



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



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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010											
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		Please use IRS label or print or type. See Specific Instructions.				C Name of organization St Vincent's Birmingham				D Employer identification number 63-0288864	
						Doing Business As				E Telephone number (205) 939-7000	
						Number and street (or P O box if mail is not delivered to street address) 810 St Vincents Drive			Room/suite	G Gross receipts \$ 372,708,978	
						City or town, state or country, and ZIP + 4 Birmingham, AL 35205					
		F Name and address of principal officer John O'Neil 810 St Vincents Drive Birmingham, AL 35205				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)					
		I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				H(c) Group exemption number ▶ 0928					
		J Website: ▶ www.stvhs.com									
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶						L Year of formation 1898		M State of legal domicile AL			

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities Provides essential health care services as well as community services		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 2,46	
	6	Total number of volunteers (estimate if necessary)	6 14	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 1,045,28	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 86,42	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 6,030,497	Current Year 1,985,632
	9	Program service revenue (Part VIII, line 2g)	324,030,823	361,451,474
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-13,075,535	4,189,187
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,777,712	4,065,777
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	321,763,497	371,692,070
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	314,759
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)	106,679,344	114,841,487
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)	211,181,789	226,980,987
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	318,175,892	342,086,823
19		Revenue less expenses Subtract line 18 from line 12	3,587,605	29,605,247
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	390,924,373	419,226,305
	21	Total liabilities (Part X, line 26)	200,392,128	184,138,877
	22	Net assets or fund balances Subtract line 21 from line 20	190,532,245	235,087,428

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	Signature of officer 2011-05-13 Date
	David Cauble CFO - STVHS Type or print name and title
Paid Preparer's Use Only	Preparer's signature Date Check if self-employed ☒ Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Deloitte Tax LLP 250 East Fifth Street Cincinnati, OH 45202 EIN
	Phone no (513) 784-7100

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities We are advocates for a compassionate and just society through our actions and our words

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 \$ 307,904,574 including grants of \$ 264,349) (Revenue \$ 362,167,439)

Hospital facilities and medical services provided to the community and surrounding areas

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 \$ 307,904,574

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	144	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	2,466	
	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)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	17	
b	Enter the number of voting members that are independent . . .	1b	15	
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	Yes	
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		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
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 ▶ David Cauble 810 St Vincents Drive Birmingham, AL 35205 (205) 939-7955

1b	Total	1,291,117	3,031,283	302,273
-----------	------------------------	-----------	-----------	---------

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 **45**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Johnston Barton Proctor & Rose LLP 569 Brookwood Village Suite 90 Birmingham, AL 35209	Legal Services	648,685
Dominick Fletcher Yeilding 2121 Highland Ave Or PO Box 1387 Birmingham, AL 35205	Legal Services	506,966
Hosakote Nagaraj MD 208 Castlehill Drive Birmingham, AL 35226	Physician Services	254,992
Nivedita Mankotia MD 2930 - D Columbiana CT Vestavia Hills, AL 35216	Physician Services	204,848
Mungara & Associates Inc 1743 Laurel Wood Lane Montgomery, AL 36117	Physician Services	188,451

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 **8**

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	1,880,407			
	e	Government grants (contributions)	1e	7,366			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	97,859			
	g	Noncash contributions included in lines 1a-1f \$ 2,688					
	h	Total. Add lines 1a-1f		1,985,632			
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	621,990	359,315,937	358,270,652	1,045,285	
	b	Investment - JV's	621,990	1,620,613	1,620,613		
	c	Other Pharmacy Revenue	621,990	514,924	514,924		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		361,451,474			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		4,422,785			4,422,785
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	(i) Real					
		203,188					
		(ii) Personal					
		56,222					
	b	Less rental expenses					
	c	Rental income or (loss)		146,966			
	d	Net rental income or (loss)		146,966			146,966
	7a	(i) Securities					
		83,854					
		(ii) Other					
		317,452					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		-233,598			
	d	Net gain or (loss)		-233,598			-233,598
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
		a					
		b					
b	Less direct expenses						
c	Net income or (loss) from fundraising events . . .						
9a	Gross income from gaming activities See Part IV, line 19						
	a						
	b						
b	Less direct expenses						
c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances						
	a						
	1,208,664						
b	Less cost of goods sold		643,234				
c	Net income or (loss) from sales of inventory . . .		565,430			565,430	
Miscellaneous Revenue		Business Code					
11a	Parking Revenue		812,930	1,211,425		1,211,425	
b	Childcare Center		624,410	380,706		380,706	
c							
d	All other revenue		1,761,250	1,761,250			
e	Total. Add lines 11a-11d		3,353,381				
12	Total revenue. See Instructions		371,692,070	362,167,439	1,045,285	6,493,714	

