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Form **990**

Department of the Treasury

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)

2009

OMB No 1545-0047

Open to Public

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

									Inspection		
				 or tax year beginn C Name of organization 	ng 07-01-2009	and ending 06-30-20	10	D Employer i	dentification number		
		pplicable Please	:	StVincent Hospital and	Health Care Cent	er Inc					
	dress ch	label o	or	Doing Business As				35-08690 E Telephone			
	me cha	type. S	See					(317) 583	3-3282		
_	tıal retu	Instru		Number and street (or 2001 West 86th Street		s not delivered to street add	ress) Room/suite		ots \$ 1,164,397,109		
	mınate			2001 West both Street				·			
☐ Am	nended	return		City or town, state or Indianapolis, IN 4626		+ 4					
Г Ар	plication	n pending		malanapolis, in 1020	01331						
				e and address of pri	ncıpal officer		H(a) Is th	= us a group retu	urn for		
			e De 01 W	Fur 'est 86th Street			affilia	ates?	ΓYes Γ Nο		
				polis, IN 46260199	91		H(b) Are a	ll affiliates incli	uded?		
							1		st (see instructions)		
I Ta	ax-exem	npt status 🔽 5	01(c)	(3) ◄ (insert no)	4947(a)(1) or	527	H(c) Gro	up exemption i	number 🕨 0928		
J W	ebsit e	e: 🕨 www.stvind	cent	org							
K For	m of or	ganization 🔽 Cor	porati	on Trust Association	on		L Year of fo	ormation 1881	M State of legal domicile IN		
	rt I	Summary		· · · · · · · · · · · · · · · · · · ·					<u> </u>		
	1	,		e organization's miss							
e e		We are a nonpi	rofit l	hospital dedicated to	providing hea	Ithcare that leaves no	one behind				
Governance		-									
Ë											
Š	2	Check this box	<►⊢	ıf the organization (discontinued it	s operations or dispose	d of more than	25% of its ne	t assets		
	3	Number of voti	ng m	nembers of the gove	ning body (Par	t VI, line 1a)			313		
න් ග	4		_	_		ing body (Part VI, line 1			4 10		
Activities &	5			iployees (Part V, line			•		5 7,507		
₹	6			unteers (estimate if					6 27!		
ă	7a								7a 1,787,822		
	 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 								7b -660,796		
							Pric	or Year	Current Year		
	8 Contributions and grants (Part VIII, line 1h)						12,749,896				
활							966,248,558				
Reveni	10							122,412,733			
Ä	11			•		•	•	10,357,731	<u> </u>		
	12							10,337,731	13,144,557		
								866,943,452	1,164,334,977		
	13	Grants and si	mıla	r amounts paid (Part	IX, column (A), lines 1-3)		33,108,723	61,392,307		
	14	Benefits paid	to or	r for members (Part :	(X, column (A)	, lıne 4)			0		
ø	15		erco	mpensation, employ	ee benefits (Pa	rt IX, column (A), lines	5 –	414 420 407	421 065 022		
Expenses		10)		6 (D LTV		4.4.		414,429,497	421,865,822		
<u>₹</u>	16a					ne 11e)			0		
五	b	_	I fundraising expenses (Part IX, column (D), line 25) • 0								
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)						490,321,941	539,349,115		
	18					X, column (A), line 25)		937,860,161	· · · · ·		
	19	Revenue less	exp	enses Subtract line	18 from line 1	2		-70,916,709	141,727,733		
Not Assets or Fund Balances							_	g of Current Year	End of Year		
and the second	20	Total assets	(Part	t X, line 16)				109,716,643	1,242,205,616		
AB AB	21							360,949,143			
25 25 25	22					ne 20		748,767,500			
	rt II	Signature						, ,	000/011/122		
		_			e examined this r	eturn, including accompanyir	ng schedules and s	statements, and to	o the best of my knowledge		
						rer (other than officer) is bas					
cia.	•						1				
Sign Here		Signature of	2011-0 Signature of officer Date					-05-13			
		1,									
		Kyle DeFur P Type or print									
		 				Date	Check If	Drenaror's idea	ntifying number		
יי-ם		Preparer's signature				Date	self-	(see instructio			
Paid		, ,					empolyed 🕨 🦳				
•	arer's	Firm's name (or if self-employed)	,	Deloitte Tax LLP				EIN Þ	EIN ▶		
use	Only	address, and ZIP		111 Monument Circle	e Suite 2000						
				Indianapolis, IN 462	2045108			Phone no 🕨	(317) 464-8600		
—— Mav	the IR	S discuss this	retur			see instructions) .			✓ Yes No		

Form 990 (2009)

Part III Statement of Program Service Accomplishments

- 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 the prior Form 990 or 990-EZ?			which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new se	rvices on Schedule O			
3	Did the organization cease condservices?	5.	5	ducts, any program	┌ Yes ┌ No
	If "Yes," describe these change	s on Schedule O			
4	Describe the exempt purpose a Section 501(c)(3) and 501(c)(4 allocations to others, the total of	4) organizations and sect	:ion 4947(a)(1) trusts ar	re required to report the am	•
4a	(Code) (Exp	enses \$ 800,989,671	including grants of \$	61,392,307) (Revenue \$	1,042,837,435)
	St Vincent Hospital & Health Care Cei patient race, creed, national origin, e Neuroscience Institute, Heart Center Excellence During fiscal year 2010, S outpatient visits, including 13,701 out programs and descriptions	conomic status, or ability to pa of Indiana, Orthopedic Center, SVHHCC treated 32,614 adults	y SVHHCC provided services Peyton Manning Children's Ho and children for a total of 180	through eight Centers of Exceller ospital, Women's Hospital, Spine (,533 inpatient days. The hospital	nce Oncology Center, Indiana Center, and Banatric Center of provided services for 810,884
	(Code) (Exp	enses \$ 83,474,749	ıncludıng grants of \$) (Revenue \$)
	St Vincent Hospital & Health Care Cel proactively taken steps to address ac unreimbursed cost of free or discount included \$26,479,504 of traditional cl Schedule O for a non-exhaustive list	cessibility, and the financing, a red services provided to patien narity care and \$56,995,245 in	and delivery of healthcare to t ts who were deemed indigent unpaid costs of care for those	he underserved During the fiscal under state, county, or hospital of	year ending June 30, 2010, the Juidelines was \$83,474,749, which
_	(6-1-	26 646 004		\	,
4c	(Code) (Exp. In addition to core medical services, shealth and quality of life, with special to the broader community (When coof \$110,121,653 in fiscal year 2010) Through Sharing Grief Support Group,	l emphasis on the poor and vumbined with the costs of free SVHHCC serves and supports	munity to assess community a Inerable In fiscal year 2010, s or discounted services for the its community through such p	SVHHCC provided \$26,646,904 in poor listed in Line 4b, SVHHCC pi programs as diabetes classes, Prin	unbilled services to the poor and rovided a total community benefit hary Care Center, Resolve
4d	Other program services (Des	•			
	(Expenses \$	including grants	of \$) (Revenue \$)
4e	Total program service expense	s ► \$ 911,111,3	24		

	•		
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? <i>If "Yes," complete Schedule D, Part II</i>	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		Νο
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		Νο
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, line10? 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		Νo
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			
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
Ь	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		Νο
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		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	

Par	t 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22		Νο
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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
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? If "Yes," complete Schedule L, Part III	27		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	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? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other IRS	Filings and	Tax C	Compliance
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			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3-	Yes	
h	return?	3a 3b	Yes	
а	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	163	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			
•	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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		
	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		Νo
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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		
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	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		
	Section 501(c)(7) organizations. Enter			
а	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			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	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			

Indianapolis, IN 46290 (317) 583-3284

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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
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		Νo
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
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	
ь	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			
а	The governing body?	8a	Yes	
ь	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		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)	1		
			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?			
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes	
12-	December and the second	12a	Yes	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	res	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	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?			
	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)	1		
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	
Se	ection C. Disclosure	100	163	
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			
19	Own website Another's website Vupon request 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	ie oras	nization	ı ▶ -
0	Dawn R Davidson Controller 10330 N Meridian St Ste 430N	Joiga	246101	

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	riginest compensation Key employee Key employee Officer Institutional Trustee or director		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
See add'l data										

1b Total	8,691,059	0	420,596
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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? If "Yes," complete Schedule I for such individual	_		
	on time 1a. 17 res, comprete schedule 3 to 3 den marviadar	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	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 Kıllıan 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) \$100,000 in compensation from the organization ▶85	who received more than	

Page 8

1,164,334,977

1,042,837,435

1,787,822

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			D).	
Do no	ot include amounts reported on lines 6b, p, 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		<u> </u>
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)				
а	Management	32,327,966	28,256,388	4,071,578	
b	Legal	1,892,680	1,654,305	238,375	
С	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 18	Travel				
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	3,770,333	3,022,007	723,720	
22	Depreciation, depletion, and amortization	35,773,019	31,267,550	4,505,469	
23	Insurance	5,438,796	5,438,796	<u> </u>	
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)	5,155,755	5,103,130		
а	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				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	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, trusted highest compensated employees Complete Part II of	es, key	y employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under persons described in section $4958(c)(3)(B)$ Complete Part II	s from other disqualified persons (as defined under section $4958(f)(1)$) and scribed in section $4958(c)(3)(B)$ Complete Part II of				
		Schedule L				6	
ssets	7	Notes and loans receivable, net	receivable, net			7	
SS	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 <i>Complete Part VI of Schedule D</i>	10a	711,497,984			
	ь	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
	17	Accounts payable and accrued expenses .			82,281,899	17	101,680,331
	18	Grants payable				18	
	19	Deferred revenue	erred revenue				
	20	Tax-exempt bond liabilities		20			
<u>ies</u>	21	Escrow or custodial account liability Complete Part IV of Schedu	ule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified	Payables to current and former officers, directors, trustees, key				
		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	es .			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
Se:		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and combined through 29, and lines 33 and 34.	ıplet e	lines 27			
anc	27	Unrestricted net assets			746,661,658	27	851,062,272
Fund Balance	28	Temporarily restricted net assets			2,095,842	28	2,475,449
Į Į	29	Permanently restricted net assets	10,000	29	10,000		
un:		Organizations that do not follow SFAS 117, check here ▶ □ a	and co	mplete			
or F		lines 30 through 34.		-			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Net	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
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	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			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? 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	3b		

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Public Charity Status and Public Support

