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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

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

C Name of organization
St Vincent's Health System Inc

Doing Business As
St Vincent's Healthcare

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

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

D Employer identification number
59-3650609

E Telephone number
(904) 308-7300

G Gross receipts $ 56,437,710

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

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www jaxhealth com

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

L Year of formation 2000

M State of legal domicile FL

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of employees (Part V, line 2a)	**5**	259
6	Total number of volunteers (estimate if necessary)	**6**	12
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	75,562	73,700
9	Program service revenue (Part VIII, line 2g)	49,745,105	55,446,152
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-315,398	372,256
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	112,849	147,644
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,618,118	56,039,752
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	407,361	275,256
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,020,097	17,281,734
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	35,436,802	40,824,943
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	50,864,260	58,381,933
19	Revenue less expenses Subtract line 18 from line 12	-1,246,142	-2,342,181

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	36,466,247	32,075,719
21	Total liabilities (Part X, line 26)	15,923,004	16,306,258
22	Net assets or fund balances Subtract line 21 from line 20	20,543,243	15,769,461

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-05-13

SCOTT A WHALEN CEO CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	Deloitte Tax LLP 250 East Fifth Street Suite 1900 Cincinnati, OH 45202		EIN ▶ Phone no ▶ (513) 784-7100

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 54,408,485 including grants of $ 275,256) (Revenue $ 55,446,152)

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

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

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

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

4e **Total program service expenses** ▶ $ 54,408,485

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		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, 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		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	54		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	259		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 13		
b	Enter the number of voting members that are independent . .	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

Joye Strickland
2565 Park Street
Jacksonville, FL 32204
(904) 308-7300

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

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

1a Complete this table for all persons required to be listed 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 per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	4,213,159	0	370,353

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 23

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Health Care Services Inc dba Accreti 401 N Michigan Ave Chicago, IL 60611	Revenue Cycle Mangement	3,986,021
Brown Parker & Demarinis 3333 South Congress Avenue Delray Beach, FL 33445	Consulting - Marketing	1,422,406
Navvis & Company 15450 South Outer Forty Drive Chesterfield, MD 63017	Consulting Services	1,374,991
Brian T Regan Consulting 23 Overbrook Drive Binghamton, NY 13901	Consulting - Finance	650,363
Tatum LLC Dept at 952890 Atlanta, GA 311922830	Consulting - Finance	547,443
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 18		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	73,700			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		73,700			
Program Service Revenue			Business Code				
	2a	Management Fees	621,990	55,199,169	55,199,169		
	b	Gain on Joint Venture	621,990	113,883	113,883		
	c	Exempt Affiliate Rent	621,990	107,123	107,123		
	d	Health Education Fees	621,990	25,977	25,977		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		55,446,152			
	3	Investment income (including dividends, interest and other similar amounts)		372,256			372,256
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					

		(i) Real	(ii) Personal				
	6a	Gross Rents	452,779					
	b	Less rental expenses	397,958					
	c	Rental income or (loss)	54,821					
	d	Net rental income or (loss)			54,821			54,821

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Miscellaneous Revenue	621,990	54,493			54,493
	b	Wellness Fitness Fees	621,990	38,330			38,330
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		92,823			
	12	**Total revenue.** See Instructions		56,039,752	55,446,152	0	519,900

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	275,256	275,256		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,318,471	528,380	790,091	
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	12,744,670	12,269,078	475,592	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	736,244	663,861	72,383	
9	Other employee benefits	1,623,057	1,476,981	146,076	
10	Payroll taxes	859,292	742,942	116,350	
11	Fees for services (non-employees)				
a	Management				
b	Legal	546,790	546,790		
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	6,752,466	6,212,270	540,196	
12	Advertising and promotion	1,454,277	1,454,277		
13	Office expenses	1,057,028	972,464	84,564	
14	Information technology	26,881,982	25,537,881	1,344,101	
15	Royalties . .				
16	Occupancy	2,293,596	2,110,106	183,490	
17	Travel	173,695	104,226	69,469	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	111,809	67,086	44,723	
20	Interest	27,697	25,479	2,218	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	206,281	189,779	16,502	
23	Insurance	35,945	33,068	2,877	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Recruiting	622,967	566,897	56,070	0
b	Bad Debt	276,447	276,447	0	0
c	Other	216,329	199,020	17,309	0
d	Licenses and Permits	167,634	156,197	11,437	0
e		0		0	0
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	58,381,933	54,408,485	3,973,448	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,880,495	1	1,019,877
	2	Savings and temporary cash investments		12,599,588	2	10,299,421
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		490,861	7	290,774
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		10,144	9	196,887
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 16,683,992			
	b	Less accumulated depreciation	10b 3,234,167	13,765,451	10c	13,449,825
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		7,719,708	15	6,818,935
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		36,466,247	16	32,075,719
Liabilities	17	Accounts payable and accrued expenses		10,869,279	17	12,496,703
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		5,053,725	25	3,809,555
	26	**Total liabilities.** Add lines 17 through 25		15,923,004	26	16,306,258
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		20,543,243	27	15,769,461
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		20,543,243	33	15,769,461
	34	Total liabilities and net assets/fund balances		36,466,247	34	32,075,719

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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 ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent's Health System Inc

Employer identification number
59-3650609

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

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

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									54,655,649

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $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 from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** 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

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent's Health System Inc

Employer identification number
59-3650609

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	6,969,852	1,755,284		8,725,136
b Buildings		4,877,230	1,196,491	3,680,739
c Leasehold improvements				
d Equipment		2,093,974	1,648,302	445,672
e Other		987,652	389,374	598,278
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				13,449,825

