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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133027591

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

C Name of organization
St Vincent's East

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
50 Medical Park East Drive

City or town, state or country, and ZIP + 4
Birmingham, AL 35235

D Employer identification number
63-0578923

E Telephone number
(205) 838-3000

G Gross receipts $ 235,982,688

F Name and address of principal officer
John O'Neil
50 Medical Park East Drive
Birmingham, AL 35235

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www stvhs com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1968 | **M** State of legal domicile AL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Provides a special brand of high-touch, high-tech quality care to people in the community

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**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of employees (Part V, line 2a)	**5**	1,571
6	Total number of volunteers (estimate if necessary)	**6**	85
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	837,436
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	136,395

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	767,954	699,883
	9 Program service revenue (Part VIII, line 2g)	187,117,262	202,106,577
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,123	4,097,726
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,765,944	1,347,915
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	189,697,283	208,252,101
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	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)	75,208,445	76,532,023
	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)	116,081,087	127,421,364
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	191,289,532	203,953,387
	19 Revenue less expenses Subtract line 18 from line 12	-1,592,249	4,298,714

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	181,019,753	187,030,960
	21 Total liabilities (Part X, line 26)	54,260,106	54,414,090
	22 Net assets or fund balances Subtract line 21 from line 20	126,759,647	132,616,870

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-05-12

Wilma Newton CFO - STVHS
Type or print name and title

Paid Preparer's Use Only

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

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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 $ 189,075,789 including grants of $) (Revenue $ 201,594,347)

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** ▶ $ 189,075,789

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, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	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? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,571		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**			No
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	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	1,496,775	3,031,283	337,509

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 ▶ 53

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Alabama Anesthesiology & Pain 1875 Sweetbriar Lane Birmingham, AL 35235	Healthcare Services	523,014
Neonatal Nurse Practitioner 1608 Great Pine Pine Road Birmingham, AL 35235	Healthcare Services	422,486
St Clair Emergency Physicians MSC 114 PO Box 2244 Birmingham, AL 35201	Healthcare Services	397,584
Blount Emergency Physicians MSC 416 PO Box 2391 Birmingham, AL 35201	Healthcare Services	395,903
St Clair Healthcare Authority 1149 James Taylor Road Moody, AL 35004	Capital Lease	380,881
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 ▶ 12		

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	696,586			
	e	Government grants (contributions)	1e	3,297			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		699,883			
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	621,400	202,044,110	201,206,674	837,436	
	b	I/C Rental Revenue	900,099	62,467	62,467		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		202,106,577			
	3	Investment income (including dividends, interest and other similar amounts)		1,380,298			1,380,298
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	631,073				
	b	Less rental expenses					
	c	Rental income or (loss)	631,073				
	d	Net rental income or (loss)		631,073			631,073
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		30,289,401			
	b	Less cost or other basis and sales expenses		27,571,973			
	c	Gain or (loss)		2,717,428			
	d	Net gain or (loss)		2,717,428			2,717,428
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a	233,091			
	b	Less cost of goods sold	b	158,614			
	c	Net income or (loss) from sales of inventory		74,477			74,477
		Miscellaneous Revenue	Business Code				
	11a	Lab Testing	561,000	271,972	271,972		
	b	Fitness/Wellness	621,990	120,731			120,731
	c	Low Vision Revenue	900,099	53,234	53,234		
	d	All other revenue		196,428			196,428
	e	**Total.** Add lines 11a–11d		642,365			
	12	**Total revenue.** See Instructions		208,252,101	201,594,347	837,436	5,120,435