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

StVincent Hospital and Health Care Center Inc

Employer identification number

								35-08690			
Part I			blic Charity Stat						structions		
he organ			e foundation because					x)			
1 [A churc	h, conventio	on of churches, or as:	sociation of	churches s	ection 170(b)(1)(A)(i).				
2			ın section 170(b)(1)			•					
3 ☑	A hospı	tal or a coop	perative hospital serv	vice organiza	atıon descri	bed in sectio	n 170(b)(1)	(A)(iii).			
4 F			organization operate y, and state	ed in conjunc	ction with a	hospital desc	ribed in sec	tion 170(b)(1	L)(A)(iii). Ento	er the	
5	_	-	erated for the benefit	_	or universi	ty owned or o	perated by a	governmenta	al unit describ	— ed in	
<u> </u>		. ,. ,.	A)(iv). (Complete Pa	•			470/b\/4	\/ A \/ \			
6 - –			local government or	=							_
7	describ	ed in	t normally receives a A)(vi) (Complete Pa		i part of its	support from	a governme	ntal unit or ire	om the genera	i public	•
8			described in section		(vi) (Con	nplete Part II)				
9 10 11 6 7	receipts its supp acquired An orga An orga one or r the box a	from activition from group of the organization organization organization organization from data from the from t	t normally receives ties related to its exists investment incom anization after June 3 anized and operated anized and operated y supported organizations the type of supported by Type II ex, I certify that the open managers and other acceived a written defectly or indirectly con governing body of the	empt function in and unrelated	ns—subject ated busine see section 5 to test for properties and control or more publicated any gift ralone or teed organization.	t to certain exects to certain executation	come (less somplete Par See section orm the function ! so 11e throughy integrated or indirectled organizat Type I, Type on from any	nd (2) no more section 511 to till) 509(a)(4). Stions of, or to 509(a)(2) Segin 11h do to the sections described.	e than 331/3% ax) from busing carry out the e section 509. Type II ore disqualified in section 5 II supporting	purpos (a)(3). II - Otl d pers (09(a)(ses of .Check her ons 1) or
	(ii) a fa	mıly membe	r of a person describ	ed ın (ı) abo	ve?				11g(ii)		<u> </u>
_			ed entity of a person						11g(iii)		<u></u>
h	Provide	the followin	g information about t	ne supporte	a organizat	ion(s)					
(i) Name of supported organization		ted EIN lines 1- 9 above your governing		Did you no organiza col (i) o	otify the tion in of your	(vi Is t organiza col (i) or in the l	he ation in ganized	A m	(vii) ount of pport?		
			(see instructions))	Yes	No	Yes	No	Yes	No	1	
										$oxed{oxed}$	
							1			\perp	
										—	
					1					↓	
										\perp	
ot al			1	İ	1	I	1	I	I	I	

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	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						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar 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	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. 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 A (Form 990 or 990-EZ) 2009

DLN: 93493133040831

OMB No 1545-0047

Open to Public Inspection

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.

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 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

	ction 50 f(c)(5) organizations that have flied Form 5700 (election under section 50 f(n)) Complete Fart ii-				
	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete I			•	
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line	35a (rega	ırding	proxy tax), then
₽ Se	ction 501(c)(4), (5), or (6) organizations Complete Part III				
		mployer ide	entifica	ation numb	er
St\	incent Hospital and Health Care Center Inc		_		
D = 1	t I-A Complete if the organization is exempt under section 501(c) or is a se	5-086906			
- a I	tion complete if the organization is exempt under section 501(c) or is a se	CUOII 52	7 019	ganizatio	<u>, , , , , , , , , , , , , , , , , , , </u>
1	Provide a description of the organization's direct and indirect political campaign activities in Part 3	١٧			
2	Political expenditures	F	\$		
3	V olunteer hours				
Pa	t 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	•	\$ <u>_</u>		
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				
Pai	t I-C Complete if the organization is exempt under section 501(c) except se	ection 50)1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function acti	vities 🕨	\$ _		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 52	27			
	exempt funtion activities	>	\$ _		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17	'b ►	.		

Did the filing organization file Form 1120-POL for this year? ┌ Yes 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) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	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 lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	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					

			ı agc
Part II-B	Complete if the organization is exempt under section $501(c)(3)$ and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

		(a	1)	(b)	
		Yes	No	A mount	
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				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		17,959	
j	Total lines 1c through 1i			17,959	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
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).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

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 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Explanation of Other Lobbying	Lobbying expenses represent the portion of dues paid to
	Activities	national and state hospital associations that is specifically
		allocable to lobbying

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133040831

OMB No 1545-0047

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.

Open to Public Inspection

lame of the organization tVincent Hospital and Health Care Center Inc	·	Empl	oyer identification nur	nber	
content hospital and health early early select the		35-0	869066		
organizations Maintaining Donor organization answered "Yes" to Form	r Advised Funds or Other Similar F 1990, Part IV, line 6.	unds	or Accounts. Comp	lete	ıf the
<u> </u>	(a) Donor advised funds	(b) Funds and other acc	ounts	
Total number at end of year					
Aggregate contributions to (during year)					
Aggregate grants from (during year)					
Aggregate value at end of year					
Did the organization inform all donors and donor funds are the organization's property, subject to		nor advi:	sed Tye	s 「	- No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the		•		. Г	- No
conferring impermissible private benefit art II Conservation Easements. Comple	ete if the organization answered "Yes"	to Form			140
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreption of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a ceasement on the last day of the tax year	ne organization (check all that apply) eation or pleasure) Preservation of a Preservation of a	n histori certified	cally importantly land a		
easement on the last day of the tax year			Held at the End of t	he Ve	
Total number of conservation easements		2a	neid at the Elid of t	iic ic	-aı
o Total acreage restricted by conservation easeme	ents	2b			
Number of conservation easements on a certified		2c			
Number of conservation easements included in (• •	2d			
Number of conservation easements modified, tra			e organization during		
Number of states where property subject to cons					
Does the organization have a written policy regain enforcement of the conservation easements it ho		ndling of	violations, and Ye	s 「	- No
Staff and volunteer hours devoted to monitoring,	inspecting and enforcing conservation easer	ments du	uring the year ►		
A mount of expenses incurred in monitoring, insp	ecting, and enforcing conservation easement	ts during	the year ► \$		
Does each conservation easement reported on Ii $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the requirements of se	ction	☐ Y e	s 「	- No
In Part XIV, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia				
Complete if the organization answer	ctions of Art, Historical Treasures, ed "Yes" to Form 990, Part IV, line 8.	or Oth	ner Similar Assets		
If the organization elected, as permitted under S art, historical treasures, or other similar assets I provide, in Part XIV, the text of the footnote to it	neld for public exhibition, education or resea	rch ın fur			
If the organization elected, as permitted under Si historical treasures, or other similar assets held provide the following amounts relating to these it	for public exhibition, education, or research				
(i) Revenues included in Form 990, Part VIII, lii	ne 1		► \$		
(ii) Assets included in Form 990, Part X			► \$		
If the organization received or held works of art, following amounts required to be reported under S		for financ			
Revenues included in Form 990, Part VIII, line 1			► \$		
Assets included in Form 990, Part X			► \$		

Par	Organizations Maintaining Co	<u>illections of Art</u>	t, His	tori	cal Tre	asures, or (<u> </u>	<u>er Similar As</u>	sets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing tha	at are a signific	ant u	use of its collect	ion	
а	Public exhibition		d	Γ	Loan or	exchange prog	rams	3		
b	Scholarly research		e	Г	Other					
c	Preservation for future generations									
4	Provide a description of the organization's content XIV	ollections and expla	ıın hov	w they	further t	the organizatio	n's ex	xempt purpose	n	
5	During the year, did the organization solicit assets to be sold to raise funds rather than								┌ Yes	┌ No
Pai	tt IV Escrow and Custodial Arrang						d "Y	es" to Form 9	90,	
	Part IV, line 9, or reported an ar									
	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons or other as:	sets		☐ Yes	Г No
Ь	If "Yes," explain the arrangement in Part XI	∨ and complete the	follow	/ing ta	able	Г		1 -		
_								An	nount	
C _ı	Beginning balance					-	1c	1		
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?						│ Yes	☐ No
	If "Yes," explain the arrangement in Part XI\									
Pa	rt V Endowment Funds. Complete					to Form 990 c)Two Years Back		rt IV, line 10. Three Years Back	(=\Faux \)	'aara Daale
1a	Beginning of year balance	(a)Current Year	(D _.	Prior Y	rear (c) iwo years back	(a)	Inree Years Back	(e)Four Y	ears back
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 yea	ir end balance held	as							
а	Board designated or quasi-endowment 🕨									
Ь	Permanent endowment 🕨									
c	Term endowment 🕨									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held a	nd administere	d for	the		
	organization by							<u> </u>	Yes	No
	(i) unrelated organizations			•			•	3a(
L	(ii) related organizations						•	3a(
4	Describe in Part XIV the intended uses of th						•		<u> </u>	<u> </u>
	rt VI Investments—Land, Building). Part X. line	10.			
	Description of investment	<u>-, ,</u>		(a) (Cost or othe (investmen	er (b)Cost or of	her	(c) Accumulated depreciation	(d) Bo	ok value
1a	Land				1,760,1	21 17,193	,513		1	18,953,634
	Buildings				, · , -	423,586		261,426,763	+	52,160,110
	Leasehold improvements					10,655		8,864,409	+	1,791,021
	Equipment					251,441		195,568,027	1	55,873,101
	Other					6,860		, ,	1	6,860,919
				i		, , , , , , , , , , , , , , , , , , , ,		ı		. , –

245,638,785

Part VIII Investments—Other Securities. See	Form 990, Part X, line 13		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation -year market value
Financial derivatives		Cost of cha of	year market varde
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-or	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip	tion		(b) Book value
Health System Depository Account			756,144,872
Donor restricted funds			2,485,449
AH Deferred compensation			494,471
Other Assets			
			709,954
Intercompany receivables			15,326,315
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		775,161,061
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	. ,		
See Additional Data Table			
-			

Par	t XI Reconciliation of C	<u>hange in Net Assets from For</u>	m 990	to Fi	nancial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	
2	Total expenses (Form 990, Par	t 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) o	n investments				4	
5	Donated services and use of fac	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Iir	nes 4 - 8				9	
10	Excess or (deficit) for the year	per financial statements Combine line	es 3 and	9		10	
Part	XIII Reconciliation of Re	evenue per Audited Financial	State	ment	s With Revenue p	er Re	turn
1	Total revenue, gains, and othe	er support per audited financial statem	ents .			1	_
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	tments	[2a			
ь	Donated services and use of fa	acılıtıes	. [2b		1	
с	Recoveries of prior year grants	s	. [2c		1	
d	Other (Describe in Part XIV)		[2d		1	
e	Add lines 2a through 2d .					2e	
3	Subtract line 2e from line 1 .					3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	.	4a			
ь	Other (Describe in Part XIV)		. [4b		1	
c	Add lines 4a and 4b					4c	
5	Total Revenue Add lines 3 and	d 4c. (This should equal Form 990, Pa	rt I, lıne	12)		5	
Part	XIII Reconciliation of Ex	xpenses per Audited Financia	ıl State	emen	ts With Expenses	s per F	leturn
1	Total expenses and losses pe statements	r audited financial				1	
2	Amounts included on line 1 bu	it not on Form 990, Part IX, line 25					
а	Donated services and use of fa	acılıtıes		2a		1 1	
b	· •			2b		1	
c	Otherlosses		•	2c		4	
d	Other (Describe in Part XIV)			2d		4	
e	Add lines 2a through 2d					2e	
3	Subtract line 2e from line 1 .					3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a		4	
b	Other (Describe in Part XIV)			4b		4	
С	Add lines 4a and 4b					4c	
5	<u> </u>	nd 4c. (This should equal Form 990, P	art I, lın	e 18)		5	
	t XIV Supplemental Inf						
Part		scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X					
	Ident if ier	Return Reference			Explanat	ion	
					ial statements of St V tivity of St Vincent H		Health, Inc (which & 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 (a) Description of Liability (b) A mount