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

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

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

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

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

(a) Description	(b) Book value
Due from Affiliates	5,234,692
Other Receivables	125,702
Deposits	193,000
CSV Officers' Life Insurance	723,187
Other	542,354
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	6,818,935

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to Affiliates	46,622
Pension Payable	883,255
Deferred Compensation	1,528,246
Intercompany Debt to Ascension Health	1,351,432
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,809,555

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	56,039,752
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	58,381,933
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,342,181
4	Net unrealized gains (losses) on investments	4	325,463
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,757,064
9	Total adjustments (net) Add lines 4 - 8	9	-2,431,601
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,773,782

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	Per the financial statements of St Vincent's Health System, Inc , there is no current year ASC 740 (fka FIN 48) footnote
Part XI, Line 8 - Other Adjustments		Deferred Pension Costs 198615 Equity Adjustment in Taxable Affiliate -108478 Transfers from Affiliates 5304582 Transfer to Ascension Health -8151783

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent's Health System Inc

Employer identification number
59-3650609

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association PO Box 672648 Marietta, GA 30006	135613797	501(c)(3)	50,000				General Support
Baptist Health System802 Prudential Drive Jacksonville, FL 32207	592487136	501(c)(3)	25,000				Sponsorship Youth Mentor Program
Clay County Chamber of Commerce1734 Kinglsey Ave Orange Park, FL 32073	590549602	501(c)(4)	11,600				General Support
Emergency Pregnancy Services1367 King Street Jacksonville, FL 32204	591728078	501(c)(3)	12,985				General Support
Ronald McDonald House824 Childrens Way Jacksonville, FL 32207	592625008	501(c)(3)	31,000				General Support
Sulzbacher Center611 E Adams St Jacksonville, FL 32207	593229898	501(c)(3)	25,000				General Support
Vision Is Priceless1820 Barrs Street Jacksonville, FL 32207	593386495	501(c)(3)	10,000				General Support

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 6

3 Enter total number of other organizations . . . ▶ 1

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

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

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

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent's Health System Inc

Employer identification number
59-3650609

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Scott A Whalen (Sch O)	(i)	251,987	118,420	330,853	45,250	3,482	749,992	0
	(ii)	0	0	0	0	0	0	0
Laurie S Teppert (Sch O)	(i)	270,096	0	11,661	30,125	19,927	331,809	0
	(ii)	0	0	0	0	0	0	0
Janice G Lipsky (Sch O)	(i)	200,504	0	11,600	47,975	15,190	275,269	0
	(ii)	0	0	0	0	0	0	0
John D Meyer III	(i)	179,634	0	6,039	33,045	6,581	225,299	0
	(ii)	0	0	0	0	0	0	0
Joye A Strickland	(i)	138,633	0	9,369	35,899	13,542	197,443	0
	(ii)	0	0	0	0	0	0	0
William R Mayher	(i)	152,078	0	6,052	25,677	15,896	199,703	0
	(ii)	0	0	0	0	0	0	0
Michelle D Hilliard	(i)	140,403	0	9,541	20,160	15,971	186,075	0
	(ii)	0	0	0	0	0	0	0
Jon P Debardeleben	(i)	130,739	0	546	24,720	16,800	172,805	0
	(ii)	0	0	0	0	0	0	0
James M Corrigan	(i)	0	0	877,517	0	0	877,517	0
	(ii)	0	0	0	0	0	0	0
John J Maher	(i)	0	0	540,349	0	0	540,349	0
	(ii)	0	0	0	0	0	0	0
Ronald J Roberson	(i)	248,765	0	12,325	0	113	261,203	0
	(ii)	0	0	0	0	0	0	0
Daniel C Curran	(i)	0	0	331,128	0	0	331,128	0
	(ii)	0	0	0	0	0	0	0
Michael J Tretina	(i)	696	0	234,224	0	0	234,920	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Employed officers and key employees are provided a discretionary taxable spending account included as taxable income Certain officers of the organization receive payments for personal residence
	Part I, Line 4a	Severance Payments Scott A Whalen - $179,328 John J Maher - $538,027 Daniel C Curran - $331,128 Part I, Line 4b Eligible executives participate in a program that provides for supplemental retirement benefits The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization Benefits under the program are unfunded and non-vested Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid Payments from supplemental nonqualified retirement plan James M Corrigan - $183,605
Supplemental Information	Part III	Part II Moody Chisholm, President & CEO, has no reportable compensation from St Vincent's Health System, Inc on Form 990, Part VII, Section A or Schedule J, Part II as he did not begin employment until February of 2010 and the Form 990 reports compensation on a calendar year basis for 2009 Howard Watts, Interim President & CEO, was paid by an unrelated organization for his services to St Vincent's Health System, Inc as the President & CEO The compensation was paid to Howard Watts by Hunter & Associates Hunter & Associates received total payments from St Vincent's Health System, Inc of $515,962 for FY2010 Brain Regan, Interim CFO, was paid by an unrelated organization for his services to St Vincent's Health System, Inc as the Interim CFO The compensation was paid to Brian Regan by Brian T Regan Consulting Brian Regan T Consulting received total payments from St Vincent's Health System, Inc of $1,076,251 FY2010

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent's Health System Inc

Employer identification number
59-3650609

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Tatum Consulting LLC	A director of the Health System owns a percentage of Tatum Consulting, LLC	547,443	Consulting Fees		No
Hunter Partners LLC	An officer of the Health System owns a percentage of Hunter Partners, LLC	515,962	Consulting Fees		No

Additional Data

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

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section 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 to the Board, or a designated committee, to review Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members questions