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	264,349	264,349		
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	412,743		412,743	
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	93,081,981	84,145,252	8,936,729	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,821,096	4,338,986	482,110	
9	Other employee benefits	9,699,343	8,729,409	969,934	
10	Payroll taxes	6,826,324	6,143,692	682,632	
11	Fees for services (non-employees)				
a	Management	946,462	851,816	94,646	
b	Legal				
c	Accounting				
d	Lobbying	4,377	4,377		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	859,258	773,332	85,926	
12	Advertising and promotion	78,912	71,021	7,891	
13	Office expenses	1,987,737	1,788,963	198,774	
14	Information technology	16,559,455	14,903,509	1,655,946	
15	Royalties				
16	Occupancy	11,074,087	9,966,678	1,107,409	
17	Travel	24,663	22,197	2,466	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	42,281	38,053	4,228	
20	Interest	3,682,616	3,314,354	368,262	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,796,809	20,517,128	2,279,681	
23	Insurance	3,048,200	2,743,380	304,820	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Medical Supplies	78,503,250	70,652,925	7,850,325	0
b	Purchased Services	25,982,782	23,384,503	2,598,279	0
c	Corporate Allocation	23,201,153	20,881,038	2,320,115	0
d	Bad Debt Expense	18,356,365	16,520,728	1,835,637	0
e	Provider Assessment	10,611,891	9,550,702	1,061,189	0
f	All other expenses	9,220,689	8,298,182	922,507	
25	Total functional expenses. Add lines 1 through 24f	342,086,823	307,904,574	34,182,249	0
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			3,600,659	1	1,505,610
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			31,457,777	4	42,213,600
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			5,702,304	8	4,376,852
	9	Prepaid expenses and deferred charges			882,212	9	260,072
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	483,100,667	235,823,238	10c	218,512,970
	b	Less accumulated depreciation	10b	264,587,697			
	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			2,813,796	13	2,175,835
	14	Intangible assets			569,009	14	569,009
	15	Other assets. See Part IV, line 11			110,075,378	15	149,612,357
	16	Total assets. Add lines 1 through 15 (must equal line 34)			390,924,373	16	419,226,305
Liabilities	17	Accounts payable and accrued expenses			9,686,000	17	13,393,999
	18	Grants payable				18	
	19	Deferred revenue			97,457	19	66,681
	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			190,608,671	25	170,678,197
	26	Total liabilities. Add lines 17 through 25			200,392,128	26	184,138,877
	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			190,315,355	27	234,863,341
28		Temporarily restricted net assets			216,890	28	224,087
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			190,532,245	33	235,087,428
34		Total liabilities and net assets/fund balances			390,924,373	34	419,226,305

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent's Birmingham

Employer identification number
63-0288864

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

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

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

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

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

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

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

Name of the organization St Vincent's Birmingham	Employer identification number 63-0288864
---	--

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes	☐ No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	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)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization St Vincent's Birmingham	Employer identification number 63-0288864
--	---

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,790,157		8,790,157
b Buildings		196,473,921	72,810,827	123,663,094
c Leasehold improvements		6,200,875	4,088,733	2,112,142
d Equipment		271,055,128	187,688,137	83,366,991
e Other		580,586		580,586
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				218,512,970

Schedule D (Form 990) 2009

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	371,692,070
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	342,086,823
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	29,605,247
4	Net unrealized gains (losses) on investments	4	4,125,844
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	10,824,092
9	Total adjustments (net) Add lines 4 - 8	9	14,949,936
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	44,555,183

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 consolidated financial statements of Ascension Health, (which include the activity of st. Vincent's Birmingham), there is no ASC 740 (fka FIN 48) footnote for the current year.
Part XI, Line 8 - Other Adjustments		Transfer to Sponsor -435711 Deferred Pension Cost 12337462 Other Pension-related Cost -650228 Other Activity -429679 Auxiliary 2248

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent's Birmingham

Employer identification number
63-0288864

Part I

Charity Care and Certain Other Community Benefits at Cost

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

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			4,915,428		4,915,428	1 520 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			17,197,849	14,263,703	2,934,146	0 910 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			22,113,277	14,263,703	7,849,574	2 430 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	15	14,202	626,171	26,450	599,721	0 190 %
f Health professions education (from Worksheet 5)	2	133	602,168	26,004	576,164	0 180 %
g Subsidized health services (from Worksheet 6)	2	6	1,835		1,835	0 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	14	3,215	438,886	18,406	420,480	0 130 %
j Total Other Benefits	33	17,556	1,669,060	70,860	1,598,200	0 500 %
k Total. Add lines 7d and 7j	33	17,556	23,782,337	14,334,563	9,447,774	2 930 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support	3	641	28,939		28,939	0.010 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total	3	641	28,939		28,939	0.010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	2	6,100,636	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	2,093,128	
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	69,030,346	
6Enter Medicare allowable costs of care relating to payments on line 5	6	86,558,360	
7Subtract line 6 from line 5. This is the surplus or (shortfall).	7	-17,528,014	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other			