1 (a) Description of Liabil	(b) A mount
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

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization StVincent Hospital and Health Care Center Inc **Employer identification number**

					35-	0869066			
Pā	rt I Charity Care and	Certain O	ther Comr	nunity Benefits at	Cost				ı
	D							Yes	No
	Does the organization have a						1a	Yes	
	If "Yes," is it a written policy						1b	Yes	
2	If the organization has multip care policy to the various hos		indicate whic	n of the following best	describes application (or the charity			
	Applied uniformly to all ho	•	ls	Applied uniformly	to most hospitals				
3	Answer the following based or organization's patients	n the charity (care eligibilit	y criteria that applies t	o the largest number o	fthe			
а	Does the organization use Fe income individuals? If "Yes,"			•			3a	Yes	
	Г _{100%} Г _{150%}	▽ 20	о% Г	O ther					
b	Does the organization use FP "Yes," indicate which of the fo						3ь	Yes	
	Г 200% Г 250%	Гзо	о% Г	350% 🔽 40	0% Cother_				
С	If the organization does not u determining eligibility for free test or other threshold, regard	or discounte	d care Inclu	de in the description w	hether the organizatior				
4	Does the organization's polic	y provide free	ordiscounte	ed care to the "medical	ly indigent"?		4	Yes	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy? 5									
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?									
c	If "Yes" to line 5b, as a resul- care to a patient who was elig	-		•	•		5c		No
6a	Does the organization prepare	e an annual c	ommunity be	nefit report?			6a	Yes	
6b	If "Yes," does the organizatio	n make it ava	allable to the	public?			6b	Yes	
	Complete the following table worksheets with the Schedule		ksheets prov	ıded ın the Schedule H	instructions Do not s	ubmıt these			
7	Charity Care and Certain O	ther Commu	nity 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 b expense	enefit	(f) Pero total ex	
а	Charity care at cost (from Worksheets 1 and 2)			26,479,504		26,47	9,504	2	590 %
b	Unreimbursed Medicaid (from Worksheet 3, column a)			56,995,245		56.99	5,245	5	570 %
c	Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			30,333,213		30,73	73,213		370 70
d	Total Charity Care and Means-Tested Government Programs			83,474,749		83,47	4,749	8	160 %
e	Other Benefits Community health improvement services and community benefit operations (from (Worksheet 4)		75,174	3,238,251	38,927	3,19	9,324	0	310 %
f	Health professions education		2,559	22,020,120	,		20,120		150 %
g	(from Worksheet 5) Subsidized health services (from Worksheet 6)		2,339	22,020,120		22,02	-0,120		130 70

15,153

92,886

92,886

Research (from Worksheet 7) Cash and in-kind contributions to community groups

(from Worksheet 8)

j Total Other Benefits . . .

500

39,427

39,427

133,896

25,392,267

108,867,016

0 010 %

2 470 %

133,396

25,352,840

108,827,589

	rt II Community Building activities.	ng Activitie	s Complete t	his table if the o	organizati	on coi	nducted any commur	nity b		'age ∠ g
	activities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total communit building expense		rect offs revenue	(e) Net communit building expense		(f) Pero total ex	
1	Physical improvements and housing									
2	Economic development									
3	Community support		10,324	1,294,0	064		1,294	,064	0	130 %
4	Environmental improvements		,	, ,			,			
5	Leadership development and training for community members									
7	Coalition building Community health improvement advocacy									
8	Workforce development									
9	Other							_		
10 Det	Total t IIII Bad Debt, Medicar	e & Collec	10,324	1,294,0	064		1,294	,064	0	130 %
1.1	Dad Debt, Medical	e, a conec	tion Fractic	es						
Sect	ion A. Bad Debt Expense								Yes	No
1	Does the organization report b Statement No 15?				Financial	Manag	ement Association	1		No.
2	Enter the amount of the organi					 ₂	9,557,789	_		""
3	Enter the estimated amount of	f the organizat	ıon's bad debt e	expense (at cost)		3				
_	attributable to patients eligible	·					2,867,337			
4	Provide in Part VI the text of t In addition, describe the costi rationale for including other ba	ng methodolog	gy used in deter	mining the amour			·			
Sect	ion B. Medicare									
5	Enter total revenue received fi	rom Medicare	(ıncludıng DSH	and IME)		5	225,385,796			
6	Enter Medicare allowable cost	s of care relat	ing to payments	s on line 5		6	286,209,578			
7 8	Subtract line 6 from line 5 Th Describe in Part VI the extent Also describe in Part VI the c Check the box that describes	to which any sosting method the method us	shortfall reporte ology or source ed	ed in line 7 should used to determin	be treated					
	Cost accounting system	l ✓ Co	st to charge rat	tio J	Other					
Sect	ion C. Collection Practices									
9a	Does the organization have a		• •			• •		9a	Yes	
9b Pa	If "Yes," does the organization patients who are known to qua rt IV Management Com	lify for charity	care or financia	al assistance? De				9b	Yes	
	<u>, </u>				(c) Organiz	zation's	(d) Officers, directors,	T (e) Physic	 cians'
	(a) Name of entity)	o) Description of pr activity of entity		profit % o ownersh	trustees, or key employees' profit % or stock ownership%	profit % or sto			
1 Th	e Surgery Center of Indianapolis LLC	Surgery Center			4	0 000 %			49 9	980 %
	nab Road Surgery Center LLC	Surgery Center Surgery Center			40 000 %					000 %
					2	7 140 %)		51 6	660 %
	omen's Physician Surgery Center LLC	Surgery Center Surgery Center				0 000 %				000 %
						1 000 %)		14 0	000 %
	diana Orthopaedic Hospital LLC	Orthopaedic Hos	·		2	.0 000 %)		80 0	000 %
	east MRI Leasing Company LLC	Imaging Center	· 		5	000 %			50 C	000 %
8 Ne	euro Oncology Equipment LLC	Stereotatctic Ra	dio Surgery Service	es	5	000 %)		50 C	000 %
9										
10										
11										
12								$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}}}}$		
13										
14		1						+		

Part V Facility Information									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
StV incent Hospital & Health Care Center 2001 West 86th Street Indianapolis, IN 46260	х	х	х		х		х		
-									

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

ΙN

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.

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.

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)

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

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

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

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.

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DLN: 93493133040831

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Inspection Employer identification number

StV incent Hospital and Health Care C	antar Inc					' '	
Sty incent hospital and frealth care c	enter The					35-0869066	
Part I General Informatio	n on Grants and	d Assistance				•	
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	vard the grants or as	sıstance?					√ Yes
Part II Grants and Other A Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Addıtıonal Data Table							
2 Enter total number of section 50	01(c)(3) and govern	ment organizations .				. _	13
3 Enter total number of other orga	nızatıons					🕨	

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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book,	(f)Description of non-cash assistance
				FMV, appraisal, other)	

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

Ident if ier	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) A mount of cash grant	(e) A mount 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 Shelter30 East Palmer Street Indianapolis, IN 46225	35-1018460	501(c)(3)	50,000				General support
Covering Kids & Families of Indiana Inc2951 East 38th Street Indianapolis,IN 46205	61-1520892	501(c)(3)	50,600				General support
Gennesaret Free Clinic Inc 615 N Alabama Street Indianapolis, IN 462041414	35-1776518	501(c)(3)	20,000				General support
The Julian Center Inc2011 N Meridian Street Indianapolis, IN 46202	35-1346514	501(c)(3)	15,000				General support
Neighborhood Christian Legal Clinic3333 N Meridian Street Suite 201 Indianapolis,IN 46208	35-1916572	501(c)(3)	10,000				General support
Fay Biccard Glick Neighborhood Center at Crooked Creek2990 W 71st Street Indianapolis,IN 46268	35-1738809	501(c)(3)	50,000				General support
Jewish Federation dba Elder Source6705 Hoover Road Indianapolis,IN 46260	35-0888017	501(c)(3)	10,000				General support
Horizon House Inc1033 E Washington Road Indianapolis,IN 46202	35-1759503	501(c)(3)	20,000				General support
Operation Walk Mooresville Inc1199 Hadley Road Mooresville,IN 46158	35-2092887	501(c)(3)	25,000				General support
StVincent Madison County Health System Inc2015 Jackson Street Anderson,IN 46016	35-0876389	501(c)(3)	14,378				General support

Form 990,Schedule I, Pa	<u>rt II, Grants an</u>	<u>d Other Assistance</u>	<u>e to Governments</u>	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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
StV incent Hospital Foundation Inc10330 N Meridian St Suite 430N Indianapolis,IN 46290	35-6088862	501(c)(3)	1,690,738				O perating grant
StV incent 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493133040831

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

35-0869066 Part I Questions Regarding Compensation

					Yes	Νo
1a	Check the appropiate box(es) if the organization provided a		•			
	990, Part VII, Section A, line 1a Complete Part III to pro	_				
	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 organiza reimbursement orprovision of all the expenses described a			1b	Yes	
2	Did the organization require substantiation prior to reimbur officers, directors, trustees, and the CEO/Executive Direc			2	Yes	
3	Indicate which, if any, of the following the organization use organization's CEO/Executive Director Check all that app		·			
	▼ 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 VI or a related organization	ΙI,	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payme	ent	,7	4a		Νο
b	Participate in, or receive payment from, a supplemental no	onc	ualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based c	on	npensation arrangement?	4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide t	the	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must com	np	lete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a compensation contingent on the revenues of	а,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
5	For persons listed in form 990, Part VII, Section A, line 1a compensation contingent on the net earnings of	а,	did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1 payments not described in lines 5 and 6? If "Yes," describ		- · · · · · · · · · · · · · · · · · · ·	7		Νο
8	Were any amounts reported in Form 990, Part VII, paid or subject to the initial contract exception described in Regs					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the rebut section 53 4958-6(c)?	tta	ble presumption procedure described in Regulations	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	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Vincent C Caponi	(I) (II)	1,228,498 0	616,911 0		0 5,059 0 0	14,124 0	1,864,592 0	
D Kyle DeFur	(ı) (ıı)	375,094 0	68,884 0		0 5,571 0 0	33,026 0	482,575 0	
Jeffrey P Williams	(ı) (ıı)	232,969 0	22,574 0		0 5,674 0 0	18,573 0	279,790 0	
Darcy K Burthay	(ı) (ıı)	360,048 0	29,600 0		0 4,908 0 0	1,808 0	396,364 0	
Anne F Coleman	(ı) (ıı)	246,513 0	55,473 0		0 6,000 0 0	23,049	331,035 0	
Martha L Durall	(ı) (ıı)	189,194 0	18,756 0		0 4,898 0 0	21,259 0	234,107	
Gary A Fammartino	(ı) (ıı)	203,530 0	19,110 0		0 4,719 0 0	21,069 0	248,428	
Joanne M Hilden	(ı) (ıı)	374,590 0	33,733 0		0 5,400 0 0	24,770 0	438,493	
Jon D Rahman	(ı) (ıı)	365,251 0	123,360		0 6,125 0 0	21,440	516,176 0	
Daniel R LeGrand	(ı) (ıı)	383,382 0	37,500 0		0 6,125 0 0	21,424 0	448,431	
Robert M Lubitz	(ı) (ıı)	308,162 0	27,629 0		0 6,125 0 0	15,345 0	357,261 0	
Joseph F Bellflower	(I) (II)	625,951 0	33,030 0		0 6,125	25,600 0	690,706 0	
William P Didelot	(I) (II)	623,899 0	5,933 0		0 6,125	24,160 0	660,117	
A dam K Hıett	(I) (II)	414,892	127,075		0 6,125 0 0	27,316 0	575,408	
Mıchael F Kaveney	(ı) (ıı)	694,258 0	17,000		0 0	23,852	735,110	
James E Sumners	(ı) (ıı)	632,443	85,048 0		0 6,125 0 0	18,677 0	742,293	