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

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

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

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a	Community Benefit Report	This report illustrates the significant degree to which St Vincent's Health System contributes to the positive health status of the residents of Jacksonville, Florida and surrounding communities As a member of Ascension Health, the nation's largest Catholic healthcare system, St Vincent's Health System continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families, and society as a whole The goal of St Vincent's Health System is to perpetuate the healing mission of the Church St Vincent's Health System furthers this goal through delivery of patient services, care to the elderly and indigent, patient education and health awareness programs for the community, and medical research Our concern for all human life and dignity of each person leads the organization to provide medical services to all people in the community without regard to the patient's race, creed, national origin, economic status, or ability to pay In order to portray the full breadth of our contribution, our community benefit information is described below Organizational Commitment to Providing Community Benefit St Vincent's Health System provides administrative and managerial services for St Vincent's Medical Center, a 528 bed nonprofit acute care hospital, St Luke's - St Vincent's Healthcare, a 162 bed nonprofit acute care hospital, St Catherine's Laboure Manor, a 240 bed nursing home, St Vincent's Ambulatory Care's neurosurgery, neurology, and cardiology specialty practices, and First Coast Primary Care and St Vincent's Physician Enterprise, physician office networks for the provision of quality, accessible outpatient care The entities of St Vincent's Health System provide health care services for the residents of Northeast Florida and Southeast Georgia St Vincent's Health System seeks to improve the physical, mental, social and spiritual health status of its surrounding community In addition to providing health care services to all individuals who require medical attention, St Vincent's Health System has developed the following programs to help achieve its mission Expanding Awareness, Education, and Health Promotion St Vincent's Health System believes that it is essential to educate people regarding the types of behavior that improve their chances of living a healthy life St Vincent's has invested significantly in unique, top quality health education and materials that the Ministry has provided to the community In its outreach efforts, the Community Health Outreach Ministry attempts to address these quality-of-life and quality-of-health issues at both levels And while there are a variety of programs that offer medical care to the indigent or to the working poor, there are often obstacles - most often, lack of transportation or inability to take time away from work - to overcome in order to secure such care Through a variety of creative delivery mechanisms, such as harnessing the resources of local churches and parishes, and delivering medical care through four state of the art clinics-on-wheels, the Community Health Outreach Ministry work to eliminate barriers to care Mobile Health Outreach Ministry St Vincent's Mobile Health Outreach Ministry (MHOM) began in 1991 providing acute and preventive medical care to those who are medically underserved in Northeast Florida, by bringing fully staffed doctors-offices-on-wheels to the neighborhoods where its services are needed most The MHOM primarily focuses on three areas where the underserved, uninsured and underinsured are most prevalent in our region 1 The Rural Outreach Ministry serves the very poor men and women who work in the agricultural fields of Putnam and St Johns Counties This includes the African-American farm workers and the Hispanic migrant workers and their children 2 The Urban Outreach Ministry reaches out to the working poor, the homeless, and their families within the urban neighborhoods of Duval County, as well as Clay and Nassau Counties 3 The Pediatric Outreach Ministry provides children and adolescents, attending 24 middle and high schools in Duval County's Full Service Schools with access to medical care St Vincent's MHOM is the only mobile provider of free acute and preventive medical care in the Northeast Florida region Because of the MHOM, thousands who would otherwise have no access to healthcare are beneficiaries of expert, compassionate medical care, disease management, and preventive health education The MHOM successfully promotes prevention through health screenings and education throughout the Northeast Florida region Free blood pressure, cholesterol and glucose screenings, flu shots, immunizations and school physicals are examples of preventive services provided through MHOM Medical needs range from detecting and treating chronic illnesses like asthma, hypertension, diabetes, and cardio-vascular conditions, to common ailments like respiratory infections, nutritional problems, and hearing, vision and dental issues The data below is an excellent indicator of the importance of the free medical services that were provided by St Vincent's Mobile Health Outreach Program between July 2009 and June 2010 -More than 31,000 free adult and pediatric patient services were provided, including patient visits, health screenings, and case management, as well as outreach services such as delivering food, clothing and critically important medications to the needy Included among those services -Over 3,100 patient visits were completed through our Rural Outreach Ministry -Over 2,800 patient visits were provided by the Urban Outreach Ministry (Duval, Clay and Nassau) -Over 7,400 patient visits were provided through the Pediatric Outreach Ministry which includes 3,200 school and sports physicals and over 2,200 immunizations -More than 1,800 nutritional and dietary services that include classes, counseling and fitness training have been provided to children helping to reduce obesity and chronic diseases such as diabetes and heart disease associated St Vincent's Mobile Health Outreach makes medical care possible for those in Northeast Florida who cannot afford it and provides preventive health care that effectively changes lives Seton Center for Women The Seton Center was established to ensure that as many expectant mothers as possible get proper prenatal care, regardless of ability to pay The Center teaches expectant parents about the experience of childbirth, breast-feeding and caring for their new infant Seton center offers comprehensive, individualized education and nursing care for moms and newborns and continues with family support during the baby's first year of life Seton Center provides prenatal and childbirth education classes, books, pamphlets and audiotapes on a variety of topics including prenatal care, childbirth, parenting and women's health, postpartum examinations and infant health screening, support groups for new mothers, instructions on newborn care and safety, and information on parenting issues Internationally Board Certified Lactation Consultants provide breastfeeding moms with support and guidance both in the hospital and after discharge Because breastfeeding is so important in reducing infant mortality, the outpatient lactation services are free and are available to any mom, no matter where the baby was delivered In addition, because the infant mortality rate is so high in Jacksonville, a special series of educational and support sessions was established and provided monthly in a location accessible to a high risk population The Parish Nurse and School Nurse Ministries St Vincents Center for Parish Nurse Ministry serves as a bridge between St Vincent's, community resource, and local church congregations to promote health care well-being in the community Parish nurses are persons of all faith denominations who are experienced registered nurses and who have received special education in holistic healthcare, with skills in teaching and health counseling, as well as knowledge of community resources The parish nurse and the congregation identify the services needed for their particular members Services continue to evolve in response to identified concerns of the congregation members St Vincent's provides education, consultation, and peer support to the volunteer parish nurses who tithe their time and talents within their own church