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures

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

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

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

See additional data

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

See additional data

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

Part VI, Line 3 St Vincent's Birmingham uses visual aids to inform patients of available financial assistances The statement of Patient Financial Services Financial Assistance is displayed at all registration areas throughout the hospital including the Emergency Department to make patients aware that assistance is available Our staff, when discussing collections with patients, also makes patients aware of the available assistance if they are unable to pay Please reference our attached policy for more details and eligibility

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

Additional Data

Software ID:
Software Version:
EIN: 63-0288864
Name: St Vincent's Birmingham

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

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

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

Part I, Line 7g The organization has not included costs attributable to a physician clinic as part of subsidized health services

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

Part I, Line 7f The amount of bad debt expense reported on Form 990, Part IX, Line 25, column (A), but subtracted for purposes of calculating the percentages in Part I, Line 7, column (f) is \$18,356,366

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

Part III, Line 4 The provision for bad debts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of allowance for uncollectible accounts based upon historical write off experience by payor category, including those amounts no covered by insurance The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible accounts After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the organization follows established guidelines for placing certain past due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the organization Accounts receivable are written off after collection efforts have been followed in accordance with the Organization's policies The cost of charge ratio was used to determine the bad debt expense at cost Bad debt expense at cost attributable to patients eligible under the organization's charity polity was calculated by using the US Census data to determine the percentage of population below 200% of the FPL and applied that percentage to bad debt expense at cost as an estimate of charity in bad debt

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

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

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

Part III, Line 9b St Vincent's Health System follows the Ascension guidelines for collection practices related to patients qualifying for charity or financial assistance. A patient can apply for charity or financial assistance at any time during the collection cycle. Once qualifying documentation is received the patient's account is adjusted off. Patient accounts for the qualifying patient in the previous six months may also be considered for charity or financial assistance. Once a patient qualifies for charity or financial assistance, all collection activity is suspended.

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

Part VI, Line 2 Our most recent community needs assessment was conducted in April 2008 by our parent company Ascension Health and was limited geographically to the seven counties served by St Vincents Health System The assessment was completed by interviewing key stakeholders both within St Vincents Health Care system and in the external community The interviews were conducted between December 2007 and April 2008 Interviewees included a range of CEOs and program managers from area health care organizations, and 55 interviews were completed The needs assessment consists of census data, public health information, and findings from the interviews These findings include an assessment of the local healthcare infrastructure and the service gaps, especially in regards to those in our community who lack access to basic healthcare services

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 St Vincent's Health System primarily services residents of central Alabama in the following seven counties Blount, Cullman, Jefferson, Shelby, St Clair, Talladega, and Walker -Our primary service area consists of both rural and urban communities with a population of 1,239,319, median income of \$40,885, and median age of 38 -Age of population (24 2% age 0-17), (35 4% age 18-44), (26 8% age 45-64), (13 6% age 65+) -Sex (51 7% Female and 48 3% Male)-Ethnicity (67 6% White non-Hispanic), (26 7% Black non-Hispanic), (3 2% Hispanic), (1% Asian non-Hispanic)-Language (English speaking 96 44%), (Non-English age 5+ 3 56%)-There are 102 federally designated Medically Underserved Areas (MUAs) and 17% of the population is eligible for Medicaid inside the seven county service areas -Insurance coverage breakdown is 57 7% Private, 15 8% Medicare, 15 4% Medicaid, and 11 1% Uninsured -Poverty 15 1% on average in poverty Range in 7 counties (6 9% to 19 3%)-Hospitals in service area 18 total, 16 Nonprofit, 2 For profit, 1 academic medical center-Health Statistics Obesity 31%-Leading causes of death Heart disease, Cancer, Stroke

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

Part VI, Line 5 St Vincent's Health System provides the following community building activities in FY 2010 Habitat for Humanity - assist in helping to develop communities with people in need by building and renovating houses Jeremiahs Hope - provides job skills to individuals who are at risk and seek to learn more about the Health Care industry March of Dimes - assistance in helping to improve the health of babies by preventing birth defects, premature births and infant mortality through research, community service, education, and advocacy to save babies lives Hannah Home - help to provide a home for youth, women, and children seeking refuge, hope, and help from abuse, neglect, abandonment, homelessness, and other difficult circumstances Leukemia and Lymphoma Society - help to cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families Regions Charity Golf Classic - serve as a sponsor and volunteer in this special event that gives towards various charities St Vincent's has provided assistance and have partnered with several others to include, St Vincent's Foundation Donation, 119 Activities, Christmas Store, Holy Family High School, Association of Retard Citizens, Imagine Library, Rotary Clubs, Pell City Block Party, Blount County Healthcare Authority, Blount County Fire Assoc, Oneonta Job Fair, Ala Nursing Coalition Advocacy Program, and Our Lady of Fatima to help build the community