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

Ident if ier	Return Reference	Explanation
	,	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, but on a few occasions in FY 2009 it was necessary due to limited flight times and urgency of system-wide meetings.
		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

Schedule J (Form 990) 2009

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 c	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Vincent C Caponi	(I) (II)		616,911	. 0	5,059 0	14,124 0	1,864,592	0
D Kyle DeFur	(I) (II)		68,884	0		33,026 0	482,575	0
Jeffrey P Williams	(I) (II)		22,574	0		18,573 0	279,790	0
Darcy K Burthay	(I) (II)		29,600	0		1,808	396,364	0
Anne F Coleman	(I) (II)		55,473	0 0		23,049	331,035	0
Martha L Durall	(I) (II)		18,756	0 0		21,259 0	234,107	0
Gary A Fammartino	(I) (II)		19,110	0	1 ' 1	21,069	248,428	0
Joanne M Hilden	(I) (II)	·	33,733	0	1 ' 1	24,770 0	438,493	0
Jon D Rahman	(I) (II)	•	123,360	0	- /1	21,440 0	516,176	0
Daniel R LeGrand	(I) (II)		37,500	0	1 / 1	21,424 0	448,431	0
Robert M Lubitz	(I) (II)		27,629			15,345 0	357,261	0
Joseph F Bellflower	(I) (II)		33,030	0		25,600 0	690,706	0
William P Didelot	(I) (II)		5,933	0 0		24,160 0	660,117	0
Adam K Hiett	(I) (II)		127,075	0 0		27,316 0	575,408	0
Michael F Kaveney	(I) (II)		3 17,000 0 0	0		23,852	735,110	0
James E Sumners	(I) (II)		85,048	0 0	- 1 1	18,677 0	742,293	0

Additional Data

SCHEDULE O

Department of the Treasury

Internal Revenue Service

Identifier

(Form 990)

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

As Filed Data -**Supplemental Information to Form 990**

DLN: 93493133040831

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990. **Employer identification number** Name of the organization StVincent Hospital and Health Care Center Inc 35-0869066 Return **Explanation**

Reference St Vincent Hospital & Health Care Center, Inc. has a single corporate member, St Vincent

Form 990, Part VI, Section A, line 6 Health, Inc **Identifier** Return **Explanation** Reference Form 990, Part VI, St Vincent Hospital & Health Care Center, Inc. has a single corporate member, St Vincent Health, Inc.

Section A, line 7a		w ho has the ability to elect members to the governing body of St Vincent Hospital & Health Care Center, Inc
ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		All decisions that have a material impact to St Vincent Hospital & Health Care Center, Inc 's financial information or corporation as a whole are subject to approval by its sole corporate member,

ldentifier	Retu Refere		Explanation
Form 990, Part VI, Section A, line 7b		ınfor	ecisions that have a material impact to St Vincent Hospital & Health Care Center, Inc 's financial mation or corporation as a whole are subject to approval by its sole corporate member, incent Health, Inc
Idontifior	Poturn		Evolunation

	Refe	nce
Form 990, Part V Section A, line 7	, I	All decisions that have a material impact to St Vincent Hospital & Health Care Center, Inc 's financial information or corporation as a whole are subject to approval by its sole corporate member, St Vincent Health, Inc
ldentifier	Return	Explanation
	Reference	

		St Theore Federal, inc
ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form 990 to a designated committee of the Board to review and answer any questions. Prior to filing the returns, all Board members are provided the Form 990 and

		GC Finocht Flouidi, ino
ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form 990 to a designated committee of the Board to review and answer any questions. Prior to filing the returns, all Board members are provided the Form 990 and management team members are available to answer any Board member questions.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form 990 to a designated committee of the Board to review and answer any questions. Prior to filing the returns, all Board members are provided the Form 990 and management team members are available to answer any Board member questions.
Identifier	Return	Explanation

	I No le le li ce	
Form 990, Part VI, Section B, line 11		Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form 990 to a designated committee of the Board to review and answer any questions. Prior to filing the returns, all Board members are provided the Form 990 and management team members are available to answer any Board member questions.
ldentifier	Return Reference	Explanation

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form 990 to a designated committee of the Board to review and answer any questions. Prior to filing the returns, all Board members are provided the Form 990 and management team members are available to answer any Board member questions.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form 990 to a designated committee of the Board to review and answer any questions. Prior to filing the returns, all Board members are provided the Form 990 and management team members are available to answer any Board member questions.

VI, Section B, line 11		a thorough manner Management presents the Form 990 to a designated committee of the Board to review and answer any questions. Prior to filing the returns, all Board members are provided the Form 990 and management team members are available to answer any Board member questions.
ldentifier	Return Reference	Explanation
Form 990,		The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in

VI, Section B, line 11		a thorough manner Management presents the Form 990 to a designated committee of the Board to review and answer any questions. Prior to filing the returns, all Board members are provided the Form 990 and management team members are available to answer any Board member questions.
ldentifier	Return Reference	Explanation
Form 990,		The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in

that any director, principal officer, or member of a committee with governing board delegated powiers, who has a Part VI, Section B. direct or indirect financial interest must disclose the existence of the financial interest and be given the opportunity line 12c to disclose all material facts to the directors and members of the committee with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has

- received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax exempt purpose **Identifier** Return Explanation
- Reference
- In determining compensation of the organization's CEO, executive director, or top management official, the process Form 990, Part VI, included a review and approval by independent persons, comparability data, and contemporaneous substantiation
- Section B, of the deliberation and decision. The board, in executive session, reviewed and approved the compensation. In line 15 review of the compensation, the CEO, executive director, and top management were compared to other hospitals in the area that hold the same position. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes. Individuals were not present when their compensation was decided
- In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The board, in executive session, reviewed and approved the compensation. In the review of the
- compensation, the other officers or key employees of the organization were compared to other hospitals' employees in the area that hold the same position. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes
- Identifier Return Reference **Explanation** Form 990, Part VI, Section C, line The organization will provide any documents open to public inspection upon **Explanation** Return
- **Identifier** Reference Audited Financial The financial statements of the hospital wiere audited on a consolidated basis. An audit committee has been Part XI, Line Statements delegated the responsibility to oversee the audited financial statements and the selection of the independent accountants that audited the financial statements **Identifier** Return **Explanation** Reference
- services and cash Book value for other assets **Identifier Explanation** Return Reference Part I, Line Total Number of The total number of volunteers for the organization is 275 This consists of volunteers participating in multiple Volunteers areas throughout the hospital such as hospitality services. Some volunteers also participate in the various

Schedule R, Part V, Line 2 Method for Determining the Value of Services St Vincent Hospital & Health Care Center, Inc use the following methods to determine the value of related organization transactions - Fair market value for