Identifier	Return Reference	Explanation
		The Parish Nurse Program serves more than 70 congregations in Northeast Florida The Center for Parish Nursing works with congregations to establish the program and provides the required on-going training for the parish nurses As a member of the church staff, the parish nurse promotes wellness within the congregation, enhances the church's outreach ministry, and strengthens the awareness of the connection between faith and health The parish nurse, with the assistance of volunteers, visits members at home, in nursing homes or during hospitalizations and provides a prayerful presence and comfort in times of need The parish nurses also organize and staff health fairs and health programs for their congregations In the fiscal year 2010, 70 churches served more than 1,000 people HealthLink HealthLink is the region's only free community nurse advice, physician referral and health information service The HealthLink team combines the expertise of registered nurses specialized in the area of telephone triage and customer service professionals to assist callers with medical information and assistance in finding a physician Each year, more than 29,000 callers rely on HealthLink for medical advice and assistance, all at no charge Good Samaritan Fund The St Vincent's Auxiliary began the Good Samaritan Fund in 1959 to help those less fortunate by providing support beyond the excellent medical care provided at St Vincent's Many St Vincent's patients need help with things like prescription medications, funeral expenses and other critical needs The Good Samaritan Fund pays for these items for patients at St Vincent's who have no other assistance available to them Program Excellence Cardiovascular Care St Vincent's Medical Center has been named one of the nation's "100 Top Hospitals" for cardiovascular care by the Healthcare business of Thomson Reuters St Vincent's Medical Center is home to a cardiovascular care program long recognized for its clinical excellence As one of the largest heart programs between Atlanta and Orlando, St Vincent's has previously been recognized by U S News & World Report and by HealthGrades, organizations that also analyze and recognize healthcare providers for superior performance in heart and vascular care While the average mortality rate for cardiovascular patients is very low (3 4 percent), the mortality rate for bypass surgery was 26 percent lower in the 100 Top Hospitals cardiovascular winners The award-winning hospitals demonstrated higher performance on the evidence-based core measures published by the Centers for Medicare and Medicaid Services and cost $1,542 less per case, on average "We are very proud to be among the 100 best institutions for cardiovascular care in the nation," said Samer Garas, M D Chief of Cardiology at St Vincents Medical Center "St Vincent's has traditionally been the top provider in this area for cardiovascular care We strive to provide the best care for our patients and always make certain we are on the cutting edge by continually offering new treatment modalities for cardiovascular diseases " St Vincent's performs approximately 20,000 cardiovascular procedures each year -- including diagnostic and non-invasive testing services, outpatient treatments, interventional procedures and surgeries Physicians feel the national recognition from Thomson Reuters is well deserved, and they credit a team approach made possible by heart experts at all levels of care "I'm very proud of this recognition for everybody involved," said Cardiovascular Surgeon Mark Mostovych, M D "That includes cardiac anesthesiologists, Perfusionists and operating room nurses, as well as the nationally-certified nurses who care for our patients in open heart recovery and the open heart progressive care unit A doctor can do a perfect open-heart surgery, but the recovery process requires expert care in the days that follow The solid training and experience our heart patients get at all levels helps explain this national ranking " St Vincent's Medical Center is proud to be an accredited Chest Pain Center This is provided by the Society of Chest Pain Centers St Vincent's Medical Center reached all goals set forth by the Society of Chest Pain Centers in achieving Door to Balloon time (D2B) of 90 minutes or less for the Acute Myocardial Infarction patient As a system, St Vincent's Medical Center and St Luke's Hospital, we are striving to meet D2B times of 60 minutes or less St Vincent's Medical Center is home to the Atrial Fibrillation Institute (AFI) The AFI has a collaborative approach to the treatment of AF Electrophysiologist - Cardiologists and Cardiothoracic surgeons offer "curable" treatments to patients with AF The AFI also has a website designed for patients to learn more about AF, www afibjax com Patients can easily print information or call the AFI for more information regarding AF Orthopedic Center of Excellence St Vincent's HealthCare Orthopedic Center of Excellence has announced its growing joint replacement program has reached a new milestone According to data reported to the Agency for Healthcare Administration (AHCA) -- 1,788 hip and knee replacements were performed at St Vincent's Medical Center during the calendar year period ending December 31, 2009 That number is greater than the number of primary joint replacements performed at any other hospital throughout the entire state of Florida "St Vincent's Medical Center continues to achieve the status of top hospital in the State of Florida for volume of total hip and knee replacements in the past year," says Orthopedic Surgeon David Heekin, MD, Medical Director of the Orthopedic Center of Excellence "This is particularly noteworthy when you consider that Florida has more retirees than just about any other state in the country " The remarkable growth of total joint replacements at St Vincent's Medical Center reflects an emphasis on total joint replacement surgery at St Vincent's over the past four years St Vincent's Orthopedic Center of Excellence, founded and headed by Medical Director R David Heekin, M D , is a comprehensive joint replacement program designed to educate patients and their families about the joint replacement surgery experience at St Vincent's, streamline the admissions process, insure the total joint replacement surgery itself is performed in a state-of-the-art operating room using the most advanced equipment, implants and techniques in the world, and provide excellent care for each patient after surgery in the hospital by a number of highly-trained nurses, physical therapists, medical specialists and discharge planners who help guide the patients' transition back to their home environment "At St Vincent's, we have a passion for patients, and we strive for perfection," says Orthopedic Surgeon Gavan Duffy, MD "This has allowed us to build a wonderful center of excellence for joint replacements, which we feel is the best in Florida The great news is that we have preformed more total primary joints than any other hospital echoes this fact The patients come first, and we accept only excellence We are continuing to improve all aspects of the experience from the preoperative teaching to early discharge planning Our goal is to make the center of excellence the best in the southeast " "St Vincent's commitment to every aspect of the total joint replacement experience has resulted in excellent surgical outcomes and high patient satisfaction ratings," Dr Heekin says "This confirms the findings of many outcomes studies and the National Institutes of Health Consensus Statement on total joint replacement that patients can expect to experience the best outcomes for total joint replacement surgery in a hospital that does high volumes with individual surgeons who do high volumes " Dr Heekin has firsthand experience of that, having performed over 700 total joint replacements last year and his partner, Dr Gavan Duffy, almost 500 The benefit of a high volume center is that each person taking care of the total joint replacement patient has a very thorough understanding of their part of that patient's care and how it relates to the patient's overall recovery and return of mobility It's an outstanding experience for the patient by a team of highly-trained, dedicated and caring experts