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

Part VI, Line 6 This report illustrates the significant degree to which St Vincent's Health System through its four hospitals and Health & Wellness facility, contributes to the positive health status of the communities we serve. The system's four hospitals include St Vincent's Birmingham, St Vincent's East, St Vincent's Blount and St Vincent's St Clair. Each hospital has a separate Tax ID number. Each makes an important contribution to caring for their community, including those who are underserved. As a member of Ascension Health, St Vincent's Health System continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families and the community as a whole. The Health System's mission is to extend the healing ministry to of Christ. The hospitals of the health system further the mission through the delivery of patient services, care to the elderly and indigent, patient education, and health awareness programs for the community. Our concern for all human life and commitment to the dignity of each person leads us to provide medical services to all people in the community without regard to race, creed, national origin, economic status, or ability to pay. Based on our Core Values and in the spirit of principles adopted by Ascension Health, our Health System has taken proactive steps to address those issues that affect accessibility, the financing, and the delivery of health care to all persons, especially the uninsured, underinsured, and the underserved. The following chart demonstrates the significant number of patient days and the estimated unreimbursed cost of services provide by our four hospitals to the uninsured or underserved. FY10 Number of Number of Estimated Licensed Beds Patient Days Unreimbursed cost

St Vincent's Birmingham	372	108,016	9,476,713
St Vincent's East	282	71,875	9,475,791
St Vincent's Blount	40	6,023	1,196,108
St Vincent's St Clair	82	5,974	1,812,026
Total	776	191,888	21,960,638

St Vincent's Health System has a deep commitment to serving the community. We earmark a certain percentage of our yearly profits for charitable donations. Through this charitable donation program, we are able to support local chapters of national organizations such as the American Cancer Society, the American Heart Association, March of Dimes, and Susan G. Komen for the Cure. We also fund local programs and initiatives such as the United Way. Many of our executives serve on the boards of these organizations. We also realize that our community can extend beyond geographic boundaries, which is why we are pleased to partner with MedMission International. For many reasons, perfectly usable medical supplies, which could be used to save lives in poor countries, are required to be discarded in the United States. At St Vincent's Health System, we collect that medical surplus and donate to MedMission International to redistribute it to under-served hospitals and clinics around the world. 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 unable to pay for their health care needs, and provide services to other organizations that allow them to provide quality services to their patients or constituents. Some of these services include Liz Moore Low Vision Center located at St Vincent's East, Jeremiah's Hope Skills Program, Hispanic Outreach Ministry, Adult Medical Clinic and Elder Care Services program in which are all located at St Vincent's Birmingham. The goal of the Liz Moore Low Vision Center at St Vincent's East is to assist the person with low vision to use functional vision to the utmost capacity. A person with low vision may be legally blind but able to function with visual aids that enhance the remaining vision. With the assistance of magnification, and adaptations of the special low vision aids that are useful for certain daily tasks, the visually impaired person can function with less difficulty. The Vision Center provides services for the person with low vision. These services are designed to benefit a person's daily life activities, which may be hindered by the visual loss. St Vincent's Birmingham Jeremiah's Hope Skills Program focuses on training at-risk individuals, particularly women, for entry level jobs in the healthcare industry. Today, more than 300 people have graduated from Jeremiah's Hope, and most are still working in the healthcare industry. St Vincent's has also recently partnered with Jeff State Community College to begin identifying "under-employed" individuals from within our own workforce and training them to become nurses. Philanthropy allowed this revolutionary program to blossom and it has now become a model for other healthcare facilities nationwide. In 2003, St Vincent's Birmingham initiated a Hispanic Outreach program, La Sana Esperanza/The Healthy Hope, recognizing the changing demographics in

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

Birmingham This program provides health and medical assistance to the burgeoning Latino population, often an isolated sector of our community. By identifying and placing high-risk persons in our Adult Medical Clinic, we are providing critical care for those in need in a fiscally responsible manner. We have provided health fairs, health screenings, health information, case management assistance, and language assistance to a myriad of persons with in the Birmingham community in order to break down the barriers that lead to poor health in the Latino population. The Adult Medical Clinic is a healthcare option for the "working poor" in the Birmingham area, serving individuals who are employed but lack health insurance. The Clinic treats up to 350 patients at any given time, providing for all of their healthcare needs at no cost to the patient. St. Vincent's works with patients to identify ways to acquire insurance and screens patients based on a willingness to make life changes conducive to good health. This charity care is only made possible because of charitable gifts which provide the equipment, space and staffing the Clinic needs. The Clinic is a service for those patients who have no other options and is possible because of the many philanthropists who support this ministry. The St. Vincent's Birmingham Elder Care Services Program was created in response to a need expressed by a donor to St. Vincent's Foundation. That donor is a self-described Elder Orphan. She has few family members and no prospects to assist her with care as she ages. She worries about her future when the time comes when she is no longer able to drive herself to and from physician appointments and to the grocery store. She trusts St. Vincent's to care for her medical needs and wondered if there was a way for St. Vincent's to assist people like her who will need additional assistance as they age. The idea was presented to Susann Montgomery-Clark in the Foundation office, and after more than two years of focus groups and meetings with St. Vincent's associates, the project was officially launched. Initial funding was requested from a group of focus group members who were supportive and excited about the project and a grant was obtained from the Daughters of Charity to begin work on the outline of services that the Elder Care Services Program might provide. Just in its infancy, the Elder Care Program has hopes to become one that assists our original donor and those like her who will need support services in their twilight years.