- community service programs that the hospital performs within the community **Identifier** Return **Explanation** Reference
- Part IV, Line Tax Exempt St Vincent Hospital & Health Care Center, Inc. is a health facility that is part of Ascension Health System. 24A Bond Issuance Ascension Health is the borrower for tax exempt hospital revenue bonds. St Vincent Hospital & Health Care Center, Inc. holds an intercompany note payable with Ascension Health, and this information is reported on the balance sheet
- **Identifier** Return **Explanation** Reference Community Other key services include Digestive Health, Diabetes Care, Center for Healthy Aging, Center for Joint Benefit Replacement, Breast Care Services, Mental Health Services, Surgery Services, Sports Medicine, Emergency
- Form 990, Part III, Line 4a, 4b and 4c Report Departments (Adult and Pediatric), and Primary Health Care Some of these services operate at a loss in order to ensure that comprehensive services are available to the community. Such community-focused programs improve access to healthcare, advocate for the poor and vulnerable, promote health through free education and screenings and help build better communities by improving quality of life **Identifier Explanation** Return
 - Reference Community St Vincent Hospital & Health Care Center (SVHHCC) is part of St Vincent Health, a non-profit healthcare system Benefit consisting of 20 locally-sponsored ministries serving over 47 counties throughout Central Indiana Sponsored by Overview Ascension Health, the nation's largest Catholic healthcare system, St Vincent Health is one of the largest healthcare
- employers in the state. As part of St Vincent Health, the SVHHCC vision is to deliver a continuum of holistic, highquality health services and improve the lives and health of Indiana individuals and communities, with special attention to the poor and vulnerable. This is accomplished through strong partnerships with businesses, community organizations, local, state and federal government, physicians, SVHHCC associates and others. Community benefit is not the work of a single department or group within SVHHCC, but is part of the St Vincent mission and cultural fabric It is initiated and implemented at all levels of the organization, by each ministry, and in every community
- Identifier Return **Explanation** Reference Charity Community Assessment During 2009, an internal multi-disciplinary group of St Vincent associates embarked on a community assessment analysis in order to determine the most pressing health-related needs in the Indianapolis Care and area To complete this effort, the group reviewed information that was available nationally, from the State of Indiana, Certain Other locally and from the neighborhood surrounding the St Vincent Indianapolis campus. In all, the group studied thirteen Community assessments from dependable sources. Working with key community stakeholders, the group unraveled the complex Benefits at information that had been collected and participated in the analysis of information and issues identification. From this vast effort, a community focused plan prescribed work to be done in the next few years to meet the growing health Cost care needs of the Indianapolis area. Areas identified include - Overweight and obesity, - Tobacco cessation, -Children's health, and - Access to healthcare and healthcare services To address each of these areas of concern, the group developed a vision that all could embrace and a plan that will guide the community benefit activities for the next three years. With sustained commitment from the leadership of St Vincent, many programs are now being implemented and enhanced to assure that the health of the community is better in years to come. The following is a list of Community Benefit programs that St Vincent sponsored in 2010 Patient Services for Poor and Vulnerable Hospital and outpatient care is provided to patients that cannot pay for services, including hospitalizations, surgeries, prescription drugs, medical equipment and medical supplies. Patients with income less than 200% of the Federal Poverty level (FPL) are eligible for 100% charity care for services Patients with incomes at or above 200% of the FPL, but not exceeding 400% of the FPL, receive discounted services based on an income-dependent sliding scale Hospital financial counselors assist patients in determining eligibility and in completing necessary documentation Public Program Participation and Enrollment Outreach St Vincent participates in government programs including Medicaid, SCHIP (Hoosier Healthwise), Healthy Indiana Plan (HIP) and Medicare and assists patients and families in enrolling for programs for which they are eligible. Per Catholic Healthcare Association guidelines and St Vincent Health's conservative approach, Medicare shortfall is not included as community benefit. Specific eligibility outreach programs sponsored by St Vincent in 2010 include - Hoosier Healthwise Enrollment and Outreach The Hoosier Healthwise Outreach Team partnered with community organizations to help enroll citizens in Hoosier Healthwise, Healthy Indiana Plan (HIP), Medicaid Disability, Presumptive Eligibility, and St Vincent Advantage. In fiscal year 2010, the Outreach team touched the lives of 8,100 families and completed 2,675 enrollment applications for eligible individuals and families St Vincent provided office space, equipment and supplies as well as full-time coordination and supervision of this important outreach. Health and Hospital Corporation's Covering Kids program provided
- enrollment staff St Vincent funds 50% of the salary costs for three enrollment outreach workers through an annual grant aw ard to Covering Kids - Qualified Medicare Beneficiary (QMB) and Specified Low-income Medicare Beneficiary (SLMB) St Vincent's QMB/SLMB team worked with more than 1,800 seniors either by mail or phone, completing over 100 applications with patients who were struggling with the financial burden of Medicare deductibles and co-payments during FY 2010. The seniors were Medicare beneficiaries of modest means who paid all or some of Medicare's cost sharing amounts (i.e. premiums, deductibles, and co-payments). To qualify, it was imperative that the individuals were eligible for Medicare and met certain income guidelines which change annually Senior Health Insurance Information Program (SHIIP) SHIIP is a partnership between St Vincent and the Indiana Department of Insurance and five trained volunteer counselors. The program has been in existence for eight years In fiscal year 2010, the counselors provided free and unbiased information to 556 seniors with questions regarding Medicare, Medicare Supplements, HMOs, Managed Care Plans, Medicaid and long-term care programs. Joshua Max Simon Primary Care Center The St Vincent Joshua Max Simon Primary Care Center provides full-service care for the entire family on a sliding fee scale, based on need. There were 60,543 patient visits in fiscal year 2010, and more than 92,000 visits were recorded including nurse visits, pharmacy, and financial counseling visits. Approximately 90 percent of these patients were uninsured/underinsured or were eligible for public programs, such as Medicaid Approximately 50 percent of all visits were by patients with limited English proficiency (primarily Spanish, Russian, and Karin) Primary and preventive care was provided through family medicine, internal medicine, womens health, and pediatric clinics. Specialty care, such as general surgery, dermatology, sports medicine, and orthopedics were available, as well as ancillary services including lab, X-ray, pharmacy, financial counseling, legal counseling, parenting classes, and full-time medical interpretation. Cover the Uninsured Week St Vincent is an active participant in the annual Cover the Uninsured wieck sponsored by the Robert Wood Johnson Foundation and hundreds of other participating organizations across the country that sponsor activities to highlight the plight of the uninsured and advocate for finding solutions to this significant health issue. Although St Vincent is involved year-round in meeting the needs of the uninsured, during the 2010 Cover the Uninsured Week, St Vincent focused on its internal audience To help spread information on the uninsured, St Vincent held associate town hall meetings and discussions Administrators, along with a representative from St Vincent Health Government Relations, gave presentations regarding healthcare reform and the ways that St Vincent Health is supporting healthcare reform measures BABE Store Bed And Britches, Etc (BABE) is a community-based program that offers incentives in the form of coupons to parents who seek medical, education and nutritional services for themselves and their children. Families earn coupons for seeking prenatal care, well baby care, immunizations, parenting and childbirth education classes, WIC nutrition education, care coordination, and other services Families then redeem the coupons at BABE stores for new or gently-used infant and maternity clothing, cribs, car seats, and other baby supplies. During FY 2010, 2,270 families were served through the two BABE Stores sponsored by St Vincent Bereavement Services Losing a loved one can be extremely distressing for family members. St Vincent Hospice Bereavement Services works with families both before and after the passing of a loved one, helping them cope with their grief. The St Vincent bereavement team reviews individual care plans, conducting support phone calls and home visits, and sending out mailings and a bereavement new sletter each month. Support groups are provided based on age or relationship to the loved one Road to Healing offers support for the ones left behind shortly after the loss A Daughter's Grief, Widow's Grief, and Safe Haven (parents who have lost a child) focus on the specific relationship one might have had with the loved one Other support groups include Journey through Grief and the Lunch Bunch Socialization Group Project Snow flake is designed for children, offering kids ages 6 to 16 years an individual experience. The Dove's Journey is a summer family workshop series for grieving families with children ages 4 to 17 years of age. Hospice also provides an Art Counseling Program, using drawing and painting to help grieving persons work through their emotional pain During fiscal year 2010, 100 families were served through the St Vincent Hospice Bereavement Services Department Car Seat Safety Inspections St Vincent Women's Hospital offers car seat inspections at the Indianapolis campus Inspections are completed by appointment and are free of charge unless it is determined that a replacement seat is needed Replacement seats are available at cost and can be provided at no cost with proof of financial need. In addition to the funding provided by St Vincent, a grant from the Automotive Safety Program supports this program During FY 2010, 272 families were provided car seat safety inspections by St Vincent Return Reference St Vincent Center for Cancer Care The St Vincent Center for Cancer Care devotes key resources to providing cancer prevention, lifestyle education, and early detection through screenings to the central Indiana community Working with a variety of community organizations, including many specifically targeting the underserved, the St Vincent Center for Cancer Care has been active in scheduling or participating in health fairs and other community events that educate participants about cancer risk factors, healthier lifestyles and the importance of screening/early detection, including providing opportunities for low/no cost screenings. St Vincent is also committed to ensuring a continuum of care for those who are found to need additional diagnostic testing or treatment. A key initiative of the St Vincent Center for Cancer Care is the mobile screening van, which is described more fully under the Mobile Screening Unit Center of Hope The St Vincent Indianapolis Center of Hope provides expert treatment, advocacy, legal services coordination, and evidence collection and preservation for victims of sexual assault and domestic violence In a unique partnership betwieen St Vincent Indianapolis and St Vincent Carmel Hospitals, the St Vincent Centers of Hope share an on-call team of sexual assault nurse examiners (SANEs) and forensic technicians who provide 24-hour coverage in both hospital emergency departments as well as at the Medical Center Northeast emergency department. A dedicated and private examination room is provided for these vulnerable patients, and specialized equipment has been purchased to collect and preserve evidence to assist in the successful prosecution of perpetrators The St Vincent Indianapolis Center of Hope coordinator, who provides oversight for all three locations and other Center of Hope staff, works closely with law enforcement, the judicial system and mental health and social service agencies to help victims access the services they need, and to provide expert testimony that assists in securing convictions. The Center of Hope is also actively involved in educating the community, health professionals, and other law enforcement and advocacy workers about issues related to sexual assault and domestic violence. In addition to the support provided by St Vincent, the Center of Hope receives funding through grants from the Indiana Criminal Justice Institute The Child Protection Center and Child Protection Team The Child Protection Center at Peyton Manning Children's Hospital at St Vincent is a growing program committed to the prevention of child maltreatment and the treatment of children when abuse or neglect is a concern. The Child Protection team works closely with other medical professionals and community agencies to expedite the diagnosis and investigation of child maltreatment. The team devotes a large amount of time to educating professionals and community members about identifying, treating and preventing child abuse. Also, the Child Protection team presents the Stewards of Children program to adults, an evidence-based prevention program teaches adults to prevent and respond appropriately to child abuse. The Safe Child Program is presented to elementary school children with the intent of reducing the possibility of child victimization. Start-up funding for the Center was provided by the Daughters of Charity, and on-going support has been provided through the Crosser Foundation. Crisis Intervention Training Crisis Intervention Training for law enforcement was originally conceived within the Memphis police community in 1988, after a fatal shooting involving a mentally ill person. In 2003, this training initiative made its way to the Indianapolis area, and St Vincent Stress Center became involved in teaching the program in law enforcement classes