Identifier	Return Reference	Explanation
		"Of the top 25 hospitals listed for high numbers of hip and knee replacements performed, no other Jacksonville hospitals were listed," says Kenneth Jones, Director of Orthopedics, Neurosciences and Surgical Services at St Vincent's AHCA hospital data through December 31, 2009 is the latest available which includes volume data from all Florida hospitals Newer data will be available in the coming weeks from AHCA, and we have every reason to expect it will continue to show primary joint replacement leadership throughout the state for St Vincent's, "The significant growth in our joint replacement program is a goal we have been working hard to reach," said Stanton Longenecker, MD, Chief of Orthopedics at St Vincent's Medical Center "We are proud not only of the impressive number of hip and knee replacements performed but also of the quality of the care delivered by all of our surgeons, nurses and clinical staff " The high volume of total joint replacement procedures at St Vincent's also facilitates clinical research Through the Heekin Orthopedic Research Institute, a number of clinical studies are underway at St Vincent's investigating the benefits for patients of newer procedures and implants The results of these studies have been presented at national and international meetings, setting St Vincent's apart as a leader and innovator in the field of total joint replacement surgery in this country In fact, the St Vincent's Orthopedic Center of Excellence is being considered for national recognition by the Joint Commission for the Accreditation of Hospitals as the only Total Joint Center of Excellence in the region "With the aging of the population and the increasing prevalence of arthritis among the baby boomers, the number of total hip and knee replacement surgeries in this country is projected to increase an amazing tenfold in the next 20 years," adds Dr Heekin "St Vincent's has chosen to become a leader in this field and will continue to be the destination for those in the region who need these surgeries and who want to receive them in a caring, competent environment by recognized experts " The Joint Replacement program at St Vincent's Medical Center also achieved Disease Specific Certification by the Joint Commission St Vincent's Medical Center is currently the only hospital in Northeast Florida with this designation One of the major initiatives ongoing for the Joint Replacement program is to create a similar patient experience and quality outcomes at St Luke's Hospital Recently, Dr Rahul Deshmukh, Dr Gavan Duffy and Dr Kevin Murphy relocated their practices at St Luke's This would allow St Vincent's Healthcare to offer comprehensive Orthopedic Services on both sides of the river Bariatric Surgery Program St Luke's Hospital is committed to maintaining the highest standards of excellence in caring for the bariatric patient population We have a dedicated, responsive, multi-disciplinary care program which is being evaluated by the Surgical Review Corporation for Bariatric Center of Excellence status St Luke's Hospital was among the first nationally to offer the Realize Adjustable Gastric Band-C, the newest generation of the device that is surgically implanted around the stomach to help people with morbid obesity lose weight and improve or resolve obesity-related health conditions including type 2 diabetes, sleep apnea and high cholesterol We have since expanded our Bariatric Surgical Program to also include Laparoscopic Vertical Sleeve Gastrectomy and Laparoscopic Roux-en-Y Gastric Bypass To date, we have performed over 140 successful Bariatric Surgical Procedures St Luke's Family Birth Place St Luke's is committed to improving healthcare services for women in the Northeast Florida community This year The Family Birth Place was the only facility in the region to received a five star rating for quality from HealthGrades In addition to inpatient maternity services and a level II NICU, services provided include childbirth education, inpatient and outpatient lactation support by Internationally Board Certified Lactation Consultants, and outpatient follow up for newborns who need lab work or weight checks Outpatient services are provided regardless of ability to pay Digital Mammography As a leader in women's healthcare, St Lukes Breast Health Services strive to empower women and make the screening and diagnosis process as easy as possible As experts in caring for women, we understand how to make women feel more comfortable and at ease when visiting our facility Our staff and physicians are friendly, helpful, and committed caring for women St Luke's Breast Health Services offer a comprehensive array of services including screening and diagnostic digital mammography, dedicated breast ultrasound, MRI breast, cyst aspiration, minimally invasive biopsy procedures using mammography and ultrasound guidance, and wire localization prior to open surgical biopsy We also offer osteoporosis screening, making it possible to schedule a bone density exam along with a mammogram Recent statistics show that one in eight women will face breast cancer at some point in her lifetime and that the risk for getting breast cancer increases with age However, breast cancer is 95 percent curable if detected early The best defense in the fight against breast cancer is early detection through screening mammography, breast self-exams, and clinical breast exams by your doctor Mammograms play a central part in the early detection of breast cancer because they can detect changes in the breast that may be early signs of cancer, but are too small or subtle to be felt The use of digital mammography has greatly enhanced the ability to detect breast cancers at earlier stages Based upon the American Cancer Society Guidelines -Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health -Woman at high risk (greater than 20 percent lifetime risk) should get an MRI and mammogram every year Spine and Brain Institute The Spine and Brain Institute is the superior neurosciences program at St Vincent's Healthcare, specializing in the treatment of brain tumors, deep brain stimulation (DBS), epilepsy, neurological disorders, the spine and strokes Since many conditions require both medical and surgical treatment, the Neurology and Neurosurgery divisions are equipped with the best, state of the art technology and the most talented group of physicians and staff The Spine and Brain Institute is known for providing the highest quality of care to patients with neurological disorders all over Northeast Florida St Catherine's Laboure Manor St Catherine's has a specialized Alzheimer/Dementia unit designed to meet the needs of these residents Combining thoughtful design of the interior with specialized training of the staff, St Catherine's provides a responsive and secure living area for up to 60 residents with memory impairments This separate unit offers its own enclosed garden to provide patients access to safe outdoor activities, as well as specialized activity programs and a family support group Additionally, St Vincent's Health System's webpage, located at www jaxhealth com provides health information in "answers you need" which includes health encyclopedic information for conditions, drug information, and wellness information Hot topic health news is available on the web page, as well as information specific to the Health Ministry St Vincent's Health System provides charitable contributions to community organizations The detail of charitable contributions made by St Vincent's Health System is included as an attachment to the 990 report Medical Education and Research St Vincent's Health System believes that, in order to provide the best health care to the community, its clinical personnel must receive ongoing medical education The Health Ministry provides a quality environment for the education and training requirements for physician residents in the Family Medicine Program St Vincent's Family Medicine Residency Program provides primary and obstetrical care through the Family Medicine Center Approximately 3,000 patient visits per month are provided by 30 Family Practice Residents who are supervised by Board Certified Family Practice, Pediatric and OB/GYN physicians In addition, residents receive supervision and support from licensed faculty in Behavioral Science and Clinical Pharmacology The oversight assures that all patients, especially the poor and vulnerable, are provided with holistic heath care with respect and compassion