We Are Called To Service of the Poor - Generosity of spirit, especially for persons most in need, Reverence - Respect and compassion for the dignity and diversity of life, Integrity-Inspiring trust through personal leadership, Wisdom-Integrating excellence and stewardship, Creativity -Courageous innovation, Dedication-Affirming the hope and joy of our ministry. St. Vincent's Health System is made up of five facilities. St. Vincent's Birmingham, St. Vincent's Blount, St. Vincent's East, St. Vincent's St. Clair, and One Nineteen Health and Wellness. Together, we provide a special brand of high-touch, high-tech quality care to people in more than 40 different zip codes. Our healthcare family has an extensive network of skilled physicians and associates, as well as the most advanced technologies available. We are a part of Ascension Health, the nation's largest Catholic and non-profit health system, with more than 100,000 associates serving in 20 states and the District of Columbia. We are committed to providing healthcare that works, healthcare that is safe, and healthcare that leaves no one behind for life.

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

Part VI, Line 7 St Vincent's Health System (the Health Ministry) is a member of Ascension Health. Ascension Health is a Catholic, national health system consisting primarily of nonprofit corporations that own and operate local health care facilities, or Health Ministries, located in 20 of the United States and the District of Columbia. Ascension Health is sponsored by the Northeast, Southeast, East Central and West Central Provinces of the Daughters of Charity of St. Vincent de Paul, the Congregation of St. Joseph and the Sisters of St. Joseph of Carondelet. The Health Ministry, located in Birmingham, Alabama, is a nonprofit health system. The Health Ministry is the sole corporate member of four not-for-profit acute care hospitals - St. Vincent's Birmingham, St. Vincent's East, St. Vincent's Blount, and St. Vincent's St. Clair LLC (collectively referred to as the Hospitals). The Hospitals provide inpatient, outpatient and emergency care services for the residents of Birmingham and surrounding areas. Admitting physicians are primarily practitioners in the local area. The Health Ministry is also the sole corporate member of St. Vincent's Foundation of Alabama, Inc. and St. Vincent's East Foundation, Inc. (collectively referred to as the Foundations). The Foundations provide fund raising efforts to support charitable, religious and educational purposes of charitable works of the Health Ministry in accordance with mission and values of Ascension Health. The consolidated financial statements of the Health Ministry also include the following healthcare entities: Universal Health Services (provides physician, diagnostic and rehabilitative services, as well as temporary lodging to families of patients), Seton Property Corporation of North Alabama (owns and rents professional office buildings and other real property primarily for medical services), Ascension Venture Corporation (provides for-profit wellness, spa and fitness services), and Vincentian Ventures of North Alabama, Inc. (operates a for-profit pharmacy and other occupational health services). The Health Ministry is related to Ascension Health's other sponsored organizations through common control. Substantially all expenses of Ascension Health are related to providing health care services. MissionAscension Health directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. In accordance with Ascension Health's mission of service to those who are poor and vulnerable, each Health Ministry accepts patients regardless of their ability to pay. Ascension Health 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 who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured - Unpaid cost of public programs represents the unpaid cost of services provided to persons covered by public programs for the poor - Cost of other programs for the poor includes unreimbursed costs of programs intentionally designed to serve the poor and vulnerable of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome - Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the poor, including health promotion and education, health clinics and screenings, and medical research. Discounts are provided to all uninsured patients, including those with the means to pay. Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons who are poor and community benefit programs. The cost of providing care of persons who are poor and community benefit programs is estimated using internal cost data. Unreimbursed Services Provided to the Elderly and the PoorSt. Vincent's Health System provides a substantial portion of its services to the elderly and poor. During the fiscal year ending 2010, approximately 42% of the value of services rendered were to elderly patients under the Medicare program, and approximately 6% of the services were provided to patients who were deemed indigent under state, county, or Medical Center Guidelines. 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 2010, the estimated unreimbursed cost of services provided to the elderly, uninsured, and underinsured totalin