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				
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	481,731		481,731	
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	62,158,356	55,942,520	6,215,836	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,483,958	2,235,562	248,396	
9 Other employee benefits	6,918,491	6,226,642	691,849	
10 Payroll taxes	4,489,487	4,040,538	448,949	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	3,100	2,790	310	
d Lobbying	1,817	1,635	182	
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	492,230	443,007	49,223	
12 Advertising and promotion	13	12	1	
13 Office expenses	1,094,726	1,083,779	10,947	
14 Information technology	9,259,572	8,333,615	925,957	
15 Royalties				
16 Occupancy	4,441,932	4,397,513	44,419	
17 Travel	48,576	43,718	4,858	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,131,702	1,018,532	113,170	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,712,776	8,741,498	971,278	
23 Insurance	1,887,783	1,699,005	188,778	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Supplies	41,117,787	40,706,609	411,178	0
b Bad Debt Expense	14,943,058	13,448,752	1,494,306	0
c Corporate Allocation	12,816,681	11,535,013	1,281,668	0
d Purchased Services	11,663,719	11,547,082	116,637	0
e Capitation claims	7,807,391	7,729,317	78,074	0
f All other expenses	10,998,501	9,898,650	1,099,851	
25 **Total functional expenses.** Add lines 1 through 24f	203,953,387	189,075,789	14,877,598	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		14,167,692	1	10,359,478
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		16,973,526	4	21,151,741
	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		3,477,049	8	2,502,166
	9	Prepaid expenses and deferred charges		1,274,631	9	1,263,165
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 122,047,186			
	b	Less accumulated depreciation	10b 28,770,876	127,288,498	10c	93,276,310
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		38,305	12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		17,800,052	15	58,478,100
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		181,019,753	16	187,030,960
Liabilities	17	Accounts payable and accrued expenses		9,880,505	17	9,670,930
	18	Grants payable			18	
	19	Deferred revenue			19	177,639
	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		44,379,601	25	44,565,521
	26	**Total liabilities.** Add lines 17 through 25		54,260,106	26	54,414,090
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		126,759,647	27	132,616,870
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		126,759,647	33	132,616,870
	34	Total liabilities and net assets/fund balances		181,019,753	34	187,030,960

Part XI Financial Statements and Reporting

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133027591

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 East

Employer identification number
63-0578923

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?

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133027591

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
St Vincent's East	63-0578923

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		1,816
j	Total lines 1c through 1i			1,816
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133027591

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent's East

Employer identification number
63-0578923

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,840,000		7,840,000
b Buildings		76,953,399	7,709,452	69,243,947
c Leasehold improvements		2,400,178	749,228	1,650,950
d Equipment		34,654,393	20,312,196	14,342,197
e Other		199,216		199,216
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				93,276,310

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

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

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

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

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

(a) Description	(b) Book value
Other Receivables	171,413
Other Assets	137,442
Due from STVHS	51,087,317
Physician Guarantee	590,352
Health System Depository Account	6,491,576
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	58,478,100

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Other Liabilities	93,960
Credit Balances	1,099,112
Non Current Liab	12,047,000
Morrison	575,069
Recourse Commitment	48,788
Due to STVHS	30,427,527
Physician Guarantee Liability	274,065
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	44,565,521

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	208,252,101
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	203,953,387
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,298,714
4	Net unrealized gains (losses) on investments	4	1,540,439
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	18,070
9	Total adjustments (net) Add lines 4 - 8	9	1,558,509
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,857,223

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	Per the financial statements of Ascension Health (which include the activity of St Vincent's East) there is no current year ASC 740 (fka FIN 48) footnote for the current year
Part XI, Line 8 - Other Adjustments		Adjust Auxiliary Per Compilation 18070

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133027591

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 East

Employer identification number
63-0578923

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 ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual 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 *free* 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 _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* 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 _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile 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)			4,355,023		4,355,023	2 300 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			17,728,679	13,556,670	4,172,009	2 210 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			22,083,702	13,556,670	8,527,032	4 510 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)		6,842	288,817	575	288,242	0 150 %
f Health professions education (from Worksheet 5)		554	1,210,774	559,992	650,782	0 340 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)		741	3,375		3,375	0 %
j **Total** Other Benefits		8,137	1,502,966	560,567	942,399	0 490 %
k **Total.** Add lines 7d and 7j		8,137	23,586,668	14,117,237	9,469,431	5 000 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy		1,061	6,360		6,360	0 %
8	Workforce development						
9	Other						
10	**Total**		1,061	6,360		6,360	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	4,311,943		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	1,479,428		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	45,610,077		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	52,119,776		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-6,509,699		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management 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					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
St Vincent's East 50 Medical Park East Drive Birmingham, AL 352050000	X	X			X		X		

