



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



Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> ST VINCENT HEALTHCARE		<b>D Employer identification number</b> 81-0232124
		Doing Business As		<b>E Telephone number</b> (406) 657-7000
		Number and street (or P O box if mail is not delivered to street address) 1233 NORTH 30TH	Room/suite	<b>G Gross receipts \$</b> 325,366,752
		City or town, state or country, and ZIP + 4 BILLINGS, MT 59101		
		<b>F Name and address of principal officer</b> JAMES T PAQUETTE 1233 NORTH 30TH ST BILLINGS, MT 59101		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
<b>J Website:</b> ▶ www.svh-mt.org		<b>H(c)</b> Group exemption number ▶ 0928		
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation</b> 1972	<b>M State of legal domicile</b> MT	





## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities WE WILL, IN THE SPIRIT OF THE SISTERS OF CHARITY, REVEAL GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR OR VULNERABLE	
	<b>2</b>	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> <u>1</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> <u>1</u>
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b> <u>2,56</u>
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> <u>44</u>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> <u>2,592,37</u>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b> <u>135,78</u>

		Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h) . . . . .	2,543,594	4,338,719
	9	Program service revenue (Part VIII, line 2g) . . . . .	164,195,957	304,667,265
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . .	190,898	6,012,292
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,944,003	7,964,160
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	177,874,452	322,982,436
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . .	255,000
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)	86,961,657	145,319,650
16a		Professional fundraising fees (Part IX, column (A), line 11e) . . . .	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangle^0$		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . .	92,744,019	154,506,350
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	179,960,676	301,074,875
19		Revenue less expenses Subtract line 18 from line 12 . . . . .	-2,086,224	21,907,561
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16) . . . . .	410,617,628	435,769,356
	21	Total liabilities (Part X, line 26) . . . . .	28,214,584	23,109,709
	22	Net assets or fund balances Subtract line 21 from line 20 . . . . .	382,403,044	412,659,647

<b>Part II</b>	<b>Signature Block</b>
----------------	------------------------

<div> <div>Sign Here</div> </div>	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	
	Signature of officer	2010-11-11 Date
	JAMES T PARQUETTE CEO Type or print name and title	

<b>Paid</b>  <b>Preparer's</b>  <b>Use Only</b>	Preparer's signature 	Date	Check if self-employed 	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP 190 CARONDELET PLAZA SUITE 1300 CLAYTON, MO 63105		
	EIN 	Phone no  (314) 290-1000		

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

Part III Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

WE WILL, IN THE SPIRIT OF THE SISTERS OF CHARITY, REVEAL GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR OR VULNERABLE

2

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

☒

 Yes 

☒

 No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☒

 Yes 

☒

 No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 48,194,631 including grants of \$ ) (Revenue \$ 52,636,668 )

The Orthopedics service line professionals deal with all bones, muscles, and tendons Whether it is a broken leg, carpal tunnel problems, a torn ligament, or spine damage from osteoporosis ST Vincent Healthcare's goal is to get people moving again through integrated course of treatment that may include surgery, non-surgical procedures, and physical and occupational therapy

4b

(Code ) (Expenses \$ 38,241,680 including grants of \$ ) (Revenue \$ 43,739,658 )

The cardiovascular service line staff combines technical skills and advanced technology to diagnose, treat and prevent heart disease Physicians and hospitals from across the region refer patients to our four-phase cardiac rehabilitation program Whether suffering from a heart attack or living with chronic disease, patients can be assured expert care in the following Cardiodiagnostics, Cardiac Catheterization, Cardiac Surgery, Cardiac Intensive Care, Telemetry, Cardio Pulmonary Rehabilitation, and Vascular Clinic

4c

(Code ) (Expenses \$ 31,011,028 including grants of \$ ) (Revenue \$ 35,018,647 )

The General Surgery service line provides surgical care to 20 - 25 patients every day at St Vincent Heathcare The combination of the latest technology and quality care means surgery with less pain, less intrusion and faster recovery than the past Patients undergoing invasive procedures, frequently are no longer required to spend the night before surgery in the hospital due to minimally invasive and laparoscopic surgical techniques St Vincent Heathcare's Surgery Plus staff specialize in same-day preparation of patients for their surgery or procedure Care after the procedure is also provided for those patients undergoing complex outpatient surgery or invasive procedures

4d

Other program services (Describe in Schedule O )

(Expenses \$ 131,246,311 including grants of \$ 480,000 ) (Revenue \$ 173,272,292 )

4e

Total program service expenses

\$ 248,693,650

Form 990 (2009)

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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? If "Yes," complete Schedule F, Part I	14b	Yes
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 U S ? 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 U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	315	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	2,563	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and 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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 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

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	15	
b	Enter the number of voting members that are independent . . .	1b	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	Yes	
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	
9	Is there any officer, director, 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 . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		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? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MARK W PETESCH 1233 N 30TH STREET Billings, MT 59101 (406) 237-3318

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

• 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

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

Form 990 (2009)



<b>1b Total</b>	3,738,924	4,122,801	1,076,006
-----------------	-----------	-----------	-----------

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶151

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<b>3</b> Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<b>5</b>	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
ROCKY MOUNTAIN HEALTH NETWORK 315 NORTH 25TH STREET BILLINGS, MT 59101	PATIENT BILLING/COLL	4,003,041
CTA Team PO BOX 1439 BILLINGS, MT 59103	ARCHITECTS	2,388,833
ARAMARK CORPORATION PO BOX 651009 CHARLOTTE, SC 282651009	FOOD SERVICE	2,262,030
ERDMAN COMPANY 1 ERDMAN PLACE MADISON, WI 537172171	ARCHITECTS	2,926,028
CONIFER HEALTH SOLUTIONS 1500 SOUTH DOUGLASS ROAD ANAHEIM, CA 92806	BILLING SERVICES	2,162,370

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶50

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d	4,338,719			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .			4,338,719		
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 900,099	304,667,265	304,667,265		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			304,667,265		
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		4,551,043		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties . . . . .		0			
6a		Gross Rents	(i) Real 992,717	(ii) Personal			
b		Less rental expenses	657,275				
c		Rental income or (loss)	335,442				
d		Net rental income or (loss) . . . . .		335,442			335,442
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 3,188,290			
b		Less cost or other basis and sales expenses	-1,492,208	3,219,249			
c		Gain or (loss)	1,492,208	-30,959			
d		Net gain or (loss) . . . . .		1,461,249			1,461,249
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . .	a				
b		Less direct expenses . . . .	b				
c		Net income or (loss) from fundraising events . . .		0			
9a		Gross income from gaming activities See Part IV, line 19 . . . .	a				
b		Less direct expenses . . . .	b				
c		Net income or (loss) from gaming activities . . .		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	DEPARTMENT OTHER OPERATING REVENUE	900,099	2,218,634			2,218,634	
b	FOOD SERVICE REVENUE	624,210	1,996,339		245,924	1,750,415	
c	NON-PATIENT LAB	621,500	850,964		850,964		
d	All other revenue . . . . .		2,562,781		1,495,488	1,067,293	
e	Total. Add lines 11a-11d . . . . .			7,628,718			
12	Total revenue. See Instructions . . . . .			322,982,436	304,667,265	2,592,376	6,833,033