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

g approximately \$8.4 million Patient Services. St. Vincent's Health System mission focused health ministry, provides acute care services and community focused services. During the fiscal year ending 2010, our Health System treated 39,459 adults and children in the community for a total of 191,888 patient days of service. The Health System also provided services to 650,837 outpatients, including 31,742 outpatient surgery patients, 132,145 emergency and minor care visits and 97,739 clinic and office visits. 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.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
St Vincent's Birmingham

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number

63-0288864

Part I

General Information on Grants and Assistance

1

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

☐ Yes

☒ No

2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

2

3

Enter total number of other organizations ▶

13

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

Software ID:

Software Version:

EIN: 63-0288864

Name: St Vincent's Birmingham

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Altamont High SchoolPO Box 131429 Birmingham, AL 35213	63-0302110	N/A	8,500				General Support
American Cancer Society-90401100 Ireland Way Suite 300 Birmingham, AL 35205	64-0329009	N/A	10,750				General Support
American Diabetes Association of Alabama1701 North Beauregard Street Alexandria, VA 22311	13-1623888	N/A	5,000				General Support
American Health Association-14491101 Northchase Parkway Suite 1 Marietta, GA 30067	13-5613797	N/A	12,500				General Support
Bessemer Academy1705 4th Ave Southwest Bessemer, AL 35022	63-0521463	N/A	15,000				General Support
Briarwood High School2204 Briarwood Way Birmingham, AL 35243	63-0653634	N/A	24,000				General Support
Calera High School100 Calera Eagle Drive Calera, AL 35040	63-6001081	N/A	19,000				General Support
Gardendale High School800 Main Street Gardendale, AL 35071	63-1255574	N/A	12,000				General Support
March of Dimes - Vestavia Parkway1275 Mamaroneck Avenue White Plains, NY 10605	13-1846366	501(c)(3)	5,000				General Support
Mountain Brook High School3650 Bethune Drive Mountain Brook, AL 35213	63-1076010	N/A	36,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mountain Brook Middle School205 Overbrook Road Birmingham, AL 35213	63-1076312	N/A	10,000				General Support
Operation New Birmingham505 20th Street North Suite 150 Birmingham, AL 35203	63-0378506	N/A	6,250				General Support
St Clair Economic Development Council500 College Circle Suite 300 Pell City, AL 35125	63-1205167	N/A	5,000				General Support
Susan G Koman Breast Cancer Foundation1909 27th Ave South Homewood, AL 35209	75-2844656	501(c)(3)	6,000				General Support
Vestavia High School2235 Lime Rock Road Vestavia Hills, AL 35216	63-0590762	N/A	36,000				General Support

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
St Vincent's Birmingham

Employer identification number
63-0288864

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
John O'Neil (Sch O)	(i)	0	0	0	0	0	0	0
	(ii)	413,157	500,668	53,849	3,672	10,412	981,758	0
Neeysa Biddle (Sch O)	(i)	0	0	0	0	0	0	0
	(ii)	422,527	41,375	30,767	34,873	14,039	543,581	0
Nan Priest (Sch O)	(i)	0	0	0	0	0	0	0
	(ii)	273,637	0	61,317	7,350	14,349	356,653	0
Wilma Newton (Sch O)	(i)	0	0	0	0	0	0	0
	(ii)	200,842	0	42,757	23,543	4,680	271,822	0
Carol Maietta (Sch O)	(i)	0	0	0	0	0	0	0
	(ii)	182,919	0	21,545	3,289	12,429	220,182	0
Susan Cornejo (End 110)	(i)	0	0	0	0	0	0	0
	(ii)	206,039	0	2,668	24,975	11,924	245,606	0
William Davis (Sch O)	(i)	167,926	0	26,173	7,320	9,314	210,733	0
	(ii)	0	0	0	0	0	0	0
Cynthia Williams	(i)	208,372	0	24,594	9,159	12,172	254,297	0
	(ii)	0	0	0	0	0	0	0
William Moran	(i)	193,701	0	39,400	18,409	14,438	265,948	0
	(ii)	0	0	0	0	0	0	0
Brian Mader	(i)	182,882	0	8,131	5,531	15,784	212,328	0
	(ii)	0	0	0	0	0	0	0
Richard Stephens	(i)	143,779	0	15,959	0	12,910	172,648	0
	(ii)	0	0	0	0	0	0	0
Sam Faircloth	(i)	131,272	0	9,121	4,359	16,779	161,531	0
	(ii)	0	0	0	0	0	0	0
Elizabeth King	(i)	84,235	0	55,572	4,226	6,337	150,370	0
	(ii)	0	0	0	0	0	0	0
Charles James (End 708)	(i)	0	0	0	0	0	0	0
	(ii)	0	0	577,216	0	0	577,216	577,216