Identifier	Return Reference	Explanation
		The Family Medical Center is a large, state of the art facility that serves as a family practice physician office The Family Medicine Center successfully implemented a full service electronic medical record in October 2007 to ensure improved quality care and patient safety The Family Medicine Center is one of the main vehicles by which St Vincent's fulfills its mission of compassionate, available medical care for all patients in Jacksonville Each year, more than 36,000 patients are served at the center, which operates a primary care office and an obstetrical clinic, and participates in the Vaccines for the Children Program, a nationwide program to ensure that 90 percent of all children receive immunizations by the age of 2 St Vincent's Family Medicine Residency program provides physician support for the Mobile Health Unit, Employee Health, as well as performing physicals for Special Olympics The Family Medicine Residency Program sponsors the Reach Out and Read program through grants provided from The Jim Moran Foundation and The Comcast Foundation Children and parents are provided instructions, as well as books, at appropriate visits to improve childhood literacy The program provides support to physician offices located in Duval, Clay and Nassau counties in an effort to expand the program throughout the community St Vincent's Health System supports medical research by providing resources for medical research, notably research to enhance the Centers of Excellence of Cardiology, Orthopedics, and Neuroscience Unreimbursed Services Provided to the Elderly and the Poor St Vincent's Health System provides a substantial portion of its services to the elderly and poor During the fiscal year ending June 30, 2010, the Health System provided 117,000 days of hospital or residential care to Medicare patients, and 55,000 days of care to Medicaid patients Approximately 39% of patient service revenues were for elderly patients under the Medicare program, and approximately 5% of patient service revenues were for patients under the Medicaid program In the spirit of principles adopted by Ascension Health, St Vincent's Health System has taken proactive steps to address those issues that will affect accessibility, the financing, and the delivery of healthcare to all persons, especially the uninsured, underinsured, and the underserved During the fiscal year ending June 30, 2010, the estimated unreimbursed cost of services provided to the elderly, uninsured, and underinsured totaled $30,398,000 Patient Services St Vincent's Health System provides the following in-patient and out-patient medical services to the residents of Jacksonville, Florida and the surrounding communities St Vincent's Medical Center provided 124,000 days of acute inpatient care and 3,700 days of newborn care 66,500 patients received emergency room treatments, and 34,000 patients were treated by the family medicine program There were 530 heart surgeries and 3,600 catheterizations/interventions provided by the Cardiac program of the facility Some services provided at the Medical Center operate at a loss in order to ensure that all services are available to meet community health care needs These include labor and delivery, family medicine, and emergency medicine St Luke's Hospital provided 36,000 days of acute inpatient care and 3,000 days of newborn care 25,000 patients received emergency room treatments There were 625 catheterizations/interventions provided by the Cardiac program of the Hospital Some services provided at the Hospital operate at a loss in order to ensure that all services are available to meet community health care needs These include labor and delivery and emergency medicine St Catherine's Laboure Manor provides quality inpatient resident care services to the elderly and/or infirm residents of Jacksonville, Florida and the surrounding communities Services include a 60 bed Special Care Unit for Alzheimer's and Dementia residents With a mission of healing through dignity, compassion and respect, St Catherine's Laboure Manor is uniquely suited to caring for those in need of short-term respite care, long-term care, 24 hour care, or Hospice care The caring staff is prepared to meet the physical, emotional, and spiritual needs of residents St Catherine's has been awarded recognition as a top nursing home care facility in the state of Florida During the fiscal year ended June 30, 2010, St Catherine's provided 82,000 days of residential care, including 40,000 (49%) under the Medicaid program and 21,000 (21%) under the Medicare program The Spine and Brain Institute of St Vincent's Ambulatory Care provides top quality care in the specialties of Neurosurgery and Neurology for the Jacksonville and Northeast Florida communities The most technologically advanced and highest quality of care is available to patients afflicted with neurological disorders Neurosurgeons at the Institute deliver the entire spectrum of adult neurosurgical care, focusing principally on degenerative spinal disorders, brain tumors, and intracranial vascular disease Neurologists at the Institute guide patient care for disorders of the nervous system such as Cerebral Vascular disease/Stroke, Neuromuscular Disorders, Epilepsy, Neuroimmunological disorders/Multiple Sclerosis and Movement Disorders Dedicated to its mission to provided healthcare services to surrounding communities, St Vincent's Health System operates Cardiology practices in Waycross, Georgia and Fernandina, Florida These practices integrate top quality cardiology services at the facilities with the cardiology services at St Vincent's Medical Center Community Outreach Activities St Vincent's Health System seeks to improve the physical, mental, social and spiritual health status of its surrounding community In addition to providing health care services to all individuals who require medical attention, St Vincent's Health System has developed the following programs to help achieve its mission Expanding Awareness, Education, and Health Promotion St Vincent's Health System believes that it is essential to educate people regarding the types of behavior that improve their chances of living a healthy life St Vincent's Health System has invested significantly in unique, top quality health education and materials to accomplish its goals Club 55 Provides geriatric education and programs for the elderly Wellness Programs Various programs throughout the year that focus on nutrition, disease management, and lifestyle commitments to health and well being Disease management classes Various classes provided to the community throughout the year on various disease management topics Health forums Sponsorship of news segments on specific disease topics, coordinated efforts with physicians to bring up to date medical information to the community Heath fairs Participation in several community activities through sponsorship of booths that provide health screenings and information for attendees Additionally, St Vincent's Health System's webpage, located at www jaxhealth com provides health information in "answers you need" which includes health encyclopedic information for conditions, drug information, and wellness information Hot topic health news is available on the web page, as well as information specific to the Health Ministry Medical Research St Vincent's Health System furthers its mission by contributing funds and personnel to support research that has helped advance medical care Research projects include the following -Medical devices, implants, and procedures, especially in the specialty of Cardiology -Drug research All research projects are strictly guided by policy Any project must adhere to the guidelines established by the Investigational Review Board St Vincent's Health System has a fundraising subsidiary, St Vincent's Foundation The Foundation raises funds to support the capital and operating expenses of the Health System Additionally, the Foundation raises funds to support indigent care programs Notably, the Health Ministry has a mobile health program that provides basic medical care and screenings to immigrant farm workers and other indigent people in the surrounding community This program would not be possible without the funds raised by the Foundation The Foundation provides nursing scholarships to promote this worthwhile career