- in 2009. Through this program, the Stress Center has continued to provide general mental illness and suicide prevention education Mental health professionals and others in the community also give instruction on de-escalation techniques and psychopharmacology. The courses are offered free for law enforcement officers as part of the St Vincent community benefit program Diabetes Classes The St Vincent Diabetes Center's team of specialists includes certified diabetes educators who help individuals balance their diabetes care with their lifestyle needs Understanding as much as possible about diabetes and its management is the key to gaining control and managing this chronic condition. Both group and individualized instruction on the self-management of diabetes help those with diabetes learn to live an active, healthy lifestyle, despite the challenges of their condition. In FY 2010, the educators met with and served 800 people with diabetes in the outpatient setting. Fishers Safety Day St Vincent Medical Center Northeast partnered with the Fishers Fire Department to host the Fishers Safety Day in September. The Fishers Safety Day is an event free to the community that provides hundreds of kids and parents the opportunity to learn about health and safety topics including fire safety, emergency response, health and fitness and seat belt safety through live demonstrations, hands-on learning, and interactive displays. Last year, over 500 community members attended Fishers Safety Day Fresh Start Parenting Program The St Vincent Fresh Start to Life Prenatal Education Program provides health education, counseling and support for under-insured and uninsured women throughout Central Indiana The program evaluates the most at-risk women based on household income, language barriers, health know ledge and access to transportation. Those at the greatest risk based on these criteria were chosen for the Prenatal Education Program, which served over 800 women in FY 2010 Health Fairs and Screenings St Vincent participated in, facilitated, sponsored and promoted approximately 225 health screenings and health fairs during fiscal year 2010 Fairs and screenings were held in conjunction with schools, community, state and national organizations, local and state government agencies, and were held at a variety of conferences and community events. These events provided invaluable health education, prevention and screenings for thousands of Hoosiers across the state free of charges Health/Healing/Wellness Support Groups and Camps St Vincent sponsors a wide variety of support groups to help both patients and families cope with significant health challenges, family issues, bereavement or grief issues and other mental health concerns. Groups often target particular age brackets to ensure that the unique challenges facing children, teens, adults and seniors are addressed. St Vincent provides expert facilitation, meeting coordination, materials and meeting space for each. In addition, St Vincent partners with other community organizations to sponsor and participate in camps for youth who are dealing with specific health and wellnessrelated challenges. These include CHAMP Camp, a summer camping experience for children who are developmentally disabled and Camp Healing Tree, a retreat designed for youth who are grieving the loss of a loved one such as a parent or sibling HIV Care Coordination HIV Care coordination services provide access to health coverage, patient assistance programs, and other basic needs. The program is coordinated by a licensed clinical social worker who offers individual, group and family counseling and facilitates a weekly support group for HIV-diagnosed patients and their families International Pediatric Heart Surgery Project The International Pediatric Heart Surgery Project was founded as part of The Children's Heart Center and St Vincent's commitment to fulfilling the mission of advocacy and care of the poor Through this effort, St Vincent provided \$500,000 in fiscal year 2010 for life-saving heart surgery for children from impoverished areas, such as Bosnia, Kosovo, Mongolia, Honduras, Kenya, and Haiti These countries have minimal health care available for the treatment of congenital heart disease and without surgery these children would not survive. There is no charge to the child's family. The cardiothoracic surgeon and physicians of the Childrens Heart Center, as well as pediatric anesthesiologists, intensivists, and other members of Peyton Manning Children's Hospital at St Vincent donate their skills and time in caring for these children. Since the first patient arrived in February 2000, the program has provided life saving care for 89 children. This program works with individual volunteers, local church congregations, and organizations such as Samaritan's Purse in order to coordinate and provide transportation, visas, host families, and interpreter services. The lives of those who have had the opportunity to assist in caring for these children have been touched forever **Identifier** Return **Explanation** Reference Junior Achievement Camps The Junior Achievement programs help prepare young people for the real world by showing them how to generate wealth and effectively manage it, how to create jobs which make their communities more robust, and how to apply entrepreneurial thinking to the workplace. Students put these lessons into action and learn the value of contributing to their communities. Counselors from the St Vincent Stress Center were asked to give presentations at all of the summer camps to the attending students on stress management, coping skills, and healthy lifestyles Lifetime Individual Fitness & Eating Program (LIFE for Kids) Obesity among children has become a national epidemic, particularly in Indiana where estimates of childhood obesity are between 20-40% Life-threatening conditions such as heart disease and type 2 diabetes are also increasing among this population. LIFE for Kids is a yearlong weight management program especially designed for children and adolescents. This program was introduced in 2007 to promote healthy eating and physical activity and exercise through integrated education and counseling from a multi-disciplinary team that includes a physician, dietitian, behavior therapist, exercise physiologist and registered nurse. The LIFE program offers scholarships to those unable to pay for the program Medical Education St Vincent Hospital, in affiliation with the Indiana University School of Medicine, is a teaching hospital for future professionals in the healthcare field. St Vincent Hospital provides a broad range of graduate, undergraduate, and continuing education opportunities to physicians, residents, and medical students through training programs in Internal Medicine, Family Medicine, Obstetrics/Gynecology, Pediatrics, and Transitional Medicine, and through continuing medical education. Over 100 interns and residents participate in these programs each year, and over 300 IU medical students come to St Vincent for patient-focused education. In addition, St Vincent provides opportunities for residents and interns to serve the poor in underserved areas of Indiana, as well as in underdeveloped countries Residents can participate in urban, rural, or international medicine rotations in which they receive a broader perspective on medicine that enhances their capacities as physicians both professionally and spiritually. Medical Research St Vincent contributes funds and personnel to advance medical care. The Research & Regulatory Affairs Department assists physicians and healthcare providers in developing new medical procedures, finding innovative uses for existing technologies and participating in clinical trial programs in order to provide patients and their families with cutting edge technologies and pharmaceuticals. Research is being conducted in cardiovascular, cancer, neurological, gastrointestinal and orthopedic treatments as well as in additional specialty areas. Medical Social Services The Medical Social Services Department of St Vincent provides psychosocial services to patients and their families to maximize social functioning and to empower patients and their families. The medical social workers are all licensed social workers with master's degrees. The social workers connect patients and their families to services and in many cases can provide direct assistance for temporary food, clothing, shelter and transportation needs Through the work of the department, in 2010, 517 community agencies were utilized to assist 25,592 patients and their families with achieving their optimal level of health. Mobile Screening Van In 2010, more than 925 women who were uninsured/underinsured received screening mammograms aboard the St Vincent Mobile Screening Van, a program of the St Vincent Center for Cancer Care. The screenings were provided at no charge through a grant from the Susan G Komen for the Cure Indianapolis Affiliate The mobile mammography program allows St Vincent to overcome key economic, cultural, geographic, and transportation barriers that block access to recommended screenings, early detection, and peace of mind. St Vincent coordinates care to ensure that 100% of screened w omen who require additional diagnostic testing (approximately 20% of women screened), or need treatment, will
- have access to a continuum of care. The Center for Cancer Care also deploys the mobile screening van in partnership with community groups throughout the area to provide cancer awareness, prevention and healthy lifestyle education along with a variety of free screenings. Out of the Darkness Community Walk For the 5th year in a row, St Vincent Stress Center was a platinum sponsor of the American Foundation for Suicide Prevention Out of Darkness Community Walk, which promotes awareness, education, prevention, and intervention for suicide and depression disorders. Stress Center associates continue to play an integral role in holding this event. Associates lead the committee that organizes the walk, and the Stress Center executive director has been an opening ceremony speaker for each year of the event In 2009, 20 St Vincent Stress Center associates helped coordinate the effort, w hich took place on September 11 Over 1,000 walkers pre-registered for the event, which raised over \$55,000 half of which was donated to the American Foundation for Suicide Prevention Project 18 Project 18, a partnership between St Vincent, Peyton Manning, Ball State University, and March Supermarkets, provides a hands-on, 18- week curriculum targeting 3rd - 5th graders and their families focused on healthy nutrition and physical activity Representing 60 of Indiana's 92 counties, 253 schools competed to win a visit from Peyton Manning and \$2,500 tow ard their health and wellness programs in the first Project 18 School Health and Wellness Challenge Qualifying schools completed a 500-word essay and a three-subject curriculum on nutrition, physical and holistic health, with pre- and post- assessments to gauge how much children learned. The winning school measured students' body mass index, started each day with 10 minutes of physical fitness, served more fruits and vegetables in the cafeteria, and produced "Minutes 4 Manning" videos to supplement lesson plans "South Grove Intermediate School went beyond the requirements of the contest to integrate Project 18 into its school day," said Hollie Adams, Project 18 lead for St Vincent Health "Project 18's accessible health education with the support of Peyton Manning has been a w inning combination that has resonated with children and families, equipping them to live healthier lives "Resolve through Sharing St Vincent's Center for Perinatal Loss helps families deal with the pain and trauma experienced with the loss of an infant. Through the Center, families are assisted in discovering the cause of their baby's stillbirth or neonatal death as they go through their grief journey. The Resolve through Sharing program assists families with their grief journey by providing ongoing emotional and spiritual support through telephone contact, literature, counseling, and support group meetings. The Perinatal Hospice program offers support to families during, at, and following the birth and death of their babies with fatal anomalies. School and Community Asthma Program Asthma can be a frightening, debilitating, even life-threatening condition, especially for children and their families. Peyton Manning Children's Hospital (PMCH) believes that providing quality information about asthma and its treatment can empow er children and families to better manage the condition, enabling them to participate more fully in a wide range of activities. The PMCH School and Community Asthma Program offers free asthma classes for parents, students and teachers in conjunction with St Vincent Children's Hospital and the Asthma Alliance of Indianapolis. In fiscal year 2010, the program served 5,000 children and families at over 100 schools and communities. School Health and Wellness St Vincent recruits, trains, and manages full-time health care assistants wiho staff health clinics in 11 Washington Towinship Schools, 7 Archdiocesan inner-city schools, 8 Zionsville Community Schools, and 5 Beech Grove Community Schools In those schools where clinics are well-established, there has been a significant decrease in the absentee rate as healthcare assistants work with faculty, children, and parents to provide healthcare resources and referrals and coordinate care **Identifier** Return **Explanation** Reference St Vincent has also worked with schools throughout Marion and Hamilton counties in responding to the federal law that requires schools receiving federal funds to initiate wellness committees and enhance programming to provide healthier school settings for children Peyton Manning Children's Hospital at St Vincent led the way by expanding its school health program to include wellness-focused activities in over 150 schools, providing health education, physical-fitness testing, wellness committee membership, and speakers for a variety of healthcare topics. Examples include Glitterbug, which teaches students the proper way to wash their hands (especially popular during flu season'), and the Heart Adventure Challenge Course, an obstacle course that teaches students about heart disease and how blood flows through the heart. The School Wellness Program also assists schools in organizing health and safety fairs. A full-time St Vincent School Wellness coordinator works closely with administration, faculty, and students to share and coordinate available resources SNAP Health Fair Partnership St Vincent Health entered into a partnership with the YMCA of Greater Indianapolis to benefit the health and wellness of community residents, St Vincent patients and associates On March 10, St Vincent Medical Center Northeast associates joined more than 25 other St Vincent associates to host the inaugural Fishers YMCA health fair for more than 500 community residents and YMCA members. The theme of the health fair was "A Healthy Lifestyle can be a SNAP," with a focus on Screenings, Nutrition, Activity, and Personal Time Associates offered free education on heart health, diabetes, audiology, sun safety, and injury prevention to go along with blood pressure screenings, gait assessments, and healthy nutrition tips Sports Performance Outreach St Vincent provides sports medicine services at 18 high schools, 16 middle schools and several youth sports organizations. Over 22,000 youth were served with Outreach athletic training services, sports physicals and injury management advice during fiscal year 2010 Speakers Bureau To accommodate the numerous requests for professionals to present health promotion education throughout the community, St Vincent sponsors a Speakers Bureau and coordinates presentations to a multitude of organizations and agencies 338-KIDS and 338-4HER Lines The (317)338-KIDS line is a direct link to the Peyton Manning Children's Hospital at St Vincent and its exclusive 24-hour emergency nurse advice line. This phone line helps parents address health-related problems their child may be having it provides information about health, wieliness, and preventative care St Vincent Women's Hospital encourages women to ask questions regarding any health issues, and is dedicated to assisting them in receiving the help they need. Women across Central Indiana are able to call 24 hours a day, seven days a week By calling 317-338-4HER (4437) day or night, individuals are able to reach a health professional who can answer questions or connect them with a doctor, nurse, or other professional who will advise