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	Membership was provided to The Summit Club for the Executive team, as well as, Rotary and Kiwanis club memberships for various members of the management team to facilitate networking and community benefit related to St. Vincent's Health System.
	Part I, Line 4a	Severance Payments: Charles C. James - \$577,216. 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. A related organization that paid the salaries of the individuals listed in Schedule J, Part II, paid out of the supplemental nonqualified retirement plan in the amounts as noted: Nan Priest - \$36,101; William Moran - \$123,867. A related organization that paid the salaries of the individuals listed in Schedule J, Part II, contributed to the supplemental nonqualified retirement plan in the amounts as noted: Neeyssa Biddle - \$27,523; Wilma Newton - \$20,985; Susan Cornejo - \$19,873; William Davis - \$2,200; Cynthia Williams - \$9,159; William Moran - \$13,674.
Supplemental Information	Part III	Executive compensation, in keeping with Ascension Health's philosophy, is in line with the national average. Compensation may include short or long term incentive pay, deferred compensation, PTO (vacation/holiday) converted to cash, etc.

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 Birmingham

Employer identification number
63-0288864

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?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	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
Brasfield & Gorrie LLC	Board member is President of Brasfield & Gorrie, LLC	571,830	Construction services in arm's length transactions		No

Additional Data

Software ID:

Software Version:

EIN: 63-0288864

Name: St Vincent's Birmingham

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493133036571
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
	Name of the organization St Vincent's Birmingham		Employer identification number 63-0288864

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Dan Sansone and Susan Matlock have a business relationship

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		St Vincent's Birmingham has a single corporate member, St Vincent's Health Sytem, w ho has the ability to elect members of the governing body of St Vincent's Birmingham

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		All decisions that have a material impact to St Vincent's Birmingham, as a w hole, are subject to approval by its sole corporate member, St Vincent's Health System

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 8b		There are not any separate committees that have the authority to act on behalf of the governing body for St Vincent's Birmingham

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Management, including certain Officers, w ork 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 answ er any Board Members questions

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director or principal officer, w ho has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors considering the proposed transaction or arrangement The remaining individuals on the governing board w ill decide if conflicts of interest exist Each director or principal officer annually signs a statement w hich affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply w ith the policy and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities w hich accompli8sh its tax exempt status

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		In determining compensation for the President of St Vincent's Birmingham, the process, performed by the Health System, approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The Health System Compensation Committee review ed and approved the compensation w ith the facilitation by the SCP of HR and the Director of Compensation In the review of the compensation, the President w as compared to other hospitals in the area that hold the same title During the review and approval of the compensation, documentation of the decision w as recorded in the minutes The individual w as not present w hen his compensation w as decided In determining compensation of other officers or key employees of the organization, the process, performed by the Health System, included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The Health System Compensation Committee review ed and approved the compensation In the review of the compensation, the other officers or key employees of the organization w ere compared to other hospitals' employees in the area the hold the same title During the review and approval of the compensation, documentation of the decision w as recorded in the board minutes

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

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2		Financial statements of St Vincent's Birmingham fall under the full scope audit of St Vincent's Health System The activity of St Vincent's Birmingham and other members of St Vincent's Health System are reported in the consolidated financial statements of Ascension Health No individual audit report is issued for St Vincent's Birmingham

Identifier	Return Reference	Explanation
Form 990, Part VII	Avg hours devoted to related org(s) w hen related comp is reported	Officers (as noted w ith a "Sch O" reference) for St Vincent's Birmingham provide services to St Vincent's Health System and its subsidiaries Hours w orked are not tracked on an entity by entity basis Therefore, officers hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours w orked per week for all entities The St Vincent's Health System Board of Directors has governance pow er for St Vincent's Birmingham Therefore, the Health System Board of Directors are listed on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 Birmingham

Employer identification number
63-0288864

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
See Additional Data Table					

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
St Vincent Outpatient Surgery Services LLC 810 St Vincents Drive Birmingham, AL35205 20-0708162	Outpatient Surgery	AL	St Vincent'S Birmingham	Related	715,324	1,634,873		No			No
Choctaw Investment Company Inc PO Box 968 Birmingham, AL35201 63-1276435	Real Estate	AL	N/A								
Limestone Land Company Inc PO Box 968 Birmingham, AL35201 63-1281739	Real Estate	AL	N/A								
St Vincent's Sleep Disorder Center LLC 810 St Vincents Drive Birmingham, AL35202 63-1282288	Healthcare	AL	N/A								

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
Vincentian Ventures of North Alabama Inc 810 St Vincents Drive Birmingham, AL35205 63-0965456	Misc Healthcare Services	AL	N/A	C			
Ascension Ventures Corporation 810 St Vincents Drive Birmingham, AL35205 63-1217059	Misc Healthcare Services	AL	N/A	C			
Eastside Ventures 810 St Vincents Drive Birmingham, AL35205 63-0846221	Misc Healthcare Services	AL	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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