Identifier	Return Reference	Explanation
		Financial Information The financial information presented below was prepared in accordance with the Catholic Health association's (CHA) community reporting guidelines These guidelines recommend the following -Report care of the poor at cost, not charges -Do not include bad debt, contractual allowances, and quick pay discounts as part of care of the poor expense -Do not count Medicare shortfall as a community benefit -Report the net expense for community benefit service, i e , the total community benefit expense minus any associated revenue from patients, payers, and other external sources The CHA reporting guidelines reflect a conservative approach to reporting quantifiable community benefit The goal of the reporting guidelines is to produce community benefit financial reports that reflect true costs and that describe community benefit activities that increase access to health care and improve community health 1 Care of the poor, at cost - $12,649,000 2 Unpaid cost of public programs for the poor - $15,171,000 3 Other programs for the poor - $2,578,000 4 Community benefit programs - $6,428,000 Summary St Vincent's Health System furthers its charitable purposes by providing a broad array of services to meet the healthcare needs of patients and organizations in the community We provide essential medical services to the community, train and recruit healthcare professionals to serve the needs of the broader community, provide appropriate charity services to those patients who are not able to pay for their own healthcare needs, provide services to other organizations that allow them to provide quality services to their patients or constituents, and present education information classes and activities to the community in order to improve its overall health status St Vincent's Health System supports the community through its participation in various programs that serve the poor, the homeless, the handicapped, the afflicted, and others in need of special care Many employees of the Health System give of their time, talent, and treasure to support these programs St Vincent's is recognized as a community leader for its support of activities that align with its mission to serve the sick and poor The work of the Daughters of Charity begun a century ago in Jacksonville, Florida continues today by the ministries of St Vincent's Health System

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A	Explanation of Hours for Officers and Key Employees	Officers and key employees of St Vincent's Health System, Inc provide services to St Vincent's Health System, Inc and its subsidiaries Hours worked are not tracked on an entity by entity basis Therefore, all officers and key employee hours (as noted with reference to Schedule O) reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week for all entities

