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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010					
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization StVincent Hospital and Health Care Center Inc		D Employer identification number 35-0869066	
		Doing Business As		E Telephone number (317) 583-3282	
		Number and street (or P O box if mail is not delivered to street address) 2001 West 86th Street	Room/suite	G Gross receipts \$ 1,164,397,109	
		City or town, state or country, and ZIP + 4 Indianapolis, IN 462601991			
	F Name and address of principal officer Kyle DeFur 2001 West 86th Street Indianapolis, IN 462601991		H(a) Is this a group return for affiliates? ☐ Yes ☒ No		
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)			
J Website: ► www.stvincent.org		H(c) Group exemption number ► 0928			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ►			L Year of formation 1881		M State of legal domicile IN

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities We are a nonprofit hospital dedicated to providing healthcare that leaves no one behind 		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) 3 1		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 1		
	5 Total number of employees (Part V, line 2a) 5 7,50		
	6 Total number of volunteers (estimate if necessary) 6 27		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 1,787,82		
	b Net unrelated business taxable income from Form 990-T, line 34 7b -660,79		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	12,749,896	15,149,499
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	966,248,558	1,034,336,598
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-122,412,733	101,703,883
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,357,731	13,144,997
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	866,943,452	1,164,334,977
	14 Benefits paid to or for members (Part IX, column (A), line 4)	33,108,723	61,392,307
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	414,429,497	421,865,822
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	490,321,941	539,349,115
	19 Revenue less expenses Subtract line 18 from line 12	937,860,161	1,022,607,244
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	-70,916,709	141,727,733
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances Subtract line 21 from line 20	1,109,716,643	1,242,205,616
		360,949,143	388,657,895
		748,767,500	853,547,721

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	Signature of officer 2011-05-13 Date
	Kyle DeFur President Type or print name and title
Paid Preparer's Use Only	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 Deloitte Tax LLP 111 Monument Circle Suite 2000 Indianapolis, IN 462045108 EIN
	Phone no (317) 464-8600

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

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

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 \$ 800,989,671 including grants of \$ 61,392,307) (Revenue \$ 1,042,837,435)

St Vincent Hospital & Health Care Center (SVHCC) is a 935-bed hospital campus serving Marion and contiguous counties and providing services without regard to patient race, creed, national origin, economic status, or ability to pay. SVHCC provided services through eight Centers of Excellence: Oncology Center, Indiana Neuroscience Institute, Heart Center of Indiana, Orthopedic Center, Peyton Manning Children's Hospital, Women's Hospital, Spine Center, and Bariatric Center of Excellence. During fiscal year 2010, SVHCC treated 32,614 adults and children for a total of 180,533 inpatient days. The hospital provided services for 810,884 outpatient visits, including 13,701 outpatient surgeries and 70,285 ER and minor care visits. See Schedule O for a non-exhaustive list of community benefit programs and descriptions.

4b

(Code) (Expenses \$ 83,474,749 including grants of \$) (Revenue \$)

St Vincent Hospital & Health Care Center (SVHCC) provides a substantial portion of its core health services to the poor, uninsured or underinsured and has proactively taken steps to address accessibility, and the financing, and delivery of healthcare to the underserved. During the fiscal year ending June 30, 2010, the unreimbursed cost of free or discounted services provided to patients who were deemed indigent under state, county, or hospital guidelines was \$83,474,749, which included \$26,479,504 of traditional charity care and \$56,995,245 in unpaid costs of care for those qualifying for Medicaid or other public programs for the poor. See Schedule O for a non-exhaustive list of community benefit programs and descriptions.

4c

(Code) (Expenses \$ 26,646,904 including grants of \$) (Revenue \$)

In addition to core medical services, SVHCC partners with its community to assess community assets and needs and to work together to address issues impacting health and quality of life, with special emphasis on the poor and vulnerable. In fiscal year 2010, SVHCC provided \$26,646,904 in unbilled services to the poor and to the broader community. (When combined with the costs of free or discounted services for the poor listed in Line 4b, SVHCC provided a total community benefit of \$110,121,653 in fiscal year 2010.) SVHCC serves and supports its community through such programs as diabetes classes, Primary Care Center, Resolve Through Sharing Grief Support Group, health fairs and screenings. See Schedule O for a non-exhaustive list of community benefit programs and descriptions.