them on their health issues. Stewards of Children In addition to the medically-based child abuse assessment and intervention services, provided by the Peyton Manning Child Protection Center at St Vincent, the Center has become a

representation of the hospital on community boards and committees working to improve health status and quality of

Explanation

Research shows that social determinants and quality of life play a major role in the health status of individuals and

communities Community building activities, which focus on improving the quality of life within a community, ultimately influence and improve health status. Back Pack 'Emto School The Back Pack 'Emto School project is an annual

collaboration of the St Vincent Unity Development Center and the Fay Biccard Glick Neighborhood Center at Crooked Creek The purpose of the project is to provide necessary school supplies, backpack, a new outfit and shoes for children who otherwise would not start school with these items. In FY 2010, over 350 backpacks were filled for children K through 5th grade Disaster Relief When the January 12, 2010 earthquake hit Port au Prince, Haiti, the St Vincent Physician Outreach Network responded in a number of ways - Coordinated service and outreach efforts to the people affected by the massive quake - Enlisted over 70 volunteers to organize supplies and medications, funded by St Vincent, to be sent to Haiti Initially, donations came from St Vincent Mission Integration/Community Benefit Due to great demand, the St Vincent Foundation became a key component of sustaining the ability to provide supplies and medications To date, over \$110,000 has been collected Contributions have been given to the Seton Institute, (for the Daughters of Charity and the Catholic Consortium for International Health Care), and supplies and medications from the St Vincent warehouse and pharmacy will continue to be sent to Haiti with local medical mission

teams. The donations are specifically designated for Haiti Earthquake Relief. - On January 29, a group of 10

cultural activities. In fiscal year 2010, approximately 170 children attended the seven-week program

St Vincent medical professionals volunteered and bravely traveled to the Double Harvest Clinic near Port au Prince, where the team provided medical care, performed surgeries, and assisted Haitians in psychosocial and spiritual crisis relief from the devastating earthquake - Additionally, a variety of St Vincent physicians and medical

professionals made the journey to Haiti Four groups (traveling with local churches/organizations) gathered on the eve of February 17 to share experiences with others who felt a calling to serve in response to the earthquake during an instructional event called "Preparing Short Term Medical Service to Haiti" The content included extraordinary experiences of the medical teams, what to pack, and how to prepare physically, emotionally, and spiritually for a short term medical trip. Over 40 more volunteers opened themselves to the possibility of traveling to Haiti This effort is being sustained by connecting volunteers with local medical mission trips. Hope for the Holidays Each year, St Vincent associates reach into their own pockets to purchase Christmas gift items for families in need Staff is able to match the family's needs with participating departments during their work time, making it also a gift of time from St Vincent In fiscal year 2010, 340 individuals were helped through this program Reach Out and Read Early Literacy Program Reach Out and Read is a national early literacy program designed to take advantage of the access pediatricians have to children who are in their critical early years (6 months to 5 years) of cognitive and language development. Across Indiana, physician-based sites distribute more than 100,000 new books a year reaching thousands of Hoosier children and their families. In the state of Indiana, physicians and nurses have been trained in the program, including the healthcare professionals at the St Vincent Primary Care Center United Way Day of Caring St Vincent associates are given time off work to participate in the United Way Day of Caring making this community wide effort a gift of time, effort and skills by participating organizations. Unity Development Center and After School Program The St Vincent Unity Development Center (UDC) offers Kids With a Mission (KWAM), an afterschool program that provides a fun, safe, learning atmosphere. During 2010, KWAM served approximately 60 students in K-6th grades who attend a school in the service community. As part of KWAM, youth were offered homework assistance, character education, field trips, Project SEED, Arts with A Heart, Indianapolis Childrens Choir/Sounds Sensation classes, and more Snacks and free transportation were provided UDC also provided a Brother2Brother and Sister2Sister mentoring program that focused on instilling morals and values for approximately 30 students (middle to high school age) UDC also partners with 100 Black Men of Indianapolis, Inc. to provide a Summer Academy to children in K-8th grades who reside in Marion County for a minimal charge. The Academy prides itself on offering participants educational, cultural, and leisure activities to which they may not otherwise be exposed. Some activities included reading and math enhancement, field trips, community service projects, and

life within the community

Identifier

Return

Reference Community

Building

Activities

leader in child abuse prevention training in Indiana. The team endorses The Stewards of Children Program, a nationally-recognized, adult-focused child sexual abuse prevention training program for adult youth leaders. In the past year, The Child Protection Team has traveled to nine St Vincent Health communities and trained 500 St Vincent associates and community members using The Stewards of Children curriculum. The Child Protection team is also w orking with several Indiana School Corporations to provide Stewards of Children training. The Child Protection Team at Peyton Manning Childrens Hospital hopes that by connecting with associates and community members at each St Vincent community, a safer world will be created for hundreds of thousands of Indiana's children. St Vincent Stress Center Education/Support Mental disorders are common in the United States and internationally. An estimated 26.2 percent of Americans ages 18 and older, about one in four adults, suffer from a diagnosable mental disorder in a given year Recent statistics suggest roughly seven of every one hundred people suffer depression after age 18 at some point in their lives. Depression results in more absenteeism than almost any other physical disorder and costs American employers more than \$51 billion per year in absenteeism and lost productivity, not including high medical and pharmaceutical bills The St Vincent Stress Center provides long-term recovery from depression by addressing the underlying relationship causes of depression. During fiscal year 2010, the St Vincent Stress Center of Indiana staff spent over 400 hours of time counseling over 4,000 students and teachers in 30 schools. Women's Health and Wellness St Vincent Medical Center Northeast initiated a free women's health and wellness event this past January that offered over 300 women free health screenings and educational programs. Staff at St Vincent Medical Center Northeast offered free screenings for cholesterol/glucose, bone density, balance, skin analysis, skin cancer, hearing, sleep disorders, and stroke Participants also received free seminars and demonstrations on stress management, weight loss, heart healthy cooking, and skin care. Community Benefit Cash and In-Kind Contributions In addition to the outreach programs operated by the hospital, St Vincent makes cash and in-kind donations to a variety of community organizations focused on improving health status in the community. These take the form of cash donations to outside organizations, the donation of employee time/services to outside organizations and the

DLN: 93493133040831

SCHEDULE R (Form 990)

Name of the organization

See Additional Data Table

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

Employer identification number

Department of the Treasury Internal Revenue Service

StVincent Hospital and Health Care Center Inc				35-0869066	
Part I Identification of Disregarded Entities (Complete	ıf the organization a	nswered "Yes" on	Form 990, Part I	V, 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		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		StJoseph Hospital & Health Center Inc
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		e organization ans	swered "Yes" on	Form 990, Part IV	, line 34 because it had one
(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

				s a Partnership (C d as a partnership d			wered "	Yes" (on For	m 990, I	Part IV, line	: 34	
(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 asset		(h Disprop allocat	rtionate	Code amount II Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana partr	al or ging
								Yes	No			Yes	No
See Additional Data Table													
				s a Corporation or treated as a corpor				nswer	ed "Ye	es" on F	orm 990, Pa	art IV,	•
(a) Name, address, and EIN o	of related organization	(b) Primary a	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of Incor	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentage ownership		

Part \	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, lii	ne 34, 35, or 36.)							
No	te. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No				
1 Durin	g the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV 🤉	1							
a Re	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No				
b Gr	ft, grant, or capital contribution to other organization(s)		1b	Yes					
c Gif	c Gift, grant, or capital contribution from other organization(s)								
d Lo	d Loans or loan guarantees to or for other organization(s)								
e Lo	ans or loan guarantees by other organization(s)		1e		No				
f Sa	le of assets to other organization(s)		1f		No				
g Pu	rchase of assets from other organization(s)		1 g		No				
h Ex	change of assets		1h		No				
i Lea	se of facilities, equipment, or other assets to other organization(s)		1 i		No				
j Lea	ase of facilities, equipment, or other assets from other organization(s)		1j		No				
k Pe	rformance of services or membership or fundraising solicitations for other organization(s)		1k		No				
l Pei	formance of services or membership or fundraising solicitations by other organization(s)		11		No				
m Sh	aring of facilities, equipment, mailing lists, or other assets		1m		No				
n Sh	aring of paid employees		1n		No				
o Re	imbursement paid to other organization for expenses		10		No				
p Re	imbursement paid by other organization for expenses		1р		No				
q 0 t	her transfer of cash or property to other organization(s)		1q	Yes					
r Ot	her transfer of cash or property from other organization(s)		1 r		No				
	he answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	and transaction thres	holds						
	(a) Name of other organization	(b) Transaction type(a-r)		(c) t involv	ed				
	ditional Data Table								
(2)									
(3)									
(4)									
(E)									
(5)									
(6)									

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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										1
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			<u> </u>							+

Ascension Health

(f) Direct Controlling

Entity

N/A

Software ID: Software Version:

EIN: 35-0869066

(b) Primary Activity

National health system

Name: StVincent Hospital and Health Care Center Inc

(c)

Legal Domicile

(State or Foreign Country)

МΟ

(d) Exempt Code

section

501(C)(3)

(e)

Public charity

status

(ıf 501(c)(3))