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent's Health System Inc

Employer identification number
59-3650609

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Ascension Health PO Box 45998 St Louis, MO 63145 31-1662309	National Health System	MO	Section 501(c)(3)	Schedule A, Line 11a	N/A
St Vincent's Medical Center Inc 1 Shircliff Way Jacksonville, FL 32204 59-0624449	Hospital	FL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System Inc
St Luke's-St Vincent's Healthcare 2565 Park Street Jacksonville, FL 32204 26-0479484	Hospital	FL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System Inc
St Vincent's Ambulatory Care Inc 2565 Park Street Jacksonville, FL 32204 59-2292041	Physician Practice	FL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System Inc
St Vincent's Foundation Inc 1 Shircliff Way Jacksonville, FL 32204 59-2219923	Fund Raising	FL	Section 501(c)(3)	Schedule A, Line 7	St Vincent's Health System Inc
St Catherine's Laboure Manor 2565 Park Street Jacksonville, FL 32204 59-1878316	Nursing Home	FL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Consolidated Pharmacy Services Inc 2565 Park Street Jacksonville, FL32204 59-3398033	Retail Pharmacy & Patient Transport	FL	St Vincent's Health System Inc	C	-193,319	3,053,388	100 000 %
First Coast Primary Care 2565 Park Street Jacksonville, FL32204 20-5746243	Primary Care	FL	St Vincent's Health System Inc	C	-3,021,077	5,314,314	100 000 %
Family Medicine Condominium Association Inc 1 Shircliff Way Jacksonville, FL32204	Condominium Association	FL	N/A	C			

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Ascension Health PO Box 45998 St Louis, MO 63145 31-1662309	National Health System	MO	Section 501(c)(3)	Schedule A, Line 11a	N/A
St Vincent's Medical Center Inc 1 Shircliff Way Jacksonville, FL 32204 59-0624449	Hospital	FL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System Inc
St Luke's-St Vincent's Healthcare 2565 Park Street Jacksonville, FL 32204 26-0479484	Hospital	FL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System Inc
St Vincent's Ambulatory Care Inc 2565 Park Street Jacksonville, FL 32204 59-2292041	Physician Practice	FL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System Inc
St Vincent's Foundation Inc 1 Shircliff Way Jacksonville, FL 32204 59-2219923	Fund Raising	FL	Section 501(c)(3)	Schedule A, Line 7	St Vincent's Health System Inc
St Catherine's Laboure Manor 2565 Park Street Jacksonville, FL 32204 59-1878316	Nursing Home	FL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System Inc

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	St Vincent's Medical Center Inc	J	1,913,064
(2)	St Vincent's Medical Center Inc	K	40,707,954
(3)	St Vincent's Medical Center Inc	R	23,016,694
(4)	St Luke's-St Vincent's Healthcare	J	123,420
(5)	St Luke's-St Vincent's Healthcare	K	11,907,112
(6)	St Luke's-St Vincent's Healthcare	Q	12,807,112
(7)	St Vincent's Ambulatory Care Inc	K	1,416,041
(8)	St Vincent's Ambulatory Care Inc	Q	3,850,000
(9)	St Catherine's Laboure Manor	R	2,000,000
(10)	St Catherine's Laboure Manor	K	624,542
(11)	St Vincent's Foundation Inc	C	73,700
(12)	St Vincent's Foundation Inc	K	122,424
(13)	St Vincent's Foundation Inc	Q	550,000
(14)	First Coast Primary Care	K	136,244
(15)	First Coast Primary Care	Q	250,000
(16)	Consolidated Pharmacy Services Inc	K	282,452
(17)	Ascension Health	Q	8,151,783

Additional Data

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

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
St Vincent's Medical Center	590624449	3 - Hospital	Yes						40707954
St Catherine's Laboure Manor	591878316	3 - Hospital	Yes						624542
St Vincent's Ambulatory Care	592292041	3 - Hospital	Yes						1416041
St Luke's-St Vincent's Healthcare	260479484	3 - Hospital	Yes						11907112

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James Patrick Thornton Chairman	3 00	X		X				0	0	0
Fred D Franklin Jr Secretary/Treasurer	1 00	X		X				0	0	0
Paul Chappano MD Member	1 00	X						0	0	0
Gary R Chartrand Member	1 00	X						0	0	0
Sr Mary Frances Hildenberger - Member	1 00	X						0	0	0
David G Kulick Member	1 00	X						0	0	0
Ricardo Morales Jr Member	1 00	X						0	0	0
Richard Mullaney Member	1 00	X						0	0	0
Sr Nancy Murphy Member	1 00	X						0	0	0
C Daniel Rice Member	1 00	X						0	0	0
Sidney S Simmons II Member	1 00	X						0	0	0
Sr Elyse Staab Member	1 00	X						0	0	0
Scott A Whalen Sch O Pres/CEO-end 7/09	40 00	X		X				701,260	0	48,732
Howard Watts Sch O Inter Pres/CEO-end 2/10	40 00	X		X				0	0	0
Moody Chisholm Sch O Pres/CEO-start 2/10	40 00	X		X				0	0	0
Brian T Regan Sch O Interim CFO	40 00			X				0	0	0
Laurie S Teppert Sch O General Counsel	40 00				X			281,757	0	50,052
Janice G Lipsky Sch O Sr V P	40 00				X			212,104	0	63,165
John D Meyer III V P Strategy	40 00					X		185,673	0	39,626
Joye A Strickland V P Controller	40 00					X		148,002	0	49,441
William R Mayher V P Compliance	40 00					X		158,130	0	41,573
Michelle D Hilliard V P Development	40 00					X		149,944	0	36,131
Jon P Debardeleben Assoc General Counsel	40 00					X		131,285	0	41,520
James M Corrigan Former CFO	0 00						X	877,517	0	0
John J Maher Former Pres/CEO	0 00						X	540,349	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ronald J Roberson Former CFO	0 00						X	261,090	0	113
Daniel C Curran Former CFO	0 00						X	331,128	0	0
Michael J Tretina Former Highest Comp	0 00						X	234,920	0	0

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
Recruiting	622,967	566,897	56,070	0
Bad Debt	276,447	276,447	0	0
Other	216,329	199,020	17,309	0
Licenses and Permits	167,634	156,197	11,437	0
	0		0	0