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	1,248,875	1,248,875		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,039,458	35,616	2,003,842	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	114,010,285	104,570,877	9,439,408	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	6,509,560	6,277,875	231,685	
9	Other employee benefits . . . . .	14,963,715	14,834,884	128,831	
10	Payroll taxes . . . . .	7,796,632	7,101,308	695,324	
11	Fees for services (non-employees)				
a	Management . . . . .	11,664,520	1,025,646	10,638,874	
b	Legal . . . . .	443,503		443,503	
c	Accounting . . . . .	18,855		18,855	
d	Lobbying . . . . .	95,195	95,195		
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	459,162		459,162	
g	Other . . . . .	28,135,302	23,027,673	5,107,629	
12	Advertising and promotion . . . . .	835,700		835,700	
13	Office expenses . . . . .	5,795,882	4,787,431	1,008,451	
14	Information technology . . . . .	1,250,536	92,469	1,158,067	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	9,479,513	8,985,625	493,888	
17	Travel . . . . .	1,031,033	804,141	226,892	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	30,790		30,790	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	16,006,298	1,172,996	14,833,302	
23	Insurance . . . . .	4,631,810	794,539	3,837,271	
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	MEDICAL SUPPLIES	54,333,233	54,312,355	20,878	
b	BAD DEBT	14,737,404	14,737,404		
c	UNRELATED BUSINESS INCOME TAX	261,715	261,715		
d	OTHER EXPENSES	5,295,899	5,295,899		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	301,074,875	249,462,523	51,612,352	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			5,894	1	6,030
	2	Savings and temporary cash investments . . . . .			210,493,957	2	236,937,287
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			46,566,715	4	45,432,571
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 . . . . .				7	
	8	Inventories for sale or use . . . . .			6,809,435	8	6,585,772
	9	Prepaid expenses and deferred charges . . . . .			0	9	110,419
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	304,598,913			
	b	Less accumulated depreciation . . . . .	10b	186,340,408	122,080,516	10c	118,258,505
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .			5,777,640	13	7,894,861
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			18,883,471	15	20,543,912
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			410,617,628	16	435,769,356
Liabilities	17	Accounts payable and accrued expenses . . . . .			13,347,455	17	11,977,506
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			14,867,129	25	11,132,203
	26	Total liabilities. Add lines 17 through 25 . . . . .			28,214,584	26	23,109,709
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			380,605,738	27	411,095,632
	28	Temporarily restricted net assets . . . . .			1,576,194	28	1,349,564
	29	Permanently restricted net assets . . . . .			221,112	29	214,451
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			382,403,044	33	412,659,647
	34	Total liabilities and net assets/fund balances . . . . .			410,617,628	34	435,769,356

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .		
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization ST VINCENT HEALTHCARE	Employer identification number 81-0232124
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **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).**
- 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 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?  

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
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**

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2009. 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% support test—2008. 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—2009. 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—2008. 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

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), then

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization ST VINCENT HEALTHCARE	Employer identification number 81-0232124
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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 Complete if the organization is exempt under section 501(c)(3).

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

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 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 funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 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

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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 If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	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 1c through 1i)?	Yes		
	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?	Yes		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				95,195
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	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

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST VINCENT HEALTHCARE

Employer identification number  
81-0232124

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 ▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

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

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 the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	257,808	257,808			
b Contributions . . . . .					
c Investment earnings or losses . . . . .	40,441				
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .	1,943				
g End of year balance . . . . .	296,306	257,808			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ 100 000 % %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations . . . . .

3a(i)

No

(ii) related organizations . . . . .

3a(ii)

No

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) Accumulated depreciation	(d) Book value
1a Land . . . . .		14,762,076		14,762,076
b Buildings . . . . .		80,103,724	45,542,807	34,560,917
c Leasehold improvements . . . . .		1,741,767	1,063,921	677,846
d Equipment . . . . .		193,020,166	139,733,680	53,286,486
e Other . . . . .		14,971,180		14,971,180
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				118,258,505

Schedule D (Form 990) 2009



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	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUND PURPOSE	THE PERMANENT ENDOWMENT FUND SHOWN BELONGS TO THE NORTHERN ROCKIES RADIATION ONCOLOGY CENTER (NRROC) FOR DONATIONS DESIGNATED TO SUPPORT THE CANCER CENTER. THE PRINCIPAL WAS TO BE INVESTED, BUT NOT SPENT. ST VINCENT HEALTHCARE IS THE SOLE OWNER OF NRROC AND IS A DISREGARDED ENTITY OF ST VINCENT HEALTHCARE.





[illegible]**Schedule F (Form 990) 2009**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2009**

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**  
ST VINCENT HEALTHCARE

**Employer identification number**  
81-0232124

Part I

Charity Care and Certain Other Community Benefits at Cost

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

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government 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) . . . .			10,707,594		10,707,594	3 640 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .		13,930	27,146,123	27,636,443	-490,320	0 170 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .		13,930	37,853,717	27,636,443	10,217,274	3 470 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	79	61,995	2,989,421	27,773	2,961,648	1 010 %
f Health professions education (from Worksheet 5) . . . .	13	636	1,779,705	1,180,633	599,072	0 200 %
g Subsidized health services (from Worksheet 6) . . . .	9	1,230	5,946,749		5,946,749	2 020 %
h Research (from Worksheet 7)	3	86	142,754		142,754	0 050 %
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .	15	16,168	736,730		736,730	0 250 %
j <b>Total</b> Other Benefits . . . .	119	80,115	11,595,359	1,208,406	10,386,953	3 530 %
k <b>Total.</b> Add lines 7d and 7j . . . .	119	94,045	49,449,076	28,844,849	20,604,227	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support	3	848	368,517		368,517	0 100 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building	1		2,156		2,156	
7Community health improvement advocacy	1	1	51,231		51,231	
8Workforce development						
9Other						
10Total	5	849	421,904		421,904	0 100 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	26,982,581		
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	31,396,516		
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	79,397,674
6	Enter Medicare allowable costs of care relating to payments on line 5	6	104,340,151
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-24,942,477
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		
<input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures

(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 %
1Rocky Mtn Health Net	PHO - provide admin services	50 000 %		50 000 %
2Community Crisis Ctr	Stabilization of crisis	30 000 %		
3Northwest Research	Research, CME, Community ED	75 000 %		25 000 %
4Billings MRI	MRI services	50 000 %		
5Missions United	Independent & assisted living	50 000 %		
6Hospital Laundry	Laundry services	50 000 %		
7				
8				
9				
10				
11				
12				
13				
14				

**Part V**   **Facility Information**

Name and address	Other (Describe)
	ER-other
	ER-24 hours
	Research facility
	Critical access hospital
	Teaching hospital
	Children's hospital
	General medical & surgical
	Licensed hospital

See Additional Data Table

Part VI

Supplemental Information

Complete this part to provide the following information

**1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Eligibility is based on Federal Poverty Guidelines

NA

Physician clinics account for \$3,447,180 of total subsidized service expenses

N/A

Cost accounting is used to determine community benefit expenses for subsidized health services Cost to charge ratio is used for all remaining categories of community benefit The cost to charge ratio used was derived from worksheet 2

Discounts and payments applied to patient accounts reduce bad debt expense No method is used to determine the amount that reasonably could be attributable to patients who would likely qualify for financial assistance, however, the organization's financial assistance policy allows financial assistance awards to be made presumptively to individuals who have not adequately completed the application process if the individual is homeless or if the individual is non-responsive and has a credit score less than 600 Bad debt expenses include actual write offs and any associated accrual on accounts receivable

We do not believe shortfalls should be treated as bad debt

The organization's financial assistance policy allows financial assistance awards to be made presumptively to individuals who have not adequately completed the application process if the individual is homeless or if the individual is non-responsive and has a credit score less than 600 If a patient is determined to be eligible for financial assistance any time during the collection process, the account is reclassified as financial assistance and collection efforts are ceased

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

As part of our Core Value of Response to Need, we take steps to determine where there is the most need in order to provide the greatest good St Vincent Healthcare regularly assesses the needs of the community Every 5 years a needs assessment study is conducted in partnership with our local health department and our city's other hospital The most recent assessment was completed in 2006 by Professional Research Consultants The survey included both random telephone sampling and focus groups Local results were compared with state & national indicators as well as Healthy People 2010 goals Survey results were shared with the community and action plans were subsequently created and executed at both a facility and community wide level Community Actions Plans are outlined in the Plan to Improve the Community's Health, which is publicly available An updated survey is scheduled to be conducted in 2010 Additionally we monitor county, state and national health indicators and continuously assess the needs of the community through close working relationships and partnerships with service agencies in the communities we serve

**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

St Vincent Healthcare treats patients with respect and dignity regardless of their ability to pay Our financial assistance and charity care policy strives to balance our Mission and responsible financial management, while stewarding our resources As part of our responsibility to educate and inform, we believe it is important to help people understand what assistance is available to them and how to access it We communicate this in a variety of ways to ensure that messages reach multiple audiences We post our financial assistance and charity care policy, including financial assistance contact information, in admissions areas, emergency departments, billing offices, and other high traffic areas Brochures, table tents and take-away materials are also placed in these locations We post our financial assistance and charity care policy, including financial assistance contact information, on the public website Patients can also find other helpful information on the website such as guidance on basic medical charges We advertise the availability of financial assistance as part of our regular advertising in our city's largest newspaper We provide materials and education when patients register, including discussing the availability of various government benefits, such as Medicaid or state programs, and assisting the patient with qualifying for such programs where applicable Additionally we provide information about our Medication Assistance Program to help cover the cost of prescriptions for those eligible We provide a brochure to patients that details our financial assistance policy and how it is administered The brochure covers eligibility, steps to follow to determine if a patient qualifies for assistance, typical charges a patient may expect for routine procedures, and assistance available based on a patient's income level At the time of admission, we encourage our self-pay patients to visit with a financial counselor to discuss qualifications for financial assistance The financial counselor asks the patient to complete a financial assistance form to determine the level of discount for which the patient may be eligible We provide materials and education when patients are discharged, and include information in billing statements We ensure that our financial counselors, admission employees, social workers and other employees understand our policies to be able to assist patients in the most appropriate way

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

St Vincent Healthcare's primary service area (Yellowstone County) has approximately 150,000 residents with 27% over the age of 55, compared to only 24% nationally By 2014, the 55+ segment of the population is expected to grow 18%, ultimately equating to 30% of the total population White Non-Hispanics continue to be the majority at 88% of the total population (compared to 65% nationally) The category "All Others" comprises the second largest race at 7 5% This is largely represented by the American Indian population, as the Crow Indian Reservation resides within St Vincent's service area American Indian populations tend to have significant health disparities including higher teenage birthrates, incidence of diabetes, and accidental death The majority of primary service area residents earn less than \$50,000 annually with only 24% earning more than \$75,000, compared to 30% nationally St Vincent Healthcare's total service area is comprised of approximately 700,000 residents and comprises most of Montana and parts of Wyoming Research shows that by 2020, Montana will have one of the oldest population segments in the country A majority of the residents in the total service area live within 40 miles of one of the seven "urban" centers About 12% of Montana's population is expected to migrate closer to the seven "urban" centers by 2015, thus continuing to widen the economic gap between the "urban" and the "rural" counties Access to primary care is limited with approximately 97 primary care physicians per 100,000 people Immunization coverage is low with only 74 5% of children between the ages of 19-35 months receiving complete immunizations The uninsured population rate is high in both states (average of 16%) and due to a lack of mental health providers and dental professionals St Vincent Healthcare often serves as a safety net for dental and mental health needs

**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

We extend our care beyond our hospital's walls in order to improve the health of our community In 2009 our community building activities totaled \$421,904 and included contributions to non-health related not-for profit organizations, student volunteer mentor program, advocacy related to public health and access to care, Foster Grandparent program, and work with the Healthy Places Coalition of the Alliance The Healthy Places Coalition of the Alliance is the community group who provides oversight to prioritizing our community health needs assessment and leading efforts to create and implement our Plan to Improve the Community's Health (PITCH) This collation marked several community health improvement successes during the year as action plans of the PITCH were implemented The coalition held a Trailhead to Health Summit to engage community leaders and policy makers in the creation of a community asset map, "Healthy by Design" Recognition, and in Health Impact Assessment (HIA) training and promotion There were over 100 attendees representing organizations that included the Billings City Council, City of Billings/Yellowstone County Planning Board and department staff members, Met Transit, local school districts, area hospitals, nearby universities, the Billings Chamber of Commerce, Senator John Testers' office, Senator Max Baucus' office, and many more To compliment the HIA training, the City of Billings Planning Department presented on the successful use of the Growth Policy HIA, which led to the implementation of a new health section in the city's growth policy Education was delivered to the broader community through an insert in the Billings Gazette titled "Becoming the Trailhead to Health" that reached approximately 102,000 people The coalition has developed the "Healthy by Design" endorsement The endorsement was developed as a way of establishing a standard of excellence related to event planning in order to promote events in Billings that are designed with health in mind This endorsement is done through an application process and each application is reviewed and evaluated by a team of experts There are five criteria addressed which include safety, nutrition, physical activity, prevention and wellness, and environmental stewardship The program has been well received and recognized at the Montana Public Health Association Annual meeting Participants using the program to help guide event planning report making healthier choices related to menu selection, increasing physical activity and promoting safety at events Thousand of area residents have been impacted by this work The coalition applied for and secured an ACHIEVE grant from the CDC's Healthy Communities Program in collaboration with the National Association of County & City Health Officials, National Association of Chronic Disease Directors, National Recreation and Park Association, Society of Public Health Education and YMCA of the USA The grant was awarded based on the success of the Alliance and its community health improvement efforts The grant focuses on improving community health through policy, system & environmental change strategies We created action plans for this grant that will be part of our update to our PITCH Our preliminary target areas include goal of adopting a complete streets policy for the City of Billings and in improving the nutritional offerings in worksites Our target areas will tie back to gaps identified in our most recent community needs assessment and with community benefit objectives in our organizational strategic plan The work of this coalition has been shared at local, state and national presentations including the National Association of County-City Health Officials Annual Meeting, Billings City Council, the Montana Public Health Association Annual Meeting, the Montana Association of Planners Annual Meeting Billings Aviation and Transit Commission, City of Billings Planning Department and Planning Board, Better Billings Foundation, the City of Billings Parks and Recreation Department and Healthy Places Advisory Committee, and the CDC's ACHIEVE Communities conferences Additional Community building activities included state and national advocacy efforts targeted at healthcare reform and increasing access to healthcare for vulnerable populations In 2009 this work included expansion of the state CHIP program and funding to support access to care for persons with co-occurring mental health and substance abuse disorders St Vincent Healthcare representatives have been involved in the planning for a new outreach program to low?income school children In collaboration with the Billings Public Schools Health Advisory Council, Montana Food Bank Network and Billings Action for Healthy Kids, the primary mission of the Back Pack Meals Program is to help reduce the chronic hunger experienced outside of the school day, by some of the students enrolled in the Free and Reduced School Meals Program through the distribution of nutritious, shelf stable, ready-to-eat meals before weekends and school holidays The program is designed to feed 450-500 children Community building activities also include expenses related to the Foster Grandparent program, aimed at improving literacy for vulnerable children, with special outreach to marginalized populations on American Indian reservations During this year of the St Vincent Healthcare Foster Grandparent Program 60 volunteers served 62,034 hours of service mentoring at-risk children in community schools, day care centers, after school programs, and Head Start centers These Foster Grandparent volunteers each served a minimum of 15 hours each week, mentoring the youth in the classroom The program serves 7 Montana counties that include the Indian Reservations Crow, Ft Belknap, and Northern Cheyenne Results at the end of the fiscal year show Elementary education 44 volunteers served 322 school-aged children at 20 elementary schools Testing and teacher observation reports that 304 or 94 % of those children served improved in their literacy skills by the end of the year 254 or 79% of the students served were at the teachers anticipated level by the end of the school year Head Start 8 volunteers served 121 Head Start enrollees at 4 Head Start sites Testing and teacher observation reports that 120 or 99% of the children improved in their pre-literacy skills by the end of the year 105 or 87% of the students served were at the teachers anticipated level Day Care Centers 12 FG volunteers served 59 children at 7 non-profit day care centers Teacher observation reports that 48 or 81% of the children showed improvement in their social or developmental skills and 47 or 80% were at level by the end of the fiscal year Of the total children served by the Foster Grandparent volunteers, 32 had at least one incarcerated parent and 51 were in Foster Care

**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 )

St Vincent Healthcare operates an emergency room that is open to all persons regardless of ability to pay and has an open medical staff with privileges available to all qualified physicians in the area Our organization has a volunteer governing body in which independent persons representative of the community comprise a majority This board of directors represents medical and business professionals and all provide hours of service in support of our hospital They are deeply involved in our needs assessment process, building programs and services, and community outreach to ensure that people know about services available to them through our hospital St Vincent Healthcare engages in medical and scientific research programs, engages in the training and education of health care professionals and participates in Medicaid, Medicare, and/or other government-sponsored health care programs St Vincent Healthcare adheres to community benefit guidelines outlined in the Catholic Health Association's publication, "A Guide for Planning and Reporting Community Benefit" St Vincent Healthcare's community benefit work is driven by community health needs and directed in collaboration with other healthcare organizations and the broader community Community benefit strategies are integrated in the organizational strategic plan Programs are located throughout the organization, and staff and board education is conducted Dedicated staff is committed to community benefit efforts St Vincent Healthcare employs the staff of St Vincent Healthcare Foundation, a non-profit organization that provides grant writing and fundraising for both St Vincent Healthcare programs and for community benefit programs that reach both the poor and the broader community Operations of the St Vincent Healthcare Foundation are governed by a separate foundation board with voluntary memberships from the local community When St Vincent Healthcare has excess revenue over operating expenses, we use those funds to obtain current health care technologies and equipment, improve patient care, provide medical training education and research, and to expand access to points of care These investments ensure we'll be here to care for future generations St Vincent Healthcare also contributes to the economy as a purchaser of goods and services, and is a major employer We are good citizens and partner with other organizations and agencies to support a thriving community including St John's Lutheran Ministries, AARP, Billings Chamber of Commerce, American Heart Association, American Cancer Society, MSU Billings, Beartooth Mountain Christian Ranch, Camp Make A Dream, Community Seven Television, Toys for Tots, Leadership Billings, Leadership Montana, Red Lodge Rotary, Billings Rotary, Kiwanis, Mental Health Association, Mental Health Foundation, Big Brothers & Sisters, Big Sky Senior Services, National Alliance for Mental Illness, Ronald McDonald House, Community Crisis Center, Billings Education Foundation, Yellowstone Aids Project, MS Society, Interfaith Hospitality Network, Rocky Mountain College, American Diabetes Association, Easter Seals, Holy Rosary Healthcare Foundation, Eagle Mount, Court Appointed Special Advocates, Catholic Social Services, Wheatland Memorial Healthcare, Billings Catholic Schools, and Billings Clinic Foundation We also support our employees in volunteering for community organizations, including serving on community boards, and provide opportunities for them to support causes through hospital events such as food drives and an annual United Way giving campaign St Vincent Healthcare employees use paid work time to serve on a variety of community board including Interfaith Hospitality Network, Billings Area Chamber of Commerce, National Advisory Board of the MSUB College of Technology, Celebrate Billings, Riverstone Health, Montana Hospital Association, Governor's Labor Management Advisory Council, District 6 Healthcare Learning Center, Montana Bioscience Alliance, United Way of Yellowstone County, Big Brothers, Big Sisters, Ronald McDonald House, Native American Development Corporation, Montana Cancer Control Coalition & the American Cancer Society Advisory Council

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

St Vincent Healthcare is part of the Sisters of Charity of Leavenworth Health System (SCLHS), a faith-based, Mission-driven health care organization SCLHS operates eleven hospitals and four clinics for the uninsured in four states (California, Colorado, Kansas and Montana) SCLHS also is affiliated with two rural hospitals in Kansas and Montana The not-for-profit health system is headquartered in Lenexa, Kan , and is comprised of nearly 16,000 employees SCLHS is sponsored by the Sisters of Charity of Leavenworth, who opened their first hospital in 1864 Community benefits provided in 2009 throughout SCLHS totaled \$204 9 million This expense includes thousands of patient visits to SCLHS clinics for the uninsured As part of SCLHS, we promote the shared Mission that "We will, in the spirit of the Sisters of Charity, reveal God's healing love by improving the health of the individuals and communities we serve, especially those who are poor or vulnerable " We are committed to living and demonstrating our Core Values of Excellence, Respect, Response to Need, Stewardship and Wholeness SCLHS supports its hospitals by providing guidance, oversight, and resources to help them accomplish initiatives that improve health in all our communities This includes coordinating community benefit processes, providing guidance with community needs assessments, and establishing consistent financial assistance and charity care policies and procedures Other ways SCLHS benefits its hospitals include quality improvement and performance excellence initiatives, system-wide IT implementation and infrastructure, strategic and operations direction and oversight, supply chain management and purchasing, benefits administration (including a wellness program free to employees that promotes their health and well-being), risk management, disaster planning and crisis assistance By sharing the work across our system we are able to lighten the burden for all in order to fulfill our Mission of improving health in our communities In times of disaster, SCLHS comes to the aid of our communities and others outside our service areas An example of this is a system-wide response to send relief to the people of Haiti after the earthquake there SCLHS provided a match of monies raised by our employees throughout the system to donate a total of \$127,255

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

CA,CO,KS,MT



### Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 81-0232124  
**Name:** ST VINCENT HEALTHCARE

**Form 990 Schedule H, Part V - Facility Information**[illegible]

Name of the organization  
ST VINCENT HEALTHCARE

Employer identification number  
81-0232124

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" to 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 (Form 990) if additional space is needed . . . . . ▶ ☐

(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
COMMUNITY CRISIS CENTER LLC704 NORTH 30TH ST BILLINGS, MT 59101	203231164	501(C)(3)	480,000				FUNDING FOR THE COMMUNITY CRISIS CENTER IT OPERATES A CRISIS STABILIZATION PROGRAM FOR CITIZENS IN NEED IN BILLINGS
ST VINCENT HEALTHCARE FOUNDATIONPOST OFFICE BOX 35200 BILLINGS, MT 591075200	810468034	501(c)(3)	768,875				EQUITY TRANSFER



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
ST VINCENT HEALTHCARE

Employer identification number  
  
81-0232124

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are 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	
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	
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		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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) Retirement and other 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 reportable compensation				
WILLIAM M MURRAY	(i)	0	0	0	0	0	0	0
	(ii)	902,099	0	772,651	292,786	13,161	1,980,697	0
JAMES T PAQUETTE	(i)	0	0	0	0	0	0	0
	(ii)	422,621	0	197,694	72,849	12,304	705,468	0
STEVE BALLOCK	(i)	0	0	0	0	0	0	0
	(ii)	214,539	0	20,289	26,251	14,517	275,596	0
MARYANN REESE	(i)	0	0	0	0	0	0	0
	(ii)	240,757	0	3,408	42,293	14,398	300,856	0
STEVE SHANDERA	(i)	0	0	0	0	0	0	0
	(ii)	194,221	0	17,087	23,039	10,286	244,633	0
WALT FURLONG	(i)	0	0	0	0	0	0	0
	(ii)	197,455	0	2,715	265,515	14,475	480,160	0
RICHARD LOPES	(i)	0	0	0	0	0	0	0
	(ii)	508,643	140,397	288,225	19,600	10,725	967,590	0
PAUL LAVEAU	(i)	875,680	0	0	19,600	34,306	929,586	0
	(ii)	0	0	0	0	0	0	0
MICHAEL BRENNAN	(i)	896,348	0	0	19,600	34,773	950,721	0
	(ii)	0	0	0	0	0	0	0
STUART GOODMAN	(i)	797,926	0	0	19,600	30,059	847,585	0
	(ii)	0	0	0	0	0	0	0
BARRY L WINTON	(i)	600,795	0	0	19,600	21,825	642,220	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY DERNBACH	(i)	532,559	0	0	19,600	24,844	577,003	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 3		ESTABLISHMENT OF CEO/EXECUTIVE DIRECTOR COMPENSATION. SEE FORM 990, SCHEDULE O DISCLOSURE FOR FORM 990, PART VI, LINES 15A & B REGARDING THE PROCESS USED BY SCLHS TO DETERMINE EXECUTIVE COMPENSATION WHICH IS RELIED UPON BY THIS ORGANIZATION.
FORM 990, SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENTS	SEVERANCE WAS PAID IN 2009 TO JACK E. BELL, FORMER SVH COO, IN THE AMOUNT OF \$22,549.
FORM 990, SCHEDULE J, PART I, LINE 4B	PAYMENTS FROM NONQUALIFIED RETIREMENT PLAN	OTHER REPORTABLE COMPENSATION SHOWN IN SCHEDULE J PART II COLUMN (B) (III) CONTAINS AN ANNUAL REPORTING ADJUSTMENT FOR CERTAIN EMPLOYEES WHO PARTICIPATE IN THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS. SCLHS PROVIDES NONQUALIFIED RETIREMENT PLANS FOR EXECUTIVES TO COMPENSATE FOR IRS IMPOSED LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT CONSISTENT WITH OTHER NOT-FOR-PROFIT HEALTH SYSTEMS. THESE PLANS ENABLE THE EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE. ON THE ADVICE OF COUNSEL, SCLHS HAS DETERMINED THAT THESE BENEFITS SHOULD BE SUBJECT TO TAXATION AS THEY ARE EARNED AND VESTED RATHER THAN WHEN THEY ARE RECEIVED. THEREFORE, SCLHS CHANGED THE VESTING OF ITS NONQUALIFIED RETIREMENT PLAN BENEFITS DURING 2008. AS A RESULT, THE TOTAL NONQUALIFIED RETIREMENT PLAN BENEFITS, WHICH WERE ACCRUED AND VESTED IN THE CURRENT YEAR, ARE NOW CONSIDERED TAXABLE AND THUS WERE TAXED TO THE PARTICIPANTS. AN AMOUNT EQUAL TO THE PARTICIPANT'S EXPECTED INCOME TAX LIABILITY WAS WITHDRAWN FROM THE PARTICIPANT'S ACCOUNT AND REMITTED TO THE IRS AS WITHHOLDING ON THE TAXABLE BENEFIT. THE AMOUNTS WITHDRAWN FROM THE PLAN FOR TAXES IN 2009 WERE: JAMES T. PAQUETTE \$71,774; STEVEN A. BALLOCK \$5,222; STEVEN P. SHANDERA \$4,108; RICHARD T. LOPES \$114,625; WILLIAM M. MURRAY \$310,025.
FORM 990 PART VII AND SCHEDULE J, PART II		THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS) IS THE SOLE CORPORATE MEMBER OF ELEVEN HOSPITALS AND FOUR CLINICS (AFFILIATES) IN FOUR STATES INCLUDING ST. VINCENT HEALTHCARE (ST. VINCENT) IN BILLINGS, MONTANA. SCLHS AND ITS AFFILIATES ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING TRANSPARENCY AND ACCOUNTABILITY. WILLIAM M. MURRAY IS PRESIDENT AND CHIEF EXECUTIVE OFFICER, AND RICHARD T. LOPES IS SENIOR VICE PRESIDENT AND CHIEF TRANSFORMATION OFFICER FOR SCLHS. MR. MURRAY SERVED AND MR. LOPES SERVE AS MEMBERS OF ST. VINCENT'S BOARD. THE COMPENSATION REFLECTED IS THAT OF MR. MURRAY'S AND MR. LOPES' POSITIONS AS SCLHS EXECUTIVES AND NOT AS MEMBERS OF ST. VINCENT'S BOARD. IN KEEPING WITH SCLHS' CORE VALUE OF STEWARDSHIP, NO BOARD MEMBER SERVING ON SCLHS OR AFFILIATE BOARDS IS COMPENSATED FOR THAT SERVICE.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320000010

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
ST VINCENT HEALTHCARE

Employer identification number  
81-0232124

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

Identifier	Return Reference	Explanation
DISCLOSURES		<p>FORM 990 PART III, LINE 4D OTHER PROGRAM SERVICES OTHER PROGRAM SERVICES ARE DETAILED IN THE NARRATIVES OF FORM 990 SCHEDULE H FORM 990 PART VI, SEC A, LINE 3 MANAGEMENT COMPANIES MANAGEMENT DUTIES DELEGATED BY ST VINCENT HEALTHCARE TO MANAGEMENT COMPANIES WERE IN THE FOLLOWING AREAS (1) CONIFER HEALTH SOLUTIONS REVENUE CYCLE SERVICES THAT INCLUDES PATIENT ACCESS, CHARGE CAPTURE AND ACCOUNTS RECEIVABLE MANAGEMENT (2) ARAMARK CORPORATION FOOD SERVICES (3) BROADLANE SUPPLY CHAIN MANAGEMENT FORM 990 PART VI, SEC A, LINES 6, 7A &amp; 7B CLASS OF MEMBER, NATURE OF RIGHTS, ELECTION OF BOARD MEMBERS, DECISIONS SUBJECT TO APPROVAL THE SOLE MEMBER AND CONTROLLING MEMBER OF THE ST VINCENT HEALTHCARE (SVH) CORPORATION IS THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS), A KANSAS NON-FOR-PROFIT CORPORATION SOME OF THE EXCLUSIVE POWERS OF SCLHS INCLUDE (1) TO APPOINT, AFTER CONSULTATION WITH THE SVH CORPORATE BOARD, THE BOARD OF DIRECTORS OF SVH AND APPOINT MEMBERS OF SCLHS TO THE SVH BOARD OF DIRECTORS, (2) TO REMOVE, WITH OR WITHOUT CAUSE, AFTER CONSULTATION WITH THE SVH CORPORATE BOARD, ANY MEMBER OF THE SVH BOARD OF DIRECTORS, (3) TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE CHIEF EXECUTIVE OFFICER AND THE CHIEF ADMINISTRATIVE OFFICER OF SVH, (4) TO IMPLEMENT CORPORATE GOALS, POLICIES, AND PROCEDURES OF SVH, (5) TO APPROVE FOR SVH THE ACQUISITION OF ASSETS, THE INCURRENCE OF INDEBTEDNESS, OR THE LEASE, SALE, TRANSFER, ASSUMPTION, OR ENCUMBERING OF SVH ASSETS, (6) TO APPROVE THE MERGER, DISSOLUTION, OR CORPORATE RESTRUCTURING OF SVH, AND (7) TO APPROVE SVH ANNUAL STRATEGIC PLANS AND OPERATING AND CAPITAL BUDGETS THE SVH BOARD OF DIRECTORS HAVE THE POWERS TO EXERCISE GENERAL MANAGEMENT AND CONTROL OF THE BUSINESS AFFAIRS OF SVH WITH DUE REGARD FOR THE POWERS RESERVED BY SCLHS THE POWERS OF THE SVH BOARD OF DIRECTORS INCLUDE NOMINATION OF BOARD MEMBERS FOR APPOINTMENT BY SCLHS FORM 990 PART VI, SEC B, LINE 11A PROCESS FOR REVIEWING FORM 990 THE FORM 990 IS REVIEWED BY THE ST VINCENT BOARD BEFORE THE RETURN IS SUBMITTED TO THE IRS DUE TO THE TIMING OF MEETINGS THERE MAY BE CHANGES TO THE FORM 990 THAT ARE COMMUNICATED FORM 990 PART VI, SEC B, LINE 12C WRITTEN CONFLICT OF INTEREST POLICIES ALL ST VINCENT HEALTHCARE EXECUTIVES, DIRECTORS, AND MANAGERS, BOARD MEMBERS AND BOARD COMMITTEE MEMBERS, MEDICAL EXECUTIVE COMMITTEE (MEC) MEMBERS AND OTHER PHYSICIANS IN DECISION MAKING ROLES OR SERVING ON SVH EXECUTIVE COMMITTEES, COMPLETE A NEW CONFLICT OF INTEREST (COI) DISCLOSURE FORM ANNUALLY A COPY OF THE POLICY IS DISTRIBUTED ALONG WITH THE COI FORMS IN THE EVENT OF A CHANGE OF CIRCUMSTANCE, EACH INDIVIDUAL WHO HAS ALREADY SIGNED A COI IS EXPECTED TO NOTIFY THE ORGANIZATION OF THE CHANGE AND UPDATE THE CONFLICT OF INTEREST INFORMATION THE STATEMENTS ARE REVIEWED AND COI ISSUES ARE ADDRESSED BY THE ORGANIZATION RESPONSIBILITY OFFICER (ORO) AND LEADERSHIP AT THE APPROPRIATE LEVEL - BOARD BY BOARD CHAIR - PHYSICIANS BY THE MEC PRESIDENT - SVH DIRECTORS AND MANAGERS BY THE SVH ADMINISTRATION - SVH EXECUTIVES BY THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM THE SIGNED COI FORMS ARE MAINTAINED IN SVH ADMINISTRATION THE CONFLICT OF INTEREST DISCLOSURE STATEMENTS FOR SVH EXECUTIVES ARE MAINTAINED AT SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC AT THE BEGINNING OF BOARD AND BOARD COMMITTEE MEETINGS, THE QUESTION OF COI IS ASKED OF THOSE IN ATTENDANCE WHEN AN ACTUAL CONFLICT IS IDENTIFIED, THE INDIVIDUAL ASKS TO BE EXCUSED FROM PARTICIPATING IN THE DISCUSSION AND DECISION-MAKING FORM 990 PART VI, SEC B, LINES 15A &amp; B PROCESS FOR DETERMINING COMPENSATION SCLHS EMPLOYS THE EXECUTIVE TEAM AT EACH OF ITS HOSPITAL AFFILIATES AS PART OF ITS ANNUAL REVIEW PROCESS, SCLHS USES THE FOLLOWING IN ESTABLISHING THE COMPENSATION OF THOSE IN THESE POSITIONS -COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT -FORM 990 OF OTHER ORGANIZATIONS -WRITTEN EMPLOYMENT CONTRACTS -COMPENSATION SURVEYS AND STUDIES -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE THE ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS EXECUTIVES (OFFICERS, KEY EMPLOYEES, ETC ) IS CONSISTENT WITH MARKET VALUE AND THE PAY PHILOSOPHY SET BY THE BOARD THE PAY PHILOSOPHY SET BY THE BOARD IS TO PAY AT THE MIDDLE OF THE MARKET FOR EXECUTIVES OF SIMILAR SIZED ORGANIZATIONS OVERALL SCLHS' EXECUTIVE COMPENSATION IS COMPARABLE TO THAT PROVIDED IN SIMILAR, NOT-FOR-PROFIT HEALTHCARE SYSTEMS AND HOSPITALS FORM 990 PART VI, SEC B, LINE 16B JOINT VENTURE WRITTEN POLICIES AND PROCEDURES ST VINCENT HEALTHCARE MAINTAINS DETAILED RECORDS OF THE JOINT VENTURES IN ADMINISTRATION ALL FILES ARE SCANNED AND REVIEWED E&amp;Y PERFORMED A COMPRESHENSIVE ANALYSIS OF THE JOINT VENTURES IN 2008 FORM 990 PART VI, SEC C, LINE 19 WRITTEN CONFLICT OF INTEREST POLICY A WRITTEN COPY OF THE GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY IS AVAILABLE FROM HOSPITAL ADMINISTRATION AN AUDITED COPY OF THE SCLHS FINANCIAL STATEMENTS ARE AVAILABLE ON THE SISTERS OF CHARITY HEALTHSYSTEM WEBSITE WWW.SCLHEALTHSYSTEM.ORG FORM 990 PART VII AND SCHEDULE J, PART II THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) IS THE SOLE CORPORATE MEMBER OF ELEVEN HOSPITALS AND FOUR CLINICS (AFFILIATES) IN FOUR STATES INCLUDING ST VINCENT HEALTHCARE (ST VINCENT) IN BILLINGS, MONTANA SCLHS AND ITS AFFILIATES ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING TRANSPARENCY AND ACCOUNTABILITY WILLIAM M MURRAY IS PRESIDENT AND CHIEF EXECUTIVE OFFICER AND RICHARD T LOPES IS SENIOR VICE PRESIDENT AND CHIEF TRANSFORMATION OFFICER FOR SCLHS MR MURRAY SERVED AND MR LOPES SERVE AS MEMBERS OF ST VINCENT'S BOARD THE COMPENSATION REFLECTED IS THAT OF MR MURRAY'S AND MR LOPES' POSITIONS AS SCLHS EXECUTIVES AND NOT AS MEMBERS OF ST VINCENT'S BOARD IN KEEPING WITH SCLHS' CORE VALUE OF STEWARDSHIP, NO BOARD MEMBER SERVING ON SCLHS OR AFFILIATE BOARDS IS COMPENSATED FOR THAT SERVICE FORM 990 PART VII AND SCHEDULE J, PART II AVERAGE HOURS SPENT ON RELATED ORGANIZATIONS AN ESTIMATE OF AVERAGE HOURS PER WEEK, IF ANY, DEVOTED TO RELATED ORGANIZATIONS FOR WHICH COMPENSATION WAS REPORTED IN COLUMNS (E) OR (F) OF PART VII WILLAM MURRAY 2 HOURS/WEEK ON RELATED ORGANIZATIONS RICHARD LOPES 2 HOURS/WEEK ON RELATED ORGANIZATIONS JAMES PAQUETTE 12 HOURS/WEEK ON RELATED ORGANIZATIONS STEVE BALLOCK 5 HOURS/WEEK ON RELATED ORGANIZATIONS MARY ANN REESE 2 HOURS/WEEK ON RELATED ORGANIZATIONS STEVE SHANDERA 2 HOURS/WEEK ON RELATED ORGANIZATIONS WALT FURLONG 2 HOURS/WEEK ON RELATED ORGANIZATIONS</p>





SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organization ST VINCENT HEALTHCARE	Employer identification number 81-0232124

Part I

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

(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
Northern Rockies Radiation Oncology Ctr 1041 North 29th Street Billings, MT 59101 01-0797122	Radiation Onc	MT	8,725,102	10,798,692	NA

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
---	-------------------------	--	----------------------------	---	----------------------------------

See Additional Data Table

Part III

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

(a) 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, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
See Additional Data Table							Yes	No		Yes	No

Part IV

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

(a) Name, address, and EIN of related organization	(b) 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
CARITAS INC AND SUBSIDIARIES 9801 RENNER BOULEVARD SUITE 100 LENEXA, KS66219 48-0941069	OTHER MEDICAL	KS	NA	C CORP			
LEAVEN INSURANCE COMPANY LTD 23 LIME TREE BAY AVE PO BOX 1051 GEORGETOWN, GRAND CAYMAN KY1-1102 CJ 98-0370522	INSURANCE	CJ	NA				

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

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

c

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

d

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

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

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

r

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

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q		No
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	(b) Transaction type(a-r)	(c) Amount involved
(1)	ST VINCENT HEALTHCARE FOUNDATION	C	4,338,719
(2)	ST VINCENT HEALTHCARE FOUNDATION	B	768,875
(3)	ST VINCENT HEALTHCARE FOUNDATION	P	140,896
(4)	NORTHWEST RESEARCH AND EDUCATION INSTITUTE	P	249,131
(5)	HOLY ROSARY HEALTHCARE	P	108,475
(6)	HOLY ROSARY HEALTHCARE	D	765,000

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

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

(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) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ST VINCENT HEALTHCARE FOUNDATION  PO Box 35200 BILLINGS, MT59107 81-0468034	SUPPORT 501C3	MT	501(C)(3)	7	NA
SISTERS OF CHARITY OF LEAVENWORTH HS  9801 RENNER BOULEVARD LENEXA, KS66219 23-7379161	SUPPORT MMBRS	KS	501(C)(3)	11B	NA
NORTHWEST RESEARCH & EDUCATION INS INC  315 NORTH 25TH STREET SUITE 201 BILLINGS, MT59101 20-1343024	COMM HEALTH R	MT	501(C)(3)	9	NA
CARITAS CLINICS INC  818 NORTH 7TH STREET LEAVENWORTH, KS66048 48-1009910	CLINIC SVCS	KS	501(C)(3)	3	NA
MARIAN CLINIC INC  1001 SW GARFIELD TOPEKA, KS66604 48-1046905	CLINIC SVCS	KS	501(C)(3)	3	NA
MARILLAC CLINIC INC  2333 N 6TH STREET GRAND JUNCTION, CO81501 84-1085822	CLINIC SVCS	CO	501(C)(3)	3	NA
PROVIDENCE MEDICAL CENTER  8929 PARALLEL PARKWAY KANSAS CITY, KS66112 48-0784446	HEALTH CARE	KS	501(C)(3)	3	NA
ST JOHN HOSPITAL INC  3500 SOUTH FOURTH STREET KANSAS CITY, KS66112 48-0543768	HEALTHCARE	KS	501(C)(3)	3	NA
BETHANY COMMUNITY PLAZA INC  15 NORTH 12TH STREET KANSAS CITY, KS66102 48-1207407	HEALTHCARE	KS	501(C)(3)	3	NA
PROVIDENCEST JOHN FOUNDATION INC  8929 PARALLEL PARKWAY KANSAS CITY, KS66112 48-0925688	SUPPORT 501C3	KS	501(C)(3)	7	NA
ST FRANCIS HEALTH CENTER INC  1700 SW 7TH STREET TOPEKA, KS66606 48-0547719	HEALTHCARE	KS	501(C)(3)	3	NA
ST FRANCIS HEALTH CENTER FOUNDATION  1700 SW 7TH STREET TOPEKA, KS66606 48-1092520	SUPPORT 501C3	KS	501(C)(3)	11A	NA
ST MARY'S HOSPITAL & MEDICAL CENTER INC  2635 N 7TH ST GRAND JUNCTION, CO81502 84-0425720	HEALTH CARE	CO	501(C)(3)	3	NA
ST MARY'S HOSPITAL FOUNDATION  2635 N 7TH ST GRAND JUNCTION, CO81502 23-7001007	SUPPORT 501C3	CO	501(C)(3)	11A	NA
SAINT JOSEPH HOSPITAL FOUNDATION  1835 FRANKLIN STREET DENVER, CO80218 84-0735096	SUPPORT 501C3	CO	501(C)(3)	11A	NA
HOLY ROSARY HEALTHCARE  2600 WILSON STREET MILES CITY, MT59301 81-0231792	HEALTHCARE	MT	501(C)(3)	3	NA
HOLY ROSARY HEALTHCARE FOUNDATION INC  2600 WILSON STREET MILES CITY, MT59301 20-2270238	SUPPORT 501C3	MT	501(C)(3)	11A	NA
ST JAMES HEALTHCARE  400 SOUTH CLARK STREET BUTTE, MT59701 81-0231785	HEALTHCARE	MT	501(C)(3)	3	NA
ST JAMES HEALTHCARE FOUNDATION INC  400 SOUTH CLARK STREET BUTTE, MT59701 65-1202190	SUPPORT 501C3	MT	501(C)(3)	11A	NA
SAINT JOHN'S HOSPITAL AND HEALTH CENTER  1328 22ND STREET SANTA MONICA, CA90404 95-1684082	HEALTHCARE	CA	501(C)(3)	3	NA
JOHN WAYNE CANCER INSTITUTE  2000 SANTA MONICA BLVD SANTA MONICA, CA90404 95-4291515	CANCER R&D	CA	501(C)(3)	4	NA
SAINT JOHN'S HOSPITAL AND HLTH CTR FOUN  1328 22ND STREET SANTA MONICA, CA90404 95-6100079	SUPPORT 501C3	CA	501(C)(3)	11A	NA
EXEMPLA INC FKA LUTHERAN HOSPITAL  2420 W 26TH AVE SUITE 100D DENVER, CO80211 84-1103606	HEALTHCARE	CO	501(C)(3)	3	NA
EXEMPLA LUTHERAN MEDICAL CENTER FNDTN  2480 W 26TH AVE SUITE 360B DENVER, CO80211 20-8846152	SUPPORT 501C3	CO	501(c)(3)	7	NA
EXEMPLA GOOD SAMARITAN MEDICAL CENTR FND  200 EXEMPLA CIRCLE LAFAYETTE, CO80026 84-1649162	SUPPORT 501C3	CO	501(c)(3)	7	NA
LUTH MED CNTR PRO&GEN LIAB SELF-INS TRST  2480 W 26TH AVE SUITE 360B DENVER, CO80211 74-2571584	INSURANCE	CO	501(c)(3)	11A	NA
MEDPARK INC  2480 W 26TH AVE SUITE 360B DENVER, CO80211 84-1490379	PARKING	CO	501(c)(3)	7	NA
SAINT JOSEPH HOSPITAL  1835 FRANKLIN STREET DENVER, CO80218 84-0417134	HEALTHCARE	CO	501(c)(3)	3	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproprrtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
PIL LLC  750 WELLINGTON GRAND JUNCTION, CO81501 03-0516198	RADIOLOGY	CO	NA	NA							
GVSC LLC  710 WELLINGTON GRAND JUNCTION, CO81501 84-1505075	OP SURGERY	CO	NA	NA							
SJCC LLC  600 SOUTH 5TH ST MONTROSE, CA81401 20-2856331	OP CANCER	CO	NA	NA							
BMRI LLC  1041 NORTH 29TH STREET BILLINGS, MT59101 81-0450943	MRI & PET SCAN	MT	NA	MRI & PET SCANS	3,233,856	5,721,346		No			No
LUTHERAN CAMPUS ASC LLC  3455 LUTHRN PKW SUITE 150 WHEATRIDGE, CO803336028 02-0749532	OP SURGERY	CO	NA	NA							
COLORADO SURGICAL VENTURES LLC  30 S WACKER DR SUITE 2302 CHICAGO , IL60605 20-8038915	OP SURGERY	CO	NA	NA							
COLORADO SURGICAL HOSPITAL LLC  30 S WACKER DR SUITE 2302 CHICAGO , IL60605 20-8038977	OP SURGERY	CO	NA	NA							
SOUTHWEST MONTANA RADIOLOGY LLC  820 W PLATINUM BUTTE, MT59701 20-3042235	IMAGING CNTR	MT	NA	NA							

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	ST VINCENT HEALTHCARE FOUNDATION	C	4,338,719
(2)	ST VINCENT HEALTHCARE FOUNDATION	B	768,875
(3)	ST VINCENT HEALTHCARE FOUNDATION	P	140,896
(4)	NORTHWEST RESEARCH AND EDUCATION INSTITUTE	P	249,131
(5)	HOLY ROSARY HEALTHCARE	P	108,475
(6)	HOLY ROSARY HEALTHCARE	D	765,000

Additional Data

Software ID:

Software Version:

EIN: 81-0232124

Name: ST VINCENT HEALTHCARE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BEDFORD BOARD MEMBER	2 0	X						0	0	0
JOHN DORR MD BOARD MEMBER	2 0	X						0	0	0
KAREN FAGG FORMER BOARD MEMBER	2 0	X						0	0	0
SISTER EILEEN HURLEY BOARD MEMBER	2 0	X						0	0	0
MICHAEL R MACE BOARD MEMBER	2 0	X						0	0	0
WALTER J PEET MD BOARD CHAIR	2 0	X		X				0	0	0
SISTER SHARON SMITH BOARD MEMBER	2 0	X						0	0	0
DAVID J DIETRICH BOARD SECRETARY/TREASURER	2 0	X		X				0	0	0
WILLIAM M MURRAY FORMER BOARD MEMBER	40 0	X						0	1,674,750	305,947
JIM ROSCOE BOARD MEMBER	2 0	X						0	0	0
MIKE ZIMMERMAN BOARD VICE CHAIR	2 0	X		X				0	0	0
JAMES S ELLIOT MD BOARD MEMBER	2 0	X						0	0	0
CYNTHIA GUSTAFSON PHD FORMER BOARD MEMBER	2 0	X						0	0	0
FREDERICK W KAHN MD BOARD MEMBER	2 0	X						35,616	0	0
RICHARD LOPES BOARD MEMBER	2 0	X						0	937,265	30,325
TERRILL MOORE BOARD MEMBER	2 0	X						0	0	0
KATHY HILDEBRAND BOARD MEMBER	2 0	X						0	0	0
JAMES T PAQUETTE BRD ASSIST SECRETY, PRES, CEO	40 0			X				0	620,315	85,153
STEVE BALLOCK VICE PRESIDENT FINANCE	40 0				X			0	234,828	40,768
MARYANN REESE EXECUTIVE VICE PRESIDENT	40 0				X			0	244,165	56,691
STEVE SHANDERA VP CLINICAL & SUPPORT/ORO	40 0				X			0	211,308	33,325
WALT FURLONG VP BUS DEVELOPEMENT & STRATEGY	40 0				X			0	200,170	279,990
PAUL LAVEAU PHYSICIAN	40 0					X		875,680	0	53,906
MICHAEL BRENNAN PHYSICIAN	40 0					X		896,348	0	54,373
STUART GOODMAN PHYSICIAN	40 0					X		797,926	0	49,659



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors						
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)				
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee
(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
BARRY L WINTON PHYSICIAN	40 0				X	600,795
TIMOTHY DERNBACH PHYSICIAN	40 0				X	532,559