11a - Type I

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

(a)
Name, address, and EIN of related organization

Ascension reach	National health system	MO	301(0)(3)	ila-Typei	IN/A
Po Box 45998 St Louis, MO 63145					
31-1662309 Central Indiana Health System Cardiac Services Inc	Freestanding outpatient	IN	501(C)(3)	11c - Type III-FI	StV incent Hospital &
2001 W 86th Street	center				Health Care Center Inc
Indianapolis, IN46260 35-1869951					
Jubilee Partnerships Inc	Outreach activities	IN	501(C)(3)	1-170(b)(1)(A)(ı)	StV incent Hospital & Health Care Center Inc
2301 N Park Avenue Indianapolis, IN46205					
35-2060765 Rehabiliation Hospital of Indiana Inc	Rehabiliation hospital	IN	501(C)(3)	3-170(b)(1)(A)	StV incent Health Inc
4141 Shore Drive				(111)	
Indianapolis, IN46254 _35-1786005					
StJohn's Foundation Inc	Supporting organization	IN	501(C)(3)	11a - Type I	StV incent Madison County Health System
2015 Jackson Street Anderson, IN46016					Inc
35-2053693 StJoseph Hospital & Health Center Inc	Hospital	IN	501(C)(3)	3-170(b)(1)(A)	StV incent Health Inc
1907 W Sycamore Street				(111)	
Kokomo, IN46901 35-0992717					
StJoseph Foundation of Kokomo Indiana Inc	Supporting organization	IN	501(C)(3)	11a - Type I	StJoseph Hospital & Health Center Inc
1907 W Sycamore Street Kokomo, IN46901					
23-7313206 StV Incent Carmel Hospital Inc	Hospital	IN	E01(C)(3)	3-170(b)(1)(A)	StV incent Health Inc
13500 N Meridian Street	nospitai	IN	501(C)(3)	3-170(B)(1)(A) (III)	Stvincent Health Inc
Carmel, IN46032 74-3107055					
StV Incent Clay Hospital Inc	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A)	StV incent Health Inc
1206 E National Avenue				(111)	
Brazil, IN47834 35-2112529		<u> </u>		a	and the state of t
StV incent Dunn Hospital Inc	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	StV incent Health Inc
1600 23rd Street Bedford, IN47421					
27-2192831 StV Incent Frankfort Hospital Inc	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A)	StV incent Health Inc
1300 S Jackson				(111)	
Frankfort, IN 46041 _35-2099320					
StV Incent Frankfort Hospital Foundation Inc	Supporting organization	IN	501(C)(3)	11a - Type I	StV incent Frankfort Hospital Inc
1300 S Jackson Frankfort, IN46041					
35-1531734 StV Incent Health Inc	Parent company	IN	501(C)(3)	11c - Type III-FI	Ascension Health
8425 Harcourt Road	Tarent company	114	301(0)(3)	Tree Type III Tr	A seemsion fredicti
Indianapolis, IN46260 35-2052591					
StV incent Hospital Foundation Inc	Supporting organization	IN	501(C)(3)	11a - Type I	StV incent Hospital & Health Care Center Inc
10330 N Meridian Street Ste 430N Indianapolis, IN46290					Health Care Center Inc
35-6088862					
StV incent Jennings Hospital Inc	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	StV incent Health Inc
301 Henry Street North Vernon, IN47265					
35-1841606 StV Incent Madison County Health System Inc	Hospital	IN	501(C)(3)	3-170(b)(1)(A)	StV Incent Health Inc
1331 South A Street				(111)	
Elwood, IN 46036 35-0876389					
StV incent Mercy Hospital Foundation Inc	Supporting organization	IN	501(C)(3)	11a - Type I	StV incent Madison County Health System
1331 South A Street Elwood, IN46036					Inc
31-1066871 StV Incent New Hope Inc	Intermediate care	IN	501(C)(3)	9-509(A)(2)	StV incent Health Inc
8450 N Payne Road	facility				
Indianapolis, IN46260 35-1733591					
StV Incent Pediatric Rehab Center Inc	Specialty hospital	IN	501(C)(3)		StV incent Hospital & Health Care Center Inc
1707 W 86th Street Indianapolis, IN46260				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
35-2048898 StV Incent Randolph Hospital Inc	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A)	StV incent Health Inc
473 Greenville Avenue	Jcui uccess ilospitai	TIA	301(0)(3)	3-170(B)(1)(A) (III)	See meent freditii Tiic
Winchester, IN47394 35-2103153					
StV Incent Randolph Hospital Foundation Inc	Supporting organization	IN	501(C)(3)	11a - Type I	StV incent Randolph
473 Greenville Avenue					Hospital Inc
Winchester, IN47394 35-2133006					6 04
StV incent Salem Hospital Inc	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	StV incent Health Inc
911 N Shelby Street Salem, IN47167					
27-0847538 StV Incent Seton Specialty Hosptial Inc	Long term care hospital	IN	501(C)(3)	3-170(b)(1)(A)	StV Incent Health Inc
8050 Township Line Road				(111)	
Indianapolis, IN46260 35-1712001					
StV incent Williamsport Hospital Inc	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	StV Incent Health Inc
412 N Monroe Street Williamsport, IN47993				\(\text{\cdots}\)	
35-0784551 StV Incent Williamsport Hospital Foundation Inc	Supporting organization	IN	501(C)(3)	11a - Type I	StV incent Williamsport
412 N Monroe Street	Supporting organization	T14	301(0)(3)	IIU - Type I	Hospital Inc
Williamsport, IN47993 74-3130159					
SVSM Inc	Holding company	IN	501(C)(3)	11a - Type I	StV Incent Health Inc
2001 W 86th Street Indianapolis, IN46260					
81-0607827					

(a) Name, address, and EIN of related organization	Primary activity	(c) Legal Domicile	(d) Direct	(e)		(g)	(h)	***	(j	. /
		(State or Foreign Country)	Direct Controlling Entity	Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	Share of end-of-year assets (\$)	anocations	(i) Code V - UBI amount on Box 20 of K - 1 (\$)	Mana Part	neral or aging ner?
	Sale and rental		StV incent Hospital &	Related	136,848	218,454	Yes No		Yes	No No
10330 N Meridian St Ste 430N Indianapolis, IN46290 42-6662493			Health Care Center Inc							
Care Group Cardiovascular M Management LLC c	Management of cardiovascular		Indiana Health	Related	409,512	11,161	No			Νο
s 8333 Naab Road Ste 200 Indianapolis, IN46960 22-3937477	service lines		System Cardiac Services Inc							
Carmel Ambulatory Surgery A	Ambulatory surgery center		StV incent Carmel Inc	Related	8,158,050	1,859,971	No			Νo
13421 Old Meridian St Ste 150 Carmel, IN46032 32-0014795										
LLC I 8040 Castleway Drive Indianapolis, IN46250	Home care V /infusion services		StV incent Hospital & Health Care Center Inc	Related	10,943	935,037	No			No
Services LLC 6602 E 75th Street Suite 300	Case management		StV incent Hospital & Health Care Center Inc	Unrelated	172,737	1,229,461	No			No
Indianapolis, IN46250 35-1999227 Endoscopy Center LLC	Endoscopy center			Related	430,889	62,541	No			No
13421 Old Meridian St Ste 150 Carmel, IN46032 32-0029881			Carmel Inc							
Center LLC 136914 E State Road 238 Fishers, IN46037	Ambulatory surgery center		StV incent Hospital & Health Care Center Inc	Related	-551,635	-717,162	No			No
LLC p	Primary care physician practices		StV incent Hospital & Health Care Center Inc	Related	-1,509,774	1,372,790	No			Νο
	Real estate holding			Related		900,000	No			No
Development Co LLC 10330 N Meridian St Ste 430N Indianapolis, IN46290 27-2933470			Hospital & Health Care Center Inc							
Indiana Orthopaedic C Hospital LLC c	Orthopaedic surgery enter		StV incent Hospital & Health Care Center Inc	Related	995,841	41,008,337	No			No
Indianapolis, IN46278 47-0933538 Lafayette Heart Program C	Cardiac care services	IN	Central	Related	381,027	13,832,806	No			Νο
Holding LLC 11515 W Dragoon Trail Mishawaka, IN46544 38-3750811			Indiana Health System Cardiac Services Inc							
Meridian Heights Associates R LLC 6100 W 96th Street Ste 250 Indianapolis, IN46278	Real estate holding		StV incent Carmel Inc	Related	-228,039	1,877,864	No			Νo
26-4020296 Neuro Oncology Equipment S	Sale and rental services		StV incent Hospital & Health Care Center Inc	Related	597,971	174,790	No			Νο
74-3103803 Northside Cardiac Cath Lab C	Outpatient cath lab			Related	120,585	-10,064	No			No
Partnership 2001 W 86th Street Indianapolis, IN46260 35-1854388			Indiana Health System Cardiac Services Inc							
	Surgery center		StV incent Madison County Health System Inc	Related	2,005,053	119,083	No			No
01-0822977 StV Incent HealthUSP LLC 15305 Dallas Parkway Ste 1600	Holding company		StV incent Hospital & Health Care Center Inc	Related	286,551	339,521	No			Νο
Addison, TX75001 20-3749962 StVincent Heart Center of Indiana LLC	Heart hospital		Central Indiana Health System Cardiac	Related	18,222,908	-19,189,923	No			No
Indianapolis, IN46290 36-4492612	MRI facilities	IN	Services Inc StVincent Hospital &	Related	-119,686	40,582	No			No
5756 W 71st Street Indianapolis, IN46278 35-2047427			Health Care Center Inc							
The Care Labs LLC	Outpatient vascular ab		Central Indiana Health System Cardiac Services Inc	Related	442,930	72,220	No			Νο

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493133040831

OMB No 1545-0172

Department of the Treasury See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Identifying number Name(s) shown on return Business or activity to which this form relates StV incent Hospital and Health Care Center Inc Form 990 Page 10 35-0869066 **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. 250.000 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 800.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 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 (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 7 Listed property Enter the amount from line 29 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 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. 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 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c7-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 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L MMi Nonresidential real S/L property MMS/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-vear 40 vrs ММ S/L Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 35.773.019 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 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,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (C if ap	oplicat	ile.
Section A—Depre																
24a Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ _{No}			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo)
										,						-
(a) Type of property (list vehicles first)	(b) Date placed II service	(c) Business/ In investment use percentage	(d) Cost or o	other	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		(g) Method/ onvention		(h Deprec deduc	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				\top			\Box		
		%														
	orlessin	% %	ee 1160											—		
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			\Box		
		%							S/L							
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobicle				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
30 Total business/inv	estment m	ıles driven diirina	the	-	a)		o)		(c)			d)	(6	-		f)
year (do not includ		-		Vehi	cle 1	Vehi	cle 2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	'ehic	le 3	Vehi	cle 4	Vehi	<u>cle 5</u>	Vehi	cle 6
31 Total commuting n	niles driver	during the year	F													
32 Total other person			,,, <u> </u>													
·	•		⊢			<u> </u>		+								
33 Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				not moi	re tha
37 Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
38 Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
40 Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -		
vehicles, and retai			العامل ما						•			•	•	\vdash		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te seci	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)				I				(6	.,					
(a)		Date		(c	-			(d)		A morti	-		۸ ۵	(f)	an far	
Description of c	osts	amortization		A mort amo				ode ction		perio				rtızatı hıs yea		
		begins 								perce	ntage		-			
42 A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
43 A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . .

44

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours		(C tion (hat a	chec		11		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee			Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
J Albert Smith Jr Chair	50	Х		х				0	0	0
James G Sınclaır Vıce Chaır	50	Х		х				0	0	0
Gilbert F Viets Secretary	50	Х		х				0	0	0
Sister Virginia Delaney Director	50	Х						0	0	0
Charles J Garcıa Dırector	50	Х						0	0	0
Malcolm Bell Herring MD Director	50	Х						0	0	0
Needham Richard Hurst Director	50	Х						0	0	0
Michael B Mason Director	50	Х						0	0	0
Robert J Robison MD Director	50	Х						0	0	0
Susan W Brooks Director	50	Х						0	0	0
Ronald L Young II MD Director - Physician	40 00	Х						110,769	0	0
Vincent C Caponi Ex Officio - CEO St Vincent	40 00	Х		х				1,845,409	0	19,183
D Kyle DeFur Director - President SVHHC	40 00	Х		х				443,978	0	38,597
Jeffrey P Williams CFO	40 00			х				255,543	0	24,247
Darcy K Burthay CNO/COO	40 00				х			389,648	0	6,716
Anne F Coleman Administrator	40 00				х			301,986	0	29,049
Martha L Durall Executive Director	40 00				х			207,950	0	26,157
Gary A Fammartino System Executive	40 00				х			222,640	0	25,788
Joanne M Hilden VP Medical Affairs	40 00				х			408,323	0	30,170
Jon D Rahman Senior VP - CMO	40 00				х			488,611	0	27,565
Daniel R LeGrand CMO	40 00				х			420,882	0	27,549
Robert M Lubitz VP Research Academic Affai	40 00				х			335,791	0	21,470
Joseph F Bellflower Physician	40 00					х		658,981	0	31,725
William P Didelot Physician	40 00					х		629,832	0	30,285
A dam K Hiett Physician	40 00					х		541,967	0	33,441
<u> </u>	1			<u> </u>	'					

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	I	tion to that Institutional Tru	•	/)	Highest compens employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Michael F Kaveney Physician	40 00		Istee			X X		711,258	0	23,85
James E Sumners Physician	40 00					х		717,491	0	24,80

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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	