Yes

No

No

No

No

Yes

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) St VIncent's Health System	O	39,760,608
(2) Ascension Ventures Corporation	J	723,353
(3) Seton Property Corporation of North Alabama	J	888,034
(4) St Vincent's Foundation of Alabama	C	1,880,236
(5)		
(6)		

Schedule R (Form 990) 2009

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

[illegible]

Software ID:

Software Version:

EIN: 63-0288864

Name: St Vincent's Birmingham

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 Health System 810 St Vincents Drive Birmingham, AL 35205 63-0931008	Health System Parent	AL	Section 501(c)(3)	Schedule A, Line 11c	Ascension Health
American Sports medicine Institute 2660 10th Avenue South No 505 Birmingham, AL 35205 63-0952490	Sports Medicine	AL	Section 501(c)(3)	Schedule A, Line 7	St Vincent's Health System
Seton Property Corporation of North Alabama 810 St Vincents Drive Birmingham, AL 35205 23-7326976	Real Estate	AL	Section 501(c)(2)		St Vincent's Health System
St Vincent's Blount 150 Gilbreath Drive Oneonta, AL 35121 63-0909073	Hospital	AL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System
St Vincent's East 50 Medical Park East Drive Birmingham, AL 35235 63-0578923	Hospital	AL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System
Eastern Health Foundation 50 Medical Park East Drive Birmingham, AL 35235 63-0909071	Fundraising	AL	Section 501(c)(3)	Schedule A, Line 7	St Vincent's Health System
St Vincent's Foundation of Alabama Inc 810 St Vincents Drive Birmingham, AL 35205 63-0868068	Fundraising	AL	Section 501(c)(3)	Schedule A, Line 7	St Vincent's Health System
Universal Health Services 810 St Vincents Drive Birmingham, AL 35205 63-0932323	Physician group	AL	Section 501(c)(3)	Schedule A, Line 3	St Vincent's Health System

Additional Data

Software ID:

Software Version:

EIN: 63-0288864

Name: St Vincent's Birmingham

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			
Dan Sansone Chairman-Health System	5 00	X		X				0	0	0
Susan W Matlock Vice Chair-Health System	5 00	X		X				0	0	0
James D Davis Treasurer-Health System	5 00	X		X				0	0	0
Douglas B Nunnelley Secretary-Health System	5 00	X		X				0	0	0
Robert Barnett Bd Member-Health System	5 00	X						0	0	0
William K Bibb Bd Member-Health System	5 00	X						0	0	0
Tina N Corr Bd Member-Health System	5 00	X						0	0	0
Norman B Davis Jr Bd Member-Health System	5 00	X						0	0	0
Morton Goldfarb MD Bd Member-Health System	5 00	X						0	0	0
M James Gorrie Bd Member-Health System	5 00	X						0	0	0
Benny M LaRussa Jr Bd Member-Health System	5 00	X						0	0	0
Sr Mary Frances Loftin Bd Member-Health System	5 00	X						0	0	0
Willie H Parker Bd Member-Health System	5 00	X						0	0	0
Marc E Bloomston MD Bd Member-Health System	5 00	X						0	0	0
William H McClanahan Jr MD Bd Member-Health System	5 00	X						0	0	0
John O'Neil Sch O President/CEO	40 00	X		X				0	967,674	14,084
Neeysa Biddle Sch O Exec VP/COO	40 00	X		X				0	494,669	48,912
Nan Priest Sch O Exec VP/CSO	40 00			X				0	334,954	21,699
Wilma Newton Sch O Exec VP/CFO	40 00			X				0	243,599	28,223
Carol Maietta Sch O Sr VP/CLO	40 00			X				0	204,464	15,718
Susan Cornejo End 110 Interim CFO	40 00			X				0	208,707	36,899
William Davis Sch O VP COO Birmingham	40 00			X				194,099	0	16,634
Cynthia Williams VP Patient Care Svcs	40 00				X			232,966	0	21,331
William Moran SVP Philanthropy	40 00					X		233,101	0	32,847
Brian Mader Physicist	40 00					X		191,013	0	21,315

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			
Richard Stephens Physician Asst	40 00					X		159,738	0	12,910
Sam Faircloth Pharmacy Coordinator	40 00					X		140,393	0	21,138
Elizabeth King Pharmacy Coordinator	40 00					X		139,807	0	10,563
Charles James End 708 President/CFO							X	0	577,216	0

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Medical Supplies	78,503,250	70,652,925	7,850,325	0
Purchased Services	25,982,782	23,384,503	2,598,279	0
Corporate Allocation	23,201,153	20,881,038	2,320,115	0
Bad Debt Expense	18,356,365	16,520,728	1,835,637	0
Provider Assessment	10,611,891	9,550,702	1,061,189	0