUS ST VINCENT HAS 272 LICENSED BEDS, 13 PHYSICIAN AND OUTPATIENT LOCATIONS, AND 350 STAFF PHYSICIANS REPRESENTING 22 MEDICAL SPECIALTIES IN FISCAL YEAR 2009, CHRISTUS ST VINCENT SERVED NEARLY HALF A MILLION INDIVIDUALS, INCLUDING 52,770 VISITS TO OUR EMERGENCY DEPARTMENT, 5,270 SURGERY PROCEDURES (2,392 INPATIENT AND 2,878 OUTPATIENT), 11,201 INPATIENT ADMISSIONS, AND 469,132 PATIENTS WHO RECEIVED OUTPATIENT CARE AT OUR FACILITIES CHRISTUS ST VINCENT PROVIDES DIRECT CARE SERVICES, INCLUDING THOSE PROVIDED BY EMPLOYED PHYSICIAN PRACTICES, TO INPATIENTS AND OUTPATIENTS, INCLUDING INDIGENT, MEDICAID, OTHER PAYOR CLASSES AND UNINSURED PATIENTS, TOTALING APPROXIMATELY 496,000 ENCOUNTERS CHRISTUS ST VINCENT COMMUNITY BENEFIT INCLUDES THE COST OF PROVIDING UNCOMPENSATED CARE AND SERVICES FOR PATIENTS WITH LIMITED OR NO MEANS TO PAY, GOVERNMENT PROGRAMS WHERE EXPENSES EXCEED PAYMENTS, AND NON-BILLED SERVICES DIRECTED TO IMPROVING THE HEALTH AND WELL-BEING OF ALL MEMBERS OF THE COMMUNITY WE SERVE CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES IT CONDUCTS ITS ACTIVITIES AND SERVES ALL PATIENTS WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN BY COLLABORATING WITH COMMUNITIES, SCHOOLS, CHURCHES, BUSINESSES AND OTHER HEALTHCARE ORGANIZATIONS, CHRISTUS ST VINCENT HAS STRENGTHENED ITS ROLE AS A MAJOR PROVIDER OF COMPREHENSIVE, ACCESSIBLE HEALTHCARE SERVICES THESE PARTNERSHIPS WITHIN THE COMMUNITY HAVE BEEN A BLESSING BY HELPING CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER BETTER SERVE THOSE IN NEED FURTHERMORE, INVESTMENT IN COMMUNITY SERVICES WOULD NOT BE POSSIBLE WITHOUT OUR DEDICATED ASSOCIATES AND VOLUNTEERS THEY HELP TO BUILD STRONG RELATIONSHIPS BETWEEN CHRISTUS ST VINCENT AND OTHER HEALTHCARE ORGANIZATIONS AND THE COMMUNITY, NURTURING CHRISTUS' MISSION TO MEET HEALTHCARE NEEDS AND MAKE A DIFFERENCE IN THE LIVES OF OTHERS OUR EMPLOYEES WORK BOTH INSIDE AND OUTSIDE THE WALLS OF OUR HEALTHCARE FACILITY AND ARE COMMITTED TO REACHING BEYOND THE TRADITIONAL HOSPITAL STRUCTURE TO HELP OUR COMMUNITIES MAINTAIN GOOD HEALTH AMONG THE GENERAL MEDICAL/SURGERY SERVICES OFFERED AT CHRISTUS ST VINCENT AND ITS EMPLOYED PHYSICIAN PRACTICES ARE DAY SURGERY, ORTHOPAEDICS, NEUROSURGERY, INTERVENTIONAL CARDIOLOGY AND VASCULAR SURGERY, CANCER TREATMENT CENTER, CARDIOPULMONARY IN- AND OUTPATIENT REHABILITATION, SPORTS MEDICINE, DIAGNOSTIC IMAGING SERVICES, WELLNESS PROGRAMS, OCCUPATIONAL AND SPEECH THERAPY, RESPIRATORY CARE, INPATIENT BEHAVIORAL HEALTH SERVICES, WOMEN'S SERVICES AND PEDIATRICS, IN- AND OUTPATIENT LABORATORY SERVICES, DIABETES CARE, WOUND AND HYPERBARIC CARE, NUTRITION AND DIETARY SERVICES AND PHARMACY CHRISTUS ST VINCENT PROVIDES A 24-HOUR EMERGENCY ROOM THAT IS OPEN TO SERVE ALL THOSE IN NEED OF EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY AS A NOT-FOR-PROFIT ORGANIZATION AND AS PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE AREA WE SERVE GUIDES CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER CHRISTUS ST VINCENT IS PRIVILEGED TO HAVE AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE WITH US IN OUR FACILITY AND OUTPATIENT LOCATIONS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING PROCESS

**4b** (Code ) (Expenses $ 52,133,106 including grants of $ ) (Revenue $ 74,359,929 )

OTHER GOVERNMENT SPONSORED SERVICES IN ADDITION TO THE PROVISION OF CHARITY CARE AND OTHER COMMUNITY SERVICES, CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER PROVIDES SERVICES TO PERSONS COVERED UNDER GOVERNMENT-SPONSORED PROGRAMS, INCLUDING MEDICARE AND TRICARE THE UNREIMBURSED COSTS OF THESE SERVICES ARE REPORTED TO THE STATE OF NEW MEXICO BUT ARE NOT INCLUDED IN REPORTS PREPARED FOLLOWING CATHOLIC HEALTH ASSOCIATION GUIDELINES CHRISTUS HEATH PROVIDES SERVICES TO PERSONS COVERED UNDER THE FEDERAL MEDICARE PROGRAM, AND IN FACT, THIS IS THE LARGEST SINGLE PAYOR CLASSIFICATION OF PATIENTS SERVED BY THIS HEALTH SYSTEM THE PAYMENT RATE FOR INPATIENT SERVICES IS ON A PER-CASE RATE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP (DRG) INTO WHICH THE PATIENT IS CATEGORIZED MEDICARE BASED ON THEIR FEE SCHEDULE REIMBURSES OUTPATIENT SERVICES

**4c** (Code ) (Expenses $ 38,629,546 including grants of $ ) (Revenue $ 31,972,325 )

COMMUNITY BENEFIT REPORTING - CHARITY CARE AND MEDICAID CHRISTUS HEALTH ADHERES TO THE CATHOLIC HEALTH ASSOCIATION'S A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT (2006) COMMUNITY BENEFIT, REPORTED AS UNPAID COSTS, INCLUDES BOTH CHARITY CARE AND COMMUNITY SERVICES TO THE LIMITS OF ITS RESOURCES, CHRISTUS HEALTH IS AN INSTITUTION OF PURELY PUBLIC CHARITY, THUS, THE MOST TANGIBLE EXPRESSION OF CHRISTUS HEALTH'S CHARITABLE PURPOSE IS THE PROVISION OF HEALTH CARE SERVICES TO THOSE PERSONS WHO ARE UNABLE TO PAY THIS FALLS INTO TWO CATEGORIES CHARITY CARE AND UNPAID GOVERNMENT INDIGENT CARE IN KEEPING WITH THE MISSION, VALUES, AND VISION OF CHRISTUS HEALTH, CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER PROVIDES CHARITY CARE SERVICES IN A MANNER THAT RESPECTS THE DIGNITY OF THE PATIENTS AND THEIR FAMILIES CHARITY CARE IS PROVIDED WITHOUT CHARGE OR AT A CHARGE THAT IS LESS THAN THE USUAL CHARGE FOR SUCH SERVICES THE DETERMINATION AS TO THE AMOUNT TO BE CHARGED, IF ANY, IS MADE ACCORDING TO A PATIENT'S ABILITY TO PAY AS DETERMINED BY ESTABLISHED ELIGIBILITY CRITERIA FOR UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM AT OR UNDER 200 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL), SERVICES ARE PROVIDED WITHOUT ANY EXPECTATION OF PAYMENT NO PATIENT IS REFUSED NECESSARY MEDICAL CARE BASED ON HIS OR HER ABILITY TO PAY CHRISTUS ST VINCENT PROVIDES DIRECT CARE SERVICES, INCLUDING THOSE PROVIDED BY EMPLOYED PHYSICIAN PRACTICES, TO INPATIENTS AND OUTPATIENTS, INCLUDING INDIGENT, MEDICAID, OTHER PAYOR CLASSES AND UNINSURED PATIENTS, TOTALING APPROXIMATELY 496,000 ENCOUNTERS CHRISTUS ST VINCENT COMMUNITY BENEFIT INCLUDES THE COST OF PROVIDING UNCOMPENSATED CARE AND SERVICES FOR PATIENTS WITH LIMITED OR NO MEANS TO PAY, GOVERNMENT PROGRAMS WHERE EXPENSES EXCEED PAYMENTS, AND NON-BILLED SERVICES DIRECTED TO IMPROVING THE HEALTH AND WELL-BEING OF ALL MEMBERS OF THE COMMUNITY WE SERVE CHRISTUS ST VINCENT IS AN ACTIVE PARTICIPANT IN NEW MEXICO'S MEDICAID PROGRAMS THOSE PROGRAMS SEEK TO PROVIDE PAYMENT FOR HEALTH CARE SERVICES TO INDIVIDUALS WHO MEET CERTAIN FINANCIAL AND OTHER REQUIREMENTS, WHICH INCLUDE EVALUATION OF BOTH ASSETS AND INCOME