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 911,111,324

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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		No
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
14b	• 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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? Note. 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	1a463		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	2a7,507		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to 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	13	
b	Enter the number of voting members that are independent . . .	1b	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
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▶IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Dawn R Davidson Controller 10330 N Meridian St Ste 430N Indianapolis, IN 46290 (317) 583-3284

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

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

Form 990 (2009)

1b	Total	8,691,059	0	420,596
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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 **440**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Naab Road Surgery Center 8260 Naab Road Indianapolis, IN 46260	Surgical services	15,197,735
Mid America Clinical Labs 2560 N Shadeland Avenue Indianapolis, IN 46219	Lab services	13,434,447
Chartwell Midwest Indiana LLC 8040 Castleway Drive Indianapolis, IN 46250	Blood products & home infusion services	12,433,394
Safescan Imaging Services LLC 5100 Montour Road Emmett, ID 83617	Imaging services	10,120,323
Hall Render Killian Heath & Lyman PSC 39778 Treasury Center Chicago, IL 606949700	Legal services	7,342,676

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 **85**

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	13,820,426				
	e	Government grants (contributions)	1e	383,066				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	946,007				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			15,149,499			
Program Service Revenue			Business Code					
	2a	Net patient revenue	621,990	765,485,486	765,485,486			
	b	Net Medicare/Medicaid	621,990	268,851,112	268,851,112			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,034,336,598			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			101,766,015	8,500,837	223,247	93,041,931
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a			(i) Real				
		Gross Rents		2,964,549				
		b	Less rental expenses					
		c	Rental income or (loss)	2,964,549				
	d	Net rental income or (loss)			2,964,549			2,964,549
	7a			(i) Securities				
		Gross amount from sales of assets other than inventory						
		b	Less cost or other basis and sales expenses		62,132			
		c	Gain or (loss)		-62,132			
	d	Net gain or (loss)			-62,132			-62,132
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances		a				
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	Pharmacy revenue		621,990	4,769,910			4,769,910	
b	Cafeteria revenue		722,210	2,599,252			2,599,252	
c	Hotel & Conference rev		721,000	1,564,575		1,564,575		
d	All other revenue			1,246,711			1,246,711	
e	Total. Add lines 11a-11d			10,180,448				
12	Total revenue. See Instructions			1,164,334,977	1,042,837,435	1,787,822	104,560,221	

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	61,392,307	61,392,307		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,708,022		5,708,022	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	326,266,586	285,174,615	41,091,971	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,821,145	12,954,481	1,866,664	
9	Other employee benefits	54,449,907	47,592,159	6,857,748	
10	Payroll taxes	20,620,162	18,023,135	2,597,027	
11	Fees for services (non-employees)				
a	Management	32,327,966	28,256,388	4,071,578	
b	Legal	1,892,680	1,654,305	238,375	
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	722,759	631,730	91,029	
12	Advertising and promotion				
13	Office expenses				
14	Information technology	61,494,699	53,749,688	7,745,011	
15	Royalties				
16	Occupancy	22,813,888	19,940,570	2,873,318	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,887,177	2,523,549	363,628	
20	Interest	5,746,335	5,022,607	723,728	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,773,019	31,267,550	4,505,469	
23	Insurance	5,438,796	5,438,796		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Supplies	143,726,668	125,624,869	18,101,799	
b	Community benefit	110,121,653	110,121,653		
c	Purchased services	43,793,154	38,277,581	5,515,573	
d	Miscellaneous	31,924,791	27,903,991	4,020,800	
e	Corporate expense	19,829,194	17,331,786	2,497,408	
f	All other expenses	20,856,336	18,229,564	2,626,772	
25	Total functional expenses. Add lines 1 through 24f	1,022,607,244	911,111,324	111,495,920	0
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			29,266,780	2	18,430,602
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			124,629,200	4	129,921,751
	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			12,474,621	8	12,805,454
	9	Prepaid expenses and deferred charges			4,229,228	9	7,332,449
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	711,497,984			
	b	Less accumulated depreciation	10b	465,859,199	272,458,912	10c	245,638,785
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			12,766,339	12	52,915,514
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			653,891,563	15	775,161,061
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,109,716,643	16	1,242,205,616	
Liabilities	17	Accounts payable and accrued expenses			82,281,899	17	101,680,331
	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			278,667,244	25	286,977,564
	26	Total liabilities. Add lines 17 through 25			360,949,143	26	388,657,895
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			746,661,658	27	851,062,272
	28	Temporarily restricted net assets			2,095,842	28	2,475,449
	29	Permanently restricted net assets			10,000	29	10,000
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			748,767,500	33	853,547,721
	34	Total liabilities and net assets/fund balances			1,109,716,643	34	1,242,205,616

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d 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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

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)

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

(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 StVincent Hospital and Health Care Center Inc	Employer identification number 35-0869066
---	--

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?		☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 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)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		
	j Total lines 1c through 1i			
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).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

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

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

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

1

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of 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
2a	
2b	
2c	
2d	

3

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

4

Number of states where property subject to conservation easement is located ►_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, 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				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

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	1,760,121	17,193,513		18,953,634
b Buildings		423,586,873	261,426,763	162,160,110
c Leasehold improvements		10,655,430	8,864,409	1,791,021
d Equipment		251,441,128	195,568,027	55,873,101
e Other		6,860,919		6,860,919
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				245,638,785

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
		Per the financial statements of St Vincent Health, Inc. (which include the activity of St Vincent Hospital & Health Care Center, Inc.), there is no current year ASC 740 (fka FIN 48) footnote for the current year.