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

Part VI, Line 2 Our most recent health care needs assessment was conducted between December 2007 and April 2008 The assessment included census data, public health information, and findings from 55 interviews with area health care/health services organizations chief executive officers and program managers The assessment also included a review of the local healthcare infrastructure and existing service gaps, especially those impacting community members lacking access to basic healthcare services

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 Health System uses visual aids to inform patients of available financial assistance 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 communites 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: 63-0578923
Name: St Vincent's East

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 employs its physicians at physician clinics, so the associated costs and charges relating to those physician services are included in all relevant categories in Part I

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 $14,943,058

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 date 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 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, and 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% and Non-English Speaking age 5+ 3 56%-There are 102 federally designated Medically Underserved Areas (MUAs) with 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 is 6 9% to 19 3% -Hospitals in service area 18 total, 16 Not-For-Profit, , 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 Hea lth System through its four hospitals and Health & Wellness facility, contributes to the p ositive 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 Clai r East hospital has a seperate Tax ID number Each makes an important contribution to car ing for their community, including those who are underserved As a member of Ascension Hea lth, St Vincent's Health System continues to build and strengthen sustainable collaborati ve 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 commun ity 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 s pirit of principles adopted by Ascension Health, our Health System has taken proactive ste ps to address those issues that affect accessibility, the financing, and the delivery of h ealth care to all persons, especially the uninsured, underinsured, and the underserved Th e following chart demonstrates the significant number of patient days and the estimated un reimbursed cost of services provide by our four hospitals to the uninsured or underserved FY10 Number of Number of Estimated Licensed Beds Patient Days Unreimbursed costSt Vincen t'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 Heath System has a deep commitment to serving the community We ear mark a certain percentage of our yearly profits for charitable donations Through this cha ritable 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 S usan 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 th at our community can extend beyond geographic boundaries, which is why we are pleased to p artner 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 aroun d the world We provide essential medical services to the community, train and recruit heal thcare professionals to serve the needs of the broader community, provide appropriate char ity services to those unable to pay for their health care needs, and provide services to o ther organizations that allow them to provide quality services to their patients or consti tuents Some of these services include Liz Moore Low Vision Center located at St Vincent' s East, Jeremiah's Hope Skills Program, Hispanic O utreach Ministry, Adult Medical Clinic a nd Elder Care Services program in which are all located at St Vincent's Birmingham The go al of the Liz Moore Low Vision Center at St Vincent's East is to assist the person with l ow 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 Wi th the assistance of magnification, and adaptations of the special low vision aids that ar e useful for certain daily tasks, the visually impaired person can function with less diff iculty 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 vi sual loss St Vincent's Birmingham Jeremiah's Hope Skills Program focuses on training at-r isk individuals, particularly women, for entry level jobs in the healthcare industry Toda y, 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 Commun ity College to begin identifying "under-employed" individuals from within our own workforc e and training them to become nurses Philanthropy allowed this revolutionary program to b lossom and it has now become a model for other healthcare facilities nationwide In 2003, S t Vincent's Birmingham initiated a Hispanic O utreach program, La Sana Esperanza/The Healt hy 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 p opulation, 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 in formation, 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 heath in the Latino population The Adult Medical Clinic is a healthcare option for the "working po or" 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 healt hcare 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 cond ucive 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 philanthr opists 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 d onor is a self-described Elder O rphan She has few family members and no prospects to assi st 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 sto re 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 a ge 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 projec t was officially launched Initial funding was requested from a group of focus group membe rs who were supportive and excited about the project and a grant was obtained from the Dau ghters of Charity to begin work on the outline of services that the Elder Care Services Pr ogram might provide Just in its infancy, the Elder Care Program has hopes to become one t hat 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 fo r persons most in need, Reverence -Respect and compassion for the dignity and diversity of life, Integrity-Inspiring trust through personal leadership, Wisdom-Integrating excellenc e and stewardship, Creativity -Courageous innovation, Dedication-Affirming the hope and jo y 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 O ne Ni neteen 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 O ur healthcare family has an e xtensive network of skilled physicians and associates, as well as the most advanced techno logies 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 Dist rict 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 Ascensio n Health Ascension Health is a Catholic, national health system consisting primarily of n onprofit corporations that own and operate local health care facilities, or Health Ministr ies, 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 Daug hters 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 nonpr ofit health system The Health Ministry is the sole corporate member of four not-for-profi t acute care hospitals - St Vincent's Birmingham, St Vincent's East, St Vincent's Bloun t, and St Vincent's St Clair LLC (collectively referred to as the Hospitals) The Hospit als provide inpatient, outpatient and emergency care services for the residents of Birming ham and surrounding areas Admitting physicians are primarily practitioners in the local a rea 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 Fou ndations) The Foundations provide fund raising efforts to support charitable, religious a nd educational purposes of charitable works of the Health Ministry in accordance with miss ion and values of Ascension Health The consolidated financial statements of the Health Mi nistry also include the following healthcare entities Universal Health Services (provides physician, diagnostic and rehabilitative services, as well as temporary lodging to famili es of patients), Seton Property Corporation of North Alabama (owns and rents professional office buildings and other real property primarily for medical services), Ascension Ventur e Corporation (provides for-profit wellness, spa and fitness services), and Vincentian Ven tures 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 organizat ions through common control Substantially all expenses of Ascension Health are related to providing health care services MissionAscension Health directs its governance and managem ent activities toward strong, vibrant, Catholic Health Ministries united in service and he aling 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 Hea lth's mission of service to those who are poor and vulnerable, each Health Ministry accept s patients regardless of their ability to pay Ascension Health uses four categories to id entify the resources utilized for the care of persons who are poor and community benefit p rograms - Traditional charity care includes the cost of services provided to persons who c annot afford health care because of inadequate resources and/or who are uninsured or under insured - Unpaid cost of public programs represents the unpaid cost of services provided t o persons covered by public programs for the poor - Cost of other programs for the poor i ncludes unreimbursed costs of programs intentionally designed to serve the poor and vulner able of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome - Community benefit consists of the u nreimbursed costs of community benefit programs and services for the general community, no t solely for the poor, including health promotion and education, health clinics and screen ings, and medical research Discounts are provided to all uninsured patients, including tho se with the means to pay Discounts provided to those patients who did not qualify for ass istance under charity care guidelines are not included in the cost of providing care of pe rsons who are poor and community benefit programs The cost of providing care of persons w ho are poor and community benefit programs is estimated using internal cost data Unreimbu rsed Services Provided to the Elderly and the PoorSt Vincent's Health System provides a s ubstantial 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 t he Medicare program, and approximately 6% of the services were provided to patients who we re deemed indigent under state, county, or Medical Center Guidelines In the spirit of pri nciples 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 o f healthcare to all persons, especially the uninsured, underinsured, and the underserved During the fiscal year ending 2010, the estimated unreimbursed cost of services provided t o the elderly, uninsured, and underinsured totalin