**4d** Other program services (Describe in Schedule O )

(Expenses $ 12,844,180 including grants of $ 11,863,562 ) (Revenue $ )

**4e** Total program service expenses $ 222,807,004 *Must equal Part IX, Line 25, column (B).*

## Part IV Checklist of Required Schedules

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

**Part IV Checklist of Required Schedules** *(Continued)*

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

## Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable | 1a | 171 | | |
| 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 | 2,358 | | |
| b | If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.* | 2b | | Yes | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | 3a | | | 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 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?* | 5c | | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | 6a | | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | *Organizations that may receive deductible contributions under section 170(c).* | | | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more? | 7a | | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | | |
| 8 | *Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | | |
| 9 | *Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.* | | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 | *Section 501(c)(7) organizations.* Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations Enter | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | 11b | | | |
| 12a | *Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |

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

### Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| | *For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.* | | | |
| 1a | Enter the number of voting members of the governing body . . | 1a 17 | | |
| b | Enter the number of voting members that are independent . . | 1b 14 | | |
| 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 | | No |
| 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 | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . . | 10 | Yes | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . | 11 | | No |

### Section B. Policies

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

### Section C. Disclosure

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

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

Diana Hornbuckle
455 St Michaels Drive
Santa Fe, NM 87505
(505) 913-5786

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

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

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

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

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

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

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

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

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

**Part VII Continued**

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual Trustee or Director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Total** ▶ | | | | | | | | 4,951,836 | 1,484,850 | 631,162 |

**2** Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 128

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

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| McDermott Will Emery<br>PO Box 2995<br>Carol Stream, IL 60132 | Legal Services | 1,538,372 |
| Medical Advocacy Services<br>1227 W Magnolia Ave<br>Ft Worth, TX 76104 | Patient Advocacy Svc | 874,277 |
| Santa Fe Dialysis Center<br>PO Box 52432<br>Phoenix, AZ 85072 | Medical Services | 816,575 |
| Healthcare Laundry Services<br>PO Box 66887<br>Albuquerque, NM 87193 | Laundry Services | 799,266 |
| Sodexo Operations LLC<br>4880 Paysphere Circle<br>Chicago, IL 60674 | Food Management Svcs | 637,682 |

**2** Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 45

**Part VIII** **Statement of Revenue**

| | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns 1a | | | | |
| | b | Membership dues 1b | | | | |
| | c | Fundraising events 1c | | | | |
| | d | Related organizations 1d 6,626,384 | | | | |
| | e | Government grants (contributions) 1e 2,962,248 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f 271,753 | | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | |
| | h | **Total (Add lines 1a-1f)** ▶ | 9,860,385 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a | Net Patient Service Revenue 621,110 | 241,264,367 | 241,264,367 | | |
| | b | Rent Related to Exempt Purpose 531,390 | 289,202 | 289,202 | | |
| | c | Indigent Care 621,990 | 35,630,992 | 35,630,992 | | |
| | d | | | | | |
| | e | | | | | |
| | f | All other program service revenue | | | | |
| | g | **Total. Add lines 2a-2f** ▶ $ 277,184,561 | | | | |
| | 3 | Investment income (including dividends, interest other similar amounts) ▶ | 1,432,831 | | | 1,432,831 |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | 0 | | | |
| | 5 | Royalties | 0 | | | |
| | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross Rents | | | | |
| | b | Less rental expenses | | | | |
| | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) ▶ | | | | |
| | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory: 5,617,284 | | | | |
| | b | Less cost or other basis and sales expenses: 6,718,815 / 528,611 | | | | |
| | c | Gain or (loss): -1,101,531 / -528,611 | | | | |
| | d | Net gain or (loss) ▶ | -1,630,142 | | | -1,630,142 |
| Other Revenue | 8a | Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a | | | | |
| | b | Less direct expenses b | | | | |
| | c | Net income or (loss) from fundraising events ▶ | 0 | | | |
| | 9a | Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a | | | | |
| | b | Less direct expenses b | | | | |
| | c | Net income or (loss) from gaming activities ▶ | 0 | | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | | | |
| | b | Less cost of goods sold b | | | | |
| | c | Net income or (loss) from sales of inventory ▶ | 0 | | | |
| | | Miscellaneous Revenue / Business Code | | | | |
| | 11a | Food Service 722,210 | 1,490,879 | | | 1,490,879 |
| | b | Purchase Discounts 900,099 | 91,878 | | | 91,878 |
| | c | Miscellaneous Revenue 900,099 | 223,540 | | | 223,540 |
| | d | All other revenue _____ | 28,832 | | | 28,832 |
| | e | **Total. Add lines 11a-11d** ▶ $ 1,835,129 | | | | |
| | 12 | **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶ | 288,682,764 | 277,184,561 | | 1,637,818 |

## 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 | 11,644,109 | 11,644,109 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 219,453 | 219,453 | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees . . . . | 2,139,097 | 1,607,270 | 531,827 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . | 0 | | | |
| 7 | Other salaries and wages | 110,067,134 | 97,366,038 | | 232,125 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . | 3,413,020 | 2,928,138 | 475,155 | 9,727 |
| 9 | Other employee benefits . . . . . | 13,370,733 | 10,429,082 | 2,906,406 | 35,245 |
| 10 | Payroll taxes . . . . . | 7,429,001 | 6,422,370 | 988,420 | 18,211 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management . . . . . | 9,234,229 | 2,261,635 | 6,972,594 | |
| b | Legal . . . . . | 1,755,853 | | 1,755,853 | |
| c | Accounting . . . . . | 20,218 | 19,416 | 802 | |
| d | Lobbying . . . . . | 1,619 | | 1,619 | |
| e | Professional fundraising *See Part IV, line 17* . . | 0 | | | |
| f | Investment management fees . . . . . | 0 | | | |
| g | Other . . . . . | 20,483,750 | 15,409,565 | 5,074,185 | |
| 12 | Advertising and promotion . . . . | 1,272,646 | 209,641 | 1,063,005 | |
| 13 | Office expenses . . . . . | 38,364,906 | 37,884,146 | 470,580 | 10,180 |
| 14 | Information technology . . . . . | 4,327,891 | 1,828,807 | 2,499,084 | |
| 15 | Royalties . . | 0 | | | |
| 16 | Occupancy . . . . . | 5,713,862 | 4,285,747 | 1,166,011 | 262,104 |
| 17 | Travel . . . . . | 432,066 | 270,086 | 161,332 | 648 |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . . | 0 | | | |
| 19 | Conferences, conventions and meetings . . . . | 243,529 | 179,079 | 64,450 | |
| 20 | Interest . . . . . | 288,632 | | 288,632 | |
| 21 | Payments to affiliates . . . . . | 0 | | | |
| 22 | Depreciation, depletion, and amortization . . . . . | 11,348,957 | 7,326,095 | 4,018,846 | 4,016 |
| 23 | Insurance . . . . . | 7,453,402 | 2,901,671 | 4,551,731 | |
| 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 | Repairs | 567,248 | 242,824 | 324,424 | |
| b | Dues and Subscriptions | 538,664 | 247,811 | 290,853 | |
| c | Recruitment Expenses | 335,513 | 7,722 | 327,791 | |
| d | TAXES(GROSS RECEIPTS PROPERTY) | 333,460 | 102,552 | 230,908 | |
| e | PROVISION FOR UNCOLLECTIBLES | 19,013,747 | 19,013,747 | | |
| f | All other expenses | | | | |
| 25 | **Total functional expenses.** Add lines 1 through 24f | 270,012,739 | 222,807,004 | 46,633,479 | 572,256 |
| 26 | **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