Additional Data

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

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Amount
	Intercompany debt to Ascension Health	184,072,164
	Pension liability	73,012,067
	Deferred Gain on MOB Sale - Indpls	1,518,537
	Deferred compensation	494,471
	Guarantee liability	212,442
	Due from third party payors	13,948,332
	Other	6,180,730
	Self insurance liability	2,680,924
	Savings plan liability	2,979,791
	Intercompany liability	1,878,106

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
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

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 ☒ Applied uniformly to all hospitals ☐ Generally tailored to individual hospitals ☐ Applied uniformly to most hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <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 ☐ 100%☐ 150%☒ 200%☐ Other _____ 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 ☐ 200%☐ 250%☐ 300%☐ 350%☒ 400%☐ Other _____ 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"?	3a	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)			26,479,504		26,479,504	2 590 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			56,995,245		56,995,245	5 570 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			83,474,749		83,474,749	8 160 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		75,174	3,238,251	38,927	3,199,324	0 310 %
f Health professions education (from Worksheet 5)		2,559	22,020,120		22,020,120	2 150 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)		15,153	133,896	500	133,396	0 010 %
j Total Other Benefits		92,886	25,392,267	39,427	25,352,840	2 470 %
k Total. Add lines 7d and 7j		92,886	108,867,016	39,427	108,827,589	10 630 %

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
1	Physical improvements and housing					
2	Economic development					
3	Community support	10,324	1,294,064		1,294,064	0 130 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total	10,324	1,294,064		1,294,064	0 130 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense (at cost)	2	9,557,789
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	2,867,337
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, 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	225,385,796
6	Enter Medicare allowable costs of care relating to payments on line 5	6	286,209,578
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-60,823,782
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: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	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 %
1	The Surgery Center of Indianapolis LLC	Surgery Center	40 000 %	49 980 %
2	Naab Road Surgery Center LLC	Surgery Center	40 000 %	60 000 %
3	Terre Haute Surgical Center LLC	Surgery Center	27 140 %	51 660 %
4	Women's Physician Surgery Center LLC	Surgery Center	40 000 %	60 000 %
5	Fishers Ambulatory Surgery Center LLC	Surgery Center	81 000 %	14 000 %
6	Indiana Orthopaedic Hospital LLC	Orthopaedic Hospital	20 000 %	80 000 %
7	Breast MRI Leasing Company LLC	Imaging Center	50 000 %	50 000 %
8	Neuro Oncology Equipment LLC	Stereotactic Radio Surgery Services	50 000 %	50 000 %
9				
10				
11				
12				
13				
14				

[illegible]

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

See additional data

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

See additional data

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

Part VI, Line 3 SVHHCC communicates with patients in multiple ways to ensure that those who are billed for services are aware of the hospital's charity care program as well as their potential eligibility for local, state or federal programs Signs are prominently posted in each service area, and bills contain a formal notice explaining the hospital's charity care program In addition, the hospital employs financial counselors, health access workers, and enrollment specialists who consult with patients about their eligibility for financial assistance programs and help patients in applying for any public programs for which they may qualify

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

Part VI, Line 4 St Vincent Hospital & Health Care Center (SVHHCC) is located in Indianapolis, Indiana and serves Marion and contiguous counties, in Central Indiana Marion County is the largest county in the state with a population of 880,380 Marion County has shown growth in the Hispanic and Russian population recently Marion County's median household income is below national average The county has followed suit with the United States as a whole with job cuts and the unemployment rate increasing Food pantries and homeless shelters are being utilized more because of the rough economy

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

See additional data

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)

See additional data

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

See additional data

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

IN

Additional Data

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c The organization provides medically necessary care to all patients, regardless of race, color, creed, ethnic origin, gender, disability or economic status. The hospital uses a percentage of federal poverty level (FPL) to determine free and discounted care. At a minimum, patients with income less than or equal to 200% of the FPL, which may be adjusted for cost of living utilizing the local wage index compared to the national wage index, will be eligible for 100% charity care write off of charges for services that have been provided to them. Also, at a minimum, patients with incomes above 200% of the FPL but not exceeding 400% of the FPL, subject to adjustments for cost of living utilizing the local wage index compared to national wage index, will receive a discount on the services provided to them.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay) The best available data was used to calculate the amounts reported in the table For the information in the table, a cost-to-charge ratio was calculated and applied

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 The organization is a part of the St Vincent Health System consolidated audit The provision for bad debts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance The results of this review are then used to make modifications to the provision for bad debts to establish an appropriate allowance for uncollectible accounts After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies The share of the bad debt expense in fiscal year 2010 was \$25,088,712 at charges (\$9,557,789 at cost)

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 Ascension Health and related health ministries follow the Catholic Health Association ("CHA") guidelines for determining community benefit CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b The organization has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance If a patient qualifies for charity or financial assistance certain collection practices do not apply

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

St Vincent Hospital & Health Care Center (SVHHCC) and its related St Vincent Health affiliates file a Community Benefit report in the state of Indiana. A copy of the full report (including the SVHHCC section) is available at http://www.stvincent.org/uploadedFiles/Community_Connections/Community_Benefit_report/SVH_CBR2010nw.pdf