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

g approximately $8 4 million Patient ServicesSt Vincent's Health System mission focused h ealth ministry, provides acute care services and community focused services During the fis cal year ending 2010, our Health System treated 39,459 adults and children in the communit y 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 a nd minor care visits and 97,739 clinic and office visits SummarySt Vincent's Health Syst em furthers its charitable purposes by providing a broad array of services to meet the hea lthcare 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 n ot able to pay for their own healthcare needs, provide services to other organizations tha t allow them to provide quality services to their patients or constituents, and present ed ucation information classes and activities to the community in order to improve its overal l health status

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133027591

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent's East

Employer identification number
63-0578923

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
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
Todd Kennedy	(i)	236,725	0	33,405	29,413	18,323	317,866	0
	(ii)	0	0	0	0	0	0	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
Carol Ratcliffe	(i)	180,825	0	21,547	7,749	22,341	232,462	0
	(ii)	0	0	0	0	0	0	0
Dr Marion Sims	(i)	194,343	18,433	9,598	2,025	15,367	239,766	0
	(ii)	0	0	0	0	0	0	0
Thomas Novitski	(i)	178,448	0	30,383	6,430	16,379	231,640	0
	(ii)	0	0	0	0	0	0	0
Ronald Smith	(i)	165,095	9,811	28,187	6,142	15,432	224,667	0
	(ii)	0	0	0	0	0	0	0
David Earman	(i)	167,133	655	31,845	5,940	6,595	212,168	0
	(ii)	0	0	0	0	0	0	0
Vadus Beard	(i)	180,078	0	10,264	4,970	14,868	210,180	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	Severence Payments Charles C James $577,216
	Part I, Line 4a	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 Todd Kennedy - $27,222 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 Neeysa Biddle - $27,523 Susan Cornejo - $19,873 Wilma Newton - $20,985 Todd Kennedy - $22,148 Carol Ratcliff - $2,025
Supplemental Information	Part III	Part II Description of Compensation 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

Additional Data

Software ID:
Software Version:
EIN: 63-0578923
Name: St Vincent's East

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493133027591

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent's East

Employer identification number
63-0578923

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 East 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 East has a single corporate member, St Vincent's Health System who has the ability to elect members to the governing body of the St Vincent's East fka Eastern Health System, inc

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		All decisions that have a material impact to St Vincent's East, Inc financial information or corporation as a whole are subject to approval by its sole corporate member, St Vincent's Health System

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Management, including certain officers, works diligently to complete the form 990 and attached schedules in a thorough manner Management presents the form to a designated committee of St Vincent's Health System (which has oversight over this entity), to review and answer questions Prior to filing the return, all board members are provided the Form 990 and management team members are available to answer any board member 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, who 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 will decide if conflicts of interest exist Each director or principal officer annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomploi8sh 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 East, 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 reviewed and approved the compensation, with facilitation by the SVP of HR/CLO and the director of compensation In the review of the compensation, the president was compared to other hospitals in the area that hold the same title During the review and approval of the compensation, documentation of the decision was recorded in the board minutes The individual was not present when compensation was 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 reviewed and approved the compensation In the review of the compensation, the other officers or key employees of the organization were compared to other hospitals' employees in the area that hold the same title During the review and approval of the compensation, documentation of the decision was recorded in the board minutes

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

Identifier	Return Reference	Explanation
Form 990, Part VII	Avg hours devoted to related org(s) when related comp is reported	Officers (as noted with a "Sch O" reference) for St Vincent's East provide services to St Vincent's Health System and its subsidiaries Hours worked 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 worked per week for all entities The St Vincent's Health System Board of Directors has governance power for St Vincent's East 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

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2		Financial statements of St Vincent's East fall under the full scope audit of St Vincent's Health System The activity of St Vincent's East 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 East

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133027591

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 East

Employer identification number
63-0578923

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) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
St Vincent Outpatient Surgery Services LLC 810 St Vincents Drive Birmingham, AL35205 20-0708162	Outpatient Surgery	AL	N/A								
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.)

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) Eastern Health Foundation	C	696,586
(2) Eastside Ventures Apothecary	I	62,467
(3) St Vincent's Health System	O	22,076,253
(4)		
(5)		
(6)		

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

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 63-0578923
Name: St Vincent's East

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 Birmingham 810 St Vincents Drive Birmingham, AL 35205 63-0288864	Hospital	AL	Section 501(c)(3)	Schedule A, Line 3	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
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: 63-0578923
Name: St Vincent's East

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
Todd Kennedy President/COO East	40 00			X				270,130	0	47,736
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 (end 1/10)	40 00			X				0	208,707	36,899
Carol Ratcliffe VP, Patient Care Svc	40 00				X			202,372	0	30,090
Dr Marion Sims Physician	40 00					X		222,374	0	17,392
Thomas Novitski Pharmacist	40 00					X		208,831	0	22,809

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ronald Smith Pharmacist	40 00					X		203,093	0	21,574
David Earman Pharmacist	40 00					X		199,633	0	12,535
Vadus Beard CRNA	40 00					X		190,342	0	19,838
Charles James End 708 President/CEO							X	0	577,216	0

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Supplies	41,117,787	40,706,609	411,178	0
Bad Debt Expense	14,943,058	13,448,752	1,494,306	0
Corporate Allocation	12,816,681	11,535,013	1,281,668	0
Purchased Services	11,663,719	11,547,082	116,637	0
Capitation claims	7,807,391	7,729,317	78,074	0