## Part X Balance Sheet

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | 6,559,932 | 1 | 18,306,545 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 25,723,068 | 4 | 22,709,639 |
| | 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 | 218,987 | 7 | 10,599,207 |
| | 8 | Inventories for sale or use | 3,790,567 | 8 | 4,017,808 |
| | 9 | Prepaid expenses and deferred charges | 1,878,685 | 9 | 1,343,311 |
| | 10a | Land, buildings, and equipment cost basis — 10a: 202,826,962 | | | |
| | b | Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 117,344,534 | 86,380,352 | 10c | 85,482,428 |
| | 11 | Investments—publicly traded securities | 19,449,767 | 11 | 19,583,424 |
| | 12 | Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D* | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D* | 1,704,455 | 13 | 1,515,424 |
| | 14 | Intangible assets | 0 | 14 | 2,315,000 |
| | 15 | Other assets See Part IV, line 11 *Complete Part IX of Schedule D* | 60,226 | 15 | 60,226 |
| | 16 | **Total assets.** *Add lines 1 through 15 (must equal line 34)* | 145,766,039 | 16 | 165,933,012 |
| Liabilities | 17 | Accounts payable and accrued expenses | 30,582,649 | 17 | 43,249,524 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 | Escrow account liability *Complete Part IV of Schedule D* | | 21 | |
| | 22 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L* | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable | 4,886,415 | 24 | 4,817,416 |
| | 25 | Other liabilities *Complete Part X of Schedule D* | 15,138,117 | 25 | 624,285 |
| | 26 | **Total liabilities.** *Add lines 17 through 25* | 50,607,181 | 26 | 48,691,225 |
| 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 | 95,158,858 | 27 | 109,257,026 |
| | 28 | Temporarily restricted net assets | 0 | 28 | 7,984,761 |
| | 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 | 95,158,858 | 33 | 117,241,787 |
| | 34 | Total liabilities and net assets/fund balances | 145,766,039 | 34 | 165,933,012 |

## Part XI Financial Statements and Reporting

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137052230

# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization**
ST VINCENT HOSPITAL

**Employer identification number**
85-0106941

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**h** Provide the following information about the organizations the organization supports

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

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

## Public Support

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

## Total Support

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

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

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

## Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

### Section A. Public Support

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

### Total Support

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

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

### Computation of Public Support Percentage

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

### Computation of Investment Income Percentage

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

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

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

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

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

| Facts and Circumstances Test |
| --- |
| |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 85-0106941
**Name:** ST VINCENT HOSPITAL

### Form 990, Part VII - Section Aaa

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual Trustee or Director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Ron Aldrich , Director | 2 0 | X | | | | | | 0 | 0 | 0 |
| Kathy Armijo-Etre , Director | 2 0 | X | | | | | | 0 | 0 | 0 |
| Helen Ann Collier , Director | 2 0 | X | | | | | | 0 | 0 | 0 |
| David Delgado , Director | 2 0 | X | | | | | | 0 | 0 | 0 |
| Jamie Gagan , Director | 2 0 | X | | | | | | 0 | 0 | 0 |
| David Gunderson MD , Director | 2 0 | X | | | | | | 0 | 0 | 0 |
| David Haskin , Director | 2 0 | X | | | | | | 0 | 0 | 0 |
| Peter Maddox , Director | 2 0 | X | | | | | | 0 | 443,515 | 96,309 |
| Larry Martinez , Director | 2 0 | X | | | | | | 0 | 0 | 0 |
| Michael Palestine , Director | 2 0 | X | | | | | | 0 | 0 | 0 |
| Cleveland Pardue , Director | 2 0 | X | | | | | | 70,639 | 0 | 2,875 |
| James Peppiatt-Combes , Director | 2 0 | X | | | | | | 0 | 0 | 0 |
| Albert Robison , Director | 2 0 | X | | | | | | 0 | 0 | 0 |
| Ernie Sadau , Director | 2 0 | X | | | | | | 0 | 780,585 | 209,009 |
| Clifford Vernick , Director | 2 0 | X | | | | | | 0 | 0 | 0 |
| William Zeckendorf , Director | 2 0 | X | | | | | | 0 | 0 | 0 |
| Alex Valdez , President/CEO | 40 0 | X | | X | | | | 447,629 | 0 | 72,765 |
| Suzanne HeckTrf out 915 , CFO | 40 0 | | | X | | | | 354,676 | 0 | 0 |
| Paul GeneraleTrf in 910 , CFO | 40 0 | | | X | | | | 103,494 | 110,762 | 28,268 |
| Margaret Dittrich , Secretary/VP Compliance | 40 0 | | | X | | | | 180,971 | 0 | 16,228 |
| Kevin Garrett , CMO | 40 0 | | | | X | | | 296,432 | 0 | 55,302 |
| Bruce TassinTrf in 84 , COO | 40 0 | | | | X | | | 169,388 | 149,988 | 81,831 |
| William RohloffTrsfrd out 87 , COO | 40 0 | | | | X | | | 115,135 | 0 | 0 |
| Samuel Chun , Physician | 40 0 | | | | | X | | 784,178 | 0 | 12,367 |
| Philip T Shields , Physician | 40 0 | | | | | X | | 634,603 | 0 | 14,929 |
| Hal L Hankinson , Physician | 40 0 | | | | | X | | 621,136 | 0 | 19,351 |
| Jan V Bear , Physician | 40 0 | | | | | X | | 603,061 | 0 | 10,730 |
| Robin S Gossum , Physician | 40 0 | | | | | X | | 570,494 | 0 | 11,198 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137052230

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

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

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

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

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

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

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

| Name of the organization | Employer identification number |
|---|---|
| ST VINCENT HOSPITAL | 85-0106941 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### Lobbying Expenditures During 4-Year Averaging Period

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

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

| | | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines c through i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? | | No | |
| i | Other activities If "Yes," describe in Part IV | Yes | | 20,130 |
| j | Total lines 1c through 1i | | | 20,130 |
| 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? | | No | |

**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 |
|---|---|---|
| Other Lobbying Activities | Form 990, Schedule C, Part II-B, Line 1i | $18,511 REPRESENTS THE PORTION OF DUES REPORTED AS ALLOCABLE TO LOBBYING ACTIVITIES RELATED TO THE FILING ORGANIZATION'S MEMBERSHIPS IN VARIOUS PROFESSIONAL ASSOCIATIONS $1,619 REPRESENTS THE PORTION OF CONTRACT FEES FOR LOBBYING ST VINCENT CONTRACTS WITH A THIRD PARTY TO FURNISH GOVERNMENT RELATIONS AND LOBBYING SERVICES THESE ACTIVITIES INCLUDE ANALYSIS OF LEGISLATION, ASSIST IN THE PRESENTATIONS TO COMMITTEES AND/OR COORDINATE THE APPEARANCE OF ST VINCENT HOSPITAL APPOINTED SPOKESPERSONS, BILL TRACKING AND WRITTEN STATUS REPORTS, AND WRITTEN ANALYSIS OF BILLS THAT BECOME LAW WHICH IMPACT ST VINCENT HOSPITAL'S INTEREST THE CONTRACTOR SHALL COORDINATE THE EFFORTS WITH OTHER LOBBYISTS FOR AND AGAINST LEGISLATION THE CONTRACTOR HAS CONTACT WITH NEW MEXICO LEGISLATORS AND EXECUTIVE AGENCY HEADS |
| | | |
| | | |
| | | |
| | | |
| | | |