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 Communities are dynamic systems in which multiple factors interact to impact quality of life and health status. As part of the St Vincent Health System, the goal of SVHHCC is to work with its community to conduct an assessment at least every three years. Assessments may include primary survey data, secondary data, focus group input, community leaders survey and other data. Results are made available to organizations and individuals throughout the community. These needs assessments are also utilized in creating the hospital's Integrated Strategic Financial and Operational Plan. To that end, SVHHCC brought together a community roundtable with the purpose of determining the assets and needs, prioritizing action and working in partnership to address identified challenges within a designated area surrounding the hospital. This effort ultimately developed into the 2008 Crooked Creek Quality of Life Plan that today is driving the work of many community organizations toward improving the lives of residents of Marion County.

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 While most of SVHHCC's community benefit activities directly impact the health of its communities, SVHHCC also invests in community building activities that indirectly improve health by improving quality of life within the community Research has established that factors such as economic status, employment, housing, education level, and built environment can all be powerful social determinants of health Additionally, helping to create greater capacity within the community to address a broad range of quality of life issues also impacts health In fiscal year 2010, SVHHCC's community building activities included Gleaners Food Bank, Hope for the Holidays, Back Pack'Em for School and United Way Day of Caring

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 To provide the highest quality healthcare to all persons in the community, and in keeping with its not-for-profit status, St Vincent Hospital & Health Care Center - delivers patient services, including emergency department services, to all individuals requiring healthcare, without regard to patient race, ethnicity, economic status, insurance status or ability to pay- maintains an open medical staff that allows credentialed physicians to practice at its facilities- trains and educates health care professionals- participates in government-sponsored programs such as Medicaid and Medicare to provide healthcare to the poor and elderly- is governed by a board in which independent persons who are representative of the community comprise a majority

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 As part of the St Vincent Health System, SVHHCC is dedicated to improving the health status and quality of life for the communities it serves While designated associates at SVHHCC devote all or a significant portion of their time to leading and administering local community-based programs and partnerships, associates throughout the organization are active participants in community outreach They are assisted and supported by designated St Vincent Health community development and service staff who work with each of its healthcare facilities to advocate for and provide technical assistance for community outreach, needs assessments and partnerships as well as to support regional and state-wide programs, community programs sponsored by St Vincent Health in which SVHHCC participates

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
StVincent Hospital and Health Care Center Inc

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
35-0869066

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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
See Additional Data Table							

2

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

13

3

Enter total number of other organizations

Part III

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

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

Part IV

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

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

Software ID:

Software Version:

EIN: 35-0869066

Name: StVincent Hospital and Health Care Center Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Archdiocese of Indianapolis - Holy Family Shelter 30 East Palmer Street Indianapolis, IN 46225	35-1018460	501(c)(3)	50,000				General support
Covering Kids & Families of Indiana Inc 2951 East 38th Street Indianapolis, IN 46205	61-1520892	501(c)(3)	50,600				General support
Gennsaret Free Clinic Inc 615 N Alabama Street Indianapolis, IN 462041414	35-1776518	501(c)(3)	20,000				General support
The Julian Center Inc 2011 N Meridian Street Indianapolis, IN 46202	35-1346514	501(c)(3)	15,000				General support
Neighborhood Christian Legal Clinic 3333 N Meridian Street Suite 201 Indianapolis, IN 46208	35-1916572	501(c)(3)	10,000				General support
Fay Bickard Glick Neighborhood Center at Crooked Creek 2990 W 71st Street Indianapolis, IN 46268	35-1738809	501(c)(3)	50,000				General support
Jewish Federation dba Elder Source 6705 Hoover Road Indianapolis, IN 46260	35-0888017	501(c)(3)	10,000				General support
Horizon House Inc 1033 E Washington Road Indianapolis, IN 46202	35-1759503	501(c)(3)	20,000				General support
Operation Walk Mooresville Inc 1199 Hadley Road Mooresville, IN 46158	35-2092887	501(c)(3)	25,000				General support
StVincent Madison County Health System Inc 2015 Jackson Street Anderson, IN 46016	35-0876389	501(c)(3)	14,378				General support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ascension HealthPO Box 45998 St Louis, MO 63145	31-1662309	501(c)(3)	38,322,500				NA share
StVincent Hospital Foundation Inc10330 N Meridian St Suite 430N Indianapolis, IN 46290	35-6088862	501(c)(3)	1,690,738				Operating grant
StVincent Health Inc10330 N Meridian St Suite 430N Indianapolis, IN 46290	35-2052591	501(c)(3)	20,150,600				General support for Physician Network group and CAH HIT grant

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 StVincent Hospital and Health Care Center Inc	Employer identification number 35-0869066
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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		
	☒ First-class or charter travel ☐ Housing allowance or residence for personal use ☒ Travel for companions ☐ Payments for business use of personal residence ☒ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If 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	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	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				
Vincent C Caponi	(i)	1,228,498	616,911	0	5,059	14,124	1,864,592	0
	(ii)	0	0	0	0	0	0	0
D Kyle DeFur	(i)	375,094	68,884	0	5,571	33,026	482,575	0
	(ii)	0	0	0	0	0	0	0
Jeffrey P Williams	(i)	232,969	22,574	0	5,674	18,573	279,790	0
	(ii)	0	0	0	0	0	0	0
Darcy K Burthay	(i)	360,048	29,600	0	4,908	1,808	396,364	0
	(ii)	0	0	0	0	0	0	0
Anne F Coleman	(i)	246,513	55,473	0	6,000	23,049	331,035	0
	(ii)	0	0	0	0	0	0	0
Martha L Durall	(i)	189,194	18,756	0	4,898	21,259	234,107	0
	(ii)	0	0	0	0	0	0	0
Gary A Fammartino	(i)	203,530	19,110	0	4,719	21,069	248,428	0
	(ii)	0	0	0	0	0	0	0
Joanne M Hilden	(i)	374,590	33,733	0	5,400	24,770	438,493	0
	(ii)	0	0	0	0	0	0	0
Jon D Rahman	(i)	365,251	123,360	0	6,125	21,440	516,176	0
	(ii)	0	0	0	0	0	0	0
Daniel R LeGrand	(i)	383,382	37,500	0	6,125	21,424	448,431	0
	(ii)	0	0	0	0	0	0	0
Robert M Lubitz	(i)	308,162	27,629	0	6,125	15,345	357,261	0
	(ii)	0	0	0	0	0	0	0
Joseph F Bellflower	(i)	625,951	33,030	0	6,125	25,600	690,706	0
	(ii)	0	0	0	0	0	0	0
William P Didelot	(i)	623,899	5,933	0	6,125	24,160	660,117	0
	(ii)	0	0	0	0	0	0	0
Adam K Hiett	(i)	414,892	127,075	0	6,125	27,316	575,408	0
	(ii)	0	0	0	0	0	0	0
Michael F Kaveney	(i)	694,258	17,000	0	0	23,852	735,110	0
	(ii)	0	0	0	0	0	0	0
James E Sumners	(i)	632,443	85,048	0	6,125	18,677	742,293	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	St Vincent Hospital & Health Care Center, Inc. paid for cell phone usage, companion travel, charter flights and/or gifts for three of the listed officers/directors in Part VII. St Vincent Hospital & Health Care Center, Inc. will only reimburse a business expense when all three (3) of the following IRS requirements are met: 1. The expense must have a business connection (i.e., the expenses must be incurred while performing services on behalf of a SVH Entity), 2. The expense must be adequately substantiated by the Associate within a reasonable period of time, and 3. The Associate must return any excess reimbursement or allowance within a reasonable period of time. St Vincent Hospital & Health Care Center, Inc. "grossed up" the above applicable non-business expenses and included in the employees' W-2 as additional taxable compensation. St Vincent Hospital & Health Care Center, Inc. utilized charter travel during the fiscal year. It is not common practice to utilize charter travel, but on a few occasions in FY 2009 it was necessary due to limited flight times and urgency of system-wide meetings.
	Part I, Line 4a	The following individuals participated in, or received payment from a supplemental non-qualified retirement plan: Joseph F. Bellflower - \$15,500; Vincent C. Caponi - \$16,500; William P. Didelot - \$14,976; Martha L. DuRall - \$15,824; Adam K. Hiett - \$16,500; Robert M. Lubitz - \$16,500; Jon D. Rahman - \$16,500; James E. Sumners - \$16,500.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Vincent C Caponi	(i) (ii)	1,228,498 0	616,911 0	0 0	5,059 0	14,124 0	1,864,592 0	0 0
D Kyle DeFur	(i) (ii)	375,094 0	68,884 0	0 0	5,571 0	33,026 0	482,575 0	0 0
Jeffrey P Williams	(i) (ii)	232,969 0	22,574 0	0 0	5,674 0	18,573 0	279,790 0	0 0
Darcy K Burthay	(i) (ii)	360,048 0	29,600 0	0 0	4,908 0	1,808 0	396,364 0	0 0
Anne F Coleman	(i) (ii)	246,513 0	55,473 0	0 0	6,000 0	23,049 0	331,035 0	0 0
Martha L Durall	(i) (ii)	189,194 0	18,756 0	0 0	4,898 0	21,259 0	234,107 0	0 0
Gary A Fammartino	(i) (ii)	203,530 0	19,110 0	0 0	4,719 0	21,069 0	248,428 0	0 0
Joanne M Hilden	(i) (ii)	374,590 0	33,733 0	0 0	5,400 0	24,770 0	438,493 0	0 0
Jon D Rahman	(i) (ii)	365,251 0	123,360 0	0 0	6,125 0	21,440 0	516,176 0	0 0
Daniel R LeGrand	(i) (ii)	383,382 0	37,500 0	0 0	6,125 0	21,424 0	448,431 0	0 0
Robert M Lubitz	(i) (ii)	308,162 0	27,629 0	0 0	6,125 0	15,345 0	357,261 0	0 0
Joseph F Bellflower	(i) (ii)	625,951 0	33,030 0	0 0	6,125 0	25,600 0	690,706 0	0 0
William P Didelot	(i) (ii)	623,899 0	5,933 0	0 0	6,125 0	24,160 0	660,117 0	0 0
Adam K Hiett	(i) (ii)	414,892 0	127,075 0	0 0	6,125 0	27,316 0	575,408 0	0 0
Michael F Kaveney	(i) (ii)	694,258 0	17,000 0	0 0	0 0	23,852 0	735,110 0	0 0
James E Sumners	(i) (ii)	632,443 0	85,048 0	0 0	6,125 0	18,677 0	742,293 0	0 0

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

StVincent Hospital and Health Care Center Inc

Employer identification number

35-0869066

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
CIHS Newco LLC 8425 Harcourt Road Indianapolis, IN 46260 35-2174403	Land holding company	IN	756,194	5,921,878	Central Indiana Health System Cardiac Services Inc
Endoscopy Center LLC 3755 E 82nd St Ste 270 Indianapolis, IN 46240 32-0029881	Endoscopy center	IN	646,335	93,812	StVincent Carmel Hospital Inc
Med One of St John's LLC 4925 Scatterfield Road Anderson, IN 46013 35-1959875	Medical services	IN	1,875,614	-1,461,146	StVincent Madison County Health System Inc
StJoseph Primary Care LLC 1907 W Sycamore Street Kokomo, IN 46901 74-2979291	Physician practices	IN	7,337,773	1,467,554	StJoseph Hospital & Health Center Inc
StJoseph Surgical Management Co LLC 1907 W Sycamore Street Kokomo, IN 46901 02-0137212	Management company	IN	0	0	StJoseph Hospital & Health Center Inc

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?	
							Yes	No		Yes	No
See Additional Data Table											

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

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

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

Yes

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) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Ascension Health Po Box 45998 St Louis, MO 63145 31-1662309	National health system	MO	501(C)(3)	11a - Type I	N/A
Central Indiana Health System Cardiac Services Inc 2001 W 86th Street Indianapolis, IN 46260 35-1869951	Freestanding outpatient center	IN	501(C)(3)	11c - Type III-FI	StVincent Hospital & Health Care Center Inc
Jubilee Partnerships Inc 2301 N Park Avenue Indianapolis, IN 46205 35-2060765	Outreach activities	IN	501(C)(3)	1-170(b)(1)(A) (i)	StVincent Hospital & Health Care Center Inc
Rehabilitation Hospital of Indiana Inc 4141 Shore Drive Indianapolis, IN 46254 35-1786005	Rehabilitation hospital	IN	501(C)(3)	3-170(b)(1)(A) (iii)	StVincent Health Inc
StJohn's Foundation Inc 2015 Jackson Street Anderson, IN 46016 35-2053693	Supporting organization	IN	501(C)(3)	11a - Type I	StVincent Madison County Health System Inc
StJoseph Hospital & Health Center Inc 1907 W Sycamore Street Kokomo, IN 46901 35-0992717	Hospital	IN	501(C)(3)	3-170(b)(1)(A) (iii)	StVincent Health Inc
StJoseph Foundation of Kokomo Indiana Inc 1907 W Sycamore Street Kokomo, IN 46901 23-7313206	Supporting organization	IN	501(C)(3)	11a - Type I	StJoseph Hospital & Health Center Inc
StVincent Carmel Hospital Inc 13500 N Meridian Street Carmel, IN 46032 74-3107055	Hospital	IN	501(C)(3)	3-170(b)(1)(A) (iii)	StVincent Health Inc
StVincent Clay Hospital Inc 1206 E National Avenue Brazil, IN 47834 35-2112529	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (iii)	StVincent Health Inc
StVincent Dunn Hospital Inc 1600 23rd Street Bedford, IN 47421 27-2192831	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (iii)	StVincent Health Inc
StVincent Frankfort Hospital Inc 1300 S Jackson Frankfort, IN 46041 35-2099320	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (iii)	StVincent Health Inc
StVincent Frankfort Hospital Foundation Inc 1300 S Jackson Frankfort, IN 46041 35-1531734	Supporting organization	IN	501(C)(3)	11a - Type I	StVincent Frankfort Hospital Inc
StVincent Health Inc 8425 Harcourt Road Indianapolis, IN 46260 35-2052591	Parent company	IN	501(C)(3)	11c - Type III-FI	Ascension Health
StVincent Hospital Foundation Inc 10330 N Meridian Street Ste 430N Indianapolis, IN 46290 35-6088862	Supporting organization	IN	501(C)(3)	11a - Type I	StVincent Hospital & Health Care Center Inc
StVincent Jennings Hospital Inc 301 Henry Street North Vernon, IN 47265 35-1841606	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (iii)	StVincent Health Inc
StVincent Madison County Health System Inc 1331 South A Street Elwood, IN 46036 35-0876389	Hospital	IN	501(C)(3)	3-170(b)(1)(A) (iii)	StVincent Health Inc
StVincent Mercy Hospital Foundation Inc 1331 South A Street Elwood, IN 46036 31-1066871	Supporting organization	IN	501(C)(3)	11a - Type I	StVincent Madison County Health System Inc
StVincent New Hope Inc 8450 N Payne Road Indianapolis, IN 46260 35-1733591	Intermediate care facility	IN	501(C)(3)	9-509(A)(2)	StVincent Health Inc
StVincent Pediatric Rehab Center Inc 1707 W 86th Street Indianapolis, IN 46260 35-2048898	Specialty hospital	IN	501(C)(3)	3-170(b)(1)(A) (iii)	StVincent Hospital & Health Care Center Inc
StVincent Randolph Hospital Inc 473 Greenville Avenue Winchester, IN 47394 35-2103153	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (iii)	StVincent Health Inc
StVincent Randolph Hospital Foundation Inc 473 Greenville Avenue Winchester, IN 47394 35-2133006	Supporting organization	IN	501(C)(3)	11a - Type I	StVincent Randolph Hospital Inc
StVincent Salem Hospital Inc 911 N Shelby Street Salem, IN 47167 27-0847538	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (iii)	StVincent Health Inc
StVincent Seton Specialty Hosptial Inc 8050 Township Line Road Indianapolis, IN 46260 35-1712001	Long term care hospital	IN	501(C)(3)	3-170(b)(1)(A) (iii)	StVincent Health Inc
StVincent Williamsport Hospital Inc 412 N Monroe Street Williamsport, IN 47993 35-0784551	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (iii)	StVincent Health Inc
StVincent Williamsport Hospital Foundation Inc 412 N Monroe Street Williamsport, IN 47993 74-3130159	Supporting organization	IN	501(C)(3)	11a - Type I	StVincent Williamsport Hospital Inc
SVSM Inc 2001 W 86th Street Indianapolis, IN 46260 81-0607827	Holding company	IN	501(C)(3)	11a - Type I	StVincent Health Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, 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 on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Breast MRI Leasing Company LLC 10330 N Meridian St Ste 430N Indianapolis, IN46290 42-6662493	Sale and rental services	IN	StVincent Hospital & Health Care Center Inc	Related	136,848	218,454		No			No
Care Group Cardiovascular Management LLC 8333 Naab Road Ste 200 Indianapolis, IN46960 22-3937477	Management of cardiovascular service lines	IN	Central Indiana Health System Cardiac Services Inc	Related	409,512	11,161		No			No
Carmel Ambulatory Surgery Center LLC 13421 Old Meridian St Ste 150 Carmel, IN46032 32-0014795	Ambulatory surgery center	IN	StVincent Carmel Inc	Related	8,158,050	1,859,971		No			No
Chartwell Midwest Indiana LLC 8040 Castleway Drive Indianapolis, IN46250 35-1985233	Home care IV/infusion services	IN	StVincent Hospital & Health Care Center Inc	Related	10,943	935,037		No			No
Cooperative Managed Care Services LLC 6602 E 75th Street Suite 300 Indianapolis, IN46250 35-1999227	Case management	IN	StVincent Hospital & Health Care Center Inc	Unrelated	172,737	1,229,461		No			No
Endoscopy Center LLC 13421 Old Meridian St Ste 150 Carmel, IN46032 32-0029881	Endoscopy center	IN	StVincent Carmel Inc	Related	430,889	62,541		No			No
Fishers Ambulatory Surgery Center LLC 136914 E State Road 238 Fishers, IN46037 26-2001288	Ambulatory surgery center	IN	StVincent Hospital & Health Care Center Inc	Related	-551,635	-717,162		No			No
Hancock Physician Network LLC 801 N State Street Greenfield, IN46140 35-2051598	Primary care physician practices	IN	StVincent Hospital & Health Care Center Inc	Related	-1,509,774	1,372,790		No			No
HRH SVH Real Estate Development Co LLC 10330 N Meridian St Ste 430N Indianapolis, IN46290 27-2933470	Real estate holding	IN	StVincent Hospital & Health Care Center Inc	Related		900,000		No			No
Indiana Orthopaedic Hospital LLC 8450 Northwest Boulevard Indianapolis, IN46278 47-0933538	Orthopaedic surgery center	IN	StVincent Hospital & Health Care Center Inc	Related	995,841	41,008,337		No			No
Lafayette Heart Program Holding LLC 11515 W Dragoon Trail Mishawaka, IN46544 38-3750811	Cardiac care services	IN	Central Indiana Health System Cardiac Services Inc	Related	381,027	13,832,806		No			No
Meridian Heights Associates LLC 6100 W 96th Street Ste 250 Indianapolis, IN46278 26-4020296	Real estate holding	IN	StVincent Carmel Inc	Related	-228,039	1,877,864		No			No
Neuro Oncology Equipment LLC 10330 N Meridian St Ste 430N Indianapolis, IN46290 74-3103803	Sale and rental services	IN	StVincent Hospital & Health Care Center Inc	Related	597,971	174,790		No			No
Northside Cardiac Cath Lab Partnership 2001 W 86th Street Indianapolis, IN46260 35-1854388	Outpatient cath lab	IN	Central Indiana Health System Cardiac Services Inc	Related	120,585	-10,064		No			No
Saint John's Ambulatory Surgery Center LLC 2015 Jackson Street Anderson, IN46016 01-0822977	Surgery center	IN	StVincent Madison County Health System Inc	Related	2,005,053	119,083		No			No
StVincent HealthUSP LLC 15305 Dallas Parkway Ste 1600 Addison, TX75001 20-3749962	Holding company	IN	StVincent Hospital & Health Care Center Inc	Related	286,551	339,521		No			No
StVincent Heart Center of Indiana LLC 10580 N Meridian Street Indianapolis, IN46290 36-4492612	Heart hospital	IN	Central Indiana Health System Cardiac Services Inc	Related	18,222,908	-19,189,923		No			No
StVincent Northwest Radiology LLC 5756 W 71st Street Indianapolis, IN46278 35-2047427	MRI facilities	IN	StVincent Hospital & Health Care Center Inc	Related	-119,686	40,582		No			No
The Care Labs LLC 2001 W 86th Street Indianapolis, IN46260 35-1854352	Outpatient vascular lab	IN	Central Indiana Health System Cardiac Services Inc	Related	442,930	72,220		No			No

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	Ascension Health	Q	38,322,500
(2)	StJoseph Hospital & Health Center Inc	C	1,500,000
(3)	StVincent Hospital Foundation Inc	C	5,580,426
(4)	StVincent Hospital Foundation Inc	B	1,690,738
(5)	StVincent Carmel Hospital Inc	C	5,840,000
(6)	StVincent Health Inc	B	20,150,600
(7)	StVincent Madison County Health System Inc	C	900,000

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service

See separate instructions. Attach to your tax return.

Name(s) shown on return StVincent Hospital and Health Care Center Inc	Business or activity to which this form relates Form 990 Page 10	Identifying number 35-0869066
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Part I Election To Expense Certain Property Under Section 179

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

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

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .	13		

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

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)		
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)		
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	35,773,019
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No						24b If "Yes," is the evidence written? ☐ Yes ☐ No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2009 tax year (see instructions)					
43 A mortization of costs that began before your 2009 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:

Software Version:

EIN: 35-0869066

Name: StVincent Hospital and Health Care Center Inc

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			
J Albert Smith Jr Chair	50	X		X				0	0	0
James G Sinclair Vice Chair	50	X		X				0	0	0
Gilbert F Viets Secretary	50	X		X				0	0	0
Sister Virginia Delaney Director	50	X						0	0	0
Charles J Garcia Director	50	X						0	0	0
Malcolm Bell Herring MD Director	50	X						0	0	0
Needham Richard Hurst Director	50	X						0	0	0
Michael B Mason Director	50	X						0	0	0
Robert J Robison MD Director	50	X						0	0	0
Susan W Brooks Director	50	X						0	0	0
Ronald L Young II MD Director - Physician	40 00	X						110,769	0	0
Vincent C Caponi Ex Officio - CEO St Vincent	40 00	X		X				1,845,409	0	19,183
D Kyle DeFur Director - President SVHHC	40 00	X		X				443,978	0	38,597
Jeffrey P Williams CFO	40 00			X				255,543	0	24,247
Darcy K Burthay CNO/COO	40 00				X			389,648	0	6,716
Anne F Coleman Administrator	40 00				X			301,986	0	29,049
Martha L Durall Executive Director	40 00				X			207,950	0	26,157
Gary A Fammartino System Executive	40 00				X			222,640	0	25,788
Joanne M Hilden VP Medical Affairs	40 00				X			408,323	0	30,170
Jon D Rahman Senior VP - CMO	40 00				X			488,611	0	27,565
Daniel R LeGrand CMO	40 00				X			420,882	0	27,549
Robert M Lubitz VP Research Academic Affairs	40 00				X			335,791	0	21,470
Joseph F Bellflower Physician	40 00					X		658,981	0	31,725
William P Didelot Physician	40 00					X		629,832	0	30,285
Adam K Hiett Physician	40 00					X		541,967	0	33,441

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			
Michael F Kaveney Physician	40 00					X		711,258	0	23,852
James E Sumners Physician	40 00					X		717,491	0	24,802

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Supplies	143,726,668	125,624,869	18,101,799	
Community benefit	110,121,653	110,121,653		
Purchased services	43,793,154	38,277,581	5,515,573	
Miscellaneous	31,924,791	27,903,991	4,020,800	
Corporate expense	19,829,194	17,331,786	2,497,408	