## Part IV Supplemental Information

| Identifier | Return Reference | Explanation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137052230

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization**
ST VINCENT HOSPITAL

**Employer identification number**
85-0106941

## 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 | | 2,896,708 | | 2,896,708 |
| b Buildings | | 49,804,817 | 23,163,118 | 26,641,699 |
| c Leasehold improvements | | 1,654,652 | 417,217 | 1,237,435 |
| d Equipment | | 94,109,450 | 69,922,168 | 24,187,282 |
| e Other | | 54,361,335 | 23,842,031 | 30,519,304 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 85,482,428 |

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

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

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

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

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

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | |

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

| (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | |
| Due to Related Organizations | 624,285 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 624,285 |

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

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

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

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

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

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

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

## Part XIV Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| uncertain tax positions under fin 48 | form 990 schedule D part x | Per footnote 3 in the Consolidated Financial Statements, on July 1, 2007, Christus Health adopted FIN 48, and the adoption had no impact on its consolidated financial statements There are no material unrecorded tax liabilities as of June 30, 2009 and 2008 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137052230

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

# Hospitals

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization
ST VINCENT HOSPITAL

**Employer identification number**
85-0106941

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

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

**7** Charity Care and Certain Other Community Benefits at Cost

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

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

| | | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|---|
| 1 | Physical improvements and housing | | | | | | |
| 2 | Economic development | | | | | | |
| 3 | Community support | | | | | | |
| 4 | Environmental improvements | | | | | | |
| 5 | Leadership development and training for community members | | | | | | |
| 6 | Coalition building | | | | | | |
| 7 | Community health improvement advocacy | | | | | | |
| 8 | Workforce development | | | | | | |
| 9 | Other | | | | | | |
| 10 | **Total** | | | | | | |

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

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

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

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

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

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

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

**Part V** **Facility Information** *(Required for 2008)*

| Name and address | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) |
|---|---|---|---|---|---|---|---|---|---|
| St Vincent Hospital<br>455 St Michaels Drive<br>Santa Fe, NM 87505 | X | X | | | | X | X | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

## Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

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

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

**3** **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

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

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

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

**7** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137052230

**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization
ST VINCENT HOSPITAL

**Employer identification number**
85-0106941

## 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 . . . . . ▶ 19

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

**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 |
|---|---|---|---|---|---|
| Scholarship Grants under Tuition Reimbursement | 12 | 91,563 | | | |
| Scholarship Grants under MOA | 18 | 137,511 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**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 |
|---|---|---|
| Form 990, Schedule I | Description of Organization's Procedures for Monitoring the Use of Grants | THE ORGANIZATION FOLLOWS CHRISTUS HEALTH MANAGEMENT DIRECTIVE NO 0006, "CONTRIBUTIONS/DONATIONS TO OTHER ORGANIZATIONS" BEFORE ANY DONATION IS MADE, TWO CRITERIA ARE ADDRESSED (1) ORGANIZATION TEST AND (2) IRS TESTS THE ORGANIZATION TEST ENSURES THAT DONATIONS ARE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND RELIGIOUS PURPOSES, AND IN FURTHERANCE OF OUR PURPOSE OF SUPPORTING THE HEALING MINISTRY OF JESUS CHRIST AND ADVANCING, PROMOTING, AND SUPPORTING THE HEALTHCARE MINISTRIES OF THE SPONSORING CONGREGATIONS CONTRIBUTIONS CAN BE MADE TO SUPPORT CHRISTUS SYSTEM MEMBERS AND TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE POOR AND UNDERSERVED TO SATISFY THE IRS TESTS, CONTRIBUTIONS GIVEN MUST BE DEDICATED TO ACHIEVING CHARITABLE PURPOSES NOT FOR PERSONAL BENEFIT BUT FOR PUBLIC BENEFIT CONTRIBUTIONS ARE PROHIBITED TO ORGANIZATIONS THAT CONTRIBUTE TO POLITICAL CAMPAIGNS, CANDIDATES FOR OFFICE, OR CONDUCT MORE THAN INCIDENTAL LOBBYING DOCUMENTATION MUST SUPPORT HOW THE DONATION MEETS ORGANIZATIONAL PURPOSES AND FURTHERANCE OF MISSION DONATIONS SHOULD BE MODEST IN SCOPE FOR GRANTS FOR NURSING SCHOLARSHIPS, THERE ARE ADDITIONAL PROCEDURES FOLLOWED THE DOLLAR AMOUNT GRANTED IS BASED ON THE STUDENT'S YEAR IN THE NURSING PROGRAM AND IS PAID EITHER AS A MONTHLY STIPEND OR AN AMOUNT PER SEMESTER THE STUDENT SIGNS A CONTRACT CONCERNING THE LENGTH OF SERVICE THEY COMMIT TO WORK FOR THE HOSPITAL AFTER GRADUATION FROM THE PROGRAM APPLICANTS' CONTINUED ELIGIBILITY IS MONITORED TO VERIFY THAT STUDENTS CONTINUE TO MEET APPLICABLE CRITERIA |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Additional Data**

Return to Form

**Software ID:**
**Software Version:**
**EIN:** 85-0106941
**Name:** ST VINCENT HOSPITAL

**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 |
|---|---|---|---|---|---|---|---|
| County of Santa Fe New MexicoPO Box 276 Santa Fe,NM 87504 | 85-6000073 | Govt entity | 9,588,846 | | | | Assisting Santa Fe County with health and human service outreach, resource building, planning and coordination |
| County of Santa Fe New MexicoPO Box 276 Santa Fe,NM 87504 | 85-6000073 | Govt entity | | 14,609 | Cash paid to vendors | Pmts to 3rd parties | Assisting Santa Fe County with health and human service outreach, resource building, planning and coordination |
| County of Santa Fe New MexicoPO Box 276 Santa Fe,NM 87504 | 85-6000073 | Govt entity | | 613,000 | Cash paid to vendors | Pmts to physicians | Assisting Santa Fe County with health and human service outreach, resource building, planning and coordination |
| Presbyterian Medical ServicesPO Box 22454 Santa Fe,NM 87502 | 85-0206810 | 501(c)(3) | 486,000 | | | | Pays Dental And Vision Claims For Uninsured Low Income Children |
| Grow SFCC Foundation6401 Richards Avenue Santa Fe,NM 87508 | 20-1594570 | 501(c)(3) | 50,000 | | | | Provides Nursing Scholarship For Students At Sf Community College |
| Gerard's HousePO Box 28693 Santa Fe,NM 87592 | 74-2834283 | 501(c)(3) | 10,000 | | | | Provides Grief Support And Outreach Services For Children, Teens, And Families |
| Hands Across CulturesPO Box 2215 Espanola,NM 87532 | 85-0414715 | 501(c)(3) | 7,000 | | | | Community Benefit Fund, Los Promotoras De Salud |
| La Familia Medical Center 1035 Alto Street Santa Fe,NM 87502 | 85-0220875 | 501(c)(3) | 80,000 | | | | Provides Obgyn Services For Low Income Women In The Community |
| New Mexico Suicide InterventionPO Box 6004 Santa Fe,NM 87502 | 85-0427990 | 501(c)(3) | 20,000 | | | | Community Benefit Fund Youth Suicide Intervention Program |
| Open Hands2976 Rodeo Park Drive East Santa Fe,NM 87505 | 85-0249605 | 501(c)(3) | 23,000 | | | | Community Benefit Fund, Fall Prevention Program |

**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 |
|---|---|---|---|---|---|---|---|
| Sangre De Cristo Community Health1441 S St Francis Dr Suite A B Santa Fe,NM 87505 | 85-0471004 | 501(c)(3) | 30,000 | | | | Substance Abuse And Behavioral Health Program |
| Santa Fe Rape CrisisPO Box 29541 Santa Fe,NM 87592 | 85-0242274 | 501(c)(3) | 45,000 | | | | Community Benefit Fund, County Counts-Three Outreach Programs |
| St Elizabeth's Shelter904 Alarid Street Santa Fe,NM 87505 | 85-0347650 | 501(c)(3) | 20,000 | | | | Community Benefit Fund Winter Overflow Shelter Program |
| Villa Therese Catholic Clinic219 Cathedral Place Santa Fe,NM 87501 | 85-0229019 | 501(c)(3) | 20,000 | | | | Volunteer Recruitment & Access To Health Care Program |
| United Way of Santa Fe 440 Cerrillos Rd Suite A Santa Fe,NM 87501 | 85-0163601 | 501(c)(3) | 25,000 | | | | Provides For Home Visits And Counseling For 1St Time Parents |
| Farm to Table Inc3900 Paseo Del Sol Santa Fe,NM 87507 | 85-0438238 | 501(c)(3) | 10,000 | | | | Provides For Nutritional Counseling Via Farm To Table Program |
| Media Matched8001 Rancho Dorado Court Nw Albuquerque,NM 87120 | 85-0473374 | | 11,884 | | | | Health & Safety Fair-Free Info , Screenings, And Demonstrations For All Ages |
| La Vosta Broadcasting IncPO Box 1088 Santa Fe,NM 87504 | 85-0386692 | | 10,000 | | | | Health Radio Program Sponsorship |
| Santa Fe Project Access Po Box 32145 Santa Fe,NM 87954 | 30-0053458 | 501(c)(3) | 250,000 | | | | Funding Given To Physicians To Provide Care To The Uninsured |
| Aegis Health GroupPo Box 102282 Atlanta,NM 30368 | 62-1390310 | | 150,000 | | | | Provides Healthcare Counseling To The Community At Large |

**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 Cancer Society 10501 Montgomery Blvd Ne Albuquerque, NM 87111 | 23-7040934 | 501(c)(3) | 10,000 | | | | Seeks to eliminate cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering |
| Los Alamos National Lab Foundation1112 Plaza Del Norte Espanola, NM 87532 | 74-2853972 | 501(c)(3) | 10,000 | | | | Invests in education, learning, and community development to enhance the vitality of the region |
| Southwest Care Center 649 Harkle Road Suite E Santa Fe, NM 87505 | 85-0397444 | 501(c)(3) | 10,001 | | | | Encourage dancing and other activities as a way to promote heart health |
| St Michael's High School Foundation100 Siringo Rd Santa Fe, NM 87505 | 85-0401924 | 501(c)(3) | 10,250 | | | | Support scholarships and enhance facilities |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137052230

**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization**
ST VINCENT HOSPITAL

**Employer identification number**
85-0106941

## 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<br>☐ First class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ 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<br>☐ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☐ Compensation survey or study<br>☐ Form 990 of other organizations ☐ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a | | | |
| **a** | Receive a severance payment or change of control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.** | | | |
| **5** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |

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

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| Peter Maddox | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 353,855 | 80,096 | 9,564 | 73,059 | 23,250 | 539,824 | 239,859 |
| Ernie Sadau | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 654,164 | 116,677 | 9,744 | 186,838 | 22,171 | 989,594 | 400,637 |
| Alex Valdez | (i) | 442,829 | 0 | 4,800 | 65,723 | 7,042 | 520,394 | 223,815 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Suzanne HeckTrf out 915 | (i) | 354,676 | 0 | 0 | 0 | 0 | 354,676 | 148,094 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Paul GeneraleTrf in 910 | (i) | 60,045 | 30,000 | 13,449 | 6,641 | 14,775 | 124,910 | 0 |
| | (ii) | 109,262 | 1,500 | 0 | 6,852 | 0 | 117,614 | 0 |
| Margaret Dittrich | (i) | 180,971 | 0 | 0 | 8,291 | 7,937 | 197,199 | 90,486 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Kevin Garrett | (i) | 296,432 | 0 | 0 | 43,061 | 12,241 | 351,734 | 148,216 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bruce TassinTrf in 84 | (i) | 104,114 | 30,000 | 35,274 | 17,133 | 6,501 | 193,022 | 0 |
| | (ii) | 135,396 | 10,392 | 4,200 | 47,486 | 10,711 | 208,185 | 127,912 |
| Samuel Chun | (i) | 682,006 | 102,172 | 0 | 11,281 | 1,086 | 796,545 | 392,089 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Philip T Shields | (i) | 629,603 | 5,000 | 0 | 11,281 | 3,648 | 649,532 | 316,468 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hal L Hankinson | (i) | 621,136 | 0 | 0 | 11,146 | 8,205 | 640,487 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jan V Bear | (i) | 508,021 | 95,040 | 0 | 10,148 | 582 | 613,791 | 301,531 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Robin S Gossum | (i) | 540,404 | 30,090 | 0 | 10,148 | 1,050 | 581,692 | 285,247 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (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 |
|---|---|---|
| Supplemental Compensation Information | Form 990, Shedule J, Part I, Lines 1-2 | PAUL GENERALE RECEIVED $1,215 88 IN TAX ASSISSTANCE FOR RELOCATION BRUCE TASSIN RECEIVED $2,413 91 IN TAX ASSISTANCE FOR RELOCATION |
| SUPPLEMENTAL COMPENSATION INFORMATION | FORM 990, PART VII, 1A AND SCHEDULE J, PART II | DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS ANY COMPENSATION AND BENEFITS DISCLOSED FOR SUCH PERSONS IS EARNED IN THE RESPECTIVE INDIVIDUAL'S ROLE AS AN OFFICER OR EMPLOYEE OF THE ORGANIZATION, NOT FOR THE INDIVIDUAL'S ROLE AS A BOARD MEMBER OR DIRECTOR OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS CLEVELAND PARDUE, MD WAS PAID FOR SERVICES AS A PHYSICIAN AT ST VINCENT HOSPITAL AND NOT FOR SERVICES AS A DIRECTOR |
| SUPPLEMENTAL COMPENSATION INFORMATION | FORM 990, SCHEDULE J, PART III | THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR IS AN EMPLOYEE OF CHRISTUS HEALTH, A RELATED ORGANIZATION AS A RESULT, COMPENSATION IS ESTABLISHED AT THE CHRISTUS HEALTH LEVEL AND THE FILING ORGANIZATION DOES NOT HAVE A ROLE IN IMPLEMENTING THE METHODS USED TO ESTABLISH COMPENSATION OR IN DETERMINING CEO/EXECUTIVE DIRECTOR COMPENSATION CHRISTUS HEALTH USES AN EXECUTIVE COMPENSATION COMMITTEE TO ESTABLISH AND APPROVE THE COMPENSATION OF THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR THIS COMMITTEE USES AN INDEPENDENT COMPENSATION CONSULTANT WHO PERFORMS BI-ANNUAL COMPENSATION SURVEY |
| SUPPLEMENTAL COMPENSATION INFORMATION | FORM 990, SCHEDULE J, PART I, QUESTION 4B & SCHEDULE J, PART II, COL (C) | DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETENTION AND RETIREMENT PLAN, EMPLOYER CONTRIBUTION TO 403(B) MATCHED SAVINGS PLAN, PENSION RESTORATION PLAN AND ESTIMATED PENSION BENEFITS UNDER CHRISTUS HEALTH CASH BALANCE PLAN ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT CASH BALANCE PLAN AT 6% OF PENSIONABLE EARNINGS SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER PENSION PLAN THESE GRANDFATHERED PARTICIPANTS, BASED ON COMPUTATION AT THE TIME OF THEIR RETIREMENT, WILL RECEIVE THE LARGER OF THE RETIREMENT BENEFIT COMPUTED UNDER THE CASH BALANCE PLAN COMPARED TO THE PREVIOUS PENSION PLAN DUE TO THE COMPLEXITY OF CALCULATING AN ACCURATE BENEFIT COST FOR GRANDFATHERED PARTICIPANTS, THE FORM 990 REPORTS AS PENSION BENEFITS THEIR ANNUAL ESTIMATED CASH BALANCE PLAN ACCRUAL |
| SUPPLEMENTAL COMPENSATION INFORMATION | FORM 990, SCHEDULE J, PART II, COLUMN F | THE FILING ORGANIZATION IS REPORTING COMPENSATION ON PART VII AND SCHEDULE J BASED ON THE CALENDAR YEAR, HOWEVER, IN PRIOR YEARS, THE ORGANIZATION ELECTED TO REPORT COMPENSATION BASED ON THE FISCAL YEAR THEREFORE, THE 2008 FORM 990, SCHEDULE J, COLUMN F INCLUDES THE INCOME REPORTED ON THE PRIOR YEAR FORM 990 FOR THE PERIOD 1/1/08 THROUGH 6/30/08 |
| SUPPLEMENTAL COMPENSATION INFORMATION | FORM 990, SCHEDULE J, PART III | SUZANNE HECK SERVED AS INTERIM CFO AND WILLIAM ROHLOFF SERVED AS INTERIM COO THEY WERE BOTH PAID AS INDEPENDENT CONTRACTORS |
| SUPPLEMENTAL COMPENSATION INFORMATION | Form 990, Schedule J, Part II, Column (B)(ii) | Bonus and Incentive Compensation, includes amounts that were deferred in a prior year but paid out in calendar year 2008 Form 990, Schedule J, Part II W-2 compensation may include payments related to compensation deferred in prior years Deferred Compensation may include deferrals of current year compensation under Executive Deferred Income Account, Supplemental Executive Retention and Retirement Plan and Pension Restoration Plan |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Additional Data**

Return to Form

**Software ID:**
**Software Version:**
**EIN:** 85-0106941
**Name:** ST VINCENT HOSPITAL

## 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 | | | | |
| Peter Maddox | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 353,855 | 80,096 | 9,564 | 73,059 | 23,250 | 539,824 | 239,859 |
| Ernie Sadau | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 654,164 | 116,677 | 9,744 | 186,838 | 22,171 | 989,594 | 400,637 |
| Alex Valdez | (I) | 442,829 | 0 | 4,800 | 65,723 | 7,042 | 520,394 | 223,815 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Suzanne HeckTrf out 915 | (I) | 354,676 | 0 | 0 | 0 | 0 | 354,676 | 148,094 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Paul GeneraleTrf in 910 | (I) | 60,045 | 30,000 | 13,449 | 6,641 | 14,775 | 124,910 | 0 |
| | (II) | 109,262 | 1,500 | 0 | 6,852 | 0 | 117,614 | 0 |
| Margaret Dittrich | (I) | 180,971 | 0 | 0 | 8,291 | 7,937 | 197,199 | 90,486 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Kevin Garrett | (I) | 296,432 | 0 | 0 | 43,061 | 12,241 | 351,734 | 148,216 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bruce TassinTrf in 84 | (I) | 104,114 | 30,000 | 35,274 | 17,133 | 6,501 | 193,022 | 0 |
| | (II) | 135,396 | 10,392 | 4,200 | 47,486 | 10,711 | 208,185 | 127,912 |
| Samuel Chun | (I) | 682,006 | 102,172 | 0 | 11,281 | 1,086 | 796,545 | 392,089 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Philip T Shields | (I) | 629,603 | 5,000 | 0 | 11,281 | 3,648 | 649,532 | 316,468 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hal L Hankinson | (I) | 621,136 | 0 | 0 | 11,146 | 8,205 | 640,487 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jan V Bear | (I) | 508,021 | 95,040 | 0 | 10,148 | 582 | 613,791 | 301,531 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Robin S Gossum | (I) | 540,404 | 30,090 | 0 | 10,148 | 1,050 | 581,692 | 285,247 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137052230

# SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

## Supplemental Information to Form 990

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

OMB No 1545-0047

**2008**

Open to Public Inspection

**Name of the organization**
ST VINCENT HOSPITAL

**Employer identification number**
85-0106941

| Identifier | Return Reference | Explanation |
|---|---|---|
| Description of Other Program Services | Form 990, Part III, Line 4d | COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED CHRISTUS ST VINCENT HAS RECOGNIZED THE NEED FOR SIGNIFICANT COMMUNITY-WIDE HEALTH AND HUMAN SERVICES BEYOND THE DIRECT SERVICES OF THE HOSPITAL AS SUCH, CHRISTUS ST VINCENT HAS ENTERED INTO A MEMORANDUM OF AGREEMENT (MOA) WITH SANTA FE COUNTY TO COORDINATE, FACILITATE AND HELP FUND THE DELIVERY OF CERTAIN KEY COMMUNITY HEALTH AND HUMAN SERVICES THESE MOA SERVICES - DIRECTED TOWARD THOSE WITH LIMITED OR NO MEANS TO PAY, UNDERSERVED POPULATIONS AND THE BROADER COMMUNITY - ARE FUNDED FROM THE HOSPITAL'S GENERAL FUNDS AND ARE PROVIDED EITHER DIRECTLY BY CHRISTUS ST VINCENT, BY THE COUNTY, OR THROUGH OTHER NONPROFIT COMMUNITY HEALTHCARE ORGANIZATIONS COLLABORATIVE EFFORTS WITH LA FAMILIA MEDICAL CENTER, PRESBYTERIAN MEDICAL SERVICES, WOMEN'S HEALTH SERVICES AND VILLA THERESE CATHOLIC CLINIC PROVIDE PRIMARY CARE TO MEET THE NEEDS OF THE POOR, UNDERSERVED AND HOMELESS CHRISTUS ST VINCENT SUPPORTS THE NEEDS OF SPECIAL POPULATIONS IN THE COMMUNITY BY PROVIDING COMMUNITY HEALTH EDUCATION, COMMUNITY-BASED CLINICAL SERVICES, AND HEALTHCARE SUPPORT SERVICES, INCLUDING HEALTH AND SAFETY FAIRS, SCREENINGS AND EDUCATION FOR EARLY DETECTION OF DIABETES, CANCER AND HEART DISEASE, MATERNAL AND CHILD HEALTHCARE, SENIOR MEDICAL TRANSPORT, SEXUAL ASSAULT NURSE EXAMINERS, MEDICAL CARE FOR RESIDENTS IN CUSTODY, FREE COPIES OF MEDICAL RECORDS, AND SCREENINGS, IMMUNIZATIONS AND REFERRALS FOR THE UNDERSERVED IN RURAL AREAS THROUGH A MOBILE HEALTHCARE UNIT HEALTH EDUCATION PROGRAMS, SCREENINGS AND ADULT IMMUNIZATIONS ASSIST OTHER TARGETED POPULATIONS SUCH AS PERSONS AGE 65 OR OLDER, INDIVIDUALS WITH DISABILITIES, THE UNDERINSURED AND UNINSURED, AND HISPANIC AND NATIVE AMERICAN POPULATIONS SOME EXAMPLES OF CHRISTUS ST VINCENT'S COMMUNITY BENEFITS ACCOUNTED FOR UNDER COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED INCLUDE FREE MEALS FOR HOMELESS STUDENTS AND THEIR FAMILIES, AND DENTAL AND VISION SERVICES FOR UNINSURED CHILDREN AND TEENS CHRISTUS ST VINCENT ALSO SUPPORTS COMMUNITY NOT-FOR-PROFIT AGENCIES AND PROGRAMS FOR THE POOR AND UNDERSERVED, INCLUDING THE ESPERANZA SHELTER FOR BATTERED FAMILIES, ST ELIZABETH HOMELESS SHELTER, THE FOOD DEPOT AND KITCHEN ANGELS FOOD DISTRIBUTION PROGRAMS, YOUTH SHELTERS AND FAMILY SERVICES, THE NEW MEXICO SUICIDE INTERVENTION PROJECT, CATHOLIC CHARITIES, SANGRE DE CRISTO COMMUNITY HEALTH, OPEN HANDS AND THE SANTA FE RAPE CRISIS CENTER ROOTED IN OUR MISSION AND TRADITION, THE FOUNDERS AND SPONSORS OF CHRISTUS HEALTH AND THOSE WHO CO-MINISTER WITH THEM SEEK NEW AND INNOVATIVE WAYS OF DELIVERING QUALITY HEATH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL TODAY, MORE THAN EVER, WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE OUR SERVICES WHERE THEY ARE NEEDED MOST, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM CHARITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, MEALS ON WHEELS, TRANSPORTATION SERVICES, HOME REPAIR PROJECTS AND A VARIETY OF OTHER SOCIAL SERVICES CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER PROVIDES MEDICATION ASSISTANCE FOR COMMUNITY RESIDENTS WHO ARE UNABLE TO AFFORD THE MEDICATIONS THEY NEED THE HOSPITAL WORKS WITH COMMUNITY PHARMACIES AND OTHER PHARMACEUTICAL COMPANIES TO IDENTIFY THESE PATIENTS AND THEN DISTRIBUTE THE NEEDED MEDICATIONS TO THEM PROGRAM SERVICE EXPENSE = $7,799,766 GRANTS = $6,819,148 PROGRAM SERVICE REVENUE = $0 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Description of Other Program Services | Form 990, Part III, Line 4d | COMMUNITY SERVICES FOR THE BROADER COMMUNITY HELPING TO PREPARE FUTURE HEALTHCARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NOT-FOR-PROFIT HOSPITALS AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT CHRISTUS ST VINCENT ASSISTS IN THE EDUCATION OF HEALTHCARE PROFESSIONALS BY PROVIDING CLINICAL SETTINGS, SCHOLARSHIPS, INTERNSHIPS AND RESIDENCIES FOR PHYSICIANS, NURSES AND OTHER HEALTH PROFESSIONALS THE FOLLOWING ACTIVITIES WERE CONDUCTED IN THIS AREA ST VINCENT HOSPITAL FOUNDATION NURSE SCHOLARSHIPS (IN PARTNERSHIP WITH SANTA FE COMMUNITY COLLEGE AND NORTHERN NEW MEXICO COMMUNITY COLLEGE) AND THE CHRISTUS ST VINCENT MEDICAL RESIDENCY PROGRAM (A THREE-YEAR PRIMARY CARE RESIDENCY PROGRAM FOR PHYSICIANS IN PARTNERSHIP WITH THE UNIVERSITY OF NEW MEXICO, ALBUQUERQUE) CHRISTUS ST VINCENT USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES WE MADE CASH DONATIONS, IN ADDITION TO GRANTS, TO SUPPORT NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS AND PROGRAMS, INCLUDING THE ALZHEIMER'S ASSOCIATION, AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION, BIG BROTHERS BIG SISTERS, SANTA FE BOYS AND GIRLS CLUBS, BOY SCOUTS OF AMERICA, CAMP CORAZONES FOR CHILDREN WITH HIV/AIDS, THE NATIONAL ALLIANCE ON MENTAL ILLNESS, SANTA FE HEALTH AND HUMAN SERVICES WEEK, EQUESTARS THERAPEUTIC RIDING, SENIOR OLYMPICS, SPECIAL OLYMPICS AND UNITED WAY CHRISTUS ST VINCENT ALSO MADE CASH AND IN-KIND DONATIONS TO FUND COMMUNITY INITIATIVES SUCH AS AN ANNUAL HOLIDAY COAT DRIVE FOR CHILDREN, PHYSICAL FITNESS PROGRAMS FOR CHILDREN AND ADULTS (NATIONAL DANCE INSTITUTE, ELEMENTARY SCHOOL FUN RUNS, SANTA FE TRIATHLON, SANTA FE CENTURY BIKE RIDE), SCHOOL HEALTH FAIRS AND WELLNESS PROGRAMS, ELDER/SENIOR SERVICES AND VETERANS' PROGRAMS, LOCAL AND NATIONAL SERVICE ORGANIZATION FUNDRAISERS (ROTARY CLUB, ELKS AND KIWANIS), AND NATIVE AMERICAN PUEBLO HEALTH DAYS AND PHYSICAL FITNESS EVENTS CHRISTUS ST VINCENT SUPPORTED COMMUNITY-BUILDING ACTIVITIES, INCLUDING SUPPORT FOR THE DEVELOPMENT OF COMMUNITY HEALTH PROGRAMS AND PARTNERSHIPS, ADOPT-A-SCHOOL EFFORTS AND HABITAT FOR HUMANITY HOUSE BUILDS CHRISTUS ST VINCENT ASSOCIATES SERVED ON LOCAL NOT-FOR-PROFIT BOARDS AND INITIATIVES THE HOSPITAL ALSO PROVIDED NO-COST MEETING SPACE TO COMMUNITY NOT-FOR-PROFIT ORGANIZATIONS AND GROUPS, VALUED AT $30,000 FOR FY2009 DURING FY2009, CHRISTUS ST VINCENT ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH AND IN SOME INSTANCES AUGMENT GRASSROOTS ADVOCACY FOR GREATER ACCESS TO HEALTH CARE SERVICES FOR THE CONSTITUENTS WE SERVE PROGRAM SERVICE EXPENSE = $5,044,414 GRANTS = $5,044,414 PROGRAM SERVICE REVENUE = $0 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Description of Classes of Members or Stockholders | Form 990, Part VI, Question 6 | THE MEMBERS OF ST VINCENT HOSPITAL ARE SVH SUPPORTCO, A NEW MEXICO NONPROFIT CORPORATION, AND CHRISTUS HEALTH, A TEXAS NONPROFIT CORPORATION |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Description of Classes of Persons and the Nature of Their Rights | Form 990, Part VI, Question 7a | THE MEMBERS ARE GRANTED THE RIGHT TO APPOINT THE PRESIDENT OF THE CORPORATION THE BOARD OF DIRECTORS IS DIVIDED EQUALLY INTO TWO CLASSES THE SVH SUPPORTCO CLASS AND THE CHRISTUS CLASS THE SVH SUPPORTCO CLASS SHALL APPOINT ITS SUCCESSORS THE CHRISTUS CLASS SHALL BE APPOINTED BY CHRISTUS HEALTH |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Decisions of the governing body subject to approval by members | Form 990, Part VI, Question 7b | THE MEMBERS, SVH SUPPORTCO AND CHRISTUS HEALTH, HAVE THE FOLLOWING POWERS APPOINT THE PRESIDENT OF THE CORPORATION, APPROVE AMENDMENTS TO, OR AMEND THE ARTICLES OF INCORPORATION OF THE CORPORATION, APPROVE AMENDMENTS TO, OR AMEND THE BYLAWS OF THE CORPORATION, APPROVE THE MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION, APPROVE THE SALE, CONTRIBUTION, DONATION OR OTHER TRANSFER OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, APPROVE THE TRANSFER IN ANY 12-MONTH PERIOD OF MORE THAN $5,000,000 TO ANY OTHER PERSON, APPROVE THE CREATION OF OR CREATE A NEW AFFILIATE, APPROVE THE AFFILIATION OF THE CORPORATION WITH ANY OTHER PERSON, ESTABLISH, TERMINATE OR TRANSFER ANY SIGNIFICANT PROGRAM OR SERVICE LINE OF THE CORPORATION, APPROVE THE INCURRENCE IN ANY 12-MONTH PERIOD OF ANY DEBT OF THE CORPORATION IN EXCESS OF $5,000,000, APPROVE ANY LOAN OF FUNDS BY A MEMBER TO THE CORPORATION, ACCEPT ON BEHALF OF THE CORPORATION ANY GIFT OR BEQUEST CONDITIONED ON A LONG-TERM OR OTHER SIGNIFICANT OBLIGATION, ADOPT, APPROVE AMENDMENTS TO, OR AMEND THE MISSION, STRATEGIC PLAN OR CHARITY CARE POLICY OF THE CORPORATION, AND APPROVE ANY REQUEST BY THE CORPORATION FOR ONE OR BOTH MEMBERS TO MAKE A CONTRIBUTION TO THE CORPORATION OTHER THAN CONTRIBUTIONS APPROVE BY THE MEMBERS ON OR BEFORE APRIL 8, 2008 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| RETURN REVIEW PROCESS | FORM 990, PART VI, LINE 10 | The Form 990 is prepared and reviewed by the organizations external independent accountants The CHRISTUS Health Accounting department works with an external accounting firm in preparation and review of the Form 990 The filing organizations CFO, or other designee, reviews the Form 990 The final Form 990 that will be filed with the IRS is posted to a secure internet portal for all members of the Board of Directors to view Review of the final Form 990 occurs prior to filing with the IRS in the Spring 2010 via a web portal polling tool by the Audit and/or Finance subcommittees of the respective CHRISTUS Organizations board, based on a set of suggested review processes developed by CHRISTUS Health |

| Identifier | Return Reference | Explanation |
|---|---|---|
| CONFLICT OF INTEREST RETURN REVIEW PROCESS | FORM 990, PART VI, LINE 12C | AT THE END OF EACH CALENDAR YEAR, THE CHRISTUS HEALTH CORPORATE SECRETARY DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL OF THE ORGANIZATION'S BOARD AND COMMITTEE MEMBERS FOR COMPLETION PRIOR TO THE 1ST OF JANUARY IN THE NEXT YEAR THE CORPORATE SECRETARY THOROUGHLY REVIEWS ALL COMPLETED AND EXECUTED CONFLICT OF INTEREST QUESTIONNAIRE FORMS TO ENSURE ACCURACY AND THAT NO CONFLICT OF INTEREST IS IDENTIFIED OR EXISTS THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION AT THE BEGINNING OF EACH BOARD MEETING AN ANNOUNCEMENT IS MADE THAT IF ANY BOARD MEMBER DETERMINES THAT HE OR SHE HAS A CONFLICT OF INTEREST BASED ON ANY AGENDA ITEM, HE OR SHE MUST DECLARE SO AND EXCUSE HIM OR HERSELF FROM ANY DISCUSSIONS RELATED TO SUCH ITEM |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PROCESS FOR DETERMINING COMPENSATION | FORM 990, PART VI, LINES 15 A&B | THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES COMPENSATION FOR THE SENIOR LEADERSHIP TEAM, INCLUDING THE CEO, OFFICERS, DIRECTORS AND KEY EMPLOYEES THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AT HAND CHRISTUS HEALTH CEO'S COMPENSATION IS SUBJECT TO APPROVAL BY THE CHRISTUS HEALTH BOARD, AFTER DISCUSSION IN EXECUTIVE COMPENSATION COMMITTEE THE EXECUTIVE COMPENSATION COMMITTEE OF THE CHRISTUS HEALTH BOARD SELECTS AN INDEPENDENT EXTERNAL FIRM TO PERFORM AN INDEPENDENT COMPENSATION REVIEW, TO ENSURE THAT ALL COMPENSATION IS REASONABLE AND COMPARABLE TO OTHER SIMILARLY SITUATED ORGANIZATIONS, FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AND TO PROVIDE SUPPORTING INFORMATION OF COMPENSATION DECISIONS ON AN ANNUAL BASIS THE EXTERNAL CONSULTANT 1 COMPLETES A REVIEW OF THE COMPENSATION AND BENEFITS OF THE CEO AND PROVIDES A WRITTEN REPORT, AND APPEARS IN PERSON WITH THE COMMITTEE TO ADDRESS THE ANNUAL COMPENSATION REVIEW AND ANY DECISIONS RELATED TO SUCH COMPENSATION FOR THE CEO THE CONSULTANT ALSO PROVIDES ALL OF THE COMPARABLE MARKET DATA TO SUPPORT RECOMMENDATIONS AND DECISIONS 2 DEVELOPS THE MERIT INCREASE RECOMMENDATIONS FOR ALL DESIGNATED EXECUTIVES BASED ON MARKET COMPARABILITY 3 RECOMMENDS THE CHANGES IN THE COMPENSATION STRUCTURE (GRADES) BASED ON THE MARKET CHANGES 4 COMPLETES A REVIEW AND EVALUATION OF NEWLY CREATED POSITIONS TO RECOMMEND A GRADE PLACEMENT TO THE COMMITTEE FOR THEIR DISCUSSION AND APPROVAL ON A BI-ANNUAL BASIS, THE EXTERNAL CONSULTANT COMPLETES A DETAILED REVIEW OF ALL OTHER DESIGNATED EXECUTIVES' COMPENSATION AND BENEFITS THIS GROUP INCLUDES ALL TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY LEADERS OF THE ORGANIZATION THE REVIEW INCLUDES RECOMMENDATIONS TO THE COMMITTEE ON ANY CHANGES NECESSARY IN EITHER SPECIFIC COMPENSATION OR COMPENSATION STRUCTURE TO ENSURE MARKET COMPETITIVENESS, REASONABLENESS AND INTERNAL EQUITY UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DECISIONS ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION PAYMENTS FOR EXCESS BENEFIT TRANSACTIONS THE DISCUSSION AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED AND FORMALIZED IN THE COMMITTEE MINUTES AND MAINTAINED ON RECORD |

| Identifier | Return Reference | Explanation |
|---|---|---|
| AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC | FORM 990, PART VI, LINE 19 | THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTUS HEALTH ARE MADE AVAILABLE TO THE PUBLIC VIA THE CHRISTUS HEALTH WEBSITE THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC |

| Identifier | Return Reference | Explanation |
|---|---|---|
| RELATED HOURS | FORM 990, PART VII | PETER MADDOX 40 HOURS AT CHRISTUS HEALTH AND 1 HOUR TO CHRISTUS MUGUERZA S A DE C E ERNIE SADAU 40 HOURS AT CHRISTUS HEALTH AND 1 HOUR TO EMERALD ASSURANCE, CAYMAN, LTD PAUL GENERALE 40 HOURS AT CHRISTUS HEALTH BRUCE TASSIN 40 HOURS AT CHRISTUS HEALTH CENTRAL LOUISIANA |

| Identifier | Return Reference | Explanation |
|---|---|---|
| FINANCIAL STATEMENTS | Form 990, Part XI, Line 2B | ST VINCENT HOSPITAL'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT ON A CONSOLIDATED BASIS |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137052230

# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization**
ST VINCENT HOSPITAL

**Employer identification number**
85-0106941

## 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 |
|---|---|---|---|---|---|
| ST VINCENT HOSPITAL FOUNDATION<br>455 ST MICHAELS DRIVE<br>SANTA FE, NM87505<br>85-0282847 | FUNDRSNG ACTV | NM | 501(C)(3) | 11 Type I | NA |
| ST VINCENT HOSPITAL AUXILIARY<br>455 ST MICHAELS DRIVE<br>SANTA FE, NM87505<br>85-6010108 | Volunteer Act | NM | 501(C)(3) | 11 type I | NA |
| SVH SUPPORTCO<br>1631 HOSPITAL DRIVE SUITE 160<br>SANTA FE, NM87505<br>26-1592592 | SUPT SV HOSP | NM | 501(C)(3) | 11 type II | NA |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

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

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

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

## Part V Transactions with Related Organizations

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

| | | Yes | No |
|---|---|---|---|
| **1** | During the tax year, did the orgranization 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** | **No** |
| **j** | Lease of facilities, equipment, or other assets from other organization(s) | **1j** | **No** |
| **k** | Performance of services or membership or fundraising solicitations for other organization(s) | **1k** | **No** |
| **l** | Performance of services or membership or fundraising solicitations by other organization(s) | **1l** | **No** |
| **m** | Sharing of facilities, equipment, mailing lists, or other assets | **1m** | **Yes** |
| **n** | Sharing of paid employees | **1n** | **No** |
| **o** | Reimbursement paid to other organization for expenses | **1o** | **No** |
| **p** | Reimbursement paid by other organization for expenses | **1p** | **Yes** |
| **q** | Other transfer of cash or property to other organization(s) | **1q** | **No** |
| **r** | Other transfer of cash or property from other organization(s) | **1r** | **No** |

**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)** | ST VINCENT HOSPITAL FOUNDATION | C | 469,281 |
| **(2)** | ST VINCENT HOSPITAL FOUNDATION | P | 343,389 |
| **(3)** | ST VINCENT HOSPITAL FOUNDATION | M | 543,675 |
| **(4)** | ST VINCENT HOSPITAL AUXILIARY | P | 69,937 |
| **(5)** | SVH SUPPORTCO | C | 6,157,103 |
| **